



OHIO CASINO CONTROL COMMISSION

10 W. Broad Street – 6th Floor – Columbus, OH 43215
(855) 800-0058 toll-free
www.casinocontrol.ohio.gov

DUTY TO UPDATE INFORMATION

Employment Termination

Change of Address / Telephone Number

Change of Name

MUST Provide a Marriage License/Certificate,
Divorce Decree, or Court Order

Legal / Financial / Criminal / Gaming
Related Information

* Indicates Required Fields

A signature and date is also required at the bottom of the second page

*Current Name on Casino Gaming License: (The name that is currently registered with OCCC)

*Date of Birth:

*Last 4 of SSN:

*CGE Number:

Change of Name

Change of Name: (What are you changing your name to?)

Change of Address / Telephone Number

Updated Home Address: (Number and Street, Apt #, City, State, Zip Code)

Updated Mailing Address: (If this is the same as your Home Address please write "Same")

Cell Telephone Number:

Home Telephone Number: (If this is the same as your Cell
Telephone Number please write "Same")

Employment Termination

Please describe reason for termination:

Financial

Please provide the type of bankruptcy; date filed; attach bankruptcy petition or include discharge / dismissal documents:

Criminal / Gaming

Please describe the offense, include official charge; the date the offense took place; and the arresting agency:

Signature

Date