



Name or Address Change Notification

MGCB - 1700

Board Rules Chapter 2: License and Applications §6. Application – Employee

3. To the extent, if any, that information of a material nature in the application or the supplemental information provided by the applicant becomes outdated, inaccurate or incomplete, the applicant shall notify the Board in writing **as soon as it is aware** that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and complete.

Name on License _____

License Number _____ Email or Phone _____

Address Change: _____ **Effective date** _____

New Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different from street address) _____

Name Change: _____ **Effective Date** _____

New Name _____

Reason for name change _____

Submit legal documentation supporting the change with this notification

Submit this form to:

Gambling Control Unit
45 Commerce Drive Suite 5
Augusta, ME 04330
Fax: 207-287-4356
Email: mallory.e.reilly@maine.gov

Date: _____ MGCB – 1700 Initial: _____

Effective 5/4/2022