



STATE OF MAINE
Department of Public Safety
Gambling Control Unit
87 State House Station Augusta, Maine 04333-0087

For Agency Use Only:
Date Received _____

Gambling Control Board
Internal Control or Table Game Rule Change Request
MGCB – 4000

Internal Control

Table Game Rule

Licensee Name: _____

Requested by: _____

Submitted by: _____

Detailed Reason for the Change: (must include page # and short summary of change)

Page: _____ **Change Requested:** _____

Impact on Business Operations (increase revenue, monetary savings, customer savings, etc.), if any:

Attach only the pages affected by the changes listed above using “Track Change”, underlining additions and striking through deletions.

Date

Signature of Representative Requesting Change

***Note: Internal Control changes require Board approval. Table Game rule changes require Director approval.**

Date Approved by Board or Director: _____

Approval Signature: _____