CURRENT GAMING EMPLOYEE LIST

OFFICE OF ATTORNEY GENERAL

SFN 54270 (2-2011)

License No. G- ___ ___ ___ ___

Organization Name:		
Mailing Address:		
City:	State:	Zip:
Business Phone:	Cell Phone:	

NAME OF GAMING MANAGER: _____ **DATE OF HIRE:** _____

*** PLEASE PRINT OR TYPE ***

	EMPLOYEE NAME Please list in Alphabetical order: Last name, First name	TITLE	DATE OF HIRE	IS THE EMPLOYEE PAID BY THE ORGANIZATION
1.				☐ YES ☐ NO
2.				☐ YES ☐ NO
3.				☐ YES ☐ NO
4.				☐ YES ☐ NO
5.				☐ YES ☐ NO
6.				☐ YES ☐ NO
7.				☐ YES ☐ NO
8.				☐ YES ☐ NO
9.				☐ YES ☐ NO
10.				☐ YES ☐ NO
11.				☐ YES ☐ NO
12.				☐ YES ☐ NO
13.				☐ YES ☐ NO
14.				☐ YES ☐ NO
15.				☐ YES ☐ NO
16.				☐ YES ☐ NO
17.				☐ YES ☐ NO
18.				☐ YES ☐ NO
19.				☐ YES ☐ NO
20.				☐ YES ☐ NO
21.				☐ YES ☐ NO
22.				☐ YES ☐ NO
23.				☐ YES ☐ NO
24.				☐ YES ☐ NO

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS.