



# Pennsylvania Gaming Control Board

## **LABOR ORGANIZATION NOTIFICATION FORM**

## INSTRUCTIONS

**PENNSYLVANIA GAMING IS GOVERNED BY THE LAWS SET FORTH IN 4 PA.C.S. PART II, ENACTED BY THE ACT OF JULY 5, 2004 (P.L. 572, No. 71)(GAMING ACT) AS AMENDED AND 58 PA. CODE PART VII GAMING CONTROL BOARD (REGULATIONS).**

**THE ORIGINAL AND THREE (3) COPIES OF THIS FORM SHALL BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, VERIZON TOWER, HARRISBURG, PA 17101.**

### **1. LABOR ORGANIZATION NOTIFICATION FORM (LON)**

A LABOR ORGANIZATION MUST FILE A LABOR ORGANIZATION NOTIFICATION FORM WITH THE BOARD IF IT REPRESENTS EMPLOYEES AT LICENSED FACILITIES IN THE COMMONWEALTH.

**LABOR ORGANIZATIONS** – 58 Pa. Code § 438.1 DEFINES **LABOR ORGANIZATIONS** AS ANY ORGANIZATION, UNION, AGENCY, EMPLOYEE REPRESENTATION COMMITTEE, GROUP, ASSOCIATION, OR PLAN IN WHICH EMPLOYEES PARTICIPATE WHICH EXISTS FOR THE PURPOSE, IN WHOLE OR IN PART, OF DEALING WITH A LICENSED GAMING FACILITY CONCERNING GRIEVANCES, LABOR DISPUTES, WAGES, RATES OF PAY, HOURS, OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT, INCLUDING ANY CONFERENCE, GENERAL COMMITTEE, JOINT OR SYSTEMS BOARD, OR INTERNATIONAL LABOR ORGANIZATION.

### **2. NOTIFICATION FORM INSTRUCTIONS**

AS USED IN THE LABOR ORGANIZATION NOTIFICATION FORM, THE WORD “YOU” SHALL MEAN THE **LABOR ORGANIZATION** COMPLETING THE LABOR ORGANIZATION NOTIFICATION FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE FORM MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY TO THE LABOR ORGANIZATION, WRITE “DOES NOT APPLY” IN RESPONSE TO THAT QUESTION.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE PERSON WHO SUPPLIED THE INFORMATION IN THE LABOR ORGANIZATION NOTIFICATION FORM. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO 58 PA. CODE § 423.1(f), THE LABOR ORGANIZATION IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION. IF YOU SUBMIT A DOCUMENT TO THE BOARD THAT IS IN A LANGUAGE OTHER THAN ENGLISH, YOU MUST ALSO SUBMIT AN ENGLISH TRANSLATION COMPLIANT WITH 58 PA. CODE § 423.1(i).

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA.C.S.A. § 4903.

ALL NOTICES REGARDING YOUR NOTIFICATION FORM WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM.

IF YOU HAVE ANY QUESTIONS REGARDING THE NOTIFICATION FORM OR THE INFORMATION REQUIRED TO COMPLETE THE FORM, PLEASE CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD – BUREAU OF LICENSING AT (717) 346-8300.

## ORGANIZATION INFORMATION

ORGANIZATION'S NAME			
ORGANIZATION NAME AS IT APPEARS ON 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:			
LIST TRADES OR GROUPS OF EMPLOYEES REPRESENTED:			
NAME OF LICENSED GAMING FACILITIES EMPLOYING YOUR MEMBERS:			
DATE ORGANIZATION WAS ESTABLISHED:			
ORGANIZATION'S PRINCIPAL ADDRESS			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP	WEB URL	
PHONE NUMBER (    )		FAX NUMBER (    )	
CONTACT NAME FOR THIS ORGANIZATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER (    )		FAX NUMBER (    )	
OFFICERS, AGENTS AND LABOR ORGANIZATION EXECUTIVE EMPLOYEES			
LIST THE NAMES AND TITLES OF ALL OFFICERS, AGENTS AND LABOR ORGANIZATION EXECUTIVE EMPLOYEES:			
NAME		TITLE/POSITION	

**1. AFFILIATES**

A. STATE THE NAMES OF ALL THE AFFILIATES OF THE LABOR ORGANIZATION THAT ARE EITHER A PARENT BODY OR A SUPERIOR ORGANIZATION WITH ANY RIGHT OR ABILITY TO CONTROL, SUPERVISE, DISCIPLINE OR SET POLICY FOR THIS LABOR ORGANIZATION. \_\_\_\_\_

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B. STATE THE NAMES OF ALL THE AFFILIATES OF THE LABOR ORGANIZATION THAT ARE CHARTERED BY THE SAME PARENT BODY AS THIS LABOR ORGANIZATION. HOWEVER, IF THERE ARE MORE THAN 10 SUCH AFFILIATES, THEY MAY BE GENERALLY DESIGNATED OR DESCRIBED IN TERMS OF THE PARENT BODY. \_\_\_\_\_

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C. STATE THE NAMES OF ALL THE AFFILIATES OF THE LABOR ORGANIZATION THAT ARE GOVERNED BY THE SAME CONSTITUTION OR BYLAWS. HOWEVER, IF THERE ARE MORE THAN 10 SUCH AFFILIATES, THEY MAY BE GENERALLY DESIGNATED OR DESCRIBED. \_\_\_\_\_

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**2. REPRESENTATION OR CONTROL**

A. STATE THE NAME OF ANY AFFILIATES OF THE LABOR ORGANIZATION THAT ARE INVOLVED OR SEEKING TO BE INVOLVED ACTIVELY, DIRECTLY OR SUBSTANTIALLY IN THE CONTROL OR DIRECTION OF THE REPRESENTATION OF ANY EMPLOYEES WHO ARE EMPLOYED AT A LICENSED FACILITY BY A SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY \_\_\_\_\_

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B. DESCRIBE THE NATURE OF THE ACTUAL OR PROBABLE INVOLVEMENT OF EACH AFFILIATE NAMED IN THE QUESTION ABOVE. \_\_\_\_\_

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C. IF THE ANSWERS TO THE TWO QUESTIONS ABOVE ARE "NONE," CHECK THE BOX BELOW TO INDICATE THAT THE FOLLOWING STATEMENT IS TRUE.

"NO AFFILIATE OF THIS LABOR ORGANIZATION IS INVOLVED OR SEEKING TO BE INVOLVED ACTIVELY, DIRECTLY OR SUBSTANTIALLY IN THE CONTROL OR DIRECTION OF THE REPRESENTATION OF ANY EMPLOYEES WHO ARE EMPLOYED AT A LICENSED FACILITY BY A SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY."

**3. FINANCIAL INTEREST IN SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY**

A. DOES THE LABOR ORGANIZATION OR ANY PENSION OR WELFARE SYSTEM MAINTAINED BY THE ORGANIZATION HOLD ANY FINANCIAL INTEREST WHATSOEVER IN ANY SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY WHOSE EMPLOYEES THE ORGANIZATION OR ITS AFFILIATES REPRESENT OR SEEK TO REPRESENT?

YES

NO

B. IF YES, PROVIDE THE FOLLOWING INFORMATION:

NATURE OF INTEREST STOCKS, BONDS, LOANS, ETC.	AMOUNT & TERMS VALUE, SHARES, INTEREST, ETC.	NAME OF INTEREST & HOLDER OF RECORD IF OTHER THAN THE ORGANIZATION	SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY

#### 4. PENSION/WELFARE SYSTEMS

A. STATE THE FULL NAMES AND MAILING ADDRESSES OF ALL PENSIONS OR WELFARE SYSTEMS MAINTAINED BY THE LOCAL OR PARENT LABOR ORGANIZATION.

NAME & ADDRESS			
NAME OF SYSTEM			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )
NAME & ADDRESS			
NAME OF SYSTEM			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )
NAME & ADDRESS			
NAME OF SYSTEM			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )
NAME & ADDRESS			
NAME OF SYSTEM			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY



**B.** LIST THE NAME, TITLE OR POSITION, DATE OF BIRTH AND GENERAL AUTHORITY AND RESPONSIBILITIES OF EACH OFFICER AND AGENT OF A PENSION OR WELFARE SYSTEM MAINTAINED BY THE LABOR ORGANIZATION.

NAME OF SYSTEM	OFFICER/AGENT NAME	TITLE OR POSITION	DATE OF BIRTH	AUTHORITY/RESPONSIBILITY

**5. OFFICERS OF THE LABOR ORGANIZATION**

LIST THE NAME, ADDRESS, TITLE OR POSITION, DATE OF BIRTH AND RESPONSIBILITIES OF EACH OFFICER AND OFFICER-ELECT OF THE LABOR ORGANIZATION. AN OFFICER IS ANY OFFICER OR PERSON AUTHORIZED TO PERFORM THE FUNCTIONS OF PRESIDENT, VICE PRESIDENT, SECRETARY/TREASURER OR OTHER EXECUTIVE FUNCTION OF A LABOR ORGANIZATION, AND MEMBER OF ITS EXECUTIVE BOARD OR SIMILAR GOVERNING BODY WHO EXERCISES ANY AUTHORITY, DISCRETION OR INFLUENCE WITH REGARD TO ANY MATTER RELATING TO EMPLOYEES WHO ARE EMPLOYED AT A LICENSED GAMING FACILITY.

NOTE: IF THIS IS NOT A NATIONAL OR INTERNATIONAL LABOR ORGANIZATION, EACH OFFICER OF THE ORGANIZATION MUST FILE A LABOR ORGANIZATION PERMIT APPLICATION FORM. IF THIS IS A NATIONAL OR INTERNATIONAL LABOR ORGANIZATION, EVERY OFFICER WHO EXERCISES ANY AUTHORITY, DISCRETION OR INFLUENCE OVER THE OPERATION OF THE LABOR ORGANIZATION WITH REGARD TO ANY EMPLOYMENT MATTER RELATING TO EMPLOYEES WHO ARE EMPLOYED BY A SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY MUST FILE A LABOR ORGANIZATION PERMIT APPLICATION FORM.

NAME	ADDRESS	TITLE OR POSITION	DATE OF BIRTH	AUTHORITY/RESPONSIBILITY

**6. AGENTS OF LABOR ORGANIZATION**

LIST THE NAME, ADDRESS, TITLE OR POSITION, DATE OF BIRTH AND AUTHORITY OF EACH AGENT OF THE LABOR ORGANIZATION. AN AGENT IS A PERSON, COMPENSATED OR NOT, WHO IS AUTHORIZED TO REPRESENT A LABOR ORGANIZATION IN ANY EMPLOYMENT MATTER RELATING TO EMPLOYEES WHO ARE EMPLOYED BY A LICENSED GAMING ENTITY OR MANAGEMENT COMPANY, OR WHO UNDERTAKES ON BEHALF OF THE LABOR ORGANIZATION TO PROMOTE, FACILITATE OR OTHERWISE INFLUENCE THE RELATIONS BETWEEN THE LABOR ORGANIZATION AND A LICENSED GAMING FACILITY.

NOTE: EACH AGENT OF THE LABOR ORGANIZATION MUST FILE A LABOR ORGANIZATION PERMIT APPLICATION FORM, REGARDLESS OF WHETHER THE ORGANIZATION IS OR IS NOT A NATIONAL OR INTERNATIONAL LABOR ORGANIZATION.

NAME	ADDRESS	TITLE OR POSITION	DATE OF BIRTH	AUTHORITY/RESPONSIBILITY

**7. EXECUTIVE EMPLOYEES OF LABOR ORGANIZATION**

LIST THE NAME, ADDRESS, TITLE OR POSITION, DATE OF BIRTH, DUTIES AND AUTHORITY OF EACH EXECUTIVE EMPLOYEE OF THE LABOR ORGANIZATION. AN EXECUTIVE EMPLOYEE IS AN EMPLOYEE OF A LABOR ORGANIZATION WHO SERVES IN A MANAGEMENT, SUPERVISORY OR POLICY MAKING POSITION, WHICH EXERCISES ANY AUTHORITY, DISCRETION OR INFLUENCE WITH REGARD TO ANY MATTER RELATING TO EMPLOYEES WHO ARE EMPLOYED AT A LICENSED GAMING FACILITY. FOR THE PRESENT PURPOSES, ANY EMPLOYEE, OTHER THAN ONE PERFORMING EXCLUSIVELY CLERICAL OR CUSTODIAL SERVICES, WHOSE FUNCTIONS RELATE TO EMPLOYEES EMPLOYED BY A SLOT MACHINE LICENSEE OR MANAGEMENT COMPANY SHALL BE INCLUDED UNLESS THE CONTRARY CLEARLY APPEARS FROM INFORMATION SUPPLIED TO THE BOARD.

NOTE: EACH EXECUTIVE EMPLOYEE MUST FILE A LABOR ORGANIZATION PERMIT APPLICATION FORM, REGARDLESS OF WHETHER THE ORGANIZATION IS OR IS NOT A NATIONAL OR INTERNATIONAL LABOR ORGANIZATION.

NAME	ADDRESS	TITLE OR POSITION	DATE OF BIRTH	DUTIES/RESPONSIBILITY

**AFFIDAVIT**

STATE OF \_\_\_\_\_:

SS:

COUNTY OF \_\_\_\_\_:

I \_\_\_\_\_  
(NAME OF PRESIDENT/OFFICER) HEREBY SWEAR (OR AFFIRM) THAT THE FOREGOING STATEMENTS  
MADE BY ME ON BEHALF OF \_\_\_\_\_  
(NAME OF LABOR ORGANIZATION) ARE TRUE. I AM AWARE THAT  
IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO  
PUNISHMENT.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TYPE, STAMP OR PRINT NAME)

\_\_\_\_\_  
(TITLE OR POSITION)

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES ON: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**WAIVER OF LIABILITY**

ON BEHALF OF \_\_\_\_\_, (NAME OF LABOR ORGANIZATION) I, \_\_\_\_\_(NAME OF LABOR ORGANIZATION'S AUTHORIZED SIGNATORY), HEREBY WAIVE LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE SAID LABOR ORGANIZATION FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE REGISTRATION PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

I/WE AM/ARE AWARE THAT FALSE OR MISLEADING STATEMENTS OR MATERIAL OMISSIONS WILL BE CAUSE FOR REJECTION OR REVOCATION OF THE NOTIFICATION AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA C.S.A. §§ 4902, 4903 AND 4904.

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY: SIGNATURE OF AUTHORIZED SIGNATORY (LEGAL SIGNATURE)

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED SIGNATORY

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES ON: \_\_\_\_/\_\_\_\_/20\_\_\_\_