



State of New Jersey
CASINO CONTROL COMMISSION

Attn: Licensing Unit
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401
(609) 441-3441

KEY LICENSE APPLICATION REQUEST FORM

NAME: Last First M.I.

ADDRESS: (No. and Street, Apt., Suite, Rd No.)
City State Zip Code - +4

Home Telephone No. Cell Telephone No. Business Telephone No.

DOB (mm/dd/yyyy) / /

KEY LICENSE NUMBER(S):

I hereby request a copy of my personal history disclosure form or a copy of a certain document submitted with my application. The information requested was filed with my application.

Please state below the information requested (i.e., copy of entire form, copy of certain documents, etc.)

Fee chart: \$.05 per page

NOTE: ALL FILES REQUESTED FROM ARCHIVES TAKE BETWEEN 2 TO 4 WEEKS TO RECEIVE. YOU WILL BE CONTACTED REGARDING THE FEES DUE.

Processing of request will occur when a Check or Money Order made payable to the CASINO CONTROL FUND including the last three (3) digits of your Social Security Number is received at the above address.

Date: