



Louisiana Department of Revenue
 Office of Charitable Gaming
 P.O. Box 98502, Baton Rouge, LA 70884
 (225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Not for Super Bingo

Request to Change Assigned Fixed Value of Bingo Paper and Cards

Organization Name: _____, State license number G-_____,
 hereby requests permission to change the assigned fixed values of disposable and non-disposable bingo/keno cards and bonanza sheets
 beginning _____ as follows:

MM/DD/YY

1. **If assigned fixed value of Bingo Paper is changed prior to Office approval, the licensee will be in violation of LAC 42:I.1744.E.**
2. **All requests shall be submitted at least three (3) working days prior to the start of the session.**
3. **A \$25 check made payable to "Office of Charitable Gaming" must accompany the second and any subsequent revisions to your license.**

Currently approved assigned fixed value of all bingo paper and cards. All inventory not listed below will remain the same as approved by the Office. List only changes, additions, or deletions below.

Full description of paper Ex: Cut and Color : 6 on 10 C Cut and Series: 6 on 10 C (1-9000) Sealed Cards Bonanza 6 on 1 NC (Red)	Assigned fixed value of paper	Quantity on hand

Proposed assigned fixed value or bingo paper and cards. List only changes, additions, or deletions below.

Full description of paper Ex: Cut and Color : 6 on 10 C Cut and Series: 6 on 10 C (1-9000) Sealed Cards Bonanza 6 on 1 NC (Red)	Assigned fixed value of paper	Quantity on hand

The undersigned fully understands and agrees that the proposed assigned fixed values will not be implemented until **written approval is received** by the organization from the Office of Charitable Gaming, and will be implemented **only** at the proposed dates requested above.

Signature of member requesting change _____ Telephone _____

Print name listed above _____ Position _____

Date of above request _____ Fax number _____

Do not write below this line. For office use only.	
Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied / <input type="checkbox"/> Per letter of violation dated _____	
Signature of authorized personnel _____	Date _____