



Pennsylvania Gaming Control Board

ABBREVIATED APPLICATION FOR A LICENSED SUPPLIER TO APPLY FOR AN ADDITIONAL SUPPLIER LICENSE

PLEASE READ ALL INSTRUCTIONS CAREFULLY. AS PART OF THE INVESTIGATORY PROCESS YOU MAY BE ASKED TO SUPPLY ADDITIONAL DOCUMENTS OR INFORMATION.

INSTRUCTIONS

The purpose of this abbreviated application is to allow the Pennsylvania Gaming Control Board (Board) to abbreviate the Supplier license application requirements for any person who is currently licensed as a supplier by the Board under 4 Pa C.S. §1317.

Completing this form:

1. This form should be completed by a supplier currently licensed by the Board who is seeking an additional supplier license.
2. You must make accurate statements and include all material facts. Any misrepresentation, falsification or omission or the failure to provide requested information, may result in the denial of your request for the Board to use an abbreviated process to consider the issuance of a license.
3. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. If your form is not legible, it will not be accepted.
4. If you make any modification to the pre-printed questions or information contained in this form, your abbreviated application will be rejected. Once your application is accepted, it becomes the property of the Board and will not be returned.
5. The original and one paper copy of the application must be sent to the Pennsylvania Gaming Control Board, Bureau of Licensing, 303 Walnut Street, 5th floor, Commonwealth Tower, Harrisburg, Pennsylvania 17101.
6. Retain a completed copy of your abbreviated application package for your own records.
7. A license, permit, certification or registration issuance, renewal or other approval issued by the Board is a revocable privilege. No person holding a license, permit, certification or registration, renewal, or other approval is deemed to have any property rights related to the license, permit, certification or registration.

Fees:

1. There are no application fees for any supplier type other than a VGT Supplier which has a \$50,000 application fee. Application fees are due with the submission of this application.
2. License fees are due prior to the issuance of a supplier license. License fees can be found on the Board's website at: https://gamingcontrolboard.pa.gov/files/licensure/applications/Schedule_of_Fees.pdf
3. There may be costs and expenses incurred by the Board in its processing and investigation of the abbreviated application, which must be reimbursed to the Board.
4. Fees must be paid by money order or check made payable to the "Pennsylvania Gaming Control Board." Cash will not be accepted by the Board.

APPLICANT'S BUSINESS NAME

BUSINESS NAME AS IT APPEARS ON LICENSEE'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS).

TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES

CONTACT NAME

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
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TITLE	INDIVIDUAL EMAIL ADDRESS
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PHONE NUMBER ()	FAX NUMBER ()
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LICENSEE'S MAIN ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY	STATE/PROVINCE	POSTAL CODE
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COUNTRY	EMAIL ADDRESS
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PHONE NUMBER ()	FAX NUMBER ()
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GID/DOCKET #: _____ **EXPIRATION DATE OF PENNSYLVANIA SUPPLIER LICENSE:** _____

TYPE OF LICENSE APPLICANT CURRENTLY HOLDS

PROVIDE THE TYPE OF SUPPLIER LICENSES THE APPLICANT CURRENTLY HOLDS IN PENNSYLVANIA AND THE DATE OF BOARD APPROVAL:

TYPE OF LICENSE APPLICANT IS APPLYING FOR

- SLOT MACHINE SUPPLIER**
- TABLE GAME SUPPLIER**
- VGT SUPPLIER**
- INTERACTIVE GAMING SUPPLIER**
- SPORTS WAGERING SUPPLIER**

Appendices

The appendices are documents the applicant must provide or create. The appendices are not represented in the application questions or its schedules or addenda. Each appendix must indicate the appendix number as listed below.

<input type="checkbox"/>	Appendix 1: Description of the products and/or business intended to be performed in the Commonwealth.
<input type="checkbox"/>	Appendix 2: Current ownership table of organization.
<input type="checkbox"/>	Appendix 3: Provide a copy of any agreement or contract, draft or final, to provide services under the type of licensure for which you are applying.

Schedule 1: Additional Principals and Key Employees

Provide the following information for all owners, officers, directors or department heads or those otherwise empowered to make discretionary decisions that manage, oversee or direct the conduct of gaming. (Include only those not currently licensed by the Board). Individuals listed should complete the Multi-Jurisdictional Personal History Disclosure Form and the Principal/Key Employee Form-Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form.

Applicant Information				
Applicant Name:			Current Title or Position	
Address Line 1			Address Line 2	
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number
Date, Titles and/or Positions Held (starting with current position and working backwards)				
From Date	To Date	Title or Position	Annual Compensation & Value	Composition of Compensation (Specify salary, wages, commissions, fees, bonus or other)
Applicant Information				
Applicant Name:			Current Title or Position	
Address Line 1			Address Line 2	
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number
Date, Titles and/or Positions Held (starting with current position and working backwards)				
From Date	To Date	Title or Position	Annual Compensation & Value	Composition of Compensation (Specify salary, wages, commissions, fees, bonus or other)

* Make additional copies and attach additional pages as necessary

AFFIRMATION

THE CHIEF EXECUTIVE OFFICER ("CEO") OR AUTHORIZED SIGNATORY HEREBY AFFIRMS THAT THE APPLICANT CURRENTLY HOLDS A SUPPLIER LICENSE IN GOOD STANDING WITH THE BOARD AND THAT THERE HAVE BEEN NO MATERIAL CHANGES IN CIRCUMSTANCES RELATING TO THE SUPPLIER LICENSE. THE CEO/AUTHORIZED SIGNATORY HEREBY FURTHER AFFIRMS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION. FURTHER, THE CEO/LICENSEE IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA C.S.A. §§ 4902, 4903, AND 4904.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Name : _____

(Print Name)

*IF A PERSON OTHER THAN THE CEO OF THIS ENTITY IS DESIGNATED TO EXECUTE THIS DOCUMENT, THE BOARD MUST BE PROVIDED WITH A RESOLUTION OR AN AFFIDAVIT, CERTIFIED AS TRUE AND CORRECT, IDENTIFYING THE INDIVIDUAL SO DESIGNATED AND AUTHORIZING THAT INDIVIDUAL TO EXECUTE THE DOCUMENT ON BEHALF OF BOTH THE ENTITY AND THE CEO.