



Company's Officials 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

License Number _____ Company Name _____

License Year 20 _____

☐ **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 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. ☐ No		
☐ Yes 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. ☐ No		
Signature	Daytime Phone Number	Date

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