



**OFFICE OF CHARITABLE GAMING  
LICENSE APPLICATION**

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	
Distrib Only – Mark appropriate Sub-Categories: <input type="checkbox"/> Gaming <input type="checkbox"/> Electronic Dabbers <input type="checkbox"/> 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.**

- Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable. (New Applicants only)
- Copy of the official name registered with the Louisiana Secretary of State (www.sos.louisiana.gov), including trade name, if applicable. (New Applicants only)
- Copy of final fire marshal report and local government occupational permit, if applicable. (New Commercial Lessors only)
- Complete "Company's Officials Information Sheet". (page 2)
- Complete "Company Stockholders List". (page 3)
- Complete "List of Louisiana Employees". (page 4)
- 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.
- 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.
- Copy of current signed lease agreement(s) for all gaming related facilities, if applicable.
- NON-REFUNDABLE LICENSE APPLICATION FEE:**      **\$2,500 – Manufacturer**      **\$250 – Distributor**  
(Make check payable to: Office of Charitable Gaming)      **\$ 200 – Private Casino Contractor**      **\$500 – Commercial Lessor**

**The legally responsible person must sign application in the presence of a notary public.**

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 42:1.1701 et seq.

Print Name of Authorized Representative	Position	Signature of authorized representative	Date (must match notary date)
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**Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_,**

**NOTARY PUBLIC**

**Do not write below this line. For office use only.**

Check Number: \_\_\_\_\_ Date Entered: \_\_\_\_\_  APPROVED Approved By \_\_\_\_\_  
Receipt Number: C- \_\_\_\_\_ Initials: \_\_\_\_\_  DENIED Date: \_\_\_\_\_