

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

	Internal Contr	ol		Table Game Rule
Lice	ensee Name:			
Req	uested by:			
Sub	mitted by:			
Deta Pag		the Change: (must includ Change Requested:	e page # and short s	summary of change)
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	Sig	gnature of Represen	tative Requesting Change
*Note		nanges require Board appro	oval. Table Game ru	le changes require Director
Date	Approved by Boa	rd or Director:		
Appr	oval Signature:			