



License Yr. Ending 6/30/2009

## Application to Conduct Charitable Gaming

ORIGINAL APPLICATION  
 RENEWAL

Please type or print information:

State License Number G# \_\_\_\_\_

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 (       ) -
Circle All Types of Games to be Conducted:    BINGO    KENO    RAFFLES    PULL TABS    ELECTRONIC VIDEO BINGO    CASINO NIGHT		

The following information will be considered part of the application and must accompany this application before it can be processed:

**ALL APPLICANTS:**

1. Information sheets for **ALL** officials and gaming workers...pages 2 and 3.
2. Schedule of dates and times of events (Attach Location/Session Schedule(s)...see page 4).
3. **NON-REFUNDABLE LICENSE APPLICATION FEE OF \$75** issued from the gaming account.
4.  Check here if Organization owns building and will be leasing out to other Organizations for games of chance.
5.  Check here if Organization does **NOT** possess any gaming supplies.
6.  Check here if Organization participates in a Progressive Bingo.
7. Casino Night and Super Bingo – must complete appropriate additional forms: ocg209 or ocg2000E. See web site for forms.
8. Current list of all Officers, all Directors and all active Members.

**NEW APPLICANTS ONLY:**

9. Copy of organization's 501(C) tax exempt letter from the Internal Revenue Service (IRS); if covered by a group ruling, submit copy of verification and approval for gaming activities from national office of the organization.
10. Copy of the organization's Articles of Incorporation, By-Laws, and Charter, if applicable.
11. Copy of organization's registration with the Secretary of State, if applicable.
12. Five members must attend an Office of Charitable Gaming training session prior to approval of license and it is recommended that individuals acting in the following positions are present: Members-in-Charge, President, person(s) responsible for reports and any person(s) acting in a managerial capacity.
13. Assigned fixed value (sale price) of all bingo paper the organization intends to use at time of application (see attached form).
14. Copy of most recent IRS form 990, financial statements, last 6 months of bank statements and a summary of fund-raising activities for the last 2 years.

All information must be filled out completely. Any omission or illegible information will cause delay in approval. Attach requested supporting documents from the above list.

I have read the foregoing 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 <i>et seq.</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq.</i>			
Member in Charge (print)	Day phone number	Member in Charge (Signature)	Date (must match notary date)
President of Organization (print)	Day phone number	President of Organization (Signature)	Date (must match notary date)
<p><b>Sworn to and subscribed before me this _____ Day of _____,</b></p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 50px;"><b>NOTARY PUBLIC</b></p>			

**-DO NOT WRITE BELOW THIS LINE-**

Check Number: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Initials: \_\_\_\_\_

APPROVED  
 DENIED  
 Approved By \_\_\_\_\_

IRS CODE: \_\_\_\_\_  
 Law/Rule Section: \_\_\_\_\_  
 Date: \_\_\_\_\_



## Organization Official's Information Sheet

STATE LICENSE NUMBER: G-\_\_\_\_\_ ORGANIZATION NAME: \_\_\_\_\_

OFFICIAL SIGNATURE OF EXISTING OFFICER: X \_\_\_\_\_

Please use the following codes for "Position Held":

(P) President (VP) Vice President (S) Secretary (MIC) Member-In-Charge (T) Treasurer (D) Director (OFF) Other Officer

- ❖ Anyone listed on this form will be considered an MIC (Member-In-Charge). At least one MIC must be present at all games, as provided by LA R.S. 4.714(D).
- ❖ Any changes in officers, directors, or gaming management must be filed with the Office of Charitable Gaming within ten (10) days of the change.
- ❖ The signature of a current official listed with the Office must be in the space provided above.
- ❖ The second and additional set of revisions to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account. A set is any number of changes to your license sent in together and at the same time. (*Ex: if you mail or fax in forms for a paper change, adding officials, and modifying a date on your license all together, only one \$25 fee is charged..*)

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew		Social Security Number	
Last Name, First Name, Middle Initial			Date of Birth
Complete Home Address (Street, City, State, Zip)			
Current Positions Held (Elected or non-elected)		Phone Number(s): (Include Area Code)  Alternate:	
Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I declare that <b>I have read, understand, and agree to comply with</b> the statutes which govern charitable gaming in the State of Louisiana contained within L.A.R.S. 4:701 <i>et seq</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq</i> .			
Signature (officials to be deleted from your organization do not have to sign)  X			Date

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Inactivate <input type="checkbox"/> Renewal		Social Security Number	
Last Name, First Name, Middle Initial			Date of Birth
Complete Home Address (Street, City, State, Zip)			
Current Positions Held (Elected or non-elected)		Phone Number(s): (Include Area Code)  Alternate:	
Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I declare that <b>I have read, understand, and agree to comply with</b> the statutes which govern charitable gaming in the State of Louisiana contained within L.A.R.S. 4:701 <i>et seq</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq</i> .			
Signature (officials to be deleted from your organization do not have to sign)  X			Date

STATE LICENSE NUMBER: G-\_\_\_\_\_ ORGANIZATION NAME: \_\_\_\_\_

OFFICIAL SIGNATURE OF EXISTING OFFICER: X \_\_\_\_\_

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Inactivate <input type="checkbox"/> Renewal		Social Security Number	
Last Name, First Name, Middle Initial			Date of Birth
Complete Home Address (Street, City, State, Zip)			
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I declare that <b>I have read, understand, and agree to comply with</b> the statutes which govern charitable gaming in the State of Louisiana contained within L.A.R.S. 4:701 <i>et seq</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq</i> .			
Signature (officials to be deleted from your organization do not have to sign)  X			Date

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Signature (officials to be deleted from your organization do not have to sign)  X			Date



**Office of Charitable Gaming**  
PO BOX 98502, Baton Rouge, LA 70884-9502  
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069  
www.ocg.louisiana.gov

## Organization Members Assisting In Gaming Information Sheet

STATE LICENSE NUMBER: G-\_\_\_\_\_ ORGANIZATION NAME: \_\_\_\_\_

OFFICIAL SIGNATURE OF EXISTING OFFICER: X \_\_\_\_\_

- ❖ Any changes in members assisting in Gaming must be filed with the Office of Charitable Gaming within ten (10) days of the change.
- ❖ It is **not necessary** to include any officials you listed on the "Organization Officials Information Sheet" (Page 2).
- ❖ You may request, in writing, a list of current members that are on file for your organization. The office highly recommends requesting this list to assure your records, as well as the office's, are accurate.
- ❖ The Social Security # is required. It is kept confidential. If you do not provide it, that member **can not** work games of chance.

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Please Note:

**This application is not complete without the Session  
Schedule.**

The Session Schedule is listed separately on the web site.

