



Request for Waiver of Employee Licensure MGCB- 1402

Employer: _____

Employee Name: _____

Employee Address: _____

Date of Birth: _____

Date of Hire: _____

Employee Position: _____

Initial Request? (If yes, please attach job description)

Renewal? Employee ALMS number: _____ (WAV-####)

Basis for license waiver request: _____

Signature of Employer Representative

Title

Date

Should the status of a waived employee change to that of an individual subject to licensing, the Board shall be notified and the individual shall submit a license application.

GCU USE ONLY

Employee ALMS number: _____ Employee Expiration Date: _____

Approved _____ Denied _____

Denial Reason: _____

Executive Director

Date

APPEAL RIGHT

The employer or employee may request that a review of a denial of waiver be conducted by the Gambling Control Board. A request for review must be made within thirty days of receipt of denial. After thirty days, a denial shall become final and non-appealable. If a denial is timely appealed a separate notice of hearing will be issued. The employer or employee bears the burden of proving that the public interest is not served by the requirement of the employee license.