R-100020 (9/25)

LOUISIANA DEPARTMENT of REVENUE

Application for Limited Raffle License

Office of Charitable Gaming
P.O. Box 1631,
Baton Rouge, LA 70821-1631
(225) 925-1835 or (800) 562-9235
FAX (225)219-1910
www.ocg.louisiana.gov

☐ First-time Applicant ☐ Renewal Previous State Permit Number - _____

PLEASE PRINT OR TYPE

Official Name of Organization (including d/b/a)	Organization Federal Tax ID No.	Telephone No. of Organization
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
Name of Building/Location Where Raffle(s) are Conducted	Owner of Building	
Physical Address of Where Raffle(s) are Conducted (Street, City, State, Zip)		Parish

REQUIRED INFORMATION:

1. _____ Initial here if organization has a 501-C status from IRS. Attach copy.
   _____ Initial here if organization does **NOT** have a 501-C status. Attach by-laws/articles. If Krewe, attach parade permit.

2a. If organization is school related (PTA, Booster Club, etc.), provide letter of permission from principal or other authorized school board agent.

2b. If organization is associated with a college or university club, fraternity or sorority, provide letter of permission from the president of the club, fraternity or sorority.

3. What will gaming proceeds be used for?

4. *A minimum of 30 days notice is required before any games are allowed.*

5. **$25 NON REFUNDABLE FEE. Submit a check from organization's General/Operating Account.**

   ☐ Yes ☐ No Is organization comprised exclusively of school-age children enrolled in public or private schools?

   ☐ Yes ☐ No Will any other charitable gaming be held at the same time and place as those listed on this application?

   ☐ Yes ☐ No Are prizes donated?

SCHEDULE OF RAFFLE DRAWING DATE(S) AND TIME(S)				
Month	**Day**	**Year**	**Time**	**AM/PM**

Previous State Permit Number - _____

For Raffles: Price per ticket: _____ Total number of tickets available for sale: _____

TOTAL VALUE OF PRIZES AWARDED CANNOT EXCEED $10,000 TO QUALIFY FOR LIMITED RAFFLE LICENSE

LIST DONATED AND PURCHASED PRIZES		
	Description	**Value**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
	Total value of prizes to be given away *(cannot exceed $10,000)*	$

Comments / Explanations

I hereby certify that, under penalty of law, all information above is true and correct to the best of my knowledge and will adhere to the required annual reporting as stated in La.R.S. 4:716 and LAC 42:I.1722.

Signature	Date	Print Name	Title