



SPORTS WAGERING SUBSTANTIAL CHANGE APPLICATION

OFFICIAL USE ONLY

License Number:		Date Accepted:			Accepted by:		
Fees Paid: \$	From:	To:	Issue Date:	From:	To:		
Date Approved by Board:	Initial: →						
/ /							
Date Denied by Board:	Initial: →						
/ /							

TO BE COMPLETED BY APPLICANT

1. Licensee's Name as it appears on the ABC License (Corporation, LLC, etc.)		2. Licensee Trade Name		3. License Number:	
4. Business Address as it appears on the ABC License:			5. Business Email Address:		
6. Business Telephone Number:			7. Cell Phone Number:		
8. Business Hours of Operation:			9. Business Hours of Sales and Service of Alcoholic Beverages:		
Sunday	From _____ To _____	Sunday	From _____ To _____	Sunday	From _____ To _____
Monday	From _____ To _____	Monday	From _____ To _____	Monday	From _____ To _____
Tuesday	From _____ To _____	Tuesday	From _____ To _____	Tuesday	From _____ To _____
Wednesday	From _____ To _____	Wednesday	From _____ To _____	Wednesday	From _____ To _____
Thursday	From _____ To _____	Thursday	From _____ To _____	Thursday	From _____ To _____
Friday	From _____ To _____	Friday	From _____ To _____	Friday	From _____ To _____
Saturday	From _____ To _____	Saturday	From _____ To _____	Saturday	From _____ To _____
10. Describe in detail the change that you are seeking, including the quantity and types of sports wagering devices that will be added, and where they will be located within the establishment (please attach a diagram of the location):					
11. Do you have a Class A or Class B Sports Wagering Operators License, issued by the Office of Lottery and Gaming?					
Yes (Please attach copy)		In-Review		No	
12. Do you have a security plan? Yes (Please attach copy) No					
13. Do you have a Settlement Agreement? Yes (Please attach a copy) No					
14. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above named applicant is the true and actual owner of the business. (If the applicant is a Sole Proprietor, the individual must sign, if Partnership, each Partner must sign, if Corporation, the President or Vice President must sign, if Limited Liability Company, the Managing Member must sign below.)					
Print Name: _____			Signature: _____		
Subscribed and sworn to before me _____ on this _____ day of _____, 20____. My commission expires: _____					
Print Name: _____			Signature: _____		
Subscribed and sworn to before me _____ on this _____ day of _____, 20____. My commission expires: _____					
15. In what language do you need vital documents translated?					