

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS  
REPORT OF GAME TERMINATION**

**General Instructions**

*An organization that voluntarily ceases to game is required to file an annual financial report by March 15th of each year until all gaming proceeds are depleted in accordance with Virginia's charitable gaming statutes, Charitable Gaming Regulations, and Texas Hold'em Poker Regulations. If any charitable gaming activity will be resumed at a later date and the permit has expired, a new license to conduct it must be applied for and obtained from the Office of Charitable and Regulatory Programs.*

- A. Please use this form to notify the **Office of Charitable and Regulatory Programs** that your gaming operations have ceased.
- 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 Report of Game Termination is signed and dated.
- F. Enclose original charitable gaming permit.
- G. Retain a copy for your records.

**ORGANIZATION INFORMATION**

1. Organization Name: \_\_\_\_\_ OCRP No. \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No.: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Date Game Termination Effective: \_\_\_\_\_

3. Game Termination is: Permanent: \_\_\_\_\_ Temporary Until: \_\_\_\_\_

4. Physical Location of the Gaming Activity:  
 Facility Name, if applicable: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Please provide primary reason(s) for ceasing gaming: \_\_\_\_\_  
 \_\_\_\_\_

6. Full name of person responsible for filing financial reports: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone No.: ( ) \_\_\_\_\_ Work Telephone No.: ( ) \_\_\_\_\_  
 Facsimile No. ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REQUESTED BY**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 First Name Middle Name Last Name

**MAIL COMPLETED FORM TO: VDACS, Office of Charitable and Regulatory Programs, 102 Governor Street, Richmond, Virginia 23219**

*For more information, please visit our web site at [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov) or contact the Office at (804) 371-0495.*