R-100001 (7/26)

LOUISIANA DEPARTMENT of REVENUE

NON-PROFIT APPLICATION TO CONDUCT CHARITABLE GAMING

Louisiana Department of Revenue
Office of Charitable Gaming
PO Box 1631
Baton Rouge, LA 70821
Phone: 1-800-562-9235
www.ocg.louisiana.gov

License Yr. Ending 6/30/20 _____ ☐ **ORIGINAL (NEW)**

State License Number - G _____

Please type or print information

Official Name of Organization	Organization Federal Tax ID No.	Telephone No. of Organization
Organization Doing Business As (if applicable) and/or Organization Web Site	E-mail address of Contact Person:	Fax. No.
Physical Address/Location (Street, City, State, Zip)		Parish
Official Mailing Address of Organization (Street, City, State, Zip)		Parish
Contact Person	Title/Position Held	Office Phone of Contact Person
Mailing Address of Contact Person (Street, City, State, Zip)		Home Phone of Contact Person
Circle All Types of Games to be Conducted: ☐BINGO ☐KENO ☐RAFFLES ☐PULL TABS ☐ELECTRONIC VIDEO BINGO ☐CASINO NIGHT		

The following information will be considered part of the application and must accompany this application before it can be processed:

1. **If the organization intends to conduct raffles, describe in full how each raffle will be conducted** so that the Office can evaluate the integrity and fairness of the game. The description must be detailed enough for the Office to understand how chances of winning are sold or distributed, how the drawing or random selection is performed and safeguarded, how winners are determined and notified, and any condition placed on winning. The office may require additional information (R.S. 4:718(A(2)) and may approve, deny, or require modification of the proposed raffle based on its review (R.S. 4:705(4), 44:718(D)(1)). A license is a revocable privilege, not a right (R.S. 4:718(F)).
2. Information sheets for **ALL** officials and directors (pages 2 and 2a) and members assisting in gaming (page 3).
3. **NON-REFUNDABLE LICENSE APPLICATION FEE OF $75 issued from the general fund/operating account**
4. A separate, complete roster of all officers and directors and a separate roster of all members must be submitted with the application.
5. Copy of organization's 501(C) tax exempt letter from the Internal Revenue Service (IRS); if covered by a group ruling, submit copy of verification and approval for gaming activities from national office of the organization.
6. Copy of the organization's Articles of Incorporation, By-Laws, and Charter, if applicable.
7. Copy of organization's registration with the Secretary of State, if applicable.
8. Five members must attend an Office of Charitable Gaming training session prior to approval of license and it is recommended that individuals acting in the following positions are present: Members-in-Charge, President, person(s) responsible for reports and any person(s) acting in a managerial capacity (If conducting raffles only, just 2 members for training). Training dates are listed on our web site.
9. Schedule of dates and times of events (Attach Location/Session Schedule(s) form R-100010).
10. Submit copy of lease agreement, if applicable.
11. Submit the following: (a) copy of most recent IRS form 990 (b) financial statements (profit/loss) (c) six (6) months of most recent bank statements and (d) a summary of fund raising activities for the last two(2) years

All information must be filled out completely. Any omission or illegible information will cause delay in approval.
Attach requested supporting documents from the above list.

I have read the foregoing application, and the contents thereof, and do hereby certify that the statements and information contained within this application are true and correct to the best of my knowledge. In addition, I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within La.R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.

Member in Charge (print)	Day phone number	Member in Charge (Signature)	Date
President of Organization (print)	Day phone number	President of Organization (Signature)	Date

LOUISIANA DEPARTMENT of REVENUE

Organization Official's Information Sheet

Louisiana Department of Revenue
Office of Charitable Gaming
PO Box 1631
Baton Rouge, LA 70821
Phone: 1-800-562-9235
www.ocg.louisiana.gov

STATE LICENSE NUMBER: G- _____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

1. Anyone listed on this form will be considered an MIC (Member-In-Charge). At least one MIC must be present at all games, as provided by LA R.S. 4.714(D).
2. The Social Security number is required and it is kept confidential.
3. **Any changes in officers, directors, gaming management or members must be filed with the Office of Charitable Gaming within ten (10) days of the change as provided in LA R.S. 4:718 (E).**
4. The signature of a current official listed with the Office must be in the space provided above.

Please check the purpose of this revision: ☐ Change Position ☐ New Official ☐ Inactivate ☐ Renew	Social Security Number (Required)	Date of Birth
Last Name, First Name, Middle Initial		Phone Number(s): (Include Area Code)
Complete Home Address (Street, City, State, Zip)		Alternate Phone Number:
Email Address		
Current Position(s) Held. Circle all that apply. ☐ President ☐ Vice President ☐ Secretary ☐ Member-In-Charge ☐ Treasurer ☐ Director/Board Member ☐ Other Officer (Specify)_____		
Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/ parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. ☐ Yes ☐ No		
I declare that **I have read, understand, and agree to comply with** the statutes which govern charitable gaming in the State of Louisiana contained within LA.R.S. 4:701 et seq as well as the corresponding regulations contained within LAC 42:1.1701 et seq.		
Signature (officials to be deleted from your organization do not have to sign) X		Date

Please check the purpose of this revision: ☐ Change Position ☐ New Official ☐ Inactivate ☐ Renew	Social Security Number (Required)	Date of Birth
Last Name, First Name, Middle Initial		Phone Number(s): (Include Area Code)
Complete Home Address (Street, City, State, Zip)		Alternate Phone Number:
Email Address		
Current Position(s) Held. Circle all that apply. ☐ President ☐ Vice President ☐ Secretary ☐ Member-In-Charge ☐ Treasurer ☐ Director/Board Member ☐ Other Officer (Specify)_____		
Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/ parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. ☐ Yes ☐ No		
I declare that **I have read, understand, and agree to comply with** the statutes which govern charitable gaming in the State of Louisiana contained within LA.R.S. 4:701 et seq as well as the corresponding regulations contained within LAC 42:1.1701 et seq.		
Signature (officials to be deleted from your organization do not have to sign) X		Date

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OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

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Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/ parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. ☐ Yes ☐ No		
I declare that **I have read, understand, and agree to comply with** the statutes which govern charitable gaming in the State of Louisiana contained within LA.R.S. 4:701 et seq as well as the corresponding regulations contained within LAC 42:1.1701 et seq.		
Signature (officials to be deleted from your organization do not have to sign) X		Date

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Organization Members Assisting In Gaming Information Sheet

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Phone: 1-800-562-9235
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STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X_____

1. Any changes in members assisting in Gaming must be filed with the Office of Charitable Gaming within ten (10) days of the change.
2. **DO NOT** include any officials you listed on the *"Organization Officials Information Sheet" (Page 2).*
3. You may request, in writing, a list of current members that are on file for your organization. The office highly recommends requesting this list to assure your records, as well as the office's, are accurate.
4. The Social Security number is required and it is kept confidential. If you do not provide it, that member can not work games of chance.

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number (required)	Date of Birth	Please check the appropriate action: ☐ Add ☐ Inactivate ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number (required)	Date of Birth	Please check the appropriate action: ☐ Add ☐ Inactivate ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number (required)	Date of Birth	Please check the appropriate action: ☐ Add ☐ Inactivate ☐ Renew

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Social Security Number (required)	Date of Birth	Please check the appropriate action: ☐ Add ☐ Inactivate ☐ Renew

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Social Security Number (required)	Date of Birth	Please check the appropriate action: ☐ Add ☑ Inactivate ☐ Renew

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