



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

License Year 20\_\_\_\_\_

### Video Gaming Device Permit

**\*\*Please complete an application for each device\*\***

**Submit with every NEW or RENEWAL application:**

1. A copy of the lease agreement with the Organization.
2. **Non-refundable \$600 permit fee.** Make check payable to Office of Charitable Gaming. In lieu of the entire annual payment, submit \$50 for the first month(s) and \$50 by the 15<sup>th</sup> of each month thereafter.

**New Permit**

**Renewal Permit**

Please type or print all information.

Device Make	Device Model	Device Serial Number	EVM Permit Number (if Renewal) <b>EVM-</b>	
Distributor			Distributor License Number	
Physical Address (Street, City, State, Zip Code)			Distributor's FAX Number	
Contact Person			Contact's Phone Number	
Current Location of Device	Current Address		Current Location License Number	
Authorized Representative (Print)	Signature of Authorized Representative		Date	Daytime Phone Number

Provide the name and license number of each organization leasing this device. You may use an attached list if necessary.

Organization	License Number	Organization	License Number

Do not write below this line. For office use only.			
Permit Number <b>EVM</b>	Check Number	Amount	Receipt <b>C-</b>
Signature of office personnel			Date