

**PARISH OF TERREBONNE  
SALES AND USE TAX DEPARTMENT**

P. O. Box 670, Houma, LA 70361  
Phone 985-573-3734 Fax 985-876-9841  
Email: salestax@tpcg.org

**APPLICATION FOR ORGANIZATIONS TO CONDUCT CHARITABLE GAMING**

Instructions: **Please complete application in its entirety.** If additional space is required to answer any part, attach a separate sheet of paper. In addition to the information requested below, the following must accompany your application before it can be processed.

- Correspondence reflecting Employer Identification Number (NEW APPLICANTS ONLY).
- Determination letter from Internal Revenue Service stating tax exempt status (NEW APPLICANTS ONLY).
- Articles of incorporation and/or By-Laws (NEW APPLICANTS ONLY).
- Current State of Louisiana Charitable Gaming License Listing dates and times for the first half of \_\_\_\_\_.** Once dates and times for the second half of the year are processed by the State, please submit a copy of State License
- Most recent Federal Tax Return (Form 990 – will be 2 years prior).**
- Permit fee of two hundred dollars (\$200.00) payable to "PARISH SALES TAX FUND".** Fee and **completed application** should be mailed to the address above, Attention: Gaming Permits.

Parish Permit #: \_\_\_\_\_

Official Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address or P. O. Box) (City) (State) (Zip Code)

Are you a Terrebonne Parish domiciled organization? \_\_\_\_\_

Nature of Organization:

Educational  Charitable  Patriotic  Religious  Public Spirited

Name, Title, Address and Phone Number of current officers (Please designate officer(s) or members(s) in charge of charitable gaming):

Name	Title	Address	Phone Number

Type of charitable gaming to be held:

Bingo  Keno  Raffles  Pull Tabs  Other (Specify) \_\_\_\_\_

Name and address of location (s) where charitable gaming will be held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of prizes:

\_\_\_\_\_  
\_\_\_\_\_

Specific purposes to which entire net proceeds are to be devoted and in what manner:

\_\_\_\_\_  
\_\_\_\_\_

Items of expense intended to be incurred or paid in connection with the holdings, operating and conducting of such game or games of chance and the names and address of the persons to whom, and the purposes for which, they are to be paid (Hall rental, bingo supplies, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date	Name of Organization	Member(s) in Charge
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