

Secondary Junket Representative Report

(to be submitted by Junket Representative)

PRINT or TYPE information. Fill in all blanks. Indicate not applicable items by using N/A. This form may be duplicated as necessary. Completed form shall be submitted **No Later Than July 15** to:

**Mississippi Gaming Commission
Attn: Secondary Junket Report
P.O. Box 23577
Jackson, MS 39225-3577**

Name of Junket Representative: _____ **Junket Permit #:** _____

Name that appears on MS Gaming Commission's Junket Permit: _____

Gaming Work Permit #: _____ **Gaming Work Permit expiration date:** _____

Taxpayers Identification Number (i.e., SSN / EIN): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone: _____ **Fax Number:** _____
(Area Code) (Area Code)

Email address: _____

List type of Junket services you will be providing the casinos (i.e. accompanying / escort patrons, splinters):

List all casinos you currently have a contract with:

List all Secondary Representatives:

Full Name	SSN	WP #	Date WP Expire	Type of Service	Name of Casino

SIGNATURE OF JUNKET REPRESENTATIVE

DATE

