



STATE OF NEVADA
 GAMING CONTROL BOARD
 Enforcement Division
GAMING SALON NOTIFICATION



Casino:	Salon Room #:	Pit #:
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<input type="checkbox"/> Salon Opening	Date:	Time:	
<input type="checkbox"/> Salon Closing	Date:	Time:	<input type="checkbox"/> No play occurred

Name and Title of Employee Supervising Salon Activities:

Telephone notification	Date:	Time:
Telephone notification made to (702) 486-2020: GCB Agent		

Salon Patron Name

Last, First:
Player Identification Number:

Financial Criteria

<input type="checkbox"/> Front Money: \$
<input type="checkbox"/> Line of Credit: \$

Identifying Salon Patron

<input type="checkbox"/> Surveillance photo or clothing description will be emailed upon commencement of play.
<input type="checkbox"/> Salon Patron photo attached.
<input type="checkbox"/> Salon Patron photo on file with GCB.

This report was submitted by:
Title:
Comments:

Email form to: salonreport@gcb.nv.gov
 Annotate in email subject line: Casino Name, Open or Close, Patron Name