

**MISSISSIPPI GAMING COMMISSION  
GAMING WORK PERMIT REPLACEMENT FORM**

MGC Date Stamp

Date \_\_\_\_\_ Casino \_\_\_\_\_

**INSTRUCTIONS: Please read the form completely and fill in ALL blank spaces.**

**SECTION 1. BIOGRAPHICAL INFORMATION**

Social Security Number \_\_\_\_\_ Home Telephone \_\_\_\_\_

Permit Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Street Address: \_\_\_\_\_  
Number and Street City State ZIP Code

Date of Hire \_\_\_\_\_

Describe how you lost your permit. \_\_\_\_\_

**SECTION 2. CRIMINAL HISTORY**

Have you been arrested since the last submission of a work permit application to the Mississippi Gaming Commission and/or do you have charges pending against you? If "YES," provide details in the space below. Use addition sheets if necessary. ☐ Yes  
☐ No

Date	Charge	Agency	City	State	Disposition

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Employer's Signature \_\_\_\_\_

**Mississippi Gaming Commission Use Only**

Reviewing Agent _____ MGC # _____ Date _____	Permit Action  <input type="checkbox"/> Issue Permit  <input type="checkbox"/> Revoke Permit
Data Input By _____ Date _____	
Fee Log Date _____ Check Number _____	