



Parish Attorney/Gaming Enforcement Division  
 City of Baton Rouge/Parish of East Baton Rouge  
 10500 Coursey Blvd., Suite 202  
 Baton Rouge, LA 70816  
 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
<b>Applicant:</b> <b>1. Name of Organization &amp; Phone Number:</b> _____ ( ) _____		<b>2. Organization's Address (Street, State &amp; Zip Code):</b> _____ _____ _____
<b>3. Location of Games to be Held:</b> Name of Hall: _____ Address (Street, State, Zip Code): _____ _____		<b>4. Charitable Bank Information:</b> Name of Bank: _____ Gaming Checking Account Number: _____
<b>5. List the Names, Titles, Addresses &amp; Telephone Numbers of the Officers &amp; Board Members of Organization (Attach List if Necessary):</b> Name: _____ Address: _____ City/State/Zip Code: _____ Phone No. (Work) _____ (Home) _____ Driver's License No. _____ Date of Birth _____		<b>5. List the Names, Titles, Addresses &amp; Telephone Numbers of the Officers &amp; Board Members of Organization (Attach List if Necessary):</b> Name: _____ Address: _____ City/State/Zip Code: _____ Phone No. (Work) _____ (Home) _____ Driver's License No. _____ Date of Birth _____
<b>6. Type of Organization/Ownership:</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
<b>7. All proceeds <u>must</u> be spent within the State of Louisiana; Applicant pledges net proceeds to:</b> _____		
<b>8. Attach a list of: number of tickets to be printed; price per ticket; and prizes (cash amount or cost of merchandise)</b> _____		

**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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_