



# DUTY TO UPDATE INFORMATION FORM

Pursuant to Ohio Adm.Code 3772-74-09, all applicants and licensees must update the Executive Director, using this form, with all information sought in the application from the submission of the application throughout any licensure period that may be or has been granted. **However, applicants and licensees need not update the Commission on the information sought in questions: #12 and #15.** This form should also be used to update the Commission when the applicant or licensee updates its internal procedures, as required by Ohio Adm.Code 3772-74-10(C), or when the applicant or licensee plans to cease doing business in Ohio, as required by Ohio Adm.Code 3772-74-12(J).

Upon completion, this form (along with all supporting documentation) should be sent electronically to the Commission either by email to [fantasycontests@casinocontrol.ohio.gov](mailto:fantasycontests@casinocontrol.ohio.gov), via a physical media drive (e.g., CD, thumb drive) mailed to the Commission's office at 100 E. Broad Street, 20<sup>th</sup> Floor, Columbus, Ohio 43215, or via secure online drop box, as approved by the Executive Director. It is the applicant's or licensee's responsibility to ensure this form reaches the Commission in a timely manner.

**As applicable, attach or include all supporting documentation.**

Applicant/Licensee Requesting Update	
Current Name on File with the OCCC	
License Number (if applicable)	
FEIN (as submitted on the application)	

Information to Be Updated (check all that apply)			
<input type="checkbox"/>	Business Information (complete Section A below)	<input type="checkbox"/>	Liens, Judgments, or Garnishments (attach Appendix 9)
<input type="checkbox"/>	Key Employee(s) (attach Appendix 2)	<input type="checkbox"/>	Civil Legal Actions (attach Appendix 10)
<input type="checkbox"/>	Holding Companies (attach Appendix 3)	<input type="checkbox"/>	Bankruptcies (attach Appendix 11)
<input type="checkbox"/>	Management Companies (attach Appendix 4)	<input type="checkbox"/>	Player Funds Protection (attach and label as Appendix 12)
<input type="checkbox"/>	Organizational Chart (attach and label as Appendix 5)	<input type="checkbox"/>	Internal Procedures (attach and label as Appendix 13)
<input type="checkbox"/>	Gambling or Gaming-Related License, Permits, Registrations, and Certifications (attach Appendix 6)	<input type="checkbox"/>	Dissolution or Cessation of Business (complete Section B below)
<input type="checkbox"/>	Arrests, Charges, or Convictions (attach Appendix 7)	<input type="checkbox"/>	Other (complete Section C below)
<input type="checkbox"/>	Fines, Penalties, and Settlements (Governmental Units or Regulatory Authorities) (attach Appendix 8)	<input type="checkbox"/>	



### A. Updated Business Information

Business Name <i>(including any prior business names used in past ten years)</i>	Place of Incorporation or Formation
DBA <i>(including any prior DBA(s) used in the past ten years)</i>	Date of Incorporation or Formation
Business Registered As	Business Phone Number
Ohio Secretary of State Number	FEIN
I am completing this Application because I am a:	Website
Business Address <i>(provide the address where the Applicant primarily conducts business)</i>	
Street Address	City, State Zip County
License Mailing Address <i>(if different from Applicant's business address)</i> <sup>1</sup>	
Street Address	City, State Zip County

### B. Dissolution or Cessation of Business

Provide a description of the operator's intent to cease doing business in Ohio, including the date of the proposed closure and a description of how the operator will be ensuring fantasy contest player funds will be distributed to their rightful owners.	Projected Date of Dissolution or Cessation

### C. Other

Provide a description of the update (e.g., date, time, location, incident/issue narrative).

Printed Name of Key Employee or Authorized Representative	Signature	Date Signed

<sup>1</sup> This address will be used for all postal communications from the Commission for this license.