

NOTICE OF CHANGE IN OFFICERS OR CHAIRPERSONS
Pursuant to KRS 238.525(6) the Department must be notified of changes to officers and chairpersons within 30 days from the date the change occurred.

ADDITIONAL OFFICER(S)

1. Name of the Charitable Organization: _____
License Number of the Organization: _____

2. If you wish to add an officer(s) please complete the following section. These officers are subject to a state criminal history check, and may be subject to a national criminal history check which requires fingerprinting. If fingerprinting is required, additional information will be forwarded to the applicant.

Name: _____

Title: _____

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

() () ()

Office Phone Cell Phone Home Phone

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

Name: _____

Title: _____

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

() () ()

Office Phone Cell Phone Home Phone

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code



ADDITIONAL CHAIRPERSON(S)

3. If you wish to add a designated gaming chairperson(s), please complete the following section. These persons are subject to a state criminal history check, and may be subject to a federal criminal history check which requires fingerprinting. If fingerprinting is required, additional information will be forwarded to the applicant.

Name: _____

Employee Member

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

() () ()

Office Phone Cell Phone Home Phone

Email Address

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

Name: _____

Employee Member

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

() () ()

Office Phone Cell Phone Home Phone

Email Address

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

OFFICER(S)/CHAIRPERSON(S) TO BE REMOVED

4. If you wish to remove an officer and/or designated gaming chairperson(s), please complete the following section.

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

Name: _____

Remove as: Officer Chairperson

CERTIFICATION (BY AN OFFICER)

I certify, under penalty of perjury, that I am an Officer authorized by the applicant to make application for licensure and that I have examined this change request form, including any accompanying material, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Title: _____

Date: _____

Submit the completed CG-OC, including all required attachments, along with a \$25 fee made payable to "Kentucky State Treasurer," to:

COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
DEPARTMENT OF CHARITABLE GAMING
DIVISION OF LICENSING & COMPLIANCE
500 Merc Street 2NW24
FRANKFORT, KY 40601

If you need assistance completing this form, please call the Licensing Branch at (502) 573-5528 or Toll-free in Kentucky, (800) 729-5672.

Visit our website at: <http://www.dcg.ky.gov>

*****Pursuant to KRS 238.525(6) the Department must be notified of changes to officers and chairpersons within 30 days from the date the change occurred. You are not required to use this form to effect notification. It is provided for your convenience.**