



## Session Schedule

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

- ORIGINAL APPLICATION
- RENEWAL
- REQUEST CHANGE TO LICENSE

License Year Ending 6/30/20__
State License Number: G-

**\*\*\* Please use one form per location where games are played \*\*\***

Name of Organization	Organization Fax Number (where you want the license faxed)	
Name of Building Where Games are Conducted	Building Phone #	Building Fax Number
Physical Address of Building (Include City & Zip Code)	Parish of Building	E-mail Address
Amount of rent per session: (Attach copy of rental or lease agreement) \$	<input type="checkbox"/> Check here if building is owned by organization or provided free of charge.	

1. Only one FAX per modification.
2. Change requests must be submitted no later than 5 business days in advance to guarantee approval.
3. Change requests not completed properly will cause a delay in receiving your license.
4. The second and subsequent changes to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account.
5. This form must be signed by an organization official or Member-In-Charge and the commercial or non-commercial lessor.
6. For additional dates, use schedule calendar.

INDICATE REQUESTED CHANGE:					CHECK ONE:	
DAY	DATE	TIME	Check one	LENGTH	DELETE	ADD
			<input type="checkbox"/> AM <input type="checkbox"/> PM			
			<input type="checkbox"/> AM <input type="checkbox"/> PM			

The Office has the right to deny modification if organization is in arrears.

Organization Official (print)	Signature X	Date	Daytime Phone # & Area Code
Commercial/Non-Commercial Lessor (only required on modifications)	Signature X	Date	Daytime Phone # & Area Code

DO NOT WRITE BELOW THIS LINE			
Check Number	<input type="checkbox"/> APPROVED  <input type="checkbox"/> DENIED	Due to:	
Invoice Number		<input type="checkbox"/> Conflicting Times	<input type="checkbox"/> No Modification Fee
		<input type="checkbox"/> No Signature	<input type="checkbox"/> Other
Date Entered	Approved by:		Date:
Initials	Lease Agreement:	Device Agreement:	