

Reviewed By: \_\_\_\_\_

**LICENSED CHARITABLE GAMING FACILITY QUARTERLY REPORT**

Quarter: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ (check one)

Calendar Year: \_\_\_\_\_

**REPORT DUE BY APRIL 30TH, JULY 31ST, OCTOBER 31ST, OR JANUARY 31ST**

FACILITY NAME: _____
LICENSE NO.            FAC-_____
LICENSEE NAME: _____
MAILING ADDRESS (Licensee): _____
LOCATION OF FACILITY: <b>Street Address:</b> _____
<b>City:</b> _____
<b>County:</b> _____

**SIGNATURE AND VERIFICATION**

Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and attachments, and to the best of my knowledge and belief it is a true, correct, and complete report. Declaration of preparer (other than organization official) is based on all available information.

\_\_\_\_\_  
**CHIEF EXECUTIVE OFFICER (Print Name)**

<b>CHIEF EXECUTIVE OFFICER (Signature)</b>	<b>TITLE</b>	<b>DATE</b>
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\_\_\_\_\_  
**NAME (Print Name)**

<b>NAME (Signature)</b>	<b>TITLE</b>	<b>DATE</b>
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