



## OHIO CASINO CONTROL COMMISSION

10 W. Broad Street – 6<sup>th</sup> 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

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 / Contact Number

Updated Home Address:

\*County\*

Updated Mailing Address:

\*County\*

Primary Telephone Number:

Secondary Telephone Number:

**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:

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**Signature**

**Date**