



**State of New Jersey
CASINO CONTROL COMMISSION**

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

Inactive List Request Form

Please be advised that I will not be submitting a resubmission review form, supporting documentation and fees in a timely manner and I hereby request to be placed on the Inactive Casino Key Employee License List.

I understand that I will remain on the list for a period of five (5) years, during which time I can initiate the reactivation of my license by submitting the material referenced above. Persons inactive over one (1) year should call the Licensing Unit at (609) 441-3441 for guidance before filing any forms.

I understand that I must initiate the reactivation of my license and receive Commission approval prior to working in any position that requires licensure as a casino key employee.

Further, I understand that if I do not activate my license during the five (5) year cycle, my license will be deemed to be abandoned.

NAME: _____

LICENSE NO.: _____

Signature

Date

Address (No. and Street, Apt, Suite, Rd No.)

City, State, Zip Code

Home Telephone No.

Cell Telephone No.

Business Telephone No.