### 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. F	AC			
LICENSEE NAME:				
MAILING ADDRESS (Licensee):				
LOCATION OF FACILITY:	Street Address:			
	City:			
	County:			

#### 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)

CHIEF EXECUTIVE OFFICER (Signature)

TITLE

DATE

NAME (Print Name)

NAME (Signature)

TITLE

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# Employees or Contractees of Licensed Facility (attach additional pages if needed)

NAME	JOB TITLE	SOCIAL SECURITY	ON PREMISES DURING GAMING SESSIONS (YES/NO)

TOTAL NUMBER OF FACILITY EMPLOYEES

**OR CONTRACTEES** 



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## PAST DUE ORGANIZIATIONS

		Total Rent	Total Rent					Total
	Organization	Owed During	Paid During		30 Days	60 Days	90 Days	Amount
Organization Name	License #	Quarter	Quarter	Rent Due	Past Due	Past Due	Past Due	Past Due

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## QUARTERLY FACILITY SPECIAL EVENTS SUMMARY

	Organization License #				
Organization Name	License #	Date of Event	Time of Event	Type of Event	Rent Charged