



Parish Attorney/Gaming Enforcement Division
City of Baton Rouge/Parish of East Baton Rouge
9048 Airline Hwy., Suite 1-A
Baton Rouge, LA 70815
Telephone (225) 389-5490; Fax (225) 389-5474

OFFICE USE ONLY
Payment should be made in
the form of a check made
payable to City of Baton
Rouge.
License Fee \$ _____
Check # _____

LICENSE APPLICATION

Application	Type of License	Type of Games Conducted
License for Calendar Year _____ Application Date _____ Permit Number _____	<input type="checkbox"/> Charitable Gaming <input type="checkbox"/> Commercial Hall <input type="checkbox"/> Non-Commercial Hall <input type="checkbox"/> Commercial Vendor/Distributor <input type="checkbox"/> Video Bingo Distributor	<input type="checkbox"/> Bingo <input type="checkbox"/> Pull Tabs <input type="checkbox"/> Video Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Casino Night
Applicant: 1. Name of Organization & Phone Number: _____ () _____		2. Organization's Address (Street, State & Zip Code): _____ _____
3. Location of Games to be Held: Name of Hall: _____ Address (Street, State, Zip Code): _____ _____	4. Charitable Bank Information: Name of Bank: _____ Gaming Checking Account Number: _____	
5. List the Names, Titles, Addresses & Telephone Numbers of the Officers & Board Members of Organization (Attach List if Necessary): Name: _____ Address: _____ City/State/Zip Code: _____ Phone No. (Work) _____ (Home) _____ Driver's License No. _____ Date of Birth _____	5. List the Names, Titles, Addresses & Telephone Numbers of the Officers & Board Members of Organization (Attach List if Necessary): Name: _____ Address: _____ City/State/Zip Code: _____ Phone No. (Work) _____ (Home) _____ Driver's License No. _____ Date of Birth _____	
6. Type of Organization/Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
7. All proceeds <u>must</u> be spent within the State of Louisiana; Applicant pledges net proceeds to: _____		
8. Attach a list of: number of tickets to be printed; price per ticket; and prizes (cash amount or cost of merchandise) _____		

8. Designated Operator(s) - Must list minimum of four (4) & one (1) must be present at all games. Owner/Hall Manager(s) must complete this section:

Name: _____
Address: _____
City/State/Zip Code: _____
Phone No. (Work) _____ (Home) _____
Driver's License No. _____
Date of Birth _____ Soc. Security # _____
Position _____
Have you ever been convicted of a crime? _____

8. Designated Operator(s) - Must list minimum of four (4) & one (1) must be present at all games. Owner/Hall Manager(s) must complete this section:

Name: _____
Address: _____
City/State/Zip Code: _____
Phone No. (Work) _____ (Home) _____
Driver's License No. _____
Date of Birth _____ Soc. Security # _____
Position _____
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Name: _____
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City/State/Zip Code: _____
Phone No. (Work) _____ (Home) _____
Driver's License No. _____
Date of Birth _____ Soc. Security # _____
Position _____
Have you ever been convicted of a crime? _____

The following items shall be attached and made a part of this application:

Copy of State Charitable Gaming License; IRS Tax Exempt Non-Profit Certification; Copy of Louisiana Charter; List of Active Members of Organization (Addresses & Phone Numbers); Audit Agreement; Criminal History Waivers; and Current Price List.

This affidavit must be executed by the applicant before a Notary Public

I swear (or affirm) that I have read each of the questions in this application and the answers which I have given are true and correct to the best of my knowledge. I am a member in good standing with the named organization (applicant) and I understand that any false statement or misrepresentation of fact constitutes grounds for denial of this application. It is further understood that the applicant cannot conduct any games until such time that this application is approved by the Gaming Enforcement Division.

_____, being first duly sworn on oath disposes and says above statement is true and correct, that he has read each of the questions to which he had made answer, and that his said answers in each instance are true and correct.

Authorized Signature of Organization _____ Date _____

Sworn to and subscribed before me, this _____ day of _____, 200_____

Notary Public _____