



## 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](http://www.ocg.louisiana.gov)

License Number \_\_\_\_\_ Company Name \_\_\_\_\_ License Year 20\_\_\_\_\_

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.

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

### 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)<br>If yes, submit changes with this application or submit a new Personal and Financial History disclosure. |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> 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)<br>If yes, submit changes with this application or submit a new Personal and Financial History disclosure. |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> 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                                           |
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| Signature (Required for stockholders with more than 5%)                                                                                                                                                                             |                                   | Date                                                     |

|                                                                                                                                                                                                                                     |                                   |                                                          |
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