



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information of a material nature in the application or the supplemental information provided by the applicant becomes outdated, inaccurate or incomplete, the applicant shall notify the Board in writing **as soon as it is aware** that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and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

<b>Name on License</b> _____
License Number _____ Email or Phone _____

<b>Address Change:</b>	<b>Effective Date</b> _____
New Street Address _____	
City _____ State _____ Zip Code _____	
Mailing Address (If different from street address) _____	

<b>Name Change:</b>	<b>Effective Date</b> _____
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