



Application for Electronic Video Gaming

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:

Manufacturer Distributor

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		

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.

1. Changes have been made to device lease agreement. Yes No
If yes, submit current signed lease agreement of electronic video gaming devices.
2. Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable. (New Applicants only)
3. Copy of the company's registration with the Louisiana Secretary of State, if applicable. (New Applicants only)
4. Complete "**Company's Officials Information Sheet**": (page 2)
5. Complete "**Company Stockholders List**". (page 3)
6. Complete "**List of Louisiana Employees**": (page 4)
7. 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.
8. 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.
9. Copy of current signed lease agreement(s) for all gaming related facilities, if applicable.
10. List make and model of each device intended for distribution.
11. **NON-REFUNDABLE LICENSE APPLICATION FEE:** **\$2,500 – Manufacturer** **\$2,000 – Distributor (new application)**
 (Make check payable to Office of Charitable Gaming) **\$ 500 – Distributor (renewal application)**

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: _____