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 Year 20 21

☐ **ORIGINAL APPLICATION**

☐ **RENEWAL**

☐ **MODIFY APPLICATION**

License Number dfgdffffffffh **Company Name**________________________

OFFICIAL SIGNATURE: ________________________ **Contact Phone #** ________________________

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