



OHIO CASINO CONTROL COMMISSION

REQUEST FOR APPROVAL

CERTIFIED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTING FIRM

1. Individual or Firm Information

Individual or Firm Name		DBA Business Name(s)	
Type <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Certified Public Accounting Firm			
Website		Primary Business Phone Number	
Provide the primary business mailing address for the individual or firm.			
Street Address			
City	State	Zip	County

2. Authorized Person

Name	Position Title
Email Address	Phone Number

3. Relevant Jurisdictions

List relevant jurisdictions in which the individual or firm is authorized to practice public accounting by the appropriate state board of accountancy or other licensing body. Relevant jurisdictions include places where the individual or firm may conduct work required by Ohio Casino Control Commission rules.

Jurisdiction	License Number	Jurisdiction	License Number

Is the license or registration of the individual or firm in good standing in all the above listed jurisdictions?
 Yes No



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4. Qualifications

List relevant qualifications which should be considered in this request for approval including any relevant training or experience.

5. Signature

Signature of Authorized Person

Date