

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE GAMING
PERMIT AMENDMENT**

VDACS FINANCE CODE: 988-02199

General Instructions

Change requests shall be in writing at least 30 days in advance of the proposed effective date.

- A. Please use this form to notify the Department of a proposed change to your permit.
- B. Complete the entire form. **DO NOT LEAVE ANY BLANKS.**
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure request change is signed and dated.
- F. Enclose a non-refundable fee of \$50 payable to the Treasurer of Virginia, if applicable.
- G. Retain a copy for your records.

ORGANIZATION INFORMATION

1. Organization Name: _____ DCG No. _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: () _____ E-Mail: _____

PERMIT CHANGE INFORMATION

2. Permit No.: _____ Issue Date: _____ Expiration Date: _____

Check the one that applies

- | | | |
|--------------------------|--|------------------|
| <input type="checkbox"/> | Any change to a permit due to a change in dates, times, or locations not specifically listed as a "No Charge" below. | \$50.00 |
| <input type="checkbox"/> | Any permit change made by an exempt organization, <i>i.e.</i> , volunteer fire department, volunteer rescue squad. | No Charge |
| <input type="checkbox"/> | Any permit change made due to inclement weather, disasters or other circumstances outside the organizations control. | No Charge |

NEW GAME DATE

NEW GAME TIME

a.	_____	_____
b.	_____	_____

3. Explanation of changes: _____

REQUESTED BY

Signature: _____ Date: _____
Full Name: _____ Position: _____
 First Name Middle Name Last Name

MAIL COMPLETED FORM TO: VDACS, Office of Charitable Gaming, PO Box 526, Richmond, Virginia 23218

For more information, please visit our web site at www.vdacs.virginia.gov or contact the licensing unit at (804) 371-0495.