



Application for Gaming Permit Packet

Application for Gaming Permit Checklist.

- ✓ Completed and Notarized Application
- ✓ State Charitable Gaming License
- ✓ IRS Tax Exempt Non-Profit Certification
- ✓ Louisiana Charter
- ✓ Audit Agreement
- ✓ Criminal History Waivers

Comments:

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
- Number of tickets to be printed
- Current price list, and prizes (cash amount or cost of merchandise).

Failure to provide all required documentation shall result in refusal of permit.

If you have any questions or need additional information, please call Kacie Reif at 337-404-4078.

Leesville City Hall
Planning and Zoning Department
508 S. 5th St. Leesville, LA 71446



Application for Gaming Permit

A NON-REFUNDABLE PERMITTING FEE (\$50.00)

Internal Use Only

Charge Code:
 Account #: _____
 Price: \$50.00

Date of Application: _____

License for Calendar Year:	Permit Number:
Type of License:	
<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	
Types of Games Conducted:	
<input type="checkbox"/> Bingo <input type="checkbox"/> Pull Tabs <input type="checkbox"/> Video Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Casino Night	

APPLICANT INFORMATION		
Contact Name:		
Name of Organization:		
Organization Address:		
Phone:		Email:
Type of Organization/Ownership:		
<input type="checkbox"/> Partnership <input type="checkbox"/> Individual Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Location of Games	Name of Hall:	Address:

OFFICERS AND BOARD MEMBERS OF ORGANIZATION (ATTACH LIST IF NEEDED)		
Name/Title:		
Address:		
Phone:		Email:
DOB:		Driver's License No:
Name/Title:		
Address:		
Phone:		Email:
DOB:		Driver's License No:
Name/Title:		
Address:		
Phone:		Email:
DOB:		Driver's License No:
Name/Title:		
Address:		
Phone:		Email:
DOB:		Driver's License No:

CHARITABLE BANK INFORMATION	
Name of Bank:	
Gaming Checking Account Number:	

All proceeds must be spent within the State of Louisiana. Applicant pledges net proceeds to:

**DESIGNATED OPERATORS- Must list minimum of four (4) and one must be present at all games.
Owner/Hall Manager(s) must complete this section:**

Name/Position:	
Address:	
Phone:	Email:
DOB:	Driver's License No:
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name/Position:	
Address:	
Phone:	Email:
DOB:	Driver's License No:
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name/Position:	
Address:	
Phone:	Email:
DOB:	Driver's License No:
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name/Position:	
Address:	
Phone:	Email:
DOB:	Driver's License No:
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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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; Number of tickets to be printed; Current price list, and prizes (cash amount or cost of merchandise).

Signature of Applicant

Date

Signature of Accepting City Employee

Date

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.

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

Authorized Signature of Organization: _____ Date: _____

Sworn to and subscribed before me, this _____ day of _____, 202_____.