

GC-30NP COMPULSIVE GAMBLING ASSISTANCE PLAN REPORTING FORM
For Non-Profit Gaming Operators

For Calendar Year _____
Due March 31st following the end of the above calendar year

Name of Licensee: _____

License Number: _____

Name /Title of person completing this form: _____

- 1. Name and title of licensee’s designee responsible for development, implementation, and maintenance of the Compulsive Gambling Assistance Plan.

- 2. Describe Compulsive Gambling Assistance Plan activities during the year (attach additional page if necessary).

- 3. Employee Training – Include all key persons and all work permit personnel who were employed by the license during the year. **Attach copies of the GC-17NP Compulsive Gambling Training Log documenting the compulsive gambling training for the previous 12 month period ending December 31st.**