R-100002 (9/26)

LOUISIANA DEPARTMENT of REVENUE

LICENSE APPLICATION for:

- Non-Video Manufacturer
- Non-Video Distributor
- Private Casino Contractor
- Commercial Lessor

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

APPLICATION FOR:

☐ Non-Video Manufacturer ☐ Non-Video Distributor
☐ Private Casino Contractor ☐ Commercial Lessor

State License Number - _____

License Year 20 _____

☐ **ORIGINAL APPLICATION**
☐ **RENEWAL**
☐ **MODIFY APPLICATION**

Please type or print information:

Official Name of Company		Company Federal Tax ID Number
Company Doing Business As:		Telephone Number of Company
Physical Address *(Street, City, State, Zip Code)*		Parish / County
Official Mailing Address of Company *(Street, City, State, Zip Code)*		Fax Number of Company
Contact Person	Title/Position Held	Contact Email Address
Mailing Address of Contact Person *(Street, City, State, Zip Code)*	Office Phone of Contact Person	Home Phone of Contact Person
Physical Address of Gaming Supplies *(Distrib and Manuf Only)* Attach list if more than one.	Physical address of gaming facility *(Comm. Lessor only)*	Parish
Distributor Only – Mark appropriate Sub-Categories: ☐ Gaming ☐ Electronic Dabbers ☐ Private Contractor		

The following information will be considered part of the application and must accompany this application.
All information must be filled out completely. Any omission or illegible information will cause delay in approval.

Distributors must be domiciled and reside in the State of Louisiana.

1. Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable. (New Applicants only)
2. Copy of the official name registered with the Louisiana Secretary of State (www.sos.louisiana.gov), including trade name, if applicable. (New Applicants only)
3. Copy of final fire marshal report and local government occupational permit, if applicable. (New Commercial Lessors only)
4. Complete "Company's Officials Information Sheet". (page 2)
5. Complete "Company Stockholders List". (page 3)
6. Complete "List of Louisiana Employees". (page 4)
7. Include "Statement of Assets and Liabilities" and "Personal History Record" (every 3 yrs. for Renewals) for all owners of more than 5% and the Company's Officials listed on Page 2.
8. Signed copy of most recent Federal Business Income Tax Return for the company (every 3 yrs. for Renewals). If no company tax return has been filed, the most recent copy of Personal Income Tax Return of owners with more than 5% ownership must be submitted.
9. Copy of current signed lease agreement(s) for all gaming related facilities, if applicable.
10. **NON-REFUNDABLE LICENSE APPLICATION FEE:** (Make check payable to: Office of Charitable Gaming)
    $2,500 – Manufacturer **$250 – Distributor** **$ 200 – Private Casino Contractor** **$500 – Commercial Lessor**

I have read this 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:I.1701 et seq.

Print Name of Authorized Representative	Position	Signature of authorized representative	Date

LOUISIANA DEPARTMENT of REVENUE

Company's Officials Information Sheet

Louisiana Department of Revenue
Office of Charitable Gaming
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Baton Rouge, LA 70821
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License Year 20_____

License Number _____ **Company Name**_____

☐ **ORIGINAL APPLICATION**
☐ **RENEWAL**
☐ **MODIFY APPLICATION**

OFFICIAL'S SIGNATURE: _____

1. This form must be signed by a current official listed with the Office of Charitable Gaming.
2. Any changes in officers, directors, or gaming management must be filed with the Office **within ten (10) days** of the change as provided in LA R.S. 4:718(E).
3. The second and subsequent revisions to your license must be accompanied by a $25 check made payable to "Office of Charitable Gaming".

Please use the following codes for "Position Held": - **Gaming Related Only**

(P) President	(VP) Vice President	(S) Secretary	(T) Treasurer	(D) Director
(LA) Manuf. LA Agent	(DR) Dist Rep.	(HR) Hall Rep. or Manager	(INV) Investor	

Please type or print all information. All fields are required. Blanks will cause delays.

ATTACH ADDITIONAL SHEETS AS NEEDED

Please check the purpose of this revision: ☐ Change in position ☐ New Official ☐ Inactivate ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		Position Held
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:I.1701 et seq.		
☐ Yes ☐ No 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 Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		
Signature	Daytime Phone Number	Date

Please check the purpose of this revision: ☐ Change in position ☐ New Official ☐ Inactivate ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		Position Held
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:I.1701 et seq.		
☐ Yes ☐ No 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 Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		
Signature	Daytime Phone Number	Date

LOUISIANA DEPARTMENT of REVENUE

Company Stockholders List

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 Number _____ **Company Name** _____ License Year 20_____

☐ **ORIGINAL APPLICATION**
☐ **RENEWAL**
☐ **MODIFY APPLICATION**

1. List **ALL** stockholders for closely held corporations.
2. For publicly traded corporations, list **ALL** stockholders owning more than 2%.
3. **If stock is owned by a company, list individuals and their ownership percentages.**
4. Changes affecting ownership of more than 5% must be filed with the Office within ten days of the change as provided in LA R.S. 4:718 E.

ATTACH ADDITIONAL SHEETS AS NEEDED

Please type or print information:

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		☐ Yes ☐ No
Signature (Required for stockholders with more than 5%)		Date

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		☐ Yes ☐ No
Signature (Required for stockholders with more than 5%)		Date

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		☐ Yes ☐ No
Signature (Required for stockholders with more than 5%)		Date

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		☐ Yes ☐ No
Signature (Required for stockholders with more than 5%)		Date

LOUISIANA DEPARTMENT of REVENUE

List of Louisiana Employees

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 Number _____ **Company Name**_____

OFFICIAL SIGNATURE: _____ **Contact Phone #** _____

License Year 20_____

☐ **ORIGINAL APPLICATION**
☐ **RENEWAL**
☐ **MODIFY APPLICATION**

1. This form must be signed by a current official listed with the Office of Charitable Gaming.
2. Any changes in employees must be filed with the Office **within ten (10) days** of the change as provided in LA R.S. 4:718(E).
3. It is not necessary to repeat any company's official or company's stockholder listed on the "Company's Official Information Sheet" or the "Company's Stockholders List".

Please type or print information. **All fields are required. Blanks will cause delays.** **ATTACH ADDITIONAL SHEETS AS NEEDED**

Please check the purpose of this revision: ☐ New Employee ☐ Inactivate Employee ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: ☐ New Employee ☐ Inactivate Employee ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: ☐ New Employee ☐ Inactivate Employee ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: ☐ New Employee ☐ Inactivate Employee ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: ☐ New Employee ☐ Inactivate Employee ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: ☐ New Employee ☐ Inactivate Employee ☐ Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation