



Pennsylvania
Gaming
Control
Board

**LABOR ORGANIZATION REGISTRATION
APPLICATION 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) THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT (ACT) AS AMENDED AND 58 PA. CODE PART VII, GAMING CONTROL BOARD (REGULATIONS).

THESE INSTRUCTIONS ARE APPLICABLE TO ANY NATURAL PERSON WHO IS SEEKING TO BE REGISTERED AS A LABOR ORGANIZATION REGISTRANT AS DEFINED IN THE REGULATIONS.

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.

NOTE: ALL APPLICANTS FOR A LABOR ORGANIZATION REGISTRATION MUST BE A LABOR ORGANIZATION OFFICER, AGENT OR MANAGEMENT EMPLOYEE.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE OR THE INFORMATION REQUIRED TO COMPLETE THE APPLICATION, PLEASE CONTACT YOUR LABOR ORGANIZATION OR THE PENNSYLVANIA GAMING CONTROL BOARD – EMPLOYEE PERMITTING UNIT TOLL FREE AT 877-500-PGCB (877-500-7422).

1. LABOR ORGANIZATION REGISTRATION APPLICATION FORM

THE ORIGINAL FORM AND ONE (1) COPY MUST BE SENT BY YOUR LABOR ORGANIZATION TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, FIFTH FLOOR, VERIZON TOWER, HARRISBURG, PENNSYLVANIA 17101 WITH THE APPROPRIATE FEE.

2. APPLICATION FEES

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE INDIVIDUAL FILING THE FORM.

THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE INDIVIDUAL FILING THE FORM, WHICH MUST BE REIMBURSED TO THE BOARD.

FEES SHALL BE PAID BY MONEY ORDER OR CHECK MADE PAYABLE TO THE “PENNSYLVANIA GAMING CONTROL BOARD.” CASH WILL NOT BE ACCEPTED BY THE BOARD.

LABOR ORGANIZATION REGISTRATION.....\$60.00

3. APPLICATION FORM INSTRUCTIONS

AS USED IN THIS APPLICATION FORM, THE WORDS “APPLICANT” AND “YOU” SHALL MEAN THE INDIVIDUAL COMPLETING THIS 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 APPLICATION 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 APPLICANT, WRITE "DOES NOT APPLY" IN RESPONSE TO THAT QUESTION.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE PGCB.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE APPLICANT. 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 §§421A.1(G) AND 423A.1(E), THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

ALL AUTHORIZATIONS, WAIVERS OF LIABILITY AND STATEMENTS OF TRUTH, AND STATEMENTS OF CONDITIONS MUST BE SIGNED BY THE APPLICANT AND NOTARIZED.

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 §423A.1(H).

ALL NOTICES REGARDING YOUR APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE BOARD IF YOU CHANGE YOUR ADDRESS.

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR REVOCATION OF YOUR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C. S. A. §4903.

UPON COMPLETION OF YOUR APPLICATION, YOU MUST COMPLETE A WAIVER OF LIABILITY AND STATEMENT OF TRUTH CERTIFYING THAT THE INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION. YOU WILL BE FURTHER CERTIFYING THAT YOU ARE AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR THE DENIAL OF YOUR APPLICATION OR REVOCATION OF A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §4902, §4903 AND §4904.

IMPORTANT: IN ACCORDANCE WITH 58 PA. CODE §423A.7, ANY APPLICANT OR HOLDER OF A REGISTRATION WHOSE APPLICATION IS DENIED OR WHOSE REGISTRATION IS REVOKED MAY NOT REAPPLY FOR A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION FOR A PERIOD OF FIVE (5) YEARS FROM THE DATE THAT THE APPLICATION WAS DENIED OR THE LICENSE, CERTIFICATION, REGISTRATION OR PERMIT WAS REVOKED.

ANY PERSON WHO APPLIES FOR AND OBTAINS A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT FROM THE BOARD MAY BE REQUIRED TO SUBMIT TO WARRANTLESS SEARCHES WHEN PRESENT IN A LICENSED GAMING FACILITY PURSUANT TO THE ACT.

CONFIDENTIAL INFORMATION (AS DEFINED IN 58 PA. CODE § 401A.3) SUPPLIED TO THE BOARD OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE GAMING ACT, OR UPON THE LAWFUL ORDER OF A COURT OF COMPETENT JURISDICTION OR, WITH THE APPROVAL OF THE ATTORNEY GENERAL, TO A DULY AUTHORIZED LAW ENFORCEMENT AGENCY. AN APPLICANT OR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT HOLDER WAIVES ANY LIABILITY OF THE COMMONWEALTH

OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION.

YOU WILL BE REQUIRED TO PROVIDE PROOF OF IDENTIFICATION AND AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN THE DENIAL OF YOUR LICENSE, PERMIT, REGISTRATION OR CERTIFICATE.

PURSUANT TO 58 PA. CODE §423A.5, ONCE THE APPLICATION HAS BEEN FILED, YOU MAY NOT WITHDRAW THE APPLICATION WITHOUT THE PERMISSION OF THE BOARD.

AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND RELATED MATERIALS SUBMITTED TO THE BOARD WILL BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE APPLICANT.

4. APPLICANT'S LABOR ORGANIZATION INFORMATION

AS NOTED ABOVE, ALL APPLICANTS FOR A LABOR ORGANIZATION REGISTRATION **MUST** BE A LABOR ORGANIZATION OFFICER, AGENT OR MANAGEMENT EMPLOYEE.

COMPLETE THE NAME OF THE LABOR ORGANIZATION SUBMITTING THIS APPLICATION ON YOUR BEHALF, CHECK THE APPROPRIATE BOX, AND ENTER YOUR TITLE.

APPLICANT IS CURRENTLY A LABOR ORGANIZATION OFFICER, AGENT OR MANAGEMENT EMPLOYEE AFFILIATED WITH THE FOLLOWING LABOR ORGANIZATION:

_____.

- APPLICANT IS AN OFFICER OF THE LABOR ORGANIZATION.
- APPLICANT IS AN AGENT OF THE LABOR ORGANIZATION.
- APPLICANT IS A MANAGEMENT EMPLOYEE OF THE LABOR ORGANIZATION.

APPLICANT'S TITLE: _____

LABOR ORGANIZATION REGISTRATION APPLICATION FORM

GENERAL INFORMATION

NAME AND ADDRESS						
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)		
MAIDEN NAME				DATE OF BIRTH		
ADDRESS LINE 1			ADDRESS LINE 2			
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE	
COUNTY	COUNTRY	DAY PHONE	EVENING PHONE		EMAIL ADDRESS	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)						
ADDRESS LINE 1			ADDRESS LINE 2			
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE	
COUNTY	COUNTRY	DAY PHONE	EVENING PHONE		EMAIL ADDRESS	
DESCRIPTIVE INFORMATION						
SOCIAL SECURITY NUMBER*	HEIGHT ___ FT ___ IN	WEIGHT _____ LBS	TATTOOS, SCARS OR DISTINGUISHING MARKS:			
HAIR COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (BD) BLOND <input type="checkbox"/> (RD) RED <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (WH) WHITE <input type="checkbox"/> (BA) BALD	EYE COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (HZ) HAZEL <input type="checkbox"/> (BL) BLUE <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (GR) GREEN	SEX <input type="checkbox"/> (M) MALE <input type="checkbox"/> (F) FEMALE	RACE** <input type="checkbox"/> (C) CAUCASIAN <input type="checkbox"/> (B) BLACK <input type="checkbox"/> (H) HISPANIC <input type="checkbox"/> (A) ASIAN <input type="checkbox"/> (N) NATIVE AMERICAN <input type="checkbox"/> (I) INDIAN (INDIA) <input type="checkbox"/> (O) OTHER			
LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)						
HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.						
FIRST NAME	MIDDLE	LAST NAME		SUFFIX (JR, SR, ETC.)	FROM DATE	TO DATE

*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE PGCB.

** YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION, IT IS OPTIONAL.

RESIDENCE HISTORY

1. PROVIDE ALL ADDRESSES YOU HAVE USED WITHIN THE PAST YEAR, INCLUDING YOUR CURRENT ADDRESS, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	
ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	
ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	
ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	

IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

EMPLOYMENT HISTORY

4. WERE YOU EVER DISCHARGED, SUSPENDED OR ASKED TO RESIGN FROM EMPLOYMENT?

Yes No

IF YES, COMPLETE THE FOLLOWING CHART AS TO EACH SUCH TIME YOU WERE DISCHARGED, SUSPENDED OR ASKED TO RESIGN:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

GAMING LICENSES AND PERMITS

5. NOT INCLUDING THIS APPLICATION HAVE YOU APPLIED IN ANY JURISDICTION, INCLUDING PENNSYLVANIA, FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY CHARGED WITH REGULATING GAMES OF CHANCE, INCLUDING BUT NOT LIMITED TO SLOT MACHINES, VIDEO LOTTERY TERMINALS, TABLE GAMES, HORSE RACING, JAI ALAI, ETC.? A GOVERNMENTAL AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.
- Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

APPLICANT LICENSING (GOVERNMENT ISSUED – GAMING)					
TYPE OF LICENSE OR PERMIT	ISSUING AGENCY NAME/ISSUING AGENCY LOCATION	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

THE NEXT QUESTION ASKS IF YOU HAVE EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE IN PENNSYLVANIA OR ANY OTHER JURISDICTION. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS WHICH FOLLOW.

IF YOU NEED HELP FILLING OUT THIS SECTION, PLEASE SEE THE HUMAN RESOURCE REPRESENTATIVE FROM THE CASINO OR CALL THE PGCB TOLL FREE AT 877-500-PGCB (877-500-7422). IT IS IMPORTANT THAT YOU UNDERSTAND THESE INSTRUCTIONS.

FOR PURPOSES OF THIS QUESTION, USE THE FOLLOWING DEFINITIONS:

- A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR IN JUSTICE COURT, MUNICIPAL COURT, CITY COURT, TRAFFIC COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT.
- B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, ADVISED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER THAT YOU WERE UNDER ARREST, HELD FOR QUESTIONING, REQUESTED BY A POLICE OFFICER OR LAW ENFORCEMENT OFFICER TO COME TO A POLICE STATION AND ANSWER QUESTIONS, TAKEN INTO CUSTODY BY ANY POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, FINGERPRINTED, HELD IN JAIL, OR INSTRUCTED TO APPEAR IN COURT TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A."
- C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."

INSTRUCTIONS:

- A. ANSWER "**YES**" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF**:
 - 1. YOU DID NOT COMMIT THE OFFENSE CHARGED;
 - 2. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;
 - 3. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;
 - 4. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM;
 - 5. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;
 - 6. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";

7. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;
8. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;
9. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);
10. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.

B. ANSWER "NO" IF:

1. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;
2. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.

FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

6. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE IN PENNSYLVANIA OR ANY OTHER JURISDICTION?

YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

CASE NAME & DOCKET NUMBER OR SUMMONS NUMBER	NATURE OF ARREST OR CHARGE	DATE OF ARREST OR CHARGE	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE

**PENNSYLVANIA GAMING CONTROL BOARD
STATEMENT OF CONDITIONS
PERMITEES AND REGISTRANTS**

IMPORTANT – I UNDERSTAND AND ACKNOWLEDGE THAT SHOULD MY APPLICATION FOR A PERMIT OR REGISTRATION BE APPROVED BY THE PENNSYLVANIA GAMING CONTROL BOARD (BOARD) OR IN THE EVENT I AM ISSUED A TEMPORARY CREDENTIAL, I WILL BE BOUND BY THE FOLLOWING STATEMENT OF CONDITIONS.

**WARNING – FAILURE TO COMPLY WITH THE FOLLOWING MAY RESULT IN THE
SUSPENSION OR REVOCATION OF YOUR PERMIT OR REGISTRATION**

INCLUDED IN THE LIST OF CONDITIONS BELOW ARE THE REQUIREMENTS THAT YOU:

- 1. NOTIFY THE BOARD WITHIN THIRTY (30) DAYS UPON YOUR CHARGING, INDICTMENT OR CONVICTION FOR ANY FELONY OR GAMBLING OFFENSE.**
- 2. IMMEDIATELY NOTIFY THE BOARD UPON LEARNING OF ANY INQUIRY OR INVESTIGATION BY ANY REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION OR OF ANY ACTION FILED BY ANY GOVERNMENTAL AUTHORITY AGAINST YOU.**
- 3. INFORM THE BOARD OF ANY ACTIONS WHICH YOU KNOW OR SUSPECT CONSTITUTE A VIOLATION OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT OR ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.**
- 4. INFORM THE BOARD WITHIN THIRTY (30) DAYS OF YOUR ARREST FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA. C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.**
- 5. INFORM THE BOARD OF ANY MATERIAL CHANGES IN THE INFORMATION, MATERIALS AND DOCUMENTS SUBMITTED IN MY PERMIT OR REGISTRATION APPLICATION AS WELL AS CHANGES IN CIRCUMSTANCES THAT MAY RENDER ME INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A PERMIT OR REGISTRATION UNDER THE BOARD’S STANDARDS.**

NOTIFICATION TO THE BOARD MUST, AT A MINIMUM, INCLUDE YOU FILING AN AMENDMENT TO YOUR APPLICATION IN SLOTSLINK. FOR INSTRUCTIONS AND INFORMATION ABOUT ACCESSING YOUR SLOTSLINK APPLICATION, PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE OR CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD BUREAU OF LICENSING AT (877) 500-PGCB (7422).

I HEREBY EXPRESSLY ACCEPT, AGREE AND STIPULATE TO THE FOLLOWING CONDITIONS AS A PERMITEE OR REGISTRANT PURSUANT TO THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71) KNOWN AS THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT, 4 PA. C.S. §§ 1101 ET SEQ. MORE PARTICULARLY, I EXPRESSLY ACCEPT, AGREE AND STIPULATE THAT I WILL ABIDE BY THE FOLLOWING CONDITIONS:

1. TO AT ALL TIMES COMPLY WITH ALL PROVISIONS OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT (“ACT”) AND ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THE APPROVAL OF MY APPLICATION OR LATER AMENDED OR PROMULGATED BY THE BOARD.
2. TO AT ALL TIMES ACKNOWLEDGE THAT ANY 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.
3. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD IS A NON-TRANSFERABLE PRIVILEGE TO ENGAGE IN ACTIVITIES REGULATED BY THE BOARD.
4. TO AT ALL TIMES ACKNOWLEDGE THAT ISSUANCE OF A PERMIT OR REGISTRATION TO ME RESTRICTS MY ABILITY TO PLACE WAGERS AT LICENSED FACILITIES IN PENNSYLVANIA. IT IS MY DUTY TO BE FULLY

INFORMED OF THESE RESTRICTIONS. INFORMATION REGARDING WAGERING RESTRICTIONS CAN BE FOUND ON THE BOARD'S WEBSITE OR THROUGH MY EMPLOYER.

5. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY REVOCATION OF A PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD PROHIBITS ME FROM REAPPLYING FOR A LICENSE, PERMIT OR REGISTRATION FOR A PERIOD OF FIVE (5) YEARS UNLESS OTHERWISE PERMITTED BY THE BOARD.
6. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY CREDENTIAL ISSUED TO ME IN CONNECTION WITH MY PERMIT OR REGISTRATION IS PROPERTY OF THE BOARD AND MUST BE SURRENDERED UPON REQUEST.
7. TO PROMPTLY REIMBURSE THE BOARD FOR ALL COSTS ASSOCIATED WITH ANY BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH MY APPLICATION, AND TO PROMPTLY PAY ANY OTHER FINE, FEE, SANCTION OR ASSESSMENT IMPOSED BY THE BOARD OR THE DEPARTMENT OF REVENUE. (NOTE: COSTS ASSOCIATED WITH THE BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH YOUR APPLICATION, INCLUDING THE APPLICATION FEE, MAY HAVE BEEN PAID BY YOUR EMPLOYER. ASK YOUR EMPLOYER ABOUT ANY COSTS THAT MAY BE YOUR RESPONSIBILITY.)
8. TO ENSURE AT ALL TIMES THAT INFORMATION PROVIDED TO THE BOARD BY ME IN MY APPLICATION AND SUPPLEMENTAL INFORMATION IS TRUE AND CORRECT, AND TO IMMEDIATELY NOTIFY THE BOARD UPON KNOWING OR SUSPECTING THAT ANY FALSE OR MISLEADING INFORMATION MAY HAVE BEEN PROVIDED TO THE BOARD, OR THAT REQUIRED OR RELEVANT INFORMATION WAS OMITTED.
9. TO NOTIFY THE BOARD WITHIN THIRTY (30) DAYS UPON MY CHARGING, INDICTMENT OR CONVICTION FOR ANY FELONY OR GAMBLING OFFENSE
10. TO IMMEDIATELY NOTIFY THE BOARD UPON LEARNING OF ANY INQUIRY OR INVESTIGATION BY ANY REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION OR OF ANY ACTION FILED BY ANY GOVERNMENTAL AUTHORITY AGAINST ME.
11. TO ENSURE THAT AT ALL TIMES, I MEET AND MAINTAIN THE SUITABILITY REQUIREMENTS OF THE ACT, INCLUDING BUT NOT LIMITED TO THOSE RELATING TO GOOD CHARACTER, HONESTY AND INTEGRITY.
12. IN ADDITION TO ANY NOTIFICATION AND ACTION REQUIRED BY CONDITION 8, TO ENSURE THAT I COMPLY WITH ALL OF THE FOLLOWING:
 - a. PROVIDE ANY REQUESTED ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, OR THE PENNSYLVANIA STATE POLICE AND COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING.
 - b. INFORM THE BOARD OF ANY ACTIONS WHICH I KNOW OR SUSPECT CONSTITUTE A VIOLATION OF THE ACT OR ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.
 - c. INFORM THE BOARD WITHIN THIRTY (30) DAYS OF MY ARREST FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA. C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.
 - d. INFORM THE BOARD OF ANY MATERIAL CHANGES IN THE INFORMATION, MATERIALS AND DOCUMENTS SUBMITTED IN MY PERMIT OR REGISTRATION APPLICATION AS WELL AS CHANGES IN CIRCUMSTANCES THAT MAY RENDER ME INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A PERMIT OR REGISTRATION UNDER THE BOARD'S STANDARDS.
13. TO BE RESPONSIBLE FOR AND TO PROTECT, INDEMNIFY AND HOLD HARMLESS THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, FROM AND AGAINST ANY AND ALL CLAIMS OR PAYMENTS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OF ANY KIND BY ANY AND ALL PARTIES AND CLAIMANTS, ARISING OUT OF, OR IN CONNECTION WITH ANY NEGLIGENCE, ERROR OR OMISSION BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, OR THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, ATTENDANT TO ANY OR ALL OF THE FOLLOWING:

WAIVER OF LIABILITY & STATEMENT OF TRUTH

WAIVER OF LIABILITY

I, _____ (NAME OF APPLICANT), HEREBY WAIVE LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO ME FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSING, REGISTRATION OR PERMITTING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

STATEMENT OF TRUTH

1. I AM THE APPLICANT WHO IS SUBMITTING THIS APPLICATION FORM.
2. I PERSONALLY SUPPLIED THE INFORMATION CONTAINED IN THIS FORM.
3. I UNDERSTAND AND READ THE ENGLISH LANGUAGE OR I HAVE HAD AN INTERPRETER READ, EXPLAIN AND RECORD THE ANSWER TO EACH AND EVERY QUESTION ON THIS APPLICATION FORM.
4. ANY DOCUMENT ACCOMPANYING THIS NON-GAMING EMPLOYEE REGISTRATION FORM THAT IS NOT AN ORIGINAL DOCUMENT IS A TRUE COPY OF THE ORIGINAL DOCUMENT.
5. I SWEAR (OR AFFIRM) THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION. FURTHER, I AM AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A REGISTRATION AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

PRINTED NAME OF APPLICANT

DATE

SIGNATURE

DAYTIME TELEPHONE NUMBER

SWORN AND SUBSCRIBED TO ME THIS _____

DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____

**PENNSYLVANIA GAMING CONTROL BOARD
REGISTRATION APPLICATION RELEASE AUTHORIZATION**

THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPYING OF ANY INFORMATION PROTECTED FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.

TO: ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, BANKS, FINANCIAL AND OTHER SUCH INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES-FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

FROM: _____
LEGAL NAME OF APPLICANT OR INDIVIDUAL

I, THE UNDERSIGNED APPLICANT, HAVE FILED WITH THE PENNSYLVANIA GAMING CONTROL BOARD AN "APPLICATION" AS THAT TERM IS DEFINED IN 58 PA. CODE § 401A.3. I UNDERSTAND THAT I AM SEEKING THE GRANTING OF A PRIVILEGE AND ACKNOWLEDGE THAT THE BURDEN OF PROVING MY QUALIFICATIONS AND SUITABILITY FOR A FAVORABLE DETERMINATION IS AT ALL TIMES ON ME. I ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION WITH RESPECT TO THIS APPLICATION.

I HEREBY AUTHORIZE AND REQUEST ALL PERSONS AND ENTITIES TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME, REFERENCED HEREIN ABOVE TO FURNISH SUCH INFORMATION, INCLUDING THE REVIEW AND COPYING OF DOCUMENTS, TO THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, OR OTHER LEGAL PRIVILEGE.

IF THE PERSON OR ENTITY TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION, OR AN OFFICER OF THE SAME, I HEREBY AUTHORIZE AND REQUEST THAT THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, INCLUDING, BUT NOT LIMITED TO, PAST LOAN INFORMATION, NOTES COSIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.

THIS RELEASE EXPIRES SIXTY (60) MONTHS FROM THE DATE OF EXECUTION OR AT THE TERMINATION OF ALL REGISTRATIONS ISSUED TO ME.

I HEREBY RELEASE, REMISE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTION, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, DAMAGES, LOSSES, EXPENSES INCLUDING ATTORNEY FEES, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE AFOREMENTIONED PERSONS OR ENTITIES TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS RELEASE AUTHORIZATION OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.

I, HEREBY AUTHORIZE THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS TO DISCLOSE ANY INFORMATION OBTAINED THROUGH MY BACKGROUND INVESTIGATION TO THE ENTITY FOR WHICH I AM A NON-GAMING APPLICANT OR REGISTRANT.

A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

THIS AUTHORIZATION, REQUEST AND RELEASE IS GRANTED AND GIVEN IN CONNECTION WITH THE REGISTRATION APPLICATION OF THE APPLICANT OR INDIVIDUAL LISTED ABOVE.

SWORN AND SUBSCRIBED TO ME THIS

_____ DAY OF _____, 20_____

(signature of applicant or individual)

DATED: _____

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____