



# Pennsylvania Gaming Control Board

## **CATEGORY 3 - APPLICATION AND DISCLOSURE INFORMATION 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 "PERSON" SEEKING TO BE LICENSED AS A CATEGORY 3 SLOT MACHINE OPERATOR. PLEASE BE ADVISED THAT NO PERSON, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY THAT HAS APPLIED FOR OR IS A HOLDER OF A SLOT MACHINE LICENSE, SHALL BE ELIGIBLE TO APPLY FOR OR HOLD A SUPPLIER OR MANUFACTURER LICENSE.

AS USED IN THESE INSTRUCTIONS, THE PHRASE "AFFILIATED ENTITIES" SHALL MEAN A CATEGORY 3 SLOT MACHINE APPLICANT'S AFFILIATES, INTERMEDIARIES, SUBSIDIARIES AND HOLDING COMPANIES. CATEGORY 3 SLOT MACHINE LICENSES ARE SUBJECT TO THE REQUIREMENTS OF §1305 AND §1309 OF THE GAMING ACT.

**THE ORIGINAL FORM, ONE PAPER COPY, AND ONE (1) COMPACT DISC (CD)** CONTAINING ALL FORMS MUST BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, FIFTH FLOOR, VERIZON TOWER, HARRISBURG, PENNSYLVANIA 17101 WITH THE APPROPRIATE FEE. PLEASE REFER TO THE LICENSING SECTION OF THE BOARD'S WEBSITE FOR CD FORMATTING REQUIREMENTS.

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

### 1. CATEGORY 3 APPLICATION PACKAGE FORMS

THE FORMS THAT MAKE UP AN APPLICATION PACKAGE FOR A CATEGORY 3 SLOT MACHINE LICENSE ARE AS FOLLOWS: (**NOTE** – INSTRUCTIONS APPLICABLE TO EACH FORM ARE CONTAINED WITHIN THE SPECIFIC FORM):

- A. CATEGORY 3 SLOT MACHINE LICENSE APPLICATION AND DISCLOSURE INFORMATION FORM (C3)**  
(FOR APPLICANT AND EACH OF APPLICANT'S AFFILIATED ENTITIES).
- B. MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (MULTI-JURISDICTIONAL PHD)**  
(FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE [DEFINED BELOW IN SECTION IV AND V] IDENTIFIED IN SCHEDULES 1, 5, 10, 10A, 11, 13, 15 AND 18 OF THE CATEGORY 3 FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE BOARD).
- C. PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT)**  
(FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE IDENTIFIED IN SCHEDULES 1, 5, 10, 10A, 11, 13, 15 AND 18 OF THE CATEGORY 3 FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE BOARD).
- D. PRINCIPAL ENTITY FORM**  
(FOR EACH ENTITY THAT IS A PRINCIPAL IDENTIFIED IN SCHEDULES 10, 10A, 11, 13, 15 AND 18 OF THE CATEGORY 3 FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS).

**E. PRINCIPAL/KEY EMPLOYEE WAIVER FORM**

(FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE BOARD. **NOTE: MEMBERS OF THE AUDIT COMMITTEE OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE APPLICANT OR LICENSEE WILL NOT BE GRANTED A WAIVER**).

**F. PRINCIPAL WAIVER FORM – ENTITY**

(FOR EACH ENTITY THAT IS A PRINCIPAL REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS. IF AN ENTITY IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, IT DOES NOT NEED TO COMPLETE THE PRINCIPAL ENTITY FORM UNLESS DIRECTED TO DO SO BY THE BOARD).

**G. GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM**

(FOR EACH CATEGORY 3 APPLICANT’S KNOWN GAMING EMPLOYEES).

**H. NON-GAMING EMPLOYEE REGISTRATION FORM**

(FOR EACH CATEGORY 3 APPLICANT’S KNOWN EMPLOYEES WHO: DO NOT MEET THE DEFINITION OF GAMING EMPLOYEE OR KEY EMPLOYEE AND ARE NOT OTHERWISE EXCLUDED FROM THE REQUIREMENTS THAT THEY BE LICENSED, PERMITTED OR REGISTERED; ARE EMPLOYEES OF A SLOT MACHINE LICENSEE AND WHO DO NOT WORK ON THE GAMING FLOOR OR IN A RESTRICTED AREA BUT, AS PART OF THEIR JOBS, INTERACT WITH GAMING PATRONS IN AREAS IMMEDIATELY ADJACENT TO THE GAMING FLOOR; WORK ON THE GAMING FLOOR BUT WHOSE DUTIES DO NOT REQUIRE THE EMPLOYEE TO TOUCH OR HAVE CONTACT WITH A SLOT MACHINE OR ASSOCIATED EQUIPMENT OTHER THAN EXTERIOR CLEANING; OR WORK IN A RESTRICTED AREA PROVIDED THE NON-GAMING EMPLOYEE IS UNDER THE CONSTANT SUPERVISION OF A SLOT MACHINE LICENSEE EMPLOYEE WHO IS LICENSED OR PERMITTED AND WHO HAS APPROPRIATE ACCESS CLEARANCE TO BE IN THE RESTRICTED AREA AND PROVIDED THE NON-GAMING EMPLOYEE’S DUTIES DO NOT REQUIRE THE EMPLOYEE TO TOUCH OR HAVE CONTACT WITH A SLOT MACHINE OR ASSOCIATED EQUIPMENT).

**2. APPLICATION AND LICENSING FEES**

THE APPLICATION AND LICENSING FEES FOR THE APPLICATION PACKAGE FOR A CATEGORY 3 LICENSE ARE AS FOLLOWS:

**A. APPLICATION AND INVESTIGATION DEPOSITS**

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKAGE. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE CATEGORY 3 APPLICANT AND THE CATEGORY 3 APPLICANT’S AFFILIATED ENTITIES AND PERSONS FILING FORMS AS PART OF THE APPLICATION PACKAGE. APPLICATION FEES MUST BE SUBMITTED FOR EACH APPLICANT, AFFILIATED ENTITY AND PERSON, UNLESS OTHERWISE NOTED. IF A PRINCIPAL OR KEY EMPLOYEE HAS SUBMITTED A PRINCIPAL/KEY EMPLOYEE WAIVER FORM OR A PRINCIPAL WAIVER FORM – ENTITY AND IS DIRECTED BY THE BOARD TO COMPLETE THE MULTI-JURISDICTIONAL PHD AND PA SUPPLEMENT OR THE PRINCIPAL ENTITY FORM, THE CATEGORY 3 APPLICANT MUST SUBMIT THE APPROPRIATE APPLICATION FEE WITH THE ADDITIONAL FILING.

THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE CATEGORY 3 APPLICANT AND THE APPLICANT’S AFFILIATED ENTITIES AND PERSONS. THE CATEGORY 3 APPLICANT MUST REIMBURSE THE BOARD FOR ALL ADDITIONAL COSTS AND EXPENSES RELATED TO THE PROCESSING AND INVESTIGATION OF ITS APPLICATION PACKAGE.

<b>CATEGORY 3 APPLICANT</b> .....	\$5,000.00
<b>CATEGORY 3 APPLICANT’S AFFILIATED ENTITIES</b> .....	WAIVED
<b>PRINCIPAL/KEY EMPLOYEE</b> .....	\$2,500.00
<b>PRINCIPAL ENTITY</b> .....	\$2,500.00

<b>PRINCIPAL/KEY EMPLOYEE WAIVERS</b> .....	\$350.00
<b>PRINCIPAL WAIVERS- ENTITY</b> .....	\$350.00
<b>GAMING EMPLOYEES</b> .....	\$350.00
<b>NON-GAMING EMPLOYEES</b> .....	\$60.00

**B. LICENSING FEES**

LICENSING FEES MUST BE PAID AT THE TIME OF ISSUANCE OF THE LICENSE.

<b>CATEGORY 3 SLOT MACHINE LICENSE</b> .....	\$5,000,000.00
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**3. APPLICATION FORM INSTRUCTIONS**

**GENERALLY**

AS USED IN THE CATEGORY 3 FORM, THE WORDS “**APPLICANT**” AND “**YOU**” SHALL MEAN THE CATEGORY 3 SLOT MACHINE APPLICANT. WHEN APPLICANT’S AFFILIATED ENTITIES ARE COMPLETING THE FORM, “**APPLICANT**” AND “**YOU**” SHALL REFER TO THE AFFILIATED ENTITY COMPLETING THE 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. IF A SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT, WRITE “**DOES NOT APPLY**” ON THE SCHEDULE OR ADDENDUM.

APPENDICES ARE TO BE PROVIDED BY THE APPLICANT. THE REQUIRED APPENDICES ARE LISTED ON THE APPLICATION CHECKLIST. APPENDICES MUST BE PRESENTED IN A TABBED MANNER. EACH TAB MUST INDICATE THE APPENDIX NUMBER. IMMEDIATELY FOLLOWING THE TAB, APPLICANT MUST INSERT A PAGE WITH THE APPENDIX NUMBER AND ALL INFORMATION APPLICABLE TO THE APPENDIX. IF AN APPENDIX DOES NOT APPLY TO THE APPLICANT, WRITE “**DOES NOT APPLY**” ON THE APPENDIX PAGE.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE APPLICANT, OR IF THE APPLICANT IS NOT A NATURAL PERSON, THE PERSON AUTHORIZED TO COMPLETE THE FORM ON BEHALF OF THE APPLICANT MUST INITIAL EACH PAGE. 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. SOME SCHEDULES MAY REQUIRE DISCLOSURE OF INFORMATION FOR MORE THAN ONE NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION. IF THERE ARE MULTIPLE DISCLOSURES, MAKE ENOUGH ADDITIONAL COPIES OF THE BLANK SCHEDULE AND COMPLETE IT FOR EACH NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION.

ALL REQUIRED DOCUMENTATION, SUCH AS BUSINESS FORMATION PAPERS, TAX RETURNS AND APPENDICES, AS WELL AS THE APPLICATION FORMS THAT COMPRISE AN APPLICATION PACKAGE FOR A CATEGORY 3 LICENSE, AS LISTED ABOVE, 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.

ADDITIONAL FINANCIAL INFORMATION WILL BE REQUESTED AS NEEDED.

THE REQUEST FOR TRANSCRIPT OF TAX RETURN, THE APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW AND THE DIVERSITY PLAN STATEMENT MUST BE SIGNED. ALL AFFIDAVITS, RELEASE AUTHORIZATIONS, WAIVERS OF LIABILITY, AFFIRMATIONS AND CERTIFICATIONS 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.

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.

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

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.

#### **4. DEFINITIONS AND INSTRUCTIONS**

**PRINCIPAL** - 4 PA.C.S. §1103 DEFINES PRINCIPAL AS “AN OFFICER; DIRECTOR; PERSON WHO DIRECTLY HOLDS A BENEFICIAL INTEREST IN OR OWNERSHIP OF THE SECURITIES OF AN APPLICANT OR LICENSEE; PERSON WHO HAS A CONTROLLING INTEREST IN AN APPLICANT OR LICENSEE, OR HAS THE ABILITY TO ELECT A MAJORITY OF THE BOARD OF DIRECTORS OF A LICENSEE OR TO OTHERWISE CONTROL A LICENSEE; LENDER OR OTHER LICENSED FINANCIAL INSTITUTION OF AN APPLICANT OR LICENSEE, OTHER THAN A BANK OR LENDING INSTITUTION WHICH MAKES A LOAN OR HOLDS A MORTGAGE OR OTHER LIEN ACQUIRED IN THE ORDINARY COURSE OF BUSINESS; UNDERWRITER OF AN APPLICANT OR LICENSEE; OR OTHER PERSON OR EMPLOYEE OF AN APPLICANT, SLOT MACHINE LICENSEE, MANUFACTURER LICENSEE OR SUPPLIER LICENSEE DEEMED TO BE A PRINCIPAL BY THE PENNSYLVANIA GAMING CONTROL BOARD.”

**DIRECTOR** – BOARD REGULATIONS DEFINE DIRECTOR AS “A DIRECTOR OF A CORPORATION, MEMBER OF AN AUDIT COMMITTEE OR ANY PERSON PERFORMING SIMILAR FUNCTIONS WITH RESPECT TO AN ENTITY, WHETHER INCORPORATED OR UNINCORPORATED.”

**OFFICER** – BOARD REGULATIONS DEFINE OFFICER AS “A PRESIDENT, CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, SECRETARY, TREASURER, PRINCIPAL LEGAL OFFICER, PRINCIPAL COMPLIANCE

OFFICER, PRINCIPAL FINANCIAL OFFICER, COMPTROLLER, PRINCIPAL ACCOUNTING OFFICER, CHIEF ENGINEER OR TECHNICAL OFFICER OF A MANUFACTURER, OR PRINCIPAL SLOT OPERATIONS OFFICER OF A SLOT MACHINE LICENSEE AND ANY PERSON ROUTINELY PERFORMING CORRESPONDING FUNCTIONS WITH RESPECT TO AN ENTITY WHETHER INCORPORATED OR UNINCORPORATED.”

**KEY EMPLOYEE-** 58 PA. CODE §401A.3 DEFINES KEY EMPLOYEE AS “AN INDIVIDUAL WHO IS: (I) EMPLOYED IN A DIRECTOR OR DEPARTMENT HEAD CAPACITY AND WHO IS EMPOWERED TO MAKE DISCRETIONARY DECISIONS THAT REGULATE SLOT MACHINE OPERATIONS IN THIS COMMONWEALTH, INCLUDING THE GENERAL MANAGER AND ASSISTANT MANAGER OF THE LICENSED FACILITY, DIRECTOR OF SLOT OPERATIONS, DIRECTOR OF CAGE OPERATIONS, DIRECTOR OF SURVEILLANCE, DIRECTOR OF MARKETING, DIRECTOR OF MANAGEMENT INFORMATION SYSTEMS, DIRECTOR OF SECURITY, DIRECTOR OF HUMAN RESOURCES, COMPTROLLER AND ANY EMPLOYEE WHO SUPERVISES THE OPERATIONS OF THESE DEPARTMENTS OR TO WHOM THESE DEPARTMENT DIRECTORS OR DEPARTMENT HEADS REPORT; (II) EMPLOYED BY A SLOT MACHINE LICENSEE, MANUFACTURER LICENSEE OR SUPPLIER LICENSEE WHOSE DUTIES AFFECT OR REQUIRE CONTACT WITH SLOT MACHINES, SLOT MONITORING SYSTEMS, CASINO MANAGEMENT SYSTEMS, PLAYER TRACKING SYSTEMS AND WIDE-AREA PROGRESSIVE SYSTEMS FOR USE OR PLAY IN THIS COMMONWEALTH, WHETHER OR NOT THE INDIVIDUAL IS ASSIGNED TO GAMING OPERATIONS IN THIS COMMONWEALTH; (III) A SALES REPRESENTATIVE SEEKING TO SELL SLOT MACHINES AND ASSOCIATED EQUIPMENT FOR USE IN THIS COMMONWEALTH ON BEHALF OF A LICENSED MANUFACTURER, MANUFACTURER DESIGNEE OR SUPPLIER AND (IV) EMPLOYED IN OTHER POSITIONS WHICH THE BOARD WILL DETERMINE BASED ON DETAILED ANALYSES OF THE EMPLOYEE’S DUTIES OR THE JOB DESCRIPTIONS.”

**CONTROLLING INTEREST-** 4 PA.C.S. §1103 DEFINES CONTROLLING INTEREST AS “FOR A PUBLICLY TRADED DOMESTIC OR FOREIGN CORPORATION, A CONTROLLING INTEREST IS AN INTEREST IN A LEGAL ENTITY, APPLICANT OR LICENSEE IF A PERSON’S SOLE VOTING RIGHTS UNDER STATE LAW OR CORPORATE ARTICLES OR BYLAWS ENTITLE THE PERSON TO ELECT OR APPOINT ONE OR MORE OF THE MEMBERS OF THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OR THE OWNERSHIP OR BENEFICIAL HOLDING OF 5% OR MORE OF THE SECURITIES OF THE PUBLICLY TRADED CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER FORM OF PUBLICLY TRADED LEGAL ENTITY, UNLESS THIS PRESUMPTION OF CONTROL OR ABILITY TO ELECT IS REBUTTED BY CLEAR AND CONVINCING EVIDENCE. FOR A PRIVATELY HELD DOMESTIC OR FOREIGN CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER FORM OF PRIVATELY HELD LEGAL ENTITY, A CONTROLLING INTEREST IS THE HOLDING OF ANY SECURITIES IN THE LEGAL ENTITY, UNLESS THIS PRESUMPTION OF CONTROL IS REBUTTED BY CLEAR AND CONVINCING EVIDENCE.”

**INDIRECT OWNERSHIP INTEREST** – BOARD REGULATIONS DEFINE INDIRECT OWNERSHIP INTEREST AS “AN OWNERSHIP INTEREST IN AN ENTITY THAT HAS A DIRECT OWNERSHIP INTEREST IN AN APPLICANT OR LICENSEE, OR A DIRECT OWNERSHIP INTEREST IN AN ENTITY THAT HAS AN OWNERSHIP INTEREST IN AN APPLICANT OR LICENSEE THROUGH ONE OR MORE INTERVENING ENTITIES.”

**PUBLICLY TRADED CORPORATION** – 4 PA. CODE §1103 DEFINES PUBLICLY TRADED CORPORATION AS “A PERSON, OTHER THAN AN INDIVIDUAL, WHICH:

- (1) HAS A CLASS OR SERIES OF SECURITIES REGISTERED UNDER THE SECURITIES EXCHANGE ACT OF 1934 (48 STAT. 881, 15 U.S.C. § 78A ET SEQ.);
- (2) IS A REGISTERED MANAGEMENT COMPANY UNDER THE INVESTMENT COMPANY ACT OF 1940 (54 STAT. 789, 15 U.S.C. § 80A-1 ET SEQ.); OR
- (3) IS SUBJECT TO THE REPORTING OBLIGATIONS IMPOSED BY SECTION 15(D) OF THE SECURITIES EXCHANGE ACT OF 1934 BY REASON OF HAVING FILED A REGISTRATION STATEMENT WHICH HAS BECOME EFFECTIVE UNDER THE SECURITIES ACT OF 1933 (48 STAT. 74, 15 U.S.C. § 77A ET SEQ.).”

**ENTITY** – BOARD REGULATIONS DEFINE ENTITY AS “A PERSON, OTHER THAN AN INDIVIDUAL.”

**INDIVIDUAL** – BOARD REGULATIONS DEFINE AN INDIVIDUAL AS “A NATURAL PERSON.”

**UNDERWRITER** – 4 PA. CODE § 1103 DEFINES UNDERWRITER “AS DEFINED IN THE ACT OF DECEMBER 5, 1972 (P.L. 1280, NO. 284), KNOWN AS THE PENNSYLVANIA SECURITIES ACT OF 1972.”

**INSTITUTIONAL INVESTOR** - 58 PA. CODE §401A.3 DEFINES AN INSTITUTIONAL INVESTOR AS “A RETIREMENT FUND ADMINISTERED BY A PUBLIC AGENCY FOR THE EXCLUSIVE BENEFIT OF FEDERAL, STATE OR LOCAL PUBLIC EMPLOYEES, INVESTMENT COMPANY REGISTERED UNDER THE INVESTMENT COMPANY ACT OF 1940 (15 U.S.C.A. §§ 80A-1 – 80A-64), COLLECTIVE INVESTMENT TRUST ORGANIZED BY BANKS UNDER PART NINE OF THE RULES OF THE COMPTROLLER OF THE CURRENCY, CLOSED END INVESTMENT TRUST, CHARTERED OR LICENSED LIFE INSURANCE COMPANY OR PROPERTY AND CASUALTY INSURANCE COMPANY, BANKING AND OTHER CHARTERED OR LICENSED LENDING INSTITUTION, INVESTMENT ADVISOR REGISTERED UNDER THE INVESTMENT ADVISORS ACT OF 1940 (15 U.S.C.A. §§ 80B-1 – 80B-21), AND OTHER PERSONS REGISTERED IN ANY FOREIGN JURISDICTION AND REGULATED PURSUANT TO A STATUTE OF ANY FOREIGN JURISDICTION THAT THE BOARD DETERMINES TO BE SUBSTANTIALLY SIMILAR TO EITHER OR BOTH OF THE AFOREMENTIONED STATUTES.”

**PRIVATE INVESTMENT FUND** – BOARD REGULATIONS DEFINE PRIVATE INVESTMENT FUND AS “AN ENTITY THAT MEETS THE DEFINITION OF “INVESTMENT COMPANY” UNDER SECTION 3(A)(1) OF THE INVESTMENT COMPANY ACT OF 1940 (15 U.S.C. § 80A-3(A)(1)), BUT IS OTHERWISE EXEMPT FROM THE DEFINITION OF “INVESTMENT COMPANY” UNDER SECTION 3(C)(7) OF THE INVESTMENT COMPANY ACT OF 1940 (15 U.S.C. § 80A-3 (c)(7)).

**REGISTERED INVESTMENT COMPANY** – BOARD REGULATIONS DEFINE A REGISTERED INVESTMENT COMPANY AS “AN INVESTMENT COMPANY THAT HAS REGISTERED WITH THE SEC UNDER THE INVESTMENT COMPANY ACT OF 1940.”

**REGISTERED INVESTMENT ADVISER** – BOARD REGULATIONS DEFINE REGISTERED INVESTMENT ADVISER AS “AN INVESTMENT ADVISER THAT HAS REGISTERED WITH THE SEC UNDER THE INVESTMENT ADVISERS ACT OF 1940.”

**LENDING INSTITUTION** – BOARD REGULATIONS DEFINE A LENDING INSTITUTION AS “A PERSON WHO HAS BEEN ISSUED A LICENSE TO LEND MONEY BY A STATE OR FEDERAL AGENCY OR A PERSON WHO SATISFIES THE DEFINITION OF “QUALIFIED INSTITUTIONAL BUYER” PURSUANT TO 17 C.F.R. § 230.144A (RELATING TO PRIVATE REALES OF SECURITIES TO INSTITUTIONS).”

**AFFILIATE, AFFILIATE OF OR PERSON AFFILIATED WITH** - 4 PA.C.S. § 1103 DEFINES AFFILIATE, AFFILIATE OF OR PERSON AFFILIATED WITH AS “A PERSON THAT DIRECTLY OR INDIRECTLY, THROUGH ONE OR MORE INTERMEDIARIES, CONTROLS, IS CONTROLLED BY OR IS UNDER COMMON CONTROL WITH A SPECIFIED PERSON.”

**PRINCIPAL AFFILIATE** – BOARD REGULATIONS DEFINE PRINCIPAL AFFILIATE AS “AN INTERMEDIARY OR HOLDING COMPANY OF AN APPLICANT OR LICENSEE.”

**PRINCIPAL ENTITY** – BOARD REGULATIONS DEFINE PRINCIPAL ENTITY AS “AN ENTITY THAT MEETS THE DEFINITION OF PRINCIPAL IN SECTION 1103 OF THE ACT (RELATING TO DEFINITIONS) OR IS OTHERWISE REQUIRED TO BE LICENSED AS A PRINCIPAL AND IS NOT AN INTERMEDIARY OR HOLDING COMPANY OF AN APPLICANT OR LICENSEE.”

**SUBSIDIARY** – 4 PA.C.S. § 1103 DEFINES SUBSIDIARY AS “A PERSON OTHER THAN AN INDIVIDUAL. THE TERM INCLUDES:

- (1) A CORPORATION, ANY SIGNIFICANT PART OF WHOSE OUTSTANDING EQUITY SECURITIES ARE OWNED, SUBJECT TO A POWER OR RIGHT OF CONTROL, OR HELD WITH POWER TO VOTE, BY A HOLDING COMPANY OR AN INTERMEDIARY COMPANY;
- (2) A SIGNIFICANT INTEREST IN A PERSON, OTHER THAN AN INDIVIDUAL, WHICH IS OWNED, SUBJECT TO A POWER OR RIGHT OF CONTROL, OR HELD WITH POWER TO VOTE, BY A HOLDING COMPANY OR AN INTERMEDIARY COMPANY; OR
- (3) A PERSON DEEMED TO BE A SUBSIDIARY BY THE PENNSYLVANIA GAMING CONTROL BOARD.”

**INTERMEDIARY** – 4 Pa.C.S. § 1103 DEFINES INTERMEDIARY AS “A PERSON, OTHER THAN AN INDIVIDUAL, WHICH:

- (1) IS A HOLDING COMPANY WITH RESPECT TO A CORPORATION OR OTHER FORM OF BUSINESS ORGANIZATION, WHICH HOLDS OR APPLIES FOR A LICENSE UNDER THIS PART; AND
- (2) IS A SUBSIDIARY WITH RESPECT TO ANY HOLDING COMPANY.”

**HOLDING COMPANY** – 58 Pa. CODE §401A.3 DEFINES HOLDING COMPANY AS “A PERSON, OTHER THAN AN INDIVIDUAL, WHICH, DIRECTLY OR INDIRECTLY, OWNS, HAS THE POWER OR RIGHT TO CONTROL OR TO VOTE 20% OR MORE OF THE OUTSTANDING VOTING SECURITIES OF A CORPORATION OR OTHER FORM OF BUSINESS ORGANIZATION. A HOLDING COMPANY INDIRECTLY HAS, HOLDS OR OWNS ANY SUCH POWER, RIGHT OR SECURITY IF IT DOES SO THROUGH AN INTEREST IN A SUBSIDIARY OR SUCCESSIVE SUBSIDIARIES.”

**VOTING SECURITY** – BOARD REGULATIONS DEFINE VOTING SECURITY AS “A SECURITY OR OTHER INTEREST WHICH ENTITLES THE OWNER TO VOTE FOR THE ELECTION OF:

- (i) A DIRECTOR OF A CORPORATION.
- (ii) A PERSON PERFORMING FUNCTIONS SIMILAR TO A DIRECTOR WITH RESPECT TO AN ORGANIZATION, WHETHER INCORPORATED OR UNINCORPORATED.”

**FINANCIAL BACKER** – 4 Pa.C.S. § 1103 DEFINES FINANCIAL BACKER AS “AN INVESTOR, MORTGAGEE, BONDHOLDER, NOTEHOLDER OR OTHER SOURCES OF EQUITY OR CAPITAL PROVIDED TO AN APPLICANT OR LICENSED ENTITY.”

UNLESS OTHERWISE PROVIDED FOR IN THE GAMING ACT AND REGULATIONS, EACH PRINCIPAL; KEY EMPLOYEE; PERSON WITH CONTROLLING INTEREST; INSTITUTIONAL INVESTOR; UNDERWRITER AND FINANCIAL BACKER WHO IS A NATURAL PERSON MUST COMPLETE A MULTI-JURISDICTIONAL PHD AND PA SUPPLEMENT OR A PRINCIPAL/KEY EMPLOYEE WAIVER FORM. EACH PRINCIPAL; PERSON WITH CONTROLLING INTEREST; INSTITUTIONAL INVESTOR; UNDERWRITER AND FINANCIAL BACKER THAT IS AN ENTITY MUST COMPLETE A PRINCIPAL ENTITY FORM OR A PRINCIPAL WAIVER FORM - ENTITY.

## 5. CATEGORY 3 DEFINITIONS

**AMENITIES** – BOARD REGULATIONS DEFINE AMENITIES AS “ANCILLARY ACTIVITIES, SERVICES OR FACILITIES IN WHICH A REGISTERED GUEST OR THE TRANSIENT PUBLIC, IN RETURN FOR NON-DE MINIMIS CONSIDERATION, MAY PARTICIPATE AT A RESORT HOTEL, INCLUDING, BUT NOT LIMITED TO:

- (i) SPORTS AND RECREATIONAL ACTIVITIES AND FACILITIES SUCH AS A GOLF COURSE OR GOLF DRIVING RANGE, TENNIS COURTS OR SWIMMING POOLS.
- (ii) HEALTH SPA.
- (iii) CONVENTION, MEETING AND BANQUET FACILITIES.
- (iv) ENTERTAINMENT FACILITIES.
- (v) RESTAURANT FACILITIES.”

**GUEST ROOMS UNDER COMMON OWNERSHIP** – BOARD REGULATIONS DEFINE GUEST ROOMS UNDER COMMON OWNERSHIP AS “A ROOM OR GROUP OF ROOMS, INCLUDING TIMESHARE UNITS, THAT ARE OWNED BY A WELL-ESTABLISHED RESORT HOTEL AND THAT ARE AVAILABLE FOR RENTAL.”

**NON-DE MINIMIS CONSIDERATION** – BOARD REGULATIONS DEFINE NON-DE MINIMIS CONSIDERATION AS “A PAYMENT OF FAIR MARKET VALUE OF AT LEAST \$10 PER PATRON PAID TO THE RESORT HOTEL FOR USE OF ONE OR MORE AMENITIES.”

**PATRON OF THE AMENITIES** – BOARD REGULATIONS DEFINE PATRON OF THE AMENITIES AS “AN INDIVIDUAL WHO IS A REGISTERED ATTENDEE OF A CONVENTION, MEETING OR BANQUET EVENT OR A PARTICIPANT IN A SPORT OR RECREATIONAL EVENT OR ANY OTHER SOCIAL, CULTURAL OR BUSINESS EVENT HELD AT A RESORT HOTEL OR WHO PARTICIPATES IN ONE OR MORE OF THE AMENITIES PROVIDED TO REGISTERED GUESTS OF THE RESORT HOTEL.”

**WELL-ESTABLISHED RESORT HOTEL** – BOARD REGULATIONS DEFINE A WELL-ESTABLISHED RESORT HOTEL AS “A RESORT HOTEL HAVING AT LEAST 275 GUEST ROOMS UNDER COMMON OWNERSHIP AT THE TIME OF APPLICATION FOR A CATEGORY 3 SLOT MACHINE LICENSE AND HAVING SUBSTANTIAL YEAR-ROUND RECREATIONAL GUEST AMENITIES.”

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

### CATEGORY 3 LICENSE

INSERT THE NUMBER OF EACH OF THE FOLLOWING FORMS INCLUDED IN THIS CATEGORY 3 APPLICATION PACKAGE.

<input type="checkbox"/>	<b>CATEGORY 3 APPLICATION AND DISCLOSURE INFORMATION FORM (C3)</b> (FOR APPLICANT AND EACH OF APPLICANT'S AFFILIATED ENTITIES).
<input type="checkbox"/>	<b>MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (MULTI-JURISDICTIONAL PHD)</b> (FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE).
<input type="checkbox"/>	<b>PRINCIPAL/KEY EMPLOYEE FORM – PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT)</b> (FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE).
<input type="checkbox"/>	<b>PRINCIPAL ENTITY FORM</b> (FOR EACH ENTITY THAT IS A PRINCIPAL).
<input type="checkbox"/>	<b>PRINCIPAL/KEY EMPLOYEE WAIVER FORM</b> (FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS).
<input type="checkbox"/>	<b>PRINCIPAL WAIVER FORM – ENTITY</b> (FOR EACH ENTITY THAT IS A PRINCIPAL REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO BOARD REGULATIONS).
<input type="checkbox"/>	<b>GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM</b> (FOR EACH CATEGORY 3 APPLICANT'S KNOWN GAMING EMPLOYEES).
<input type="checkbox"/>	<b>NON-GAMING EMPLOYEE REGISTRATION FORM (NER)</b> (FOR EACH CATEGORY 3 APPLICANT'S KNOWN NON-GAMING EMPLOYEES).

## APPLICANT INFORMATION

APPLICANT'S BUSINESS NAME			
BUSINESS NAME AS IT APPEARS ON APPLICANT'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			
IS THE APPLICANT A MINORITY OR WOMEN'S BUSINESS ENTERPRISE THAT IS CERTIFIED BY THE BUREAU OF MINORITY AND WOMEN'S BUSINESS ENTERPRISE OF THE DEPARTMENT OF GENERAL SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PROVIDE ENTERPRISE CERTIFICATION NUMBER. _____			
APPLICANT'S MAIN ADDRESS			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY	TOWNSHIP	COUNTY	
STATE/PROVINCE	POSTAL CODE	COUNTRY	
EMAIL ADDRESS		WEB URL	
PHONE NUMBER (    )		FAX NUMBER (    )	
APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY	TOWNSHIP	COUNTY	
STATE/PROVINCE	POSTAL CODE	COUNTRY	
EMAIL ADDRESS		WEB URL	
PHONE NUMBER (    )		FAX NUMBER (    )	
CONTACT NAME FOR THIS APPLICATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER (    )		FAX NUMBER (    )	
APPLICANT'S BILLING CONTACT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
ADDRESS			
CITY		STATE/PROVINCE	POSTAL CODE
PHONE NUMBER (    )		FAX NUMBER (    )	

<b>APPLICANT'S FORM OF ORGANIZATION</b>	
CHECK ONE	
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> C-CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER (DESCRIBE) _____	
<b>APPLICANT'S ORGANIZATION DOCUMENTS</b>	
STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION	DATE OF FORMATION
APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS	
LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS	
COMPLETE <b>SCHEDULE 1</b> CONCERNING APPLICANT'S INCORPORATORS/FOUNDERS	
IS APPLICANT REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>APPLICANT'S IDENTIFICATION NUMBERS</b>	
FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER	PA LIQUOR CONTROL BOARD LICENSE NUMBER
PA WORKERS COMPENSATION POLICY NUMBER	PA DEPARTMENT OF STATE – ENTITY NUMBER
DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER STATE, LOCALITY OR THE FEDERAL GOVERNMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.	
<b>CRIMINAL HISTORY</b>	
THE NEXT SECTION ASKS ABOUT ANY OFFENSES OR CHARGES APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES MAY HAVE COMMITTED OR HAD FILED AGAINST THEM. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.	
<b>DEFINITIONS</b>	<p>FOR PURPOSES OF THIS SECTION:</p> <p>A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR BEFORE A LAW ENFORCEMENT AGENCY, STATE OR FEDERAL GRAND JURY, JUSTICE COURT, MUNICIPAL COURT, CITY COURT, TRAFFIC COURT, MILITARY COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT. INCLUDE ALL DUI/DWI OFFENSES.</p> <p>B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER AND ADVISED THAT YOU WERE UNDER ARREST, DETAINED, 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 OR SUBPOENAED TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A."</p> <p>C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, CITATION OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."</p>

INSTRUCTIONS	<p>1. ANSWER "<b>YES</b>" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY <b>EVEN IF</b>:</p> <p>A. YOU DID NOT COMMIT THE OFFENSE CHARGED;</p> <p>B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;</p> <p>C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;</p> <p>D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM;</p> <p>E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;</p> <p>F. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";</p> <p>G. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;</p> <p>H. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;</p> <p>I. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);</p> <p>J. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.</p> <p>2. ANSWER "<b>NO</b>" IF:</p> <p>A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;</p> <p>B. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.</p> <p><b>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</b></p>
1. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES EVER BEEN INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
1. A. HAS APPLICANT OR ANY OF ITS DIRECTORS, OWNERS OR KEY EMPLOYEES EVER BEEN CONVICTED OF A FELONY OR GAMBLING OFFENSE WITHIN THE PAST FIFTEEN (15) YEARS? IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE <b>SCHEDULE 23</b> CONCERNING CRIMINAL HISTORY.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TESTIMONY, INVESTIGATIONS OR POLYGRAPHS</b>	
2. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, PRINCIPALS OR KEY EMPLOYEES EVER BEEN CALLED TO TESTIFY BEFORE, BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY, OR REQUESTED TO TAKE A POLYGRAPH EXAM BY ANY GOVERNMENTAL AGENCY, COURT, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (MUNICIPAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO MINOR TRAFFIC RELATED OFFENSES? IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 24</b> CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ANTITRUST, TRADE REGULATION &amp; SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS</b>	
3. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES EVER HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO A VIOLATION OR ALLEGED VIOLATION OF THE FEDERAL ANTITRUST, TRADE REGULATION OR SECURITIES LAWS, OR SIMILAR LAWS OF ANY STATE, PROVINCE OR COUNTRY ENTERED AGAINST IT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>4. IN THE PAST TEN (10) YEARS, HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO ANY STATE OR FEDERAL STATUTE, REGULATION OR CODE THAT RESULTED IN A FINE OR PENALTY OF \$50,000 OR MORE ENTERED AGAINST IT?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE <b>SCHEDULE 26</b> CONCERNING ANTITRUST, TRADE REGULATION &amp; SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b>	
<p>5. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD ANY PETITION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW FILED BY OR AGAINST IT IN THE LAST TEN (10) YEAR PERIOD?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES SOUGHT RELIEF UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR APPLICANT OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES IN THE LAST TEN (10) YEARS?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 27</b> CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.</p>	
<b>APPLICANT'S LICENSES AND PERMITS</b>	
<p>8. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY FOR THE COLLECTION OF SALES AND USE TAX, SELLING AND SERVING LIQUOR AND MALT BEVERAGES, PROVIDING OVERNIGHT LODGING SERVICES OR ANY OTHER ACTIVITY REQUIRING A LICENSE OR PERMIT? A GOVERNMENT 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.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 28</b> CONCERNING NON-GAMING LICENSES AND PERMITS.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED 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 GOVERNMENT 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.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 29</b> CONCERNING GAMING LICENSES AND PERMITS.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS</b>	
<p>10. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY EMPLOYEE, PERSON, COMPANY OR ORGANIZATION TO OBTAIN FAVORABLE TREATMENT?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF THE APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN TO OBTAIN FAVORABLE TREATMENT?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>12. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR OR ON BEHALF OF APPLICANT LOANED FUNDS FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>13. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT DONATED OR LOANED PROPERTY OR ANY OTHER THING OF VALUE FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>14. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR THE PURPOSE OF REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS EITHER FOREIGN OR DOMESTIC?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>15. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY BANK ACCOUNT, DOMESTIC OR FOREIGN, NOT REFLECTED ON THE APPLICANT'S BOOKS OR RECORDS?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>16. DURING THE LAST TEN (10) YEAR PERIOD HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY NUMBERED ACCOUNT OR ANY ACCOUNT IN THE NAME OF A NOMINEE FOR APPLICANT?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b><u>SCHEDULE 30</u></b>, CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>	

## APPLICATION CHECKLIST

PLACE A CHECKMARK IN EACH BOX NEXT TO EACH ITEM APPLICANT HAS ATTACHED TO THIS CATEGORY 3 APPLICATION AND DISCLOSURE INFORMATION FORM.

EACH ITEM MARKED AS MANDATORY MUST BE COMPLETED AND SUBMITTED AS PART OF THIS APPLICATION FORM. IF ANY ITEM IS MISSING, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IF A QUESTION, SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT, YOU MUST WRITE "DOES NOT APPLY" IN EACH FIELD OF THE QUESTION, SCHEDULE OR ADDENDUM.

<input type="checkbox"/>	SCHEDULE 1: INCORPORATORS/FOUNDERS	MANDATORY
<input type="checkbox"/>	SCHEDULE 2: OTHER NAMES USED BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 4: ADDRESSES USED BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES	MANDATORY
<input type="checkbox"/>	SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES	MANDATORY
<input type="checkbox"/>	SCHEDULE 7: EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS	MANDATORY
<input type="checkbox"/>	SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	MANDATORY
<input type="checkbox"/>	SCHEDULE 10: VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	MANDATORY
<input type="checkbox"/>	SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)	MANDATORY
<input type="checkbox"/>	SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)	MANDATORY
<input type="checkbox"/>	SCHEDULE 11: NON-VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	MANDATORY
<input type="checkbox"/>	SCHEDULE 12: LONG TERM DEBT	MANDATORY
<input type="checkbox"/>	SCHEDULE 13: HOLDERS OF LONG TERM DEBT	MANDATORY
<input type="checkbox"/>	SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES	MANDATORY
<input type="checkbox"/>	SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS	MANDATORY
<input type="checkbox"/>	SCHEDULE 16: SECURITIES OPTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 18: OTHER PRINCIPALS	MANDATORY

<input type="checkbox"/>	SCHEDULE 19: FINANCIAL INSTITUTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 20: CONTRACTS	MANDATORY
<input type="checkbox"/>	SCHEDULE 21: STOCK HELD BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 22: INSIDER TRANSACTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 23: CRIMINAL HISTORY	MANDATORY
<input type="checkbox"/>	SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	MANDATORY
<input type="checkbox"/>	SCHEDULE 25: EXISTING LITIGATION	MANDATORY
<input type="checkbox"/>	SCHEDULE 26: ANTITRUST, TRADE REGULATION AND SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS	MANDATORY
<input type="checkbox"/>	SCHEDULE 28: NON-GAMING LICENSES AND PERMITS	MANDATORY
<input type="checkbox"/>	SCHEDULE 29: GAMING LICENSES AND PERMITS	MANDATORY
<input type="checkbox"/>	SCHEDULE 30: APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS	MANDATORY
<input type="checkbox"/>	SCHEDULE 31: APPLICANT BACKGROUND PART 1	MANDATORY
<input type="checkbox"/>	SCHEDULE 32: APPLICANT BACKGROUND PART 2	MANDATORY
<input type="checkbox"/>	REQUEST FOR TRANSCRIPT OF TAX RETURN	MANDATORY
<input type="checkbox"/>	APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW	MANDATORY
<input type="checkbox"/>	AFFIDAVIT	MANDATORY
<input type="checkbox"/>	RELEASE AUTHORIZATION	MANDATORY
<input type="checkbox"/>	WAIVER OF LIABILITY	MANDATORY
<input type="checkbox"/>	DIVERSITY PLAN STATEMENT	MANDATORY
<input type="checkbox"/>	CATEGORY 3 APPLICANT'S AFFIRMATION	MANDATORY
<input type="checkbox"/>	LICENSED ENTITY REPRESENTATIVE REGISTRATION	MANDATORY
<input type="checkbox"/>	VIOLATIONS OF SECTION 1513 FORM	MANDATORY
<input type="checkbox"/>	PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM	MANDATORY
<input type="checkbox"/>	FINANCIAL CERTIFICATION STATEMENT	MANDATORY
<input type="checkbox"/>	MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (ONE FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE NOT COMPLETING THE PRINCIPAL/KEY EMPLOYEE WAIVER FORM)	MANDATORY

<input type="checkbox"/>	PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (ONE FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE NOT COMPLETING THE PRINCIPAL/KEY EMPLOYEE WAIVER FORM)	MANDATORY
<input type="checkbox"/>	PRINCIPAL ENTITY FORM (ONE FOR EACH ENTITY THAT IS A PRINCIPAL NOT COMPLETING THE PRINCIPAL WAIVER FORM – ENTITY )	MANDATORY
<input type="checkbox"/>	PRINCIPAL/KEY EMPLOYEE WAIVER FORM (ONE FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED)	OPTIONAL
<input type="checkbox"/>	PRINCIPAL WAIVER FORM – ENTITY (ONE FOR EACH PRINCIPAL ENTITY REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED)	OPTIONAL
<input type="checkbox"/>	GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM (ONE FOR EACH OF APPLICANT’S KNOWN GAMING EMPLOYEES)	MANDATORY
<input type="checkbox"/>	NON-GAMING EMPLOYEE REGISTRATION FORM (ONE FOR EACH OF APPLICANT’S KNOWN NON-GAMING EMPLOYEES)	MANDATORY

**APPENDICES: THE APPENDICES ARE DOCUMENTS THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDICES ARE NOT REPRESENTED IN THE APPLICATION QUESTIONS OR ITS SCHEDULES. EACH APPENDIX SHALL BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX DOES NOT APPLY TO AN APPLICANT, WRITE “DOES NOT APPLY” ON THE APPENDIX PAGE.**

<input type="checkbox"/>	APPENDIX 1: DESCRIPTION OF THE BUSINESS CURRENTLY PERFORMED AND THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH. THIS INFORMATION MUST BE SPECIFIC AND MUST BE ORGANIZED AROUND THE TOPICS SHOWN IN <b><u>SCHEDULES 31 AND 32</u></b> . ADDITIONALLY, APPLICANT MUST INDICATE THE RELATIONSHIP BETWEEN IT AND ITS AFFILIATED ENTITIES AS IT RELATES TO THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH IN THE FORM OF AN ORGANIZATION CHART WITH A NARRATIVE DESCRIPTION.	MANDATORY
<input type="checkbox"/>	APPENDIX 2: DESCRIPTION OF ANY FORMER BUSINESS ENGAGED IN DURING THE LAST TEN (10) YEARS AND THE REASON FOR CESSATION OF THE BUSINESS.	MANDATORY
<input type="checkbox"/>	APPENDIX 3: DESCRIPTION OF ALL BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULE 8</u></b> .	MANDATORY
<input type="checkbox"/>	APPENDIX 4: DESCRIPTION OF LONG TERM DEBT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULES 12 AND 13</u></b> .	MANDATORY
<input type="checkbox"/>	APPENDIX 5: DESCRIPTION OF OTHER INDEBTEDNESS AND SECURITY DEVICES. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULES 14 AND 15</u></b> .	MANDATORY
<input type="checkbox"/>	APPENDIX 6: DESCRIPTION OF SECURITIES OPTIONS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULES 16 AND 17</u></b> .	MANDATORY
<input type="checkbox"/>	APPENDIX 7: DESCRIPTION OF EXISTING LITIGATION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULE 25</u></b> .	MANDATORY
<input type="checkbox"/>	APPENDIX 8: AUDITED FINANCIAL STATEMENT FOR THE LAST FISCAL YEAR. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 9: AUDITED FINANCIAL STATEMENTS FOR THE LAST FIVE (5) YEARS. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 10: ANNUAL REPORTS FOR THE LAST FIVE (5) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 11: ANNUAL REPORTS PREPARED ON THE SEC'S 10K FOR THE LAST FIVE (5) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 12: A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT.	MANDATORY
<input type="checkbox"/>	APPENDIX 13: A COPY OR COPIES OF ANY INTERIM REPORTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 14: A COPY OF THE LAST DEFINITIVE PROXY OR INFORMATION STATEMENT (SEC).	MANDATORY
<input type="checkbox"/>	APPENDIX 15: A COPY OF ALL REGISTRATION STATEMENTS FOR THE LAST FIVE (5) YEARS FILED IN ACCORDANCE WITH THE SECURITIES ACT OF 1933.	MANDATORY

<input type="checkbox"/>	APPENDIX 16: COPIES OF ALL OTHER REPORTS PREPARED IN THE LAST FIVE (5) YEARS BY INDEPENDENT AUDITORS OF THE APPLICANT.	MANDATORY
<input type="checkbox"/>	APPENDIX 17: CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 18: CURRENT OWNERSHIP TABLE OF ORGANIZATION.	MANDATORY
<input type="checkbox"/>	APPENDIX 19: FUNCTIONAL TABLE OF ORGANIZATION FOR APPLICANT WITH, JOB DESCRIPTIONS, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$100,000 IN ANNUAL COMPENSATION.	MANDATORY
<input type="checkbox"/>	APPENDIX 20: COPIES OF 1120 FORMS, 941 FORMS AND ALL OTHER BUSINESS RELATED TAX FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 21: COPIES OF 5500 FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 22: DESCRIBE CRIMINAL HISTORY OF APPLICANT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 23</b> . NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.	MANDATORY
<input type="checkbox"/>	APPENDIX 23: PURSUANT TO §1308(c) OF THE GAMING ACT, THE PGCB AND THE COMMISSIONS SHALL NOT CONSIDER ANY APPLICATION FOR A LICENSE IF THE APPLICANT OR ANY PERSON AFFILIATED WITH OR DIRECTLY RELATED TO THE APPLICANT IS A PARTY IN ANY ONGOING CIVIL PROCEEDING IN WHICH THE PARTY IS SEEKING TO OVERTURN OR OTHERWISE CHALLENGE A DECISION OR ORDER OF THE PGCB OR COMMISSIONS PERTAINING TO THE APPROVAL, DENIAL OR CONDITIONING OF A LICENSE TO CONDUCT THOROUGHBRED OR HARNESS HORSE RACE MEETINGS RESPECTIVELY WITH PARI-MUTUEL WAGERING OR TO OPERATE SLOT MACHINES.  IS THE APPLICANT OR AFFILIATED PERSON A PARTY TO ANY ONGOING CIVIL PROCEEDINGS SEEKING TO OVERTURN A DECISION OR ORDER OF THE PGCB OR COMMISSIONS? IF YES, THE PGCB MAY NOT CONSIDER THE APPLICATION. IF NO, PROVIDE A STATEMENT ASSERTING THAT THE APPLICANT IS NOT CHALLENGING THE PGCB OR COMMISSION'S DECISION OR ORDERS.	MANDATORY
<input type="checkbox"/>	APPENDIX 24: PURSUANT TO §1312 OF THE GAMING ACT, THE PGCB MAY NOT APPROVE AN APPLICATION FOR LICENSURE IF ANY OF ITS PRINCIPALS DO NOT MEET THE CHARACTER REQUIREMENTS OF §1310, ELIGIBILITY REQUIREMENTS, OR PURCHASES A CONTROLLING INTEREST IN A LICENSED GAMING ENTITY IN VIOLATION OF §1328.  HAS THE APPLICANT DIVESTED ALL INTERESTS THAT WOULD PROHIBIT LICENSURE AND ELIMINATED ANY PRINCIPAL WHO DOES NOT MEET THE CHARACTER OR ELIGIBILITY REQUIREMENTS? IF NOT, PROVIDE AN EXPLANATION. IF IT DOES NOT APPLY, WRITE DOES NOT APPLY IN RESPONSE TO THIS APPENDIX.	MANDATORY
<input type="checkbox"/>	APPENDIX 25: PURSUANT TO §1330 OF THE GAMING ACT, NO LICENSEE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY MAY POSSESS AN OWNERSHIP OR FINANCIAL INTEREST THAT IS GREATER THAN 33.3% OF ANOTHER SLOT MACHINE LICENSEE OR PERSON ELIGIBLE TO APPLY FOR A CATEGORY 1 LICENSE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY.  DOES THE APPLICANT POSSESS AN OWNERSHIP OR FINANCIAL INTEREST THAT IS GREATER THAN 33.3% OF ANOTHER SLOT MACHINE LICENSEE OR PERSON ELIGIBLE TO APPLY FOR A CATEGORY 1 LICENSE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY? PROVIDE AN EXPLANATION OR WRITE "DOES NOT APPLY".	MANDATORY

<input type="checkbox"/>	<p>APPENDIX 26: PURSUANT TO §1512 OF THE GAMING ACT, NO EXECUTIVE-LEVEL STATE EMPLOYEE, PUBLIC OFFICIAL, PARTY OFFICER OR IMMEDIATE FAMILY MEMBER THEREOF SHALL HAVE A FINANCIAL INTEREST IN OR BE EMPLOYED, DIRECTLY OR INDIRECTLY, BY ANY LICENSED RACING ENTITY OR LICENSED GAMING ENTITY, OR ANY HOLDING, AFFILIATE, INTERMEDIARY OR SUBSIDIARY COMPANY, THEREOF, OR ANY SUCH APPLICANT.</p> <p>HAS ANY PUBLIC OFFICIAL OR OTHER PROHIBITED PERSON POSSESSED A FINANCIAL INTEREST IN OR BEEN EMPLOYED DIRECTLY OR INDIRECTLY BY THE APPLICANT OR RELATED ENTITY AT OR FOLLOWING THE EFFECTIVE DATE OF THE PA GAMING ACT?</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 27: PURSUANT TO §1313 OF THE GAMING ACT, PROVIDE INFORMATION, DOCUMENTATION AND ASSURANCES DEMONSTRATING THAT THE APPLICANT HAS SUFFICIENT BUSINESS ABILITY AND EXPERIENCE TO CREATE AND MAINTAIN A SUCCESSFUL, EFFICIENT OPERATION. ALSO PROVIDE BIOGRAPHIES OF THE KNOWN INDIVIDUALS WHO WILL PERFORM EXECUTIVE MANAGEMENT DUTIES AND PROVIDE NAMES OF ALL PROPOSED KEY EMPLOYEES AND A DESCRIPTION OF THEIR RESPECTIVE OR PROPOSED RESPONSIBILITIES AS THEY BECOME KNOWN.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 28: PURSUANT TO §1207(16) OF THE GAMING ACT, THE LICENSEE MUST SELL PENNSYLVANIA STATE LOTTERY TICKETS AT ITS FACILITY AS NEAR AS PRACTICABLE TO THE PAY WINDOWS. PROVIDE A PROPOSED FLOOR PLAN SPECIFYING THE LOCATIONS WHERE STATE LOTTERY TICKETS WILL BE SOLD AND THE PROXIMITY OF THOSE LOCATIONS TO PAY WINDOWS. (NOTE: THIS SUBMISSION MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 29: PROVIDE A STATEMENT DETAILING THE PROPOSED PLANS AND LOCATION OF THE LICENSED FACILITY AND EXPLAIN HOW THE FACILITY WILL BE LOCATED AT A WELL-ESTABLISHED RESORT HOTEL (AS DEFINED IN BOARD REGULATIONS). INCLUDE A STATEMENT OF THE NUMBER OF ROOMS UNDER COMMON OWNERSHIP, AND HOW EACH ROOM IS HELD, I.E. NON-DEEDED TIME SHARE, DEEDED TIME SHARE AND STANDARD HOTEL ROOM. ALSO INCLUDE IN THE STATEMENT A LIST OF THE SUBSTANTIAL YEAR-ROUND RECREATIONAL GUEST AMENITIES OFFERED. THE STATEMENT MUST ALSO DEMONSTRATE COMPLIANCE WITH THE GEOGRAPHICAL REQUIREMENTS OF §1305(B) OF THE GAMING ACT (RELATING TO CATEGORY 3 SLOT MACHINE LICENSE), WHICH PROVIDES THAT NO CATEGORY 3 LICENSEE SHALL BE LOCATED WITHIN 15 LINEAR MILES OF ANOTHER LICENSED FACILITY.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 30: PROVIDE A LIST OF ANY HOSPITAL, PLACE OF WORSHIP, SCHOOL, CHARITABLE INSTITUTION, PARK, ZOO OR ANY SIMILAR PLACE FREQUENTED BY THE PUBLIC WITHIN 1500 FEET OF THE PROPOSED FACILITY.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 31: PROVIDE DOCUMENTATION TO THE BOARD PROVING THAT THE APPLICANT IS THE OWNER OF THE WELL-ESTABLISHED RESORT HOTEL OR IS A WHOLLY OWNED SUBSIDIARY OF THE OWNER OF THE WELL-ESTABLISHED RESORT HOTEL.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 32: PROVIDE A STATEMENT DETAILING THE APPLICANT'S PROPOSED AMENITIES PLAN. EXPLAIN THE AMENITIES THAT THE APPLICANT INTENDS TO MAKE AVAILABLE AT THE RESORT HOTEL AND THE COSTS OF THE AMENITIES TO PATRONS OF THE RESORT HOTEL.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 33: PROVIDE A PROPOSED FEE SCHEDULE FOR EACH AMENITY OFFERED AT THE WELL-ESTABLISHED RESORT AND A JUSTIFICATION FOR HOW THE FEES MEET THE DEFINITION OF NON-DE MINIMIS CONSIDERATION (AS DEFINED IN BOARD REGULATIONS). THE FEE SCHEDULE SHOULD INCLUDE PROPOSED FEES FOR SEASONAL OR YEAR-ROUND MEMBERSHIPS.</p>	<p>MANDATORY</p>

<input type="checkbox"/>	<p>APPENDIX 34: PROVIDE A PLAN DETAILING HOW THE APPLICANT, AS PART OF ITS OPERATIONAL PLAN, WILL MONITOR THE GAMING AREA TO ENSURE COMPLIANCE WITH REGULATIONS RELATING TO SELF-EXCLUSION; PERSONS REQUIRED TO BE EXCLUDED AND UNDERAGE GAMING AND THAT ONLY THE FOLLOWING PERSONS ARE PERMITTED TO ENTER THE GAMING AREA: (1) REGISTERED OVERNIGHT GUESTS; (2) PATRONS OF ONE OR MORE AMENITIES (AS PATRON OF THE AMENITIES IS DEFINED IN BOARD REGULATIONS); (3) AUTHORIZED EMPLOYEES; (4) ANY OTHER PERSONS AUTHORIZED BY THE BOARD. THE PLAN SHOULD INCLUDE METHODS FOR CONTROLLING ACCESS TO THE GAMING FLOOR BY THOSE INDIVIDUALS HOLDING VALID SEASONAL OR YEAR-ROUND MEMBERSHIPS AND PATRONS OF THE AMENITIES SEEKING TO ACCESS THE GAMING FLOOR WITHIN 72 HOURS OF THE USE OF THE AMENITY.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 35: SUBMIT AN INITIAL NARRATIVE DESCRIPTION OF PROPOSED ADMINISTRATIVE AND ACCOUNTING PROCEDURES, INCLUDING A WRITTEN SYSTEM OF INTERNAL CONTROL, PURSUANT TO §1322 OF THE GAMING ACT (NOTE: THIS SUBMISSION MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 36: PROVIDE MARKETING PLANS AND PROPOSALS AND DETAILS OF THE PROXIMITY OF THE FACILITY TO ITS MARKETING SERVICE AREA.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 37: PROVIDE COPIES OF LOCAL ZONING AND LAND USE APPROVALS OR A DETAILED EXPLANATION OF THE STATUS OF THE REQUEST WITH COPIES OF ALL FILINGS.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 38: SUBMIT A COMPLETE PROPOSED SITE PLAN OF THE PROPOSED LICENSED FACILITY, INCLUSIVE OF TRAFFIC STUDIES AND THE PARKING PLAN-INCLUDING THE NUMBER OF PARKING SPACES, ACCOMPANIED BY ARCHITECTURAL DRAWINGS AND A PROPOSED GAMING FLOOR LAYOUT. THE GAMING FLOOR LAYOUT SHOULD CLEARLY DELINEATE THE SQUARE FOOTAGE OF THE AREA TO BE USED FOR THE PLACEMENT OF SLOT MACHINES AS WELL AS THE SQUARE FOOTAGE OF THE AREA THAT WILL NOT BE USED FOR THE PLACEMENT OF SLOT MACHINES. PURSUANT TO §1207 OF THE GAMING ACT, PROPOSED SURVEILLANCE CAMERA LOCATIONS BOTH WITHIN AND OUTSIDE THE PROPOSED LICENSED FACILITY SHOULD ALSO BE CLEARLY DELINEATED ON THE GAMING FLOOR LAYOUT AS WELL AS PROPOSED SECURITY ZONES ON THE GAMING FLOOR AND WITHIN AND OUTSIDE THE LICENSED FACILITY. (NOTE: THE SITE PLAN, GAMING FLOOR LAYOUT AND RELATED SURVEILLANCE AND SECURITY PROPOSALS MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 39: PROVIDE DETAILS OF THE PROPOSED LOCATION OF SLOT MACHINES AT THE FACILITY AND THE NUMBER OF SLOT MACHINES REQUESTED, CONSISTENT WITH §1305(C) OF THE GAMING ACT (RELATING TO CATEGORY 3 SLOT MACHINE LICENSE).</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 40: PROVIDE DETAILS OF PLANNED RETAIL AND FOOD VENUES FOR THE FACILITY AND THE IDENTIFICATION OF THE OPERATORS OF EACH RETAIL FOOD VENUE.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 41: PROVIDE A LOCAL IMPACT REPORT, ENGINEERING REPORTS AND TRAFFIC STUDIES, INCLUDING DETAILS OF ANY ADVERSE IMPACT ON TRANSPORTATION, TRANSIT ACCESS, HOUSING, WATER AND SEWER SYSTEMS, LOCAL POLICE AND EMERGENCY SERVICE CAPABILITIES, EXISTING TOURISM, INCLUDING HISTORICAL AND CULTURAL RESOURCES OR OTHER MUNICIPAL SERVICE OR RESOURCE. A COPY OF THE LOCAL IMPACT REPORT SHALL BE PROVIDED TO EACH POLITICAL SUBDIVISION IN WHICH THE LICENSED FACILITY WILL BE LOCATED AT LEAST SEVEN (7) DAYS PRIOR TO THE FILING OF THE APPLICATION FOR A SLOT</p>	<p>MANDATORY</p>

	MACHINE LICENSE. THE APPLICANT SHALL FILE A PROOF OF SERVICE WITH THE BOARD.	
<input type="checkbox"/>	APPENDIX 42: PROVIDE DETAILS OF LAND ACQUISITION COSTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 43: PROVIDE DETAILS OF A COMPULSIVE OR PROBLEM GAMBLING PLAN.	MANDATORY
<input type="checkbox"/>	APPENDIX 44: IF A TEMPORARY FACILITY IS TO BE LICENSED, PROVIDE DETAILS OF THE TEMPORARY FACILITY AS WELL AS A PLAN FOR HOW THE LICENSEE WILL TRANSITION TO A PERMANENT FACILITY, INCLUDING A DATE FOR THE COMPLETION OF THE PERMANENT FACILITY.	MANDATORY
<input type="checkbox"/>	<p>APPENDIX 45: AS REQUIRED BY §1325 OF THE GAMING ACT, APPLICANT MUST ADDRESS EACH ITEM LISTED IN THIS SECTION. IF AN ITEM DOES NOT APPLY, THE APPLICANT MUST STATE THAT IN RESPONSE TO EACH ITEM LISTED. PROVIDE A PLAN, WITH DETAILS, FOR THE FOLLOWING:</p> <p>(1) THE LOCATION AND QUALITY OF THE PROPOSED FACILITY, INCLUDING, BUT NOT LIMITED TO, ROAD AND TRANSIT ACCESS, PARKING AND CENTRALITY TO MARKET SERVICE AREA;</p> <p>(2) THE POTENTIAL FOR NEW JOB CREATION AND ECONOMIC DEVELOPMENT WHICH WILL RESULT FROM GRANTING A LICENSE TO THE APPLICANT;</p> <p>(3) THE APPLICANT'S GOOD FAITH PLAN TO RECRUIT, TRAIN AND UPGRADE DIVERSITY IN ALL EMPLOYMENT CLASSIFICATIONS IN THE FACILITY;</p> <p>(4) THE APPLICANT'S GOOD FAITH PLAN FOR ENHANCING THE REPRESENTATION OF DIVERSE GROUPS IN THE OPERATION OF ITS FACILITY THROUGH THE OWNERSHIP AND OPERATION OF BUSINESS ENTERPRISES ASSOCIATED WITH OR UTILIZED BY ITS FACILITY OR THROUGH THE PROVISION OF GOODS OR SERVICES UTILIZED BY ITS FACILITY AND THROUGH THE PARTICIPATION IN THE OWNERSHIP OF THE APPLICANT. PROVIDE SPECIFIC INFORMATION REGARDING THE DIVERSITY IN OWNERSHIP OF THE APPLICANT, I.E. MINORITIES, WOMEN;</p> <p>(5) THE APPLICANT'S GOOD FAITH EFFORT TO ASSURE THAT ALL PERSONS ARE ACCORDED EQUALITY OF OPPORTUNITY IN EMPLOYMENT AND CONTRACTING BY IT AND ANY CONTRACTORS, SUBCONTRACTORS, ASSIGNEES, LESSEES, AGENTS, VENDORS AND SUPPLIERS IT MAY EMPLOY DIRECTLY OR INDIRECTLY;</p> <p>(6) THE HISTORY AND SUCCESS OF THE APPLICANT IN DEVELOPING TOURISM FACILITIES ANCILLARY TO GAMING DEVELOPMENT, IF APPLICABLE TO THE APPLICANT;</p> <p>(7) THE DEGREE TO WHICH THE APPLICANT PRESENTS A PLAN FOR THE PROJECT WHICH WILL LIKELY LEAD TO THE CREATION OF QUALITY, LIVING-WAGE JOBS AND FULL-TIME PERMANENT JOBS FOR RESIDENTS OF THIS COMMONWEALTH GENERALLY AND FOR RESIDENTS OF THE HOST POLITICAL SUBDIVISION IN PARTICULAR;</p> <p>(8) THE RECORD OF THE APPLICANT AND ITS DEVELOPER IN MEETING COMMITMENTS TO LOCAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS AND EMPLOYEES IN OTHER LOCATIONS;</p> <p>(9) THE DEGREE TO WHICH POTENTIAL ADVERSE EFFECTS WHICH MIGHT RESULT FROM THE PROJECT, INCLUDING COSTS OF MEETING THE INCREASED DEMAND FOR PUBLIC HEALTH CARE, CHILD CARE, PUBLIC TRANSPORTATION, AFFORDABLE HOUSING AND SOCIAL SERVICES, WILL BE MITIGATED;</p> <p>(10) THE RECORD OF THE APPLICANT AND ITS DEVELOPER REGARDING COMPLIANCE WITH</p> <p>(i) FEDERAL, STATE AND LOCAL DISCRIMINATION, WAGE AND HOUR, DISABILITY AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS AS WELL AS</p> <p>(ii) STATE AND LOCAL LABOR RELATIONS AND EMPLOYMENT LAWS;</p>	MANDATORY

	(III) THE APPLICANT'S RECORD IN DEALING WITH ITS EMPLOYEES AND THEIR REPRESENTATIVES AT OTHER LOCATIONS.	
<input type="checkbox"/>	APPENDIX 46: PROVIDE INFORMATION DEMONSTRATING ADEQUATE FINANCING FOR THE PROPOSED FACILITY AND TERMS OF FINANCING INCLUDING PAYBACK PERIOD.	MANDATORY
<input type="checkbox"/>	APPENDIX 47: PROVIDE BUSINESS AND ECONOMIC DEVELOPMENT PLANS AND TIMETABLES, PROJECTED DEBT SERVICE EXPENSES, PROJECTED EBITDA AND INTERNAL RATE OF RETURN, PROJECTED ANNUAL GROSS TERMINAL REVENUE, PROJECTED OPERATING AND CAPITAL EXPENSES AND DEFINED GAMING MARKET AND PROJECTED VISITATION.	MANDATORY
<input type="checkbox"/>	APPENDIX 48: PROVIDE A LETTER OF REFERENCE FROM LAW ENFORCEMENT AGENCIES HAVING JURISDICTION IN THE APPLICANT'S AND PRINCIPAL'S MAIN PLACE OF RESIDENCE AND PLACE OF BUSINESS INDICATING THAT THE AGENCY DOES NOT HAVE ANY PERTINENT INFORMATION RELATING TO THE APPLICANT OR ITS PRINCIPALS. IF THE LAW ENFORCEMENT AGENCY HAS INFORMATION PERTAINING TO THE APPLICANT OR ITS PRINCIPALS, THE LETTER SHALL SPECIFY THE DETAILS OF THE INFORMATION.  <b>IF NO LETTERS ARE RECEIVED WITHIN 30 DAYS OF THE REQUEST, THE APPLICANT OR PRINCIPAL MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT OR PRINCIPAL IS A CITIZEN IN GOOD STANDING IN HIS JURISDICTION OF RESIDENCE AND PRIMARY PLACE OF BUSINESS.</b>	MANDATORY
<input type="checkbox"/>	APPENDIX 49: IF THE APPLICANT HAS HELD A GAMING LICENSE IN ANY JURISDICTION, PROVIDE A LETTER OF REFERENCE FROM THE GAMING OR CASINO ENFORCEMENT OR REGULATORY AGENCY IN THE OTHER JURISDICTION, SPECIFYING THE EXPERIENCES OF THE AGENCY WITH THE APPLICANT, THE APPLICANT'S ASSOCIATES AND THE APPLICANT'S GAMING OPERATION.  <b>IF NO LETTER IS RECEIVED WITHIN 30 DAYS OF REQUEST BY THE APPLICANT, THE APPLICANT MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT'S OPERATION IS IN GOOD STANDING WITH THE REGULATORY AGENCY.</b>	MANDATORY
<input type="checkbox"/>	APPENDIX 50: PROVIDE AN ORIGINAL PAYMENT BOND OR AN ORIGINAL IRREVOCABLE LETTER OF CREDIT THAT INCLUDES A DRAW CERTIFICATE, AT THE APPLICANT'S OPTION, GUARANTEEING THE APPLICANT'S PAYMENT OF THE SLOT MACHINE LICENSE FEE REQUIRED BY §1305 OF THE GAMING ACT.	MANDATORY
<input type="checkbox"/>	APPENDIX 51: PROVIDE A CHART OF EXISTING VENDORS* INCLUDING THE NAME, ADDRESS, PHONE AND TAX IDENTIFICATION NUMBER OF THE VENDOR, TYPES OF GOODS AND/OR SERVICES PROVIDED BY THE VENDOR, TOTAL DOLLAR AMOUNT OF BUSINESS WITH VENDOR IN THE PAST TWELVE (12) MONTHS AND TOTAL DOLLAR AMOUNT OF BUSINESS EXPECTED TO BE CONDUCTED WITH VENDOR IN THE NEXT TWELVE (12) MONTHS.  * VENDOR IS DEFINED IN 58 PA. CODE §401A.3.	MANDATORY

**SCHEDULE 1: INCORPORATORS/FOUNDERS**

<b>NAME AND ADDRESS</b>			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
OCCUPATION		TITLE	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME AND ADDRESS</b>			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
OCCUPATION		TITLE	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME AND ADDRESS</b>			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
OCCUPATION		TITLE	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.



**SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT**

PROVIDE ALL ADDRESSES CURRENTLY USED BY APPLICANT.

ADDRESSES				
ADDRESS PURPOSE				
ADDRESS LINE 1			ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
ADDRESS PURPOSE				
ADDRESS LINE 1			ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
ADDRESS PURPOSE				
ADDRESS LINE 1			ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
ADDRESS PURPOSE				
ADDRESS LINE 1			ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )

**SCHEDULE 4: ADDRESSES USED BY APPLICANT**

PROVIDE ALL ADDRESSES, OTHER THAN THOSE LISTED ON SCHEDULE 3, WHICH APPLICANT HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )		FAX NUMBER (    )
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )		FAX NUMBER (    )
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )		FAX NUMBER (    )
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )		FAX NUMBER (    )

**SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )	
APPLICANT ADDRESS				
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 ( )	
DATES, 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)
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL/KEY EMPLOYEE FORM – PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL KEY/ EMPLOYEE WAIVER FORM ATTACHED?*				<input type="checkbox"/> YES <input type="checkbox"/> NO
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.				

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )	
APPLICANT ADDRESS				
APPLICANT NAME:		MOST RECENT TITLES OR POSITIONS		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)				
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 7: EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM APPLICANT**

PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM APPLICANT. DO NOT INCLUDE PERSONS ALREADY LISTED ON SCHEDULE 5.

NAME AND HOME ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ( )	FAX NUMBER ( )	
APPLICANT ADDRESS					
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 ( )	
DATES, 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

**SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH A DESCRIPTION OF PLANS AS APPENDIX 3. ADDITIONALLY ATTACH COPIES OF APPLICANT'S 5500 FORMS FILED WITH THE IRS FOR THE PAST FIVE (5) YEARS.

<b>PLAN</b>				
TITLE OR NAME OF PLAN				
<b>PLAN TRUSTEE NAME &amp; ADDRESS</b>				
TRUSTEE NAME				
ADDRESS LINE 1			ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
<b>PLAN SPECIFICATIONS</b>				
MATERIAL FEATURES OF THE PLAN				
METHODS OF FINANCING PLAN				
CLASS OF PERSONS IN PLAN	NUMBER OF INDIVIDUALS IN EACH CLASS	AMOUNT DISTRIBUTED TO EACH CLASS OF PERSONS DURING THE LAST FISCAL YEAR THE PLAN WAS IN EFFECT		

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OF APPLICANT'S STOCK.

STOCK TYPES/CLASSES INVENTORY					
STOCK TYPE OR CLASS	NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED	NUMBER OF SHARES OUTSTANDING	VOTING?	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

IF THE RIGHT OF HOLDERS OF ANY CLASS OF STOCK MAY BE MODIFIED OTHERWISE THAN BY A VOTE OF A MAJORITY OR MORE OF OUTSTANDING SHARES SO AFFECTED, VOTING AS A CLASS, SO STATE AND EXPLAIN BRIEFLY.



**SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER.

PARTNER NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (   )	FAX NUMBER (   )	
PARTNERSHIP INTEREST				
PARTNER TYPE	PERCENTAGE OF OWNERSHIP IN APPLICANT	PARTNERSHIP PARTICIPATION FROM	DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE APPLICANT	
<input type="checkbox"/> GENERAL/FULL PARTNER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER <input type="checkbox"/> NOMINAL PARTNER <input type="checkbox"/> OTHER: _____				
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINCIPAL/ KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINCIPAL ENTITY FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINCIPAL WAIVER FORM – ENTITY ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH FORMER PARTNER FOR THE LAST TEN (10) YEARS.

FORMER PARTNER NAME AND HOME ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )	
PARTNERSHIP INTEREST					
PARTNER TYPE	PERCENTAGE OF OWNERSHIP APPLICANT	PARTNERSHIP PARTICIPATION FROM	PARTNERSHIP PARTICIPATION TO	DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE APPLICANT	REASONS FOR AND TERMS OF SEPARATION
<input type="checkbox"/> GENERAL/FULL PARTNER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER <input type="checkbox"/> NOMINAL PARTNER <input type="checkbox"/> OTHER _____					

\*MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 11: NON-VOTING SHAREHOLDERS OR MEMBERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS CONTROLLING INTEREST AS THAT TERM IS DEFINED IN §1103 OF THE GAMING ACT, 58 PA. CODE §401A.3 AND PROVIDED IN THE INSTRUCTIONS.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ( )	FAX NUMBER ( )
NON-VOTING STOCK/SHARES HELD SCHEDULE				
STOCK TYPE OR CLASS	NUMBER OF SHARES HELD	DATE ACQUIRED	PERCENTAGE OF OUTSTANDING NON-VOTING STOCK HELD	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				☐ YES ☐ NO
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				☐ YES ☐ NO
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?				☐ YES ☐ NO
PRINCIPAL ENTITY FORM ATTACHED?				☐ YES ☐ NO
PRINCIPAL WAIVER FORM – ENTITY ATTACHED?				☐ YES ☐ NO

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 12: LONG TERM DEBT**

DESCRIBE THE NATURE, TYPE, COVENANTS AND PRIORITIES OF ALL OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS ISSUED OR EXECUTED (INCLUDING LOANS MADE BY SHAREHOLDERS), OR TO BE ISSUED OR EXECUTED, BY THE APPLICANT, WHICH MATURE MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE. ATTACH DESCRIPTIONS AND DOCUMENTATIONS AS APPENDIX 4.

LONG TERM DEBT INSTRUMENT								
LINE	LONG TERM DEBT INSTRUMENT TYPE		ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE?	DESCRIPTION AND DOCUMENTATION ATTACHED?
	<input type="checkbox"/> BOND <input type="checkbox"/> LOAN <input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST DEED	<input type="checkbox"/> NOTE <input type="checkbox"/> DEBENTURE <input type="checkbox"/> SHAREHOLDER LOAN <input type="checkbox"/> OTHER _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT								
LONG TERM DEBT INSTRUMENT								
LINE	LONG TERM DEBT INSTRUMENT TYPE		ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE?	DESCRIPTION AND DOCUMENTATION ATTACHED?
	<input type="checkbox"/> BOND <input type="checkbox"/> LOAN <input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST DEED	<input type="checkbox"/> NOTE <input type="checkbox"/> DEBENTURE <input type="checkbox"/> SHAREHOLDER LOAN <input type="checkbox"/> OTHER _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT								





**SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS**

PROVIDE THE FOLLOWING INFORMATION FOR EACH HOLDER OF ANY OUTSTANDING LOAN, MORTGAGE, TRUST DEED, PLEDGE OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT AND DESCRIBED IN RESPONSE TO SCHEDULE 14.

NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )	
TYPE OF DEBT INSTRUMENT HELD		DOLLAR AMOUNT OF DEBT HELD (BOTH ORIGINAL AND CURRENT BALANCE)		
NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )	
TYPE OF DEBT INSTRUMENT HELD		DOLLAR AMOUNT OF DEBT HELD (BOTH ORIGINAL AND CURRENT BALANCE)		
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PRINCIPAL/ KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PRINCIPAL ENTITY FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PRINCIPAL WAIVER FORM - ENTITY ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 16: SECURITIES OPTIONS**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 6 A DETAILED DESCRIPTION OF ANY OPTIONS EXISTING OR TO BE CREATED WITH RESPECT TO SECURITIES ISSUED BY APPLICANT WHICH DESCRIPTION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE TITLE AND AMOUNT OF SECURITIES SUBJECT TO OPTION, THE YEAR OR YEARS DURING WHICH THE OPTIONS WERE OR WILL BE GRANTED, THE CONDITIONS UNDER WHICH THE OPTIONS WERE OR WILL BE GRANTED, THE CONSIDERATION FOR GRANTING THE OPTION AND THE YEAR OR YEARS DURING WHICH, AND THE TERMS UNDER WHICH, OPTIONEES BECAME OR WILL BECOME, ENTITLED TO EXERCISE THE OPTIONS, AND WHEN SUCH OPTIONS EXPIRE (OR INCLUDE COPIES OF ANY OUTSTANDING OPTION PLANS OR PROXY STATEMENTS THAT PROVIDE THE REQUESTED INFORMATION). NOTE: FOR THE PURPOSE OF THIS SCHEDULE, OPTION SHALL MEAN RIGHT, WARRANT OR OPTION TO SUBSCRIBE TO OR PURCHASE ANY SECURITIES ISSUED BY APPLICANT.

SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.





**SCHEDULE 19: FINANCIAL INSTITUTIONS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH BANK, SAVINGS AND LOAN ASSOCIATION OR OTHER FINANCIAL INSTITUTION, WHETHER DOMESTIC OR FOREIGN, IN WHICH APPLICANT HAS OR HAS HAD AN ACCOUNT OVER THE LAST TEN (10) YEAR PERIOD REGARDLESS OF WHETHER SUCH ACCOUNT WAS HELD IN THE NAME OF APPLICANT, A NOMINEE OF APPLICANT OR WAS OTHERWISE UNDER THE DIRECT OR INDIRECT CONTROL OF APPLICANT.

FINANCIAL INSTITUTION NAME AND ADDRESS				
FINANCIAL INSTITUTION NAME			FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	
PURPOSE FOR ACCOUNT		ACCOUNT HELD FROM		ACCOUNT HELD TO
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ( )	FAX NUMBER ( )
ACCOUNTS AT THIS FINANCIAL INSTITUTION				
ACCOUNT NUMBER	ACCOUNT TYPE		OPEN DATE	CLOSE DATE

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 20: CONTRACTS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO ALL CONTRACTS OR AGREEMENTS (WHETHER WRITTEN OR ORAL) THAT APPLICANT HAS ENTERED INTO WITHIN THE PAST SIX (6) MONTHS, FOR GOODS AND/OR SERVICES IN EXCESS OF \$100,000. NOTE: CONTRACTS AND AGREEMENTS DISCLOSED ELSEWHERE IN THIS APPLICATION NEED NOT BE PROVIDED ON THIS SCHEDULE.

NAME AND ADDRESS					
NAME			FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN/SOCIAL SECURITY NUMBER		
ADDRESS		CONTRACT START DATE		CONTRACT COMPLETION DATE	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE		POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )	
NATURE OF CONTRACT OR AGREEMENT AND GOODS AND/OR SERVICES TO BE PROVIDED			TERMS OF COMPENSATION		



**SCHEDULE 22: INSIDER TRANSACTIONS**

PROVIDE THE FOLLOWING INFORMATION FOR EACH CHANGE IN THE BENEFICIAL OWNERSHIP OF THE EQUITY SECURITIES OF APPLICANT ON THE PART OF ANY PERSON WHO IS INDIRECTLY OR DIRECTLY A BENEFICIAL OWNER OF MORE THAN TEN PERCENT (10%) OF ANY CLASS OF AN EQUITY SECURITY OF APPLICANT OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF APPLICANT THAT OCCURRED WITHIN THE FIVE (5) YEARS PRECEDING THIS APPLICATION. [INCLUDE CHANGES RESULTING FROM (A) GIFT, (B) PURCHASE, (C) SALE, (D) EXERCISE OF AN OPTION TO PURCHASE, (E) EXERCISE OF AN OPTION TO SELL, (F) GRANT OR RECEIPT OF A PUT OR (G) GRANT OR RECEIPT OF A CALL.]

NAME AND HOME ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )		FAX NUMBER (    )
POSITION					
INSIDER TRANSACTION DESCRIPTION					
DATE OF TRANSACTION	NATURE OF TRANSACTION	NUMBER OF SHARES INVOLVED	DOLLAR VALUE OF TRANSACTION	OTHER PARTIES (NAMES & POSITIONS)	

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 23: CRIMINAL HISTORY**

IF APPLICANT ANSWERED YES TO QUESTIONS 1 OR 1A ON PAGE 3, PROVIDE THE FOLLOWING INFORMATION:

<b>CRIMINAL HISTORY INCIDENT</b>						
NAME OF CASE & DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE	NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE OR KEY EMPLOYEE

**SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

IF APPLICANT ANSWERED YES TO QUESTION 2 ON PAGE 3, PROVIDE THE FOLLOWING INFORMATION:

<b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>			
NAME AND ADDRESS OF COURT OR AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE, PRINCIPAL OR KEY EMPLOYEE INVOLVED.			
<b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE, PRINCIPAL OR KEY EMPLOYEE INVOLVED.			
<b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE, PRINCIPAL OR KEY EMPLOYEE INVOLVED.			

**SCHEDULE 25: EXISTING LITIGATION**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 7 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH APPLICANT, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$100,000 OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$100,000, BUT WHICH INVOLVES CLAIMS AGAINST APPLICANT WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE APPLICANT WITH A LICENSED INSURANCE CARRIER. THIS DESCRIPTION MUST INCLUDE THE TITLE AND DOCKET NUMBER OF THE LITIGATION, THE NAME AND LOCATION OF THE COURT BEFORE WHICH IT IS PENDING, THE IDENTITY OF ALL PARTIES TO THE LITIGATION AND THE GENERAL NATURE OF ALL CLAIMS BEING MADE.

EXISTING LITIGATION	
NAME OF CASE AND DOCKET NUMBER	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	
EXISTING LITIGATION	
NAME OF CASE AND DOCKET NUMBER	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	

**SCHEDULE 26: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGES 3 AND 4, PROVIDE THE FOLLOWING INFORMATION:

VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

**SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

IF APPLICANT ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 4, PROVIDE THE FOLLOWING:

<b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b>			
NAME OF CASE & DOCKET NUMBER	DATE PETITION FILED OR RELIEF SOUGHT	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
	DATE JUDGMENT OR RELIEF ENTERED	NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED
NATURE OF JUDGMENT OR RELIEF			

**SCHEDULE 28: NON-GAMING LICENSES AND PERMITS**

IF APPLICANT ANSWERED YES TO QUESTION 8 ON PAGE 4, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED – NON-GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	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		
			<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		

**SCHEDULE 29: GAMING LICENSES AND PERMITS**

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 4, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED –GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	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		
			<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		

**SCHEDULE 30: APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS**

IF APPLICANT ANSWERED YES TO ANY OF QUESTIONS 10 THROUGH 16 ON PAGES 4 AND 5, PROVIDE THE FOLLOWING INFORMATION FOR ANY PRESENT OR FORMER DIRECTORS, OFFICERS, EMPLOYEES OR THIRD PARTIES WHO WOULD HAVE KNOWLEDGE OR INFORMATION OF THE CONTRIBUTIONS AND/OR DISBURSEMENTS DURING THE LAST TEN (10) YEAR PERIOD:

NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
NATURE OF CONTRIBUTIONS OR DISBURSEMENTS			

**SCHEDULE 31: BUSINESS BACKGROUND PART 1**

<b>DESCRIPTION OF PRESENT BUSINESS</b>
<b>DESCRIPTION OF COMPETITIVE CONDITIONS</b>
<b>PRINCIPAL PRODUCTS PRODUCED AND/OR SERVICES RENDERED</b>
<b>AVAILABILITY OF RAW MATERIALS, CRITICAL TECHNOLOGY &amp; EMPLOYEES</b>
<b>INTELLECTUAL PROPERTY OWNED BY APPLICANT &amp; IMPORTANCE TO BUSINESS</b>

**SCHEDULE 32: BUSINESS BACKGROUND PART 2**

**DESCRIPTION OF BUSINESS DEVELOPMENTS INCLUDING BANKRUPTCY, RECEIVERSHIP OR SIMILAR PROCEEDINGS**


**DESCRIPTION OF ANY OTHER MATERIAL REORGANIZATION, READJUSTMENT OR SUCCESSION OF APPLICANT OR ANY OF ITS SUBSIDIARIES OR ACQUISITIONS**


**HISTORY OF PREVIOUS BUSINESS CONDUCTED BY APPLICANT**


Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. April 2006)  
Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution:** If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
- c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days . . . . .
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>		Date	Telephone number of taxpayer on line 1a or 2a (    )
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

### General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888  559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64990  816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

## Where To File

Generally, mail or fax Form 8821 directly to the IRS. See the **Where To File Chart** on page 2. Exceptions are listed below.

- If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.
- If you complete Form 8821 only for the purpose of electronic signature authorization, do not file Form 8821 with the IRS. Instead, give it to your appointee, who will retain the document.

## Revocation of an Existing Tax Information Authorization

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to the IRS, using the **Where To File Chart** on page 2. The copy of the tax information authorization must have a current signature of the taxpayer under the original signature on line 7. Write "REVOKE" across the top of Form 8821. If you do not have a copy of the tax information authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the tax information authorization is revoked, list the tax matters, must be signed and dated by the taxpayer, and list the name and address of each recognized appointee whose authority is revoked.

To revoke a specific use tax information authorization, send the tax information authorization or statement of revocation to the IRS office handling your case, using the above instructions.

## Taxpayer Identification Numbers (TINs)

TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

## Partnership Items

Sections 6221–6234 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

## Specific Instructions

### Line 1. Taxpayer Information

**Individuals.** Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

**Corporations, partnerships, or associations.** Enter the name, EIN, and business address.

**Employee plan.** Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

**Trust.** Enter the name, title, and address of the trustee, and the name and EIN of the trust.

**Estate.** Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

### Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, indicate so on this line and attach a list of appointees to Form 8821.

Check the appropriate box to indicate if either the address, telephone number, or fax number is new since a CAF number was assigned.

### Line 3. Tax Matters

Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

For example, you may list "Income tax, Form 1040" for calendar year "2003" and "Excise tax, Form 720" for the "1st, 2nd, 3rd, and 4th quarters of 2003." For multiple years, you may list "2001 through (thru or a dash (—)) 2003" for an income tax return; for quarterly returns, list "1st, 2nd, 3rd, and 4th quarters of 2001 through 2002" (or 2nd 2002 — 3rd 2003). For fiscal years, enter the ending year and month, using the YYYYMM format. Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list any tax years or periods that have already ended as of the date you sign the tax information authorization. Also, you may include on a tax information authorization future tax periods that end no later than 3 years after the date the tax information authorization is received by the IRS. The 3 future periods are determined starting after December 31 of the year the tax information authorization is received by the IRS. You must enter the type of tax, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period.

In **column (d)**, enter any specific information you want the IRS to provide. Examples of column (d) information are: lien information, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information as instructed on Form 8802.

**APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW**

COMPLETION OF THIS FORM IS A CONDITION OF THIS APPLICATION AND WILL AUTHORIZE THE PENNSYLVANIA DEPARTMENT OF REVENUE ("DOR") AND THE DEPARTMENT OF LABOR AND INDUSTRY ("DLI") TO REVIEW THE TAX RECORDS OF THE PERSON AND/OR ENTITY AS PART OF THE LICENSING EVALUATION BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"). YOUR SIGNATURE ON THIS FORM ALSO REPRESENTS A WAIVER OF CONFIDENTIALITY OF TAX INFORMATION. YOUR SIGNATURE ALLOWS THE DOR AND DLI TO PROVIDE TAX INFORMATION TO THE BOARD AND ITS AUTHORIZED INVESTIGATORY AGENTS.

\_\_\_\_\_  
NAME AS LISTED ON TAX RETURN

\_\_\_\_\_  
EMPLOYER IDENTIFICATION NUMBER/TAX  
IDENTIFICATION NUMBER/SOCIAL SECURITY  
NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

I CERTIFY THAT I AM THE INDIVIDUAL WHOSE TAX RECORDS ARE TO BE REVIEWED. IF THE TAX RECORDS ARE FOR AN ENTITY, I CERTIFY THAT I AM THE AUTHORIZED SIGNATORY FOR THE APPLICANT.

\_\_\_\_\_  
CEO/APPLICANT SIGNATURE

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

\_\_\_\_\_  
DATE

**AFFIDAVIT**

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

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

THE CHIEF EXECUTIVE OFFICER ("CEO")/LICENSEE HEREBY CERTIFIES 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.

THE APPLICANT HAS FAMILIARIZED ITSELF WITH THE CONTENTS OF THE GAMING ACT AND ITS REGULATIONS AND AGREES, IF LICENSED, TO ABIDE BY SAME, AND SPECIFICALLY AGREES AND AFFIRMS THE FOLLOWING:

THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BIE"), THE DEPARTMENT OF REVENUE ("DOR") AND THE PENNSYLVANIA STATE POLICE ("PSP") SHALL HAVE THE AUTHORITY, WITHOUT NOTICE AND WITHOUT WARRANT, TO DO ALL OF THE FOLLOWING IN THE PERFORMANCE OF THEIR DUTIES:

1. INSPECT AND EXAMINE ALL PREMISES WHERE SLOT MACHINE OPERATIONS ARE CONDUCTED, GAMING DEVICES OR EQUIPMENT ARE MANUFACTURED, SOLD, DISTRIBUTED OR SERVICED OR WHERE RECORDS OF THESE ACTIVITIES ARE PREPARED OR MAINTAINED.
2. INSPECT ALL EQUIPMENT AND SUPPLIES IN, ABOUT, UPON OR AROUND PREMISES REFERRED TO IN PARAGRAPH 1.
3. SEIZE, SUMMARILY REMOVE AND IMPOUND EQUIPMENT AND SUPPLIES FROM PREMISES REFERRED TO IN PARAGRAPH 1 FOR THE PURPOSES OF EXAMINATION AND INSPECTION.
4. INSPECT, EXAMINE AND AUDIT ALL BOOKS, RECORDS AND DOCUMENTS PERTAINING TO A SLOT MACHINE LICENSEE'S OPERATION.
5. SEIZE, IMPOUND OR ASSUME PHYSICAL CONTROL OF ANY BOOK, RECORD, LEDGER, GAME, DEVICE, CASH BOX AND ITS CONTENTS, COUNTING ROOM OR ITS EQUIPMENT OR SLOT MACHINE OPERATIONS.

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE GAMING ACT AND ITS REGULATIONS, THE BIE AND THE PSP MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY AN APPLICANT, LICENSEE, REGISTRANT, CERTIFICANT, PERMITTEE, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR HOLDING COMPANY.

ANY LICENSEE, PRINCIPAL, KEY EMPLOYEE OR GAMING EMPLOYEE SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"), OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTION, SEARCHES AND SEIZURES;
3. INFORM THE BOARD OF ANY ACTIONS WHICH THEY BELIEVE WOULD CONSTITUTE A VIOLATION OF THIS PART; AND
4. INFORM THE BOARD OF ANY ARRESTS FOR ANY CRIMINAL VIOLATIONS OR OFFENSES INCLUDING THOSE ENUMERATED UNDER 18 PA. C.S.A. (RELATING TO CRIMES AND OFFENSES).

THE APPLICANT HEREBY CERTIFIES THAT THE UNDERSIGNED IS AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THIS APPLICATION AND FURTHER AGREES TO THE TERMS OF LICENSING AS SPECIFIED WITHIN THE REGULATIONS AND SPECIFICATIONS OF THE PENNSYLVANIA GAMING CONTROL BOARD.

I HEREBY EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE THE BOARD, THE DOR, THE PSP, THE COMMONWEALTH OF PENNSYLVANIA, AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES FROM ANY AND ALL MANNER OF ACTION AND CAUSES OF ACTION WHATSOEVER WHICH I, MY ADMINISTRATORS OR EXECUTORS CAN, SHALL, OR MAY HAVE AGAINST THE COMMONWEALTH OF PENNSYLVANIA, THE LICENSING AGENCY AND THEIR AGENTS, AS A RESULT OF MY APPLYING FOR A GAMING LICENSE IN THE COMMONWEALTH OF PENNSYLVANIA.

APPLICANT CERTIFICATION (REQUIRED) DATE: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

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

\_\_\_\_\_  
NAME OF CEO

\_\_\_\_\_  
SIGNATURE OF CEO/APPLICANT

\_\_\_\_\_  
INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM CEO/APPLICANT

\_\_\_\_\_  
(NAME, TITLE AND SIGNATURE)

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

\_\_\_\_ OF 20 \_\_\_\_.

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

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

**RELEASE AUTHORIZATION**

TO: \_\_\_\_\_

(DO NOT WRITE ABOVE THIS LINE – FOR GAMING CONTROL BOARD USE ONLY)

FROM: \_\_\_\_\_

APPLICANT'S NAME (PLEASE PRINT)

**NOTE: INITIALS AND SIGNATURES ARE REQUIRED ON THIS FOUR PAGE FORM.**

1. I HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING ANY KNOWLEDGE ABOUT, RELATING TO OR CONCERNING ME TO FULLY DISCUSS WITH, AND ANSWER ANY INQUIRY MADE BY ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD.
  
2. I HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME TO FURNISH SUCH INFORMATION TO ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE.
  
3. I HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING ME TO PERMIT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE.
  
4. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF SAME, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD 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 CO-SIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
  
5. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A REGULATORY AGENCY, INCLUDING ANY GRIEVANCE OR DISCIPLINARY AGENCY, IN ANY STATE TO WHICH I HAVE BEEN GRANTED A PERMIT, LICENSE, CREDENTIAL, PRIVILEGE OR ANY SIMILAR AUTHORITY, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD BE PERMITTED BY SAID AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID AGENCY, TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, COMPLAINTS FILED AGAINST ME, DISPOSITION THEREOF, IMPOSITION OF DISCIPLINE, WHETHER PRIVATE OR PUBLIC, AS WELL AS SUCH OTHER INFORMATION ON FILE OR AVAILABLE CONCERNING ME.

6. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A FEDERAL, STATE OR LOCAL LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD BE PERMITTED BY SAID LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME.
7. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A FEDERAL, STATE OR LOCAL TAXING AUTHORITY, INCLUDING THE INTERNAL REVENUE SERVICE OR OTHER INCOME TAXING AUTHORITY, PERSONAL PROPERTY TAXING AUTHORITY, WAGE TAXING AUTHORITY, SCHOOL TAXING AUTHORITY, AND ANY OTHER TAXING BODY AS MAY RECEIVE TAXES OR RETURNS FILED BY ME, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD BE PERMITTED BY SAID TAXING AUTHORITY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, TAX RETURNS, SCHEDULES AND SUPPORTING DOCUMENTATION, AUDITS, REPORTS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID TAXING AUTHORITY TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME.
8. PURSUANT TO THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, UNITED STATES OF AMERICA, I DO HEREBY MAKE, CONSTITUTE, AND APPOINT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD MY TRUE AND LAWFUL ATTORNEY IN FACT FOR ME IN MY NAME, PLACE, STEAD, AND ON MY BEHALF AND FOR MY USE AND BENEFIT:
  - (a) TO REQUEST, REVIEW, COPY, SIGN FOR, OR OTHERWISE ACT FOR INVESTIGATIVE PURPOSES WITH RESPECT TO DOCUMENTS AND INFORMATION IN THE POSSESSION OF THE PERSON TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED AS I MIGHT;
  - (b) TO NAME THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND INSERT THAT PERSON'S NAME IN THE APPROPRIATE LOCATION ON THIS RELEASE AUTHORIZATION;
  - (c) TO PLACE THE NAME OF THE PENNSYLVANIA GAMING CONTROL BOARD AGENT PRESENTING THIS RELEASE AUTHORIZATION IN THE APPROPRIATE LOCATION ON THIS RELEASE AUTHORIZATION.
9. I GRANT TO SAID ATTORNEY IN FACT FULL POWER AND AUTHORITY TO DO, TAKE, AND PERFORM ALL AND EVERY ACT AND THING WHATSOEVER REQUISITE, PROPER, OR NECESSARY TO BE DONE, IN THE EXERCISE OF ANY OF THE RIGHTS AND POWERS HEREIN GRANTED, AS FULLY TO ALL INTENTS AND PURPOSES AS I MIGHT OR COULD DO IF PERSONALLY PRESENT, WITH FULL POWER OF SUBSTITUTION OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID ATTORNEY IN FACT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS POWER OF ATTORNEY AND THE RIGHTS AND POWERS HEREIN GRANTED.
10. THE RIGHTS AND POWERS HEREIN GRANTED ARE INTENDED TO FACILITATE THE BACKGROUND INVESTIGATION BEING CONDUCTED BY THE PENNSYLVANIA GAMING CONTROL BOARD AT MY REQUEST AND IS NOT OTHERWISE INTENDED TO CREATE OR ESTABLISH A FIDUCIARY RELATIONSHIP BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD, IT AGENTS OR EMPLOYEES AND ME. I HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS.
11. THIS POWER OF ATTORNEY ENDS TWO (2) YEARS FROM THE DATE OF EXECUTION AND SHALL BE CONSTRUED IN ACCORDANCE WITH 20 PA.C.S. CH. 56 (RELATING TO POWERS OF ATTORNEY). I AM FAMILIAR WITH THE PROVISIONS OF 20 PA.C.S. § 5601(c), (d) AND (e) (RELATING TO GENERAL PROVISIONS) AND HEREBY EXPRESSLY WAIVE THE APPLICATIONS OF THE REQUIREMENTS CONTAINED IN THOSE SUBSECTIONS TO THIS POWER OF ATTORNEY GRANTING RIGHTS AND POWERS TO ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD.
12. I THE UNDERSIGNED LICENSEE(S) 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/OUR 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.

13. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE THE PENNSYLVANIA GAMING CONTROL BOARD, ITS MEMBERS, AGENTS AND EMPLOYEES, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND ANY AGENTS AND EMPLOYEES THEREOF, FROM ANY AND ALL LIABILITIES OF EVERY NATURE AND KIND, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE, AGAINST THE PENNSYLVANIA GAMING CONTROL BOARD, ITS MEMBERS, AGENTS AND EMPLOYEES, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND ANY AGENTS AND EMPLOYEES THEREOF, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.
  
14. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED, AND ANY AGENTS AND EMPLOYEES THEREOF, FROM ANY AND ALL LIABILITIES OF EVERY NATURE AND KIND, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED, AND ANY AGENTS OR EMPLOYEES THEREOF, ARISING OUT OF OR BY REASON OF, THE FURNISHING OF OR INSPECTION OF DOCUMENTS, RECORDS, AND OTHER INFORMATION RELEASED IN COMPLIANCE WITH A REQUEST MADE PURSUANT TO, OR AS A RESULT OF HAVING BEEN PRESENTED WITH, THIS RELEASE AUTHORIZATION.
  
15. I AGREE TO INDEMNIFY AND HOLD HARMLESS EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED AND ANY AGENTS AND EMPLOYEES THEREOF, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF, COMPLYING WITH THIS RELEASE AUTHORIZATION.
  
16. I HEREBY AUTHORIZE ANY EMPLOYEE, AGENT, OR DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD TO DISCLOSE ANY INFORMATION OBTAINED THROUGH MY BACKGROUND INVESTIGATION TO THE ENTITY FOR WHICH I AM AN APPLICANT.
  
17. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.
  
18. THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPY OF ANY INFORMATION PROTECTED FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.

**APPLICANT HAS READ THIS RELEASE AUTHORIZATION AND UNDERSTANDS ALL ITS TERMS. APPLICANT EXECUTES THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AUTHORIZATION AT \_\_\_\_\_, \_\_\_\_\_  
CITY STATE

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_  
SIGNATURE OF APPLICANT

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC, IN  
AND FOR \_\_\_\_\_, \_\_\_\_\_, PERSONALLY APPEARED  
COUNTY STATE

\_\_\_\_\_, (KNOWN BY ME OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS  
SUBSCRIBED TO THIS RELEASE AUTHORIZATION, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSE HEREIN  
CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

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

SIGNATURE OF PENNSYLVANIA GAMING CONTROL BOARD AGENT PRESENTING THIS REQUEST:

\_\_\_\_\_ DATE: \_\_\_\_\_

**WAIVER OF LIABILITY**

ON BEHALF OF \_\_\_\_\_, (NAME OF APPLICANT) I, \_\_\_\_\_  
(NAME OF CHIEF EXECUTIVE OFFICER/APPLICANT SIGNING THIS FORM), HEREBY WAIVE LIABILITY AS TO THE  
COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING  
TO THE SAID APPLICANT 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  
PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

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

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY: SIGNATURE OF CEO/APPLICANT (LEGAL SIGNATURE)

\_\_\_\_\_  
PRINTED NAME OF CHIEF EXECUTIVE OFFICER

(\_\_\_\_\_) \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

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

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

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

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

**DIVERSITY PLAN STATEMENT**

SLOT MACHINE LICENSE APPLICANT NAME \_\_\_\_\_

SLOT MACHINE LICENSE APPLICANT MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SLOT MACHINE LICENSE APPLICANT PHONE NUMBER  
\_\_\_\_\_

EQUAL OPPORTUNITY OFFICER \_\_\_\_\_

DATE SUBMITTED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PURSUANT TO SECTION 1325(B)(1) OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT AND 58 PA. CODE CH. 481A.

**APPLICANT HAS DEVELOPED AND IMPLEMENTED A DIVERSITY PLAN.**

**A COPY OF THIS PLAN IS ATTACHED.**

\_\_\_\_\_  
SIGNATURE OF CEO

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
DATE

**CATEGORY 3 APPLICANT'S AFFIRMATION**

PURSUANT TO §1305 OF THE GAMING ACT (RELATING TO CATEGORY 3 SLOT MACHINE LICENSE), APPLICANT AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAS APPLIED FOR, HAS BEEN APPROVED FOR OR HAS BEEN ISSUED A CATEGORY 1 OR 2 SLOT MACHINE LICENSE AND THAT APPLICANT IS SEEKING TO LOCATE A CATEGORY 3 LICENSED FACILITY IN A WELL-ESTABLISHED RESORT HOTEL HAVING NO FEWER THAN 275 GUEST ROOMS UNDER COMMON OWNERSHIP AND HAVING SUBSTANTIAL YEAR-ROUND RECREATIONAL GUEST AMENITIES. THE APPLICANT ALSO AFFIRMS THAT IT IS THE OWNER OR IS THE WHOLLY OWNED SUBSIDIARY OF THE OWNER OF THE ESTABLISHED RESORT HOTEL.

PURSUANT TO 4 PA. C.S. § 1317 AND 1317.1, APPLICANT AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES IS A MANUFACTURER LICENSEE OR SUPPLIER LICENSEE.

APPLICANT FURTHER AFFIRMS THAT IT IS IN COMPLIANCE WITH THE INDUSTRY LETTER ON VENDOR LICENSING POLICY ISSUED BY THE BOARD ON JUNE 2, 2005, AND HAS CONDUCTED DUE DILIGENCE REVIEWS OF ALL VENDORS, CONTRACTORS, AND SUBCONTRACTORS, INCLUDING THOSE THE APPLICANT HAS CONTRACTED WITH FOR CONSTRUCTION SERVICES. THIS REVIEW INCLUDED AN EVALUATION OF THE VENDOR'S FINANCES AND CHARACTER. APPLICANT UNDERSTANDS THAT THE BOARD'S REVIEW OF ANY CONTRACTS MAY RESULT IN THE CONTRACTOR BEING REQUIRED TO APPLY TO THE BOARD FOR CERTIFICATION OR REGISTRATION AS A VENDOR AND THAT THE DECISION TO REQUIRE CERTIFICATION OR REGISTRATION MAY BE SUBJECT TO CERTAIN DOLLAR THRESHOLDS.

DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF CEO/APPLICANT

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

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

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

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



**PENNSYLVANIA GAMING CONTROL BOARD  
LICENSED ENTITY REPRESENTATION REGISTRATION**

A LICENSED ENTITY REPRESENTATIVE INCLUDES ANY PERSON ACTING ON BEHALF OF OR REPRESENTING THE INTEREST OF ANY APPLICANT, LICENSEE, PERMITTEE OR REGISTRANT, INCLUDING BUT NOT LIMITED TO AN ATTORNEY (OUTSIDE COUNSEL REPRESENTING THE APPLICANT/LICENSEE), AGENT OR LOBBYIST REGARDING ANY MATTER WHICH MAY REASONABLY BE EXPECTED TO COME BEFORE THE PENNSYLVANIA GAMING CONTROL BOARD (“PGCB”). PLEASE INCLUDE REPRESENTATIVES FROM PUBLIC RELATIONS FIRMS, REPRESENTATIVES FROM GOVERNMENT RELATIONS FIRMS AND TRAFFIC EXPERTS. IF ANY LAW FIRMS WERE SUB-CONTRACTED, INDIVIDUALS FROM THESE FIRMS WHO DIRECTLY REPRESENTED THE APPLICANT/LICENSEE MUST ALSO COMPLETE THIS FORM.

**NAME:** \_\_\_\_\_  
**FIRM:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**STATE AND ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**ENTITY REPRESENTED:** \_\_\_\_\_  
\_\_\_\_\_

PURSUANT TO 4 PA.C.S. §1202.1(B), I AM REQUIRED TO REGISTER AS A LICENSED ENTITY REPRESENTATIVE WITH THE PGCB. I HAVE AN ONGOING DUTY TO REGULARLY UPDATE THIS INFORMATION AND FAILURE TO DO SO COULD SUBJECT MY FIRM AND ME TO A PENALTY. I ALSO ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, ALL INFORMATION CONTAINED HEREIN WILL BE MADE AVAILABLE FOR REVIEW BY THE PUBLIC AND THAT SUCH INFORMATION WILL BE POSTED ON THE PGCB WEBSITE PURSUANT TO 4 PA.C.S., §1202.1(3).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA

ANNUAL CERTIFICATION BY AN APPLICANT OR LICENSED ENTITY OF SAFEGUARDS AND POLICIES PREVENTING VIOLATIONS OF SECTION 1513

INSTRUCTIONS: THIS AFFIDAVIT IS TO BE COMPLETED UNDER OATH BY THE CHIEF EXECUTIVE OFFICER OR OTHER APPROPRIATE INDIVIDUAL OF THE APPLICANT OR LICENSED ENTITY PURSUANT TO 4 PA.C.S. § 1513(B). ATTACH A COPY OF THE PLAN THAT HAS BEEN DEVELOPED PURSUANT TO 4 PA.C.S. § 1513(B) WHICH SETS FORTH THE INTERNAL SAFEGUARDS AND POLICIES. AN AFFIDAVIT MUST BE COMPLETED ANNUALLY AND PROVIDED TO THE PGCB FOR FORWARDING TO THE DEPARTMENT OF STATE, BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION.

AFFIDAVIT

STATE OF \_\_\_\_\_ )
) SS:
COUNTY OF \_\_\_\_\_ )

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, THIS DAY, PERSONALLY APPEARED \_\_\_\_\_, CHIEF OPERATING OFFICER OR OTHER APPROPRIATE REPRESENTATIVE OF \_\_\_\_\_, AN APPLICANT OR A LICENSED ENTITY, TO ME KNOWN OR PROVEN, WHO BEING DULY SWORN ACCORDING TO LAW, DEPOSES THE FOLLOWING:

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS NOT REVEALED ANY VIOLATION OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED.

OR

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS REVEALED VIOLATION(S) OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED, AS SET FORTH ON THE POLITICAL CONTRIBUTIONS ATTACHMENT.

I HEREBY CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE ENTITY NAMED ABOVE AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSIONS IN THIS AFFIDAVIT. I AM FURTHER AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR PENALTIES UNDER 4 PA.C.S. § 1513(C) AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S. §§ 4902, 4903 AND 4904.

SIGNATURE OF AFFIANT AND TITLE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

NOTARY SEAL:

ORIGINAL FOR PGCB

COMMONWEALTH OF PENNSYLVANIA

ANNUAL CERTIFICATION BY AN APPLICANT OR LICENSED ENTITY OF SAFEGUARDS AND POLICIES PREVENTING VIOLATIONS OF SECTION 1513

INSTRUCTIONS: THIS AFFIDAVIT IS TO BE COMPLETED UNDER OATH BY THE CHIEF EXECUTIVE OFFICER OR OTHER APPROPRIATE INDIVIDUAL OF THE APPLICANT OR LICENSED ENTITY PURSUANT TO 4 PA.C.S. § 1513(B). ATTACH A COPY OF THE PLAN THAT HAS BEEN DEVELOPED PURSUANT TO 4 PA.C.S. § 1513(B) WHICH SETS FORTH THE INTERNAL SAFEGUARDS AND POLICIES. AN AFFIDAVIT MUST BE COMPLETED ANNUALLY AND PROVIDED TO THE PGCB FOR FORWARDING TO THE DEPARTMENT OF STATE, BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION.

AFFIDAVIT

STATE OF \_\_\_\_\_ )
) SS:
COUNTY OF \_\_\_\_\_ )

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, THIS DAY, PERSONALLY APPEARED \_\_\_\_\_, CHIEF OPERATING OFFICER OR OTHER APPROPRIATE REPRESENTATIVE OF \_\_\_\_\_, AN APPLICANT OR A LICENSED ENTITY, TO ME KNOWN OR PROVEN, WHO BEING DULY SWORN ACCORDING TO LAW, DEPOSES THE FOLLOWING:

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS NOT REVEALED ANY VIOLATION OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED.

OR

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS REVEALED VIOLATION(S) OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED, AS SET FORTH ON THE POLITICAL CONTRIBUTIONS ATTACHMENT.

I HEREBY CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE ENTITY NAMED ABOVE AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSIONS IN THIS AFFIDAVIT. I AM FURTHER AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR PENALTIES UNDER 4 PA.C.S. § 1513(C) AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S. §§ 4902, 4903 AND 4904.

SIGNATURE OF AFFIANT AND TITLE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

NOTARY SEAL:

ORIGINAL FOR DOS

## PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM

IN THE CHART BELOW, PROVIDE THE REQUIRED INFORMATION FOR ALL POLITICAL CONTRIBUTIONS, MONETARY OR IN-KIND, TO A CANDIDATE FOR NOMINATION OR ELECTION TO ANY PUBLIC OFFICE IN THIS COMMONWEALTH, OR TO ANY POLITICAL COMMITTEE OR STATE PARTY IN THIS COMMONWEALTH OR TO ANY GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF ANY SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY ON OR AFTER THE DATE YOUR ENTITY'S APPLICATION WAS SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD (PGCB). THE APPLICANT OR LICENSEE MUST LIST POLITICAL CONTRIBUTIONS BY ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS. DO NOT INCLUDE CONTRIBUTIONS TO CANDIDATES FOR FEDERAL OFFICES OR TO COMMITTEES OR GROUPS ORGANIZED SOLELY IN SUPPORT OF FEDERAL CANDIDATES.

IF THERE IS MORE THAN ONE CONTRIBUTION TO THE SAME CANDIDATE, POLITICAL COMMITTEE, STATE PARTY, ETC., SEPARATE ENTRIES MUST BE LISTED FOR EACH CONTRIBUTION.

NOTE: IF YOU NEED SPACE FOR ADDITIONAL ENTRIES, PLEASE MAKE ADDITIONAL COPIES OF THIS FORM.

DATE OF CONTRIBUTION	NAME AND ADDRESS OF THE CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY, OR GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY	AMOUNT OR VALUE OF CONTRIBUTION

\_\_\_\_\_  
SIGNATURE OF CEO/AUTHORIZED SIGNATORY

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINTED NAME OF CEO/AUTHORIZED SIGNATORY – TITLE

\*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, AUTHORIZING THAT INDIVIDUAL TO EXECUTE THE DOCUMENT ON BEHALF OF BOTH THE ENTITY AND THE CEO.

# FINANCIAL STATEMENT CERTIFICATION

FOR THE PERIOD ENDED: \_\_\_\_\_

\_\_\_\_\_  
NAME OF SLOT MACHINE LICENSEE

I HAVE REVIEWED AND EXAMINED THE ATTACHED FINANCIAL STATEMENT.

TO THE BEST OF MY KNOWLEDGE, THE FINANCIAL STATEMENTS, AND OTHER INFORMATION INCLUDED IN THIS REPORT, ARE ACCURATE AND FAIRLY PRESENT IN ALL MATERIAL RESPECTS, THE FINANCIAL CONDITION, RESULTS OF OPERATIONS AND CASH FLOWS OF THE APPLICANT AS OF, AND FOR, THE PERIODS PRESENTED IN THIS REPORT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHIEF FINANCIAL OFFICER

\_\_\_\_\_  
PRINTED NAME OF CHIEF FINANCIAL OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHIEF OPERATING OFFICER

\_\_\_\_\_  
PRINTED NAME OF CHIEF OPERATING OFFICER