



Office of Charitable Gaming
 P.O. Box 98502, Baton Rouge, LA 70884
 (225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

First-time Applicant

Renewal

Application for License Exemption to Conduct Charitable Gaming

Please type or print information:

Previous State Permit Number - E _____

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 ()
Name of Building Where Game(s) are Conducted		Owner of Building
Physical Address of Building Where Game(s) are Conducted (Street, City, State, Zip)		Parish
Circle All Types of Games to be Conducted: BINGO RAFFLE Other (Specify and Explain on next page)		

REQUIRED INFORMATION:

- _____ Initial here if organization has a 501-C status from IRS. Attach copy.
 _____ Initial here if organization does **NOT** have a 501-C status. Attach by-laws/articles. If Krewe, attach parade permit.
- If organization is school related (PTA, Booster Club, etc.), provide letter of permission from principal or other authorized school board agent.
- What will gaming proceeds be used for? _____

- Will rent be assessed for this gaming event? Yes _____ No _____ If yes, list amount \$ _____
- *A minimum of 14 days notice is required before any games are allowed.***
 (For Raffles, include date and time of **drawing(s) only.**)

Schedule of Gaming Dates and Times:				
MONTH	DAY	YEAR	TIME	AM/PM

Do not write below this line. For office use only.				
Exempt? YES _____ NO _____	IRS Code: _____	Law / Rule Section: _____		
			Exempt Permit #: E- _____	
Authorizing Signature _____	Date _____			

For Raffles:

_____ Price per ticket. _____ Total number of tickets available for sale.

List of Prizes

Description		Value
1st		
2nd		
3rd		
4th		
5th		
6th		
Total value of prizes to be given away		\$

YES NO

- ___ ___ Is organization comprised exclusively of school-age children enrolled in public or private schools?
- ___ ___ Will any other charitable gaming be held at the same time and place as those listed on this application?
- If 'YES', please explain. _____

For Bingo:

YES NO

- ___ ___ Is organization a 'Bona fide Senior Citizens Recreation Club' sanctioned by local Council on Aging?
- ___ ___ Are prizes donated?
- ___ ___ Will total gross receipts from all gaming activities exceed \$5000 for the calendar year?

List of Prizes

Description		Value
1st		
2nd		
3rd		
4th		
5th		
6th		
Total value of prizes to be given away		\$

Comments / Explanations

I hereby certify that, under penalty of law, all information above is true and correct to the best of my knowledge.

Signature	Date	Print Name	Title
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