

OHIO CASINO CONTROL COMMISSION



Request for Licensing Disqualification Information

Name _____

Date of Birth (month/day/year) ____/____/____ SSN* _____

*Under the Federal Privacy Act, disclosure of your SSN is voluntary. If provided, the agency will use it to obtain and verify your information; it will NOT be disclosed as part of any public record. The absence of an SSN may delay the determination.

Address: _____

Provide the following information regarding the criminal offense(s) that you wish to have reviewed. If additional space is needed, attach a separate page to this form that includes the same information required below.

Offense	Offense Date	Court	Case Number	Disposition

This form may be mailed to Ohio Casino Control Commission, 100 E. Broad Street, 20th Floor, Columbus, Ohio 43215. The form may also be submitted by email to info@casinocontrol.ohio.gov or by fax at 614-763-2729.

By signing below, I authorize the Ohio Casino Control Commission, a law enforcement agency, to conduct an investigation into my background and activities. I further authorize all governmental agencies, both foreign and domestic, to release all information, documentary or otherwise, pertaining to my background.

Signature

Date