



LOUISIANA
DEPARTMENT of REVENUE

PERSONAL HISTORY RECORD

Louisiana Department of Revenue
Office of Charitable Gaming
PO Box 1631
Baton Rouge, LA 70821
Phone: 1-800-562-9235
www.ocg.louisiana.gov

DATE: _____

Legibly print or type each answer. If a question does not apply to you, write "N/A". If you need additional space, you may use the provided blank sheet or attach your own sheet. In either case, please precede each answer with the appropriate title.

The applicant must initial each page in the lower right corner to attest to the accuracy and completeness of the information provided on that page.

Making any false statement in this application is a violation of the L.R.S. 4:735 and is punishable by law. The failure to reveal requested information is sufficient cause for the denial or revocation of a license.

Charitable Gaming License Number

Name and address of person or business for which license is requested

Your position with business

1. PERSONAL INFORMATION:

| | | | | | |
|--|------------------------|--------------------------------------|----------------------------|------------------|-----------|
| Last Name | | First Name | | Middle Name | |
| Alias (es. Nicknames, Maiden Name, Other name Changes, Legal or Otherwise) | | | | | |
| Present Business Address | | Since (Date) | City-Post Office Box | | State Zip |
| Present Business Address | | Since (Date) | City-Post Office Box | | State Zip |
| Occupation | | Phone (Residence) | | Phone (Business) | |
| Date of Birth | | Place of Birth (City, Parish, State) | | | |
| Age | Social Security Number | | | Sex | |
| Color of Eyes | Color of Hair | Weight | | Height | |
| Scars, tattoos, or distinguishing marks and/or characteristics: | | | | | |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If Alien, Registration No. | | |
| If Naturalized, Certificate No. | | | Date | | |
| Place (If naturalized, document must be verified.) | | | | | |

Applicant's Initials: _____

B. Brothers and Sisters::

List names, residence addresses, and dates of birth of brothers and sisters and of their respective spouses.

| Name (Including Maiden Name) | Birth Date | Address | Social Security # (Required) |
|------------------------------|------------|---------|------------------------------|
| Spouse | | | |
| Spouse | | | |
| Spouse | | | |
| Spouse | | | |
| Spouse | | | |

3. ARRESTS, DETENTIONS, AND LITIGATIONS:

A. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation for which you were later convicted? (Except MINOR traffic citations.) If yes, give details below.

Yes No

B. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation related to gambling, theft, embezzlement, or fraud regardless of the disposition of the case? If so, give details in space provided below.

Yes No

| Date of Arrest | Age | Charge | Location-City and State | Disposition | Arresting Agency |
|----------------|-----|--------|-------------------------|-------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

C. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board, or commission?

Yes No

D. Have you ever received a pardon for any criminal offense? Yes No

If yes, when? _____ City, Parish, and State _____

If the answer to any of the above questions (A through D) is yes, furnish details:

Applicant's Initials: _____

5. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment in the past seven years or since age 18, whichever is less. Also, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder possessing 5% or more ownership interest, or related capacity.

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Month and Year | | Name/Mailing Address of Employer/Business | Reason for Leaving |
|----------------|----|---|---|
| From | To | | |
| Title | | Description of Duties | Name of Supervisor |
| | | | Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

If additional space is needed, continue on Page 7 or provide attachment.

Applicant's Initials: _____

6. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

| Name | Street | City | State | Zip | Home Telephone | Years Known |
|------|--------|------|-------|-----|----------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7. Have you ever held a financial interest in a gambling venture, including a race track, dog track, lottery, casino, bookmaking operation, or a pari-mutual operation?

Yes No

If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners:

A. Have you appeared before any licensing agency or similar authority in or outside the State of Louisiana, for any reason whatsoever? If yes, submit details below and continue on Page 7.

Yes No

8. Have you ever been refused a charitable gaming license or related finding of suitability or been a participant in any group which has been denied a charitable gaming license or related finding of suitability?

Yes No

For selling alcoholic beverages?

Yes No

If yes to either of the above, state where, when, and for what reason.

9. Have you ever been granted a charitable gaming license or been a participant in any group which has been issued a charitable gaming license by the State of Louisiana?

Yes No

If yes, state type of license, name of establishment, location, and period held.

Applicant's Initials: _____

10. List all memberships within the last five years you have held in any social or charitable organization eligible for a Louisiana charitable gaming license

| Date (From-To) | Organization Name and Address | Type of Organization |
|----------------|-------------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Do you have any relatives associated with or employed in the charitable gaming industry?

Yes No

If yes, state name, relation, and association or employment.

ATTACH PHOTOGRAPH TAKEN WITHIN LAST 30 DAYS HERE

Date of Photo _____

Applicant's Initials: _____

