State of New Jersey
CASINO CONTROL COMMISSION

Attention: Licensing Unit
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401
609-441-3441

CHANGE OF *NAME/ADDRESS FORM – KEY LICENSE*

Name Application Submitted Under:

LAST _____ FIRST _____ MI _____

***Change of Name**:

LAST _____ FIRST _____ MI _____

DOB: (MM/DD/YYYY) _____/_____/_____ **License Number** _____-11

_____
New Home Address: (No. and Street, Apt., Suite, Rd No.)

_____ _____ _____-_____
City **State** **Zip Code - +4**

_____
New Mailing Address: (No. and Street, Apt., Suite, PO Box or Rd No.)

_____ _____ _____-_____
City **State** **Zip Code - +4**

(____) _____ (____) _____ (____) _____
Home Telephone # **Work Telephone #** (include ext.) **Cell Telephone #**

ARE YOU A UNITED STATES CITIZEN? (Yes ◯ No ◯)

If No, proof of USCIS employment authorization is required.

Change Type: (Name ◯ Address ◯ Both ◯)

_____
Date:

ADDRESS CHANGE: Complete form by typing in required information. You may save and/or print form for your records. Submit form electronically by following the**"Electronic Submission Instructions"** below. There is a $6 fee when requesting a new credential. Processing of request will occur when a Check or Money Order made payable to the CASINO CONTROL FUND **including the last three (3) digits of your Social Security Number**[+] is received at the above address.

***NAME CHANGE:** Complete form by typing in required information. **Save** and **Print** form using buttons below. When requesting a Name Change you MUST present a certified marriage or civil union certificate, divorce decree or court order. (A divorce decree will be accepted only if it contains the name on the license and permits a return to use of the previous name.) There is a $6 fee when requesting a new credential. Processing of request will occur when a Check or Money Order made payable to the CASINO CONTROL FUND **including the last three (3) digits of your Social Security Number[+], and all required documentation** is received at the above address. All documentation submitted as name change evidence will be **returned** to you.

[+]Your social security number will be used to obtain and verify information for your license. If you chose not to provide this information, you must request this change in person at the above address.

Save Form Privacy Notice

Print Form

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Electronic Submission Instructions

To send secure communications/attachments to the Licensing unit at the Casino Control Commission:

1. Please make sure all form fields are filled out correctly. Navigate to the secure site portal url - https://ssl.datamotion.com/register/cureg.aspx?rcpt=licensing@ccc.state.nj.us

2. Register to the site if logging in for the first time.

3. Attach any necessary files by selecting the "Browse for file".

4. Once you are finished composing your email click "Send Secure" to send your email.