

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:	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	DATE
