## MISSISSIPPI GAMING COMMISSION LAYOUT/CHIP/DICE/PLAYING CARD SUBMISSION FORM

## CASINO LICENSEE

## **CASINO LICENSEE INFORMATION**

License	e Name:					
Address: Ci				City:		
State:	State: Zip Code:					
Contact Person: Position / Title:						
Phone # Fax #			#	E-mail:		
SUBMI	ISSION INFO	RMATION (Complete	all applicable item	s.)		
Submis	sion Type:	New: Modifie	cation:	Other:		
	cturer Name:		1 1			
Type:						
Name o	of Submission:					
	Paytable #:			Job #:		
	Color:			Denominations:		
	Others:					
NOTE: Attach the manufacturer approval						
T.:	icensee Author	rized Signature		Sitle/Position	Date	
Licensee Authorized Signature			•	Tuc/1 osition		
		MGC Gaming La	boratory Divisi	ion will complete the se	ection below.	
<b>Note to Licensee:</b> If a field trial is necessary, the Gami Laboratory Division will notify the manufacturer and casino. required, a field trial letter will be issued to the manufactur identifying the duration and procedures the casino must follow. determined the field trial procedures should be extended, Gaming Laboratory Division will notify the manufacturer a casino of the extended trial period.			the manufacture no must follow. be extended, the	or, If	MGC STATUS	