



Office of Charitable Gaming
 P.O. Box 98502, Baton Rouge, LA 70884
 (225) 925-1835 or (800) 562-9235 FAX (225) 219-1910

Date of Proposed Change

License # _____

Progressive Cap

_____ First Progressive Jackpot

_____ Second Progressive Jackpot

1. The name and location of the hall for the in-house progressive jackpot:

Phone Number: _____ Fax Number: _____

2. The number of participating organizations at this location is: _____ (complete page 2)

3. First Progressive Account

Second Progressive Account

Start Up Fees:	\$ _____	Start Up Fees:	\$ _____
*Total Amount of Jackpots:	+\$ _____	*Total Amount of Jackpots:	+\$ _____
Interest, if any:	+\$ _____	Interest, if any:	+\$ _____
Total Account Balance:	=\$ _____	Total Account Balance:	=\$ _____

NOTE: IF ONE BANK ACCOUNT IS USED, TOTAL AMOUNT OF JACKPOTS MUST INCLUDE FIRST AND SECOND PROGRESSIVE JACKPOTS.

4. If there is more than one jackpot, please indicate the current cap on each:

First Progressive		
Jackpot 1: \$ _____	Jackpot 2: \$ _____	Jackpot 3: \$ _____
Jackpot 4: \$ _____	Jackpot 5: \$ _____	*Total of Jackpots \$ _____
Second Progressive		
Jackpot 1: \$ _____	Jackpot 2: \$ _____	Jackpot 3: \$ _____
Jackpot 4: \$ _____	Jackpot 5: \$ _____	*Total of Jackpots \$ _____

5. We are requesting to cap the 1st Progressive Jackpot at : \$ _____

We are requesting to cap the 2nd Progressive Jackpot at : \$ _____

6. If requesting to cap a backup Progressive Jackpot, list Jackpot number and requested cap:

First Progressive	Second Progressive
Jackpot # _____ Requested Cap \$ _____	Jackpot # _____ Requested Cap \$ _____

7. The number of balls called for a winner is currently: _____; We are requesting that the number be _____.

Comments: _____

Signature of Authorized Official / Title: _____

Date: _____

Approved by Office of Charitable Gaming: _____

Date: _____

