

Ouachita Parish Police Jury

P. O. Box 3007 ♦ Monroe, Louisiana 71210-3007

Phone: (318) 327-1340 ♦ Fax: (318) 327-1339

Application to Conduct Charitable Gaming

<input type="checkbox"/> Original Application <input type="checkbox"/> Renewal		License Year: _____ State License No. – G: _____	
Official Name of Organization		Federal Tax ID No.	
Organization Doing Business As (if applicable) and/or Organization Website		Company Federal Tax ID Number	
Video Bingo Location Address (Street, City, State, Zip Code)		Email Address:	
Organization's Physical Address (Street, City, State, Zip Code)		Fax Number	
Official Mailing address of Company (Street, City, State, Zip Code)		Parish	
Contact Person		Parish	
Mailing Address of Contact Person (Street, City, State, Zip Code)		Parish	
Title / Position Held		Office Phone of Contact Person	
Home Phone of Contact Person		Home Phone of Contact Person	
Circle All Types of Games to be Conducted: BINGO KENO RAFFLES PULL TABS ELECTRONIC VIDEO BINGO CASINO NIGHT			

PLEASE ATTACH A COPY OF YOUR STATE APPLICATION

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 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.

Further, I hereby authorize the Louisiana Department of Revenue – Office of Charitable Gaming to release and provide to the Ouachita Parish Police Jury any record, data, or information concerning the organization submitting this application, including financial information that might otherwise be considered privileged or confidential.

Member in Charge (Print)	Day Phone No.	Member in Charge (Signature)	Date
President of Organization (Print)	Day Phone No.	President of Organization (Signature)	Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC: _____