



# Pennsylvania Gaming Control Board

## **GAMING JUNKET ENTERPRISE 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 OR ENTERPRISE OFFERING GAMING JUNKET SERVICES, OTHER THAN AN APPLICANT FOR OR HOLDER OF A SLOT MACHINE LICENSE, WHICH EMPLOYS OR OTHERWISE ENGAGES THE SERVICES OF A JUNKET REPRESENTATIVE IN CONNECTION WITH A JUNKET TO A LICENSED FACILITY, REGARDLESS OF WHETHER OR NOT SUCH ACTIVITIES OCCUR WITHIN THE COMMONWEALTH.

**THE ORIGINAL FORM, ONE PAPER COPY, AND ONE 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 FEES. PLEASE REFER TO THE LICENSING SECTION OF THE BOARD'S WEBSITE FOR CD FORMATTING REQUIREMENTS. A GAMING JUNKET LICENSE IS VALID FOR THREE YEARS.

**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. GAMING JUNKET APPLICATION PACKAGE FORMS

THE FORMS THAT MAKE UP AN APPLICATION PACKAGE FOR A GAMING JUNKET ENTERPRISE LICENSE ARE AS FOLLOWS:

- A. GAMING JUNKET ENTERPRISE APPLICATION AND DISCLOSURE INFORMATION FORM**  
(FOR EACH GAMING JUNKET ENTERPRISE THAT EMPLOYS OR OTHERWISE ENGAGES THE SERVICES OF A GAMING JUNKET REPRESENTATIVE TO ARRANGE GAMING JUNKETS TO A LICENSED FACILITY, REGARDLESS OF WHETHER THE ACTIVITIES OF THE GAMING JUNKET ENTERPRISE OCCUR WITHIN THIS COMMONWEALTH).
- B. PENNSYLVANIA PERSONAL HISTORY DISCLOSURE FORM – GAMING JUNKET ENTERPRISE**  
(FOR EACH OFFICER AND DIRECTOR OF THE GAMING JUNKET ENTERPRISE AND EACH INDIVIDUAL WHO HAS A DIRECT OR INDIRECT INTEREST OF 10% OR MORE IN THE GAMING JUNKET ENTERPRISE).
- C. GAMING JUNKET ENTERPRISE – PRIVATE HOLDING COMPANY FORM**  
(FOR EACH ENTITY OR TRUST THAT DIRECTLY OWNS 20% OR MORE OF THE VOTING SECURITIES OF THE GAMING JUNKET ENTERPRISE).
- D. GAMING JUNKET REPRESENTATIVE LEVEL 2 GAMING PERMIT FORM**  
(FOR EACH GAMING JUNKET REPRESENTATIVE)(ELECTRONIC APPLICATION-SLOTSLINK)  
FOR INSTRUCTIONS ON COMPLETING THE ELECTRONIC APPLICATION PLEASE CALL 1-877-500-7422. PAPER APPLICATIONS WILL NOT BE ACCEPTED.

## 2. APPLICATION FEES

THE APPLICATION FEES FOR A GAMING JUNKET ENTERPRISE LICENSE APPLICATION PACKAGE ARE AS FOLLOWS:

- A. APPLICATION FEES 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 GAMING JUNKET ENTERPRISE AND THE GAMING JUNKET ENTERPRISE'S AFFILIATED ENTITIES

AND PERSONS FILING FORMS AS PART OF THE APPLICATION PACKAGE. APPLICATION FEES MUST BE SUBMITTED FOR THE GAMING JUNKET ENTERPRISE, ITS AFFILIATED ENTITIES AND INDIVIDUALS AS EXPLAINED IN SECTION 1(B) ABOVE, UNLESS OTHERWISE NOTED.

THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE GAMING JUNKET ENTERPRISE AND THE GAMING JUNKET ENTERPRISE'S AFFILIATED ENTITIES AND PERSONS. THE GAMING JUNKET ENTERPRISE MUST REIMBURSE THE BOARD FOR ALL ADDITIONAL COSTS AND EXPENSES RELATED TO THE PROCESSING AND INVESTIGATION OF THE APPLICATION PACKAGE.

FEES SHALL BE PAID BY MONEY ORDER OR CHECK MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." CASH WILL NOT BE ACCEPTED BY THE BOARD.

APPLICATION FEES:

|  |            |
|--|------------|
| <b>GAMING JUNKET ENTERPRISE LICENSE</b> .....        | \$1,500.00 |
| <b>GAMING JUNKET QUALIFIER</b> .....                 | \$500      |
| <b>GAMING JUNKET OCCUPATION PERMIT</b> .....         | \$350      |
| <b>GAMING JUNKET - PRIVATE HOLDING COMPANY</b> ..... | WAIVED     |

IN ADDITION, A GAMING JUNKET ENTERPRISE LICENSING FEE MUST BE PAID PRIOR TO THE ISSUANCE OF THE GAMING JUNKET ENTERPRISE LICENSE.

|   |                 |
|---|-----------------|
| <b>GAMING JUNKET ENTERPRISE LICENSE</b> ..... | \$2,500/3 YEARS |
|---|-----------------|

**3. APPLICATION FORM INSTRUCTIONS**

**A. GENERALLY**

AS USED IN THE GAMING JUNKET ENTERPRISE APPLICATION AND DISCLOSURE FORM, THE WORDS "**APPLICANT**" AND "**YOU**" SHALL MEAN THE GAMING JUNKET ENTERPRISE. WHEN APPLICANT'S AFFILIATED ENTITIES ARE COMPLETING THE PRIVATE HOLDING COMPANY 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.

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

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO 58 PA. CODE §421A.1(F), THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION. IF YOU SUBMIT A DOCUMENT

TO THE BOARD THAT IS IN A LANGUAGE OTHER THAN ENGLISH, YOU MUST ALSO SUBMIT AN ENGLISH TRANSLATION COMPLIANT WITH 58 PA. CODE §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, QUALIFICATION OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C. S. A. §4903.

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

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.

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 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, LICENSEE, QUALIFIER 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 THE BOARD REGULATIONS, ONCE THE APPLICATION HAS BEEN FILED, THE APPLICANT **MAY NOT** WITHDRAW ITS APPLICATION WITHOUT THE PERMISSION OF THE BOARD.

CONTACT NAME FOR GAMING JUNKET ENTERPRISE APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

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.

#### 4. DEFINITIONS

**GAMING JUNKET** – A GAMING ARRANGEMENT MADE BY A GAMING JUNKET ENTERPRISE OR A GAMING JUNKET REPRESENTATIVE FOR AN INDIVIDUAL WHO:

- (1) IS SELECTED OR APPROVED FOR PARTICIPATION IN THE ARRANGMENT BASED ON THE INDIVIDUAL'S ABILITY TO SATISFY SPECIFIC FINANCIAL QUALIFICATIONS AND THE LIKELIHOOD THAT THE INDIVIDUAL WILL PARTICIPATE IN PLAYING SLOT MACHINES OR TABLE GAMES AND PATRONIZE A LICENSED FACILITY FOR THE PURPOSE OF GAMING.
- (2) RECEIVES COMPLIMENTARY SERVICES OR GIFTS FROM A SLOT MACHINE LICENSEE FOR PARTICIPATION IN THE ARRANGEMENT INCLUDING THE COSTS OF TRANSPORTATION, FOOD, LODGING OR ENTERTAINMENT.

**GAMING JUNKET ENTERPRISE**– A PERSON, OTHER THAN A SLOT MACHINE LICENSEE, WHO EMPLOYS OR OTHERWISE ENGAGES THE SERVICES OF A GAMING JUNKET REPRESENTATIVE TO ARRANGE GAMING JUNKETS TO A LICENSED FACILITY, REGARDLESS OF WHETHER THE ACTIVITIES OF THE PERSON OR THE GAMING JUNKET REPRESENTATIVE OCCUR WITHIN THIS COMMONWEALTH.

**GAMING JUNKET REPRESENTATIVE** – AN INDIVIDUAL, OTHER THAN AN EMPLOYEE OF A SLOT MACHINE LICENSEE, WHO ARRANGES AND NEGOTIATES THE TERMS OF A GAMING JUNKET OR SELECTS INDIVIDUALS TO PARTICIPATE IN A GAMING JUNKET TO A LICENSED FACILITY, REGARDLESS OF WHETHER THE ACTIVITIES OF THE INDIVIDUAL OCCUR WITHIN THIS COMMONWEALTH.

**PERSON** – AN INDIVIDUAL, CORPORATION, FOUNDATION, ORGANIZATION, BUSINESS TRUST, ESTATE, LIMITED LIABILITY COMPANY, LICENSED CORPORATION, TRUST, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, ASSOCIATION OR OTHER FORM OF LEGAL BUSINESS ENTITY.

**ENTITY** – A PERSON, OTHER THAN AN INDIVIDUAL.

**INDIVIDUAL** – A NATURAL PERSON.

**INTERMEDIARY** – 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** – A PERSON, OTHER THAN AN INDIVIDUAL, WHICH, DIRECTLY 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.

## 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  |                          |                          |                         |
| <p>HAS THE APPLICANT BEEN VERIFIED AS A MINORITY OR WOMEN'S BUSINESS ENTERPRISE BY THE PENNSYLVANIA DEPARTMENT OF GENERAL SERVICES' (DGS) BUREAU OF SMALL BUSINESS OPPORTUNITIES?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>IF YES, ATTACH THE VERIFICATION LETTER FROM THE BUREAU OF SMALL BUSINESS OPPORTUNITIES AND/OR THE SMALL BUSINESS PROCUREMENT INITIATIVE CERTIFICATE THAT IDENTIFIES THE COMPANY AS A SMALL DIVERSE BUSINESS (NOT ONLY AS A SMALL BUSINESS) AND PROVIDE THE CERTIFICATION NUMBER _____.</p> |                          |                          |                         |
| APPLICANT'S PRINCIPAL 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               |                          |                         |
| INDIVIDUAL WHO SUPPLIED INFORMATION IN THE APPLICATION   |                          |                          |                         |
| FIRST NAME   | MIDDLE NAME              | LAST NAME                | SUFFIX (JR., SR., ETC.) |
| TITLE  | SIGNATURE                | INDIVIDUAL EMAIL ADDRESS |                         |
| PHONE NUMBER   | FAX NUMBER               |                          |                         |
| APPLICANT'S BILLING CONTACT INFORMATION  |                          |                          |                         |
| FIRST 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"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> S-CORPORATION | <input type="checkbox"/> TRUST               |
| <input type="checkbox"/> OTHER (DESCRIBE) _____    |  |  |

### SOLE PROPRIETOR

IF APPLICANT IS A SOLE PROPRIETOR, PROVIDE THE FOLLOWING INFORMATION.

|                |               |                |                         |               |
|----------------|---------------|----------------|-------------------------|---------------|
| 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              |               |

|  |                   |
|--|-------------------|
| <b>APPLICANT'S ORGANIZATION DOCUMENTS</b>  |                   |
| STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION (ATTACH CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS). | 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.   |                   |
| 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 NUMBER</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 WORKER'S 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 OR THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.  |   |

\* **NOTE** – A GAMING JUNKET ENTERPRISE MUST BE REGISTERED AS A BUSINESS IN PENNSYLVANIA PRIOR TO CONDUCTING BUSINESS IN THE STATE.

### APPLICATION CHECKLIST

PLACE A CHECKMARK IN EACH BOX NEXT TO EACH ITEM APPLICANT HAS ATTACHED TO THIS 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: ADDRESSES USED BY APPLICANT   | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 2: APPLICANT'S BUSINESS BACKGROUND   | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 3: APPLICANT AND SLOT MACHINE LICENSEE/APPLICANT AGREEMENT   | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 4: NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES   | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 5: LICENSES AND PERMITS  | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 6: APPLICANT'S SALESPEOPLE AND EMPLOYEES CONDUCTING BUSINESS WITH SLOT MACHINE LICENSEE/APPLICANT                    | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 7: CURRENT OFFICERS, DIRECTORS AND PARTNERS  | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 8: APPLICANT'S OWNERS  | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 9: BANKRUPTCY OR INSOLVENCY PROCEEDINGS  | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 10: CRIMINAL HISTORY   | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 11: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS  | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 12: EXISTING LITIGATION  | MANDATORY |
| <input type="checkbox"/> | SCHEDULE 13: CIVIL JUDGMENTS  | MANDATORY |
| <input type="checkbox"/> | APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW   | MANDATORY |
| <input type="checkbox"/> | AFFIDAVIT AND WAIVER OF LIABILITY   | MANDATORY |
| <input type="checkbox"/> | RELEASE AUTHORIZATION   | MANDATORY |
| <input type="checkbox"/> | DIVERSITY PLAN STATEMENT  | MANDATORY |
| <input type="checkbox"/> | STATEMENT OF CONDITIONS   | MANDATORY |
| <input type="checkbox"/> | INDEMNIFICATION AGREEMENT   | MANDATORY |
| <input type="checkbox"/> | SLOT MACHINE LICENSEE'S DUE DILIGENCE CERTIFICATION   | MANDATORY |
| <input type="checkbox"/> | PENNSYLVANIA PERSONAL HISTORY DISCLOSURE FORM – GAMING JUNKET ENTERPRISE  | MANDATORY |
| <input type="checkbox"/> | GAMING JUNKET ENTERPRISE – PRIVATE HOLDING COMPANY FORM   | MANDATORY |
| <input type="checkbox"/> | GAMING JUNKET REPRESENTATIVE OCCUPATION PERMIT FORM (FOR EACH GAMING JUNKET REPRESENTATIVE)(ELECTRONIC APPLICATION-SLOTSLINK) | 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: CURRENT OWNERSHIP AND MANAGEMENT TABLES OF ORGANIZATION   | MANDATORY |
| <input type="checkbox"/> | APPENDIX 2: FEDERAL TAX RETURNS AND RELATED DOCUMENTS FOR THE LAST THREE YEARS AND, WHERE APPROPRIATE, STATE TAX RETURNS AND RELATED DOCUMENTS FOR THE ONE-YEAR PRECEDING THIS APPLICATION. | MANDATORY |

**SCHEDULE 1: ADDRESSES USED BY APPLICANT**

PROVIDE ALL ADDRESSES, WHICH APPLICANT HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA 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      |  |

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

**SCHEDULE 2: APPLICANT'S BUSINESS BACKGROUND**

| <b>DESCRIPTION OF PRESENT BUSINESS</b>  |
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| <b>TYPE OF GOODS OR SERVICES TO BE PROVIDED BY GAMING JUNKET ENTERPRISE APPLICANT TO SLOT MACHINE LICENSEES/APPLICANTS</b>  |
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| <b>NAME OF SLOT MACHINE LICENSEES/APPLICANTS FOR WHICH GAMING JUNKET SERVICES WILL BE PROVIDED</b>  |
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|   |
| <b>DOES THE APPLICANT HAVE ANY ASSOCIATION WITH ANY OTHER GAMING JUNKET ENTERPRISE/APPLICANTS WHO CONDUCT OR ANTICIPATE CONDUCTING BUSINESS WITH PENNSYLVANIA SLOT MACHINE LICENSEES/APPLICANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE NAME OF THE GAMING JUNKET ENTERPRISES OR GAMING JUNKET ENTERPRISE APPLICANTS AND EXPLAIN THE ASSOCIATION BETWEEN THE COMPANIES.</b> |
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**SCHEDULE 3: APPLICANT AND SLOT MACHINE LICENSEE/APPLICANT AGREEMENT - ATTACH A COPY OF THE WRITTEN AGREEMENT.**

|   |  |                        |  |
|---|--|------------------------|--|
| NAME OF SLOT MACHINE LICENSEE(S)/APPLICANT(S) FOR WHICH GAMING JUNKET WILL CONDUCT BUSINESS                           | DATE APPLICANT AND SLOT MACHINE LICENSEE/APPLICANT FORMALLY AGREED TO CONDUCT BUSINESS | CONTRACT START DATE    | CONTRACT COMPLETION DATE (IF APPLICABLE) |
| TERMS OF COMPENSATION   |  | AMOUNT OF COMPENSATION |  |
| NATURE OF CONTRACT OR AGREEMENT BETWEEN SLOT MACHINE LICENSEE(S)/APPLICANT(S) AND GAMING JUNKET ENTERPRISE APPLICANT* |  |                        |  |
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|   |  |                        |  |

**SCHEDULE 4: NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH COMPANY IN WHICH APPLICANT HAS AN OWNERSHIP INTEREST AND PROVIDE AN ORGANIZATIONAL CHART.

| NAME & ADDRESS OF SUBSIDIARIES |               |  |                |                |
|--------------------------------|---------------|--|----------------|----------------|
| NAME                           |               |  |                |                |
| ADDRESS PURPOSE                |               |  |                |                |
| ADDRESS LINE 1                 |               |  | ADDRESS LINE 2 |                |
| ADDRESS LINE 3                 |               |  | CITY           | STATE/PROVINCE |
| CITY                           |               |  | STATE/PROVINCE | POSTAL CODE    |
| COUNTRY                        | EMAIL ADDRESS |  | PHONE NUMBER   | FAX NUMBER     |
| NAME & ADDRESS OF SUBSIDIARIES |               |  |                |                |
| NAME                           |               |  |                |                |
| ADDRESS PURPOSE                |               |  |                |                |
| ADDRESS LINE 1                 |               |  | ADDRESS LINE 2 |                |
| ADDRESS LINE 3                 |               |  | CITY           | STATE/PROVINCE |
| CITY                           |               |  | STATE/PROVINCE | POSTAL CODE    |
| COUNTRY                        | EMAIL ADDRESS |  | PHONE NUMBER   | FAX NUMBER     |
| NAME & ADDRESS OF SUBSIDIARIES |               |  |                |                |
| NAME                           |               |  |                |                |
| ADDRESS PURPOSE                |               |  |                |                |
| ADDRESS LINE 1                 |               |  | ADDRESS LINE 2 |                |
| ADDRESS LINE 3                 |               |  | CITY           | STATE/PROVINCE |
| CITY                           |               |  | STATE/PROVINCE | POSTAL CODE    |
| COUNTRY                        | EMAIL ADDRESS |  | PHONE NUMBER   | FAX NUMBER     |

**SCHEDULE 5: LICENSES AND PERMITS**

IF THE APPLICANT HAS APPLIED FOR ANY TYPE OF LICENSE, REGISTRATION, CERTIFICATION, PERMIT OR OTHER AUTHORIZATION BY ANY GOVERNMENTAL AGENCY IN THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD. 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.

| APPLICANT LICENSING   |  |                    |   |                     |  |
|---|--|--------------------|---|---------------------|--|
| TYPE OF LICENSE, REGISTRATION, CERTIFICATION, PERMIT OR AUTHORIZATION | 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, REVOKED OR WITHDRAWN, PROVIDE DETAILS. |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |

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

**SCHEDULE 6: APPLICANT’S GAMING JUNKET REPRESENTATIVE CONDUCTING BUSINESS WITH SLOT MACHINE LICENSEE/APPLICANT**

PROVIDE THE FOLLOWING INFORMATION FOR EACH GAMING JUNKET REPRESENTATIVE OF A GAMING JUNKET ENTERPRISE APPLICANT WHO SOLICITS BUSINESS FROM OR HAS REGULAR CONTACT WITH ANY REPRESENTATIVE OF A SLOT MACHINE LICENSEE OR APPLICANT. EACH INDIVIDUAL LISTED BELOW MUST FILE AN APPLICATION FOR A LEVEL 2 GAMING PERMIT. FOR INSTRUCTIONS ON COMPLETING THE LEVEL 2 GAMING PERMIT APPLICATION PLEASE CALL 1-877-500-7422.

| 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   | *SOCIAL SECURITY #      | TITLE/POSITION |
| 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   | *SOCIAL SECURITY #      | TITLE/POSITION |
| 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   | *SOCIAL SECURITY #      | TITLE/POSITION |

\*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A).

**SCHEDULE 7: CURRENT OFFICERS, DIRECTORS AND PARTNERS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS AND PARTNERS. THE TERM "OFFICER" MEANS A PRESIDENT, CHIEF EXECUTIVE OFFICER, A CHIEF FINANCIAL OFFICER AND A CHIEF OPERATING OFFICER AND ANY PERSON ROUTINELY PERFORMING CORRESPONDING FUNCTIONS WITH RESPECT TO AN ORGANIZATION WHETHER INCORPORATED OR UNINCORPORATED. EACH INDIVIDUAL LISTED BELOW IS REQUIRED TO COMPLETE A PENNSYLVANIA PERSONAL HISTORY DISCLOSURE FORM-GAMING JUNKET ENTERPRISE AS PART OF THE APPLICATION.

| 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     |                         | *SOCIAL SECURITY # |               |
| TITLE OR POSITION     | FROM DATE | TO DATE       | ANNUAL COMPENSATION & VALUE |  | COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES BONUS OR OTHER) |  |                |                         |                    |               |
| 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     |                         | *SOCIAL SECURITY # |               |
| TITLE OR POSITION     | FROM DATE | TO DATE       | ANNUAL COMPENSATION & VALUE |  | COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES BONUS OR OTHER) |  |                |                         |                    |               |

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

\*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A).



**SCHEDULE 8: APPLICANT'S OWNERS**

PROVIDE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL WHO HAS A DIRECT OR INDIRECT OWNERSHIP OR BENEFICIAL INTEREST OF TEN (10) PERCENT OR MORE OF THE APPLICANT OR ITS BUSINESS. EACH INDIVIDUAL LISTED IS REQUIRED TO COMPLETE A PENNSYLVANIA PERSONAL HISTORY DISCLOSURE FORM-GAMING JUNKET ENTERPRISE AS PART OF THE APPLICATION. IN ADDITION, PROVIDE THE FOLLOWING INFORMATION FOR EACH ENTITY OR TRUST THAT HAS A DIRECT OWNERSHIP OR BENEFICIAL INTEREST OF TWENTY (20) PERCENT OR MORE OF THE APPLICANT OR ITS BUSINESS. EACH ENTITY OR TRUST LISTED IS REQUIRED TO COMPLETE A GAMING JUNKET ENTERPRISE FORM-PRIVATE HOLDING COMPANY.

| 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              |               |
| PERCENTAGE OF OWNERSHIP                                  | DATE ACQUIRED | FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN | *SOCIAL SECURITY #      |               |
| DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF OWNERSHIP |               |  |                         |               |
|  |               |  |                         |               |
|  |               |  |                         |               |
| 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              |               |
| PERCENTAGE OF OWNERSHIP                                  | DATE ACQUIRED | FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN | *SOCIAL SECURITY #      |               |
| DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF OWNERSHIP |               |  |                         |               |
|  |               |  |                         |               |
|  |               |  |                         |               |

\*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A).

**SCHEDULE 9: BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

PROVIDE ANY INFORMATION REGARDING ANY JUDGMENTS OR PETITIONS FOR BANKRUPTCY OR INSOLVENCY AND ANY RELIEF SOUGHT UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY ACT OR ANY STATE INSOLVENCY LAW.

| <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                |                                      |  |  |

**CRIMINAL HISTORY**

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.

**DEFINITIONS**

FOR PURPOSES OF THIS SECTION:

- 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 DU/DWI OFFENSES.
- 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."
- 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."

**INSTRUCTIONS**

- 1. ANSWER **"YES"** AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF:**
    - A. YOU DID NOT COMMIT THE OFFENSE CHARGED;
    - B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;
    - C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;
    - D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM;
    - E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;
    - F. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";
    - G. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;
    - H. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;
    - I. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);
    - J. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.
  - 2. ANSWER **"NO"** IF:
    - A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;
    - B. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.
- FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.**

**SCHEDULE 10: CRIMINAL HISTORY**

HAS APPLICANT OR ANY OF ITS OFFICERS OR 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? IF YES, PROVIDE THE FOLLOWING INFORMATION.

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

**SCHEDULE 11: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES 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 YES, PROVIDE THE FOLLOWING INFORMATION:

| <b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>  |  |                                   |  |
|--|--|-----------------------------------|--|
| NAME AND ADDRESS OF COURT OR AGENCY  | WAS TESTIMONY GIVEN?<br><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 THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED. |  |                                   |  |
| <b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>  |  |                                   |  |
| NAME AND ADDRESS OF COURT OR OTHER AGENCY  | WAS TESTIMONY GIVEN?<br><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 THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED. |  |                                   |  |
| <b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>  |  |                                   |  |
| NAME AND ADDRESS OF COURT OR OTHER AGENCY  | WAS TESTIMONY GIVEN?<br><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 THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED. |  |                                   |  |

**SCHEDULE 12: EXISTING LITIGATION**

PROVIDE THE FOLLOWING INFORMATION OF ALL EXISTING LITIGATION TO WHICH APPLICANT IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE THE FOLLOWING: 1) LITIGATION THAT IS EXPECTED TO BE FULLY AND COMPLETELY COVERED THROUGH AN INDEMNITY AGREEMENT OR UNDER AN INSURANCE POLICY HELD BY THE APPLICANT WITH A LICENSED INSURANCE CARRIER; OR 2) LITIGATION IN WHICH THE DAMAGES ARE NOT REASONABLY EXPECTED TO EXCEED \$100,000. 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               |   |

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

**SCHEDULE 13: CIVIL JUDGMENTS**

PROVIDE THE FOLLOWING INFORMATION FOR ANY CIVIL JUDGMENTS OBTAINED AGAINST THE APPLICANT PERTAINING TO ANY GAMING JUNKET ENTERPRISE WITH WHICH THE APPLICANT HAS BEEN ASSOCIATED.

| CIVIL JUDGMENTS                    |  |
|------------------------------------|--|
| NAME OF CASE AND DOCKET NUMBER     | LOCATION AND NAME OF COURT BEFORE WHICH THE CASE WAS HEARD |
| NAMES OF ALL PARTIES TO LITIGATION |  |
| NATURE OF THE CLAIMS               | JUDGMENT:  |
| CIVIL JUDGMENTS                    |  |
| NAME OF CASE AND DOCKET NUMBER     | LOCATION AND NAME OF COURT BEFORE WHICH THE CASE WAS HEARD |
| NAMES OF ALL PARTIES TO LITIGATION | JUDGMENT:  |
| NATURE OF THE CLAIMS               |  |

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

**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. IN ADDITION, YOUR SIGNATURE AUTHORIZES THE DOR, DLI AND THE BOARD TO PROVIDE YOUR TAX INFORMATION TO THE ENTITY WITH WHICH YOU ARE FILING.

\_\_\_\_\_  
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

\*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A).



**AFFIDAVIT AND WAIVER OF LIABILITY**

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

SS:

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

THE APPLICANT HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THIS APPLICATION. FURTHER, THE APPLICANT IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF THE LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

THE APPLICANT AGREES TO THE TERMS OF LICENSURE IN THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") REGULATIONS AND AGREES, IF LICENSED, TO ABIDE BY THE SAME.

APPLICANT SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES;
3. INFORM THE BOARD OF ANY ACTIONS WHICH APPLICANT BELIEVES WOULD CONSTITUTE A VIOLATION OF THE ACT OR REGULATIONS; 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).

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE ACT AND BOARD REGULATIONS, APPLICANT ACKNOWLEDGES THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BIE") AND THE PENNSYLVANIA STATE POLICE ("PSP") MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY AN APPLICANT OR ANY OF ITS INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR HOLDING COMPANIES, QUALIFIERS OR PERMITTEES.

AN APPLICANT FOR A GAMING JUNKET ENTERPRISE LICENSE SHALL NOT CONDUCT ANY BUSINESS WITH A SLOT MACHINE LICENSEE PRIOR TO BEING CONDITIONALLY OR FULLY LICENSED BY THE BOARD.

THE APPLICANT AGREES, THAT THE GRANTING OF A CONDITIONAL LICENSE DOES NOT CREATE A RIGHT TO CONTINUE TO CONDUCT BUSINESS AND THAT THE BUREAU OF LICENSING MAY RESCIND, AT ANY TIME, THE AUTHORIZATION GRANTED, WITH OR WITHOUT PRIOR NOTICE TO THE APPLICANT, IF THE BUREAU OF LICENSING IS INFORMED THAT THE SUITABILITY OF THE APPLICANT MAY BE AT ISSUE OR THE APPLICANT FAILS TO COOPERATE IN THE APPLICATION OR INVESTIGATORY PROCESS.

THE APPLICANT HEREBY EXPRESSLY WAIVES, RELEASES, AND FOREVER DISCHARGES THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, 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 BOARD AND THEIR AGENTS, AS A RESULT OF MY APPLYING FOR LICENSURE IN THE COMMONWEALTH OF PENNSYLVANIA.

FURTHERMORE, THE APPLICANT WAIVES LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE 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 LICENSURE PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

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

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

NAME OF APPLICANT

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

SIGNATURE OF APPLICANT

NOTARY PUBLIC

INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT

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

NAME, TITLE AND SIGNATURE

## 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 TWO 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, EVERY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT, CRIMINAL JUSTICE AGENCY OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME, TO FURNISH, MAKE AVAILABLE FOR REVIEW AND PERMIT THE COPYING OF SUCH INFORMATION WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE, TO ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD.

2. 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.

3. 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.

4. 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.

5. 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.
- (d) 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.

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, ITS AGENTS OR EMPLOYEES AND ME. I HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS. 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.

6. I THE UNDERSIGNED LICENSEE(S) HAVE FILED WITH THE PENNSYLVANIA GAMING CONTROL BOARD AN "APPLICATION" AS THAT TERM IS DEFINED IN THE BOARD'S REGULATIONS. 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 SOLELY MY RESPONSIBILITY. 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 AND 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 SLOT MACHINE LICENSEE/APPLICANT WITH WHICH I AM CONDUCTING BUSINESS AS WELL AS TO THE ENTITY WITH WHICH I AM ASSOCIATED.

7. 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, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION. 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.

8. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. 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 \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
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: \_\_\_\_\_

**DIVERSITY PLAN STATEMENT**

GAMING JUNKET ENTERPRISE APPLICANT NAME \_\_\_\_\_

GAMING JUNKET ENTERPRISE APPLICANT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

GAMING JUNKET ENTERPRISE APPLICANT PHONE NUMBER \_\_\_\_\_

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

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

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

\_\_\_\_\_ ( **GAMING JUNKET ENTERPRISE APPLICANT'S NAME**) **HAS DEVELOPED AND IMPLEMENTED A DIVERSITY PLAN, AND THE DIVERSITY PLAN COMPLIES WITH THE ACT AND BOARD REGULATIONS.**

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

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

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

## STATEMENT OF CONDITIONS FOR GAMING JUNKET ENTERPRISE

\_\_\_\_\_, HAVING BEEN DULY AUTHORIZED TO LEGALLY BIND  
NAME OF HIGHEST RANKING OFFICER AND TITLE

\_\_\_\_\_(HEREAFTER "GAMING JUNKET ENTERPRISE"), HEREBY  
NAME OF GAMING JUNKET ENTERPRISE APPLICANT

EXPRESSLY ACCEPTS, AGREES, AND STIPULATES TO THE FOLLOWING CONDITIONS OF GAMING JUNKET ENTERPRISE AS REQUIRED BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"). MORE PARTICULARLY, GAMING JUNKET ENTERPRISE EXPRESSLY ACCEPTS, AGREES AND STIPULATES THAT IT WILL ABIDE BY THE FOLLOWING CONDITIONS:

1. TO AT ALL TIMES COMPLY WITH THE PROVISIONS OF THIS STATEMENT OF CONDITIONS.
2. TO AT ALL TIMES COMPLY WITH ALL PROVISIONS OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND ANY RULES, REGULATIONS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.
3. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY LICENSE, PERMIT OR OTHER AUTHORIZATION ISSUED BY THE BOARD TO GAMING JUNKET ENTERPRISE, OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS, PERMITTEES, QUALIFIERS OR AFFILIATED ENTITIES IS A NON-TRANSFERABLE PRIVILEGE TO ENGAGE IN ACTIVITIES REGULATED BY THE BOARD.
4. TO PROMPTLY REIMBURSE THE BOARD FOR ALL COSTS ASSOCIATED WITH ANY BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH ANY APPLICATION FILED BY, ASSOCIATED WITH OR FILED IN CONNECTION WITH, GAMING JUNKET ENTERPRISE, OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS, PERMITTEES OR AFFILIATED ENTITIES REQUIRED TO BE FOUND QUALIFIED IN PENNSYLVANIA, AND TO PROMPTLY PAY ANY OTHER FINE, FEE, SANCTION OR ASSESSMENT IMPOSED BY THE BOARD OR THE DEPARTMENT OF REVENUE.
5. TO ENSURE AT ALL TIMES THAT INFORMATION PROVIDED TO THE BOARD, IS TRUE AND CORRECT, AND TO IMMEDIATELY NOTIFY THE BOARD UPON KNOWING OR SUSPECTING THAT ANY FALSE OR MISLEADING INFORMATION MAY HAVE BEEN PROVIDED TO THE BOARD.
6. TO AT ALL TIMES ENSURE THAT GAMING JUNKET ENTERPRISE MEETS AND MAINTAINS THE ELIGIBILITY AND SUITABILITY REQUIREMENTS OF THE REGULATIONS AND TO PROMPTLY REPORT A CHANGE IN CIRCUMSTANCES THAT MAY RENDER GAMING JUNKET ENTERPRISE, INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A GAMING JUNKET ENTERPRISE LICENSE.
7. TO IMMEDIATELY NOTIFY THE BOARD IF THE GAMING JUNKET ENTERPRISE, OR ANY PERSON REQUIRED TO BE LISTED IN ITS APPLICATION FOR A GAMING JUNKET ENTERPRISE LICENSE, IS CHARGED, INDICTED OR CONVICTED OF ANY FELONY OR GAMING OFFENSE.
8. IN ADDITION TO ANY NOTIFICATION AND ACTION REQUIRED BY CONDITIONS 6 AND 7, TO ENSURE THAT GAMING JUNKET ENTERPRISE, OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS, PERMITTEES OR AFFILIATED ENTITIES REQUIRED TO BE QUALIFIED IN PENNSYLVANIA COMPLY WITH ALL OF THE FOLLOWING:
  - A. PROVIDE ANY REQUESTED ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, OR THE PENNSYLVANIA STATE POLICE AND COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING.
  - B. INFORM THE BOARD OF ANY ACTIONS, WHICH THEY KNOW, OR SUSPECT CONSTITUTE A VIOLATION OF THE ACT OR ANY RULES, REGULATIONS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.
  - C. INFORM THE BOARD OF ANY ARRESTS FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA.C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.

9. TO DEVELOP, IMPLEMENT, AND PROVIDE A DIVERSITY PLAN TO THE BOARD, IN ACCORDANCE WITH ITS REGULATIONS, WHICH ASSURES THAT ALL PERSONS ARE ACCORDED EQUALITY OF OPPORTUNITY IN EMPLOYMENT AND CONTRACTING BY THE GAMING JUNKET ENTERPRISE, ITS ASSIGNEES, LESSEES OR AGENTS.
10. TO PROVIDE TO THE BOARD ON OR BEFORE THE TWENTIETH DAY OF THE MONTH AT THE BEGINNING OF EACH CALENDAR YEAR, AND AT ANY OTHER TIME UPON THE REQUEST OF THE BOARD, A DIVERSITY REPORT IN ACCORDANCE WITH THE REGULATIONS. EACH DIVERSITY REPORT SHALL PROVIDE A PERFORMANCE ASSESSMENT OF GAMING JUNKET ENTERPRISE'S DIVERSITY PLAN FOR THE PRECEDING CALENDAR YEAR AND SHALL PROVIDE DATA INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS SET FORTH IN THE BOARD'S REGULATIONS.
11. TO REGISTER WITH THE PENNSYLVANIA DEPARTMENT OF REVENUE AND THE PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY, AS REQUIRED, TO ENSURE THE PROPER REPORTING AND REMITTANCE OF ALL APPLICABLE PENNSYLVANIA TAXES.
12. TO REGISTER WITH THE PENNSYLVANIA DEPARTMENT OF STATE, IF REQUIRED UNDER TITLE 15, CORPORATIONS AND UNINCORPORATED ASSOCIATIONS.
13. TO IMMEDIATELY NOTIFY THE BOARD OF ANY CHANGE IN THE PERSONS WHO ARE REQUIRED TO BE QUALIFIED OR PERMITTED IN ASSOCIATION WITH THE GAMING JUNKET ENTERPRISE'S APPLICATION PACKAGE.
14. TO CAUSE THE DIVESTITURE OR REMOVAL OF ANY SUCH PERSON FOUND UNQUALIFIED BY ORDER OF THE BOARD AND TO REQUEST A WITHDRAWAL OF ANY PENDING APPLICATION FILED ON BEHALF OF ANY SUCH PERSON.
15. TO IMMEDIATELY NOTIFY THE BOARD OF THE FOLLOWING:
  - A. ANY KNOWN OR SUSPECTED NONCOMPLIANCE WITH THE BOARD'S REGULATIONS OR ORDERS.
  - B. ANY KNOWN OR SUSPECTED FAILURE TO COMPLY WITH ANY PROVISION OF THIS STATEMENT OF CONDITIONS.
16. TO IMMEDIATELY NOTIFY THE BOARD OF ANY CHANGE IN THE GAMING JUNKET ENTERPRISE'S NAME OR MAILING ADDRESS.
17. TO IMMEDIATELY NOTIFY THE BOARD OF ANY LITIGATION WHEREIN THE AMOUNT AT ISSUE IS \$100,000 OR GREATER AND THE GAMING JUNKET ENTERPRISE IS NAMED AS A DEFENDANT.
18. TO IMMEDIATELY PROVIDE UPON REQUEST OF THE BUREAU OF LICENSING ANY CONTRACT, AGREEMENT, PURCHASE ORDER, DESCRIPTION OF ORAL CONTRACT OR OTHER DOCUMENTATION EVIDENCING A BUSINESS RELATIONSHIP WITH A SLOT MACHINE LICENSEE OR APPLICANT.
19. TO INTELLIGENTLY, KNOWINGLY AND VOLUNTARILY EXECUTE A SEPARATE INDEMNIFICATION AGREEMENT.
20. GAMING JUNKET ENTERPRISE CANNOT DELEGATE, SUBCONTRACT OR DEPLOY THE PERFORMANCE OF ITS DUTIES, RESPONSIBILITIES, OBLIGATIONS, OR ANY ASPECT OF ITS GAMING JUNKET ENTERPRISE'S SERVICES TO ANY PERSON OR ENTITY, WITHOUT PRIOR NOTIFICATION AND APPROVAL BY THE BUREAU OF LICENSING.

I HEREBY CERTIFY AND AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT OF CONDITIONS AND ACKNOWLEDGE THAT MY SIGNATURE BELOW SHALL LEGALLY BIND GAMING JUNKET ENTERPRISE AND \_\_\_\_\_, AS THE EXECUTIVE OFFICER OF GAMING JUNKET ENTERPRISE.

NAME OF HIGHEST RANKING OFFICER AND TITLE

SWORN TO AND SUBSCRIBED BEFORE ME THIS

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

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
DATE COMMISSION EXPIRES

GAMING JUNKET ENTERPRISE

BY:

\_\_\_\_\_  
SIGNATURE AND TITLE                      DATE

\_\_\_\_\_  
PRINTED NAME AND TITLE OF SIGNATORY AUTHORIZED TO SIGN FOR GAMING JUNKET ENTERPRISE

## INDEMNIFICATION AGREEMENT

AND NOW, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, THIS INDEMNIFICATION AGREEMENT (THE "AGREEMENT") IS ENTERED INTO BY AND BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD (THE "BOARD") AND \_\_\_\_\_ (THEREAFTER "GAMING JUNKET ENTERPRISE") (THE "INDEMNITOR") THROUGH ITS UNDERSIGNED REPRESENTATIVE WHO IS AUTHORIZED TO LEGALLY BIND THE "INDEMNITOR."

### WITNESSETH

WHEREAS, AS A CONDITION PRECEDENT TO THE ISSUANCE OF SAID GAMING JUNKET ENTERPRISE LICENSE, INDEMNITOR EXECUTED A STATEMENT OF CONDITIONS, WHICH IS INCORPORATED HEREIN BY REFERENCE, EXPRESSLY ACCEPTING CERTAIN ENUMERATED CONDITIONS TO ITS GAMING JUNKET ENTERPRISE LICENSE; AND,

WHEREAS, CONDITION 19 OF THE ABOVE-REFERENCED STATEMENT OF CONDITIONS REQUIRES GAMING JUNKET ENTERPRISE AS INDEMNITOR TO EXECUTE, A SEPARATE INDEMNIFICATION AGREEMENT IN A FORM PRESCRIBED BY THE BOARD SO AS TO INDEMNIFY AND HOLD HARMLESS THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES (COLLECTIVELY THE "INDEMNITEES"), FROM AND AGAINST CERTAIN ENUMERATED CLAIMS AND PAYMENTS.

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING, INDEMNITOR AGREES TO THE FOLLOWING:

1. EXCEPT TO THE EXTENT THE CONDUCT OF ANY ONE OF THE INDEMNITEES CONSTITUTES A CRIMINAL VIOLATION OF LAW OR WILLFUL MISCONDUCT OUTSIDE THE SCOPE OF INDEMNITEES' DUTIES, INDEMNITOR WILL BE RESPONSIBLE FOR AND TO PROTECT, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES FROM AND AGAINST ANY AND ALL CLAIMS OR PAYMENTS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OF ANY KIND BY ANY AND ALL PARTIES AND CLAIMANTS, ARISING OUT OF, OR IN CONNECTION WITH, ANY NEGLIGENCE, ERROR OR OMISSION BY THE INDEMNITEES, ATTENDANT TO ANY OR ALL OF THE FOLLOWING:
  - A. ANY INVESTIGATION, CONSIDERATION, OR ACTION TAKEN IN CONNECTION WITH AN APPLICATION BY INDEMNITOR;
  - B. THE DENIAL, SUSPENSION, REVOCATION OR CONDITIONING OF THE GAMING JUNKET ENTERPRISE LICENSE ISSUED TO INDEMNITOR OR ANY CERTIFICATION, PERMIT OR OTHER AUTHORIZATION ASSOCIATED THEREWITH, INCLUDING ANY ENFORCEMENT ACTION TAKEN WITH RESPECT TO ANY SUCH CERTIFICATION, PERMIT OR OTHER AUTHORIZATION;
  - C. ANY ACTION TAKEN WHICH MAY OR DOES RESULT IN THE SUSPENSION OF OPERATIONS OF THE INDEMNITOR OR THE ISSUANCE OF AN EMERGENCY ORDER RELATIVE TO THE INDEMNITOR; AND,
  - D. ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF MATERIAL OR INFORMATION ACQUIRED DURING ANY PAST, PRESENT OR FUTURE INVESTIGATION OF THE APPLICANT OR GAMING JUNKET ENTERPRISE.
2. INDEMNITOR WILL BE RESPONSIBLE FOR AND TO PROTECT, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES FROM AND AGAINST, ANY AND ALL CLAIMS OR PAYMENTS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OF ANY KIND BY ANY AND ALL PARTIES AND CLAIMANTS, ARISING OUT OF, OR IN CONNECTION WITH, ANY ACT OR OMISSION BY INDEMNITOR, OR ANY OF ITS PRINCIPALS, KEY EMPLOYEES, PERMITTEES, REGISTRANTS, AFFILIATED ENTITIES REQUIRED TO BE FOUND QUALIFIED IN PENNSYLVANIA, REPRESENTATIVES AND AGENTS, WHERE 42 PA.C.S., PART VII, CH. 85, SUBCHAPTER B (RELATING TO SOVEREIGN IMMUNITY), IS ALLEGED OR DETERMINED TO AUTHORIZE LIABILITY ON THE PART OF THE INDEMNITEES.
3. DEFENSE COSTS: EXCEPT TO THE EXTENT THE CONDUCT OF ANY ONE OF THE INDEMNITEES CONSTITUTES A VIOLATION OF LAW OR WILLFUL MISCONDUCT OUTSIDE THE SCOPE OF INDEMNITEES' DUTIES, INDEMNITOR WILL BE RESPONSIBLE TO INDEMNIFY THE INDEMNITEES FOR ALL ATTORNEYS FEES, COSTS, OTHER FEES, JUDGMENTS, SETTLEMENTS OR OTHER MONIES REASONABLY PAID ON ACCOUNT OF AND RELATED TO ANY LITIGATION OR ASSOCIATED WITH THE DEFENSE OF ANY LITIGATION AS SET FORTH ABOVE.



4. **INDEMNITEE OBLIGATIONS:** THE BOARD, FOR ITSELF AND ALL OTHER INDEMNITEES, AGREES TO (I) USE REASONABLE EFFORTS TO COOPERATE WITH INDEMNITOR AND ITS AGENTS RELATIVE TO ANY MATTERS IN WHICH THEY SEEK INDEMNIFICATION UNDER THIS AGREEMENT, (II) WILL PROVIDE PROMPT NOTICE TO THE INDEMNITOR OF ANY ACTIONS WHICH ARE LIKELY TO LEAD TO A REQUEST FOR INDEMNIFICATION UNDER THIS AGREEMENT AND (III) RAISE ANY AND ALL AVAILABLE SOVEREIGN IMMUNITY DEFENSES RELATIVE TO CLAIMS FOR WHICH INDEMNIFICATION IS SOUGHT UNDER THIS AGREEMENT.
5. **ENTIRE AGREEMENT:** THIS AGREEMENT SETS FORTH THE ENTIRE AGREEMENT AND UNDERSTANDING BETWEEN THE ABOVE-REFERENCED PARTIES RELATING TO THE SUBJECT MATTER HEREIN AND SUPERSEDES ALL PRIOR AGREEMENTS AND UNDERSTANDINGS BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER HEREOF. NO MODIFICATION OF OR AMENDMENT TO THIS AGREEMENT, NOR ANY WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT, WILL BE EFFECTIVE UNLESS IT IS IN WRITING AND SIGNED BY BOTH THE BOARD AND INDEMNITOR. ANY SUBSEQUENT CHANGE OR CHANGES IN THE INDEMNITOR'S DUTIES OR COMMISSION WILL NOT AFFECT THE VALIDITY OR SCOPE OF THIS AGREEMENT. NO WAIVER OF THIS AGREEMENT SHALL BE CONSTRUED AS A CONTINUING WAIVER OR CONSENT TO ANY SUBSEQUENT BREACH THEREOF.
6. **GOVERNING LAW: CONSENT TO PERSONAL JURISDICTION:** THIS AGREEMENT WILL BE GOVERNED BY THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA WITHOUT REGARD TO CONFLICTS OF LAWS PRINCIPLES. INDEMNITOR HEREBY EXPRESSLY CONSENTS TO THE PERSONAL JURISDICTION OF THE STATE COURTS LOCATED IN THE COMMONWEALTH OF PENNSYLVANIA FOR ANY LAWSUIT FILED AGAINST INDEMNITOR ARISING FROM OR RELATING TO THIS AGREEMENT.
7. **SEVERABILITY:** IF ONE OR MORE OF THE PROVISIONS IN THIS AGREEMENT ARE DEEMED VOID BY LAW, THEN THE REMAINING PROVISIONS WILL CONTINUE IN FULL FORCE AND EFFECT.
8. **HEADINGS:** SECTION HEADINGS ARE NOT TO BE CONSIDERED A PART OF THIS AGREEMENT AND ARE NOT INTENDED TO BE A FULL AND ACCURATE DESCRIPTION OF THE CONTENTS HEREOF.

BOTH THE BOARD AND INDEMNITOR HEREBY CERTIFY AND AFFIRM THAT THEIR DULY APPOINTED REPRESENTATIVES HAVE READ AND FULLY UNDERSTAND THE FOREGOING INDEMNIFICATION AGREEMENT AND ACKNOWLEDGE THAT THEIR SIGNATURES BELOW LEGALLY BIND THE BOARD AND GAMING JUNKET ENTERPRISE.

THIS AGREEMENT, CONSISTING OF TWO PAGES, INCLUDING THIS PAGE, IS ENTERED INTO THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

GAMING JUNKET ENTERPRISE  
 BY:

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

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
 DATE COMMISSION EXPIRES

**BELOW SECTION TO BE COMPLETED BY THE PGCB ONLY**

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PENNSYLVANIA GAMING CONTROL BOARD

SWORN TO AND SUBSCRIBED BEFORE ME THIS BY:

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

---

R. DOUGLAS SHERMAN, CHIEF COUNSEL  
PENNSYLVANIA GAMING CONTROL BOARD

---

SIGNATURE OF NOTARY PUBLIC

---

PRINTED NAME OF NOTARY PUBLIC

---

DATE COMMISSION EXPIRES

**TO BE COMPLETED BY SLOT MACHINE APPLICANT/LICENSEE**  
**SLOT MACHINE APPLICANT OR LICENSEE'S DUE DILIGENCE CERTIFICATION**

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

SS:

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

ON BEHALF OF SLOT MACHINE APPLICANT/LICENSEE, THE CHIEF EXECUTIVE OFFICER/(CEO)/AUTHORIZED SIGNATORY OF \_\_\_\_\_ (NAME OF SLOT MACHINE APPLICANT OR LICENSEE) HEREBY CERTIFIES THAT IT HAS ENTERED INTO AN AGREEMENT OR CONTRACT WITH \_\_\_\_\_ (NAME OF GAMING JUNKET ENTERPRISE APPLICANT) TO CONDUCT BUSINESS AND HAS INVESTIGATED THE BACKGROUND AND QUALIFICATIONS OF THE ABOVE NAMED GAMING JUNKET ENTERPRISE APPLICANT, AS REQUIRED BY THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT AND BOARD REGULATIONS.

THE SLOT MACHINE APPLICANT OR LICENSEE HEREBY CONFIRMS THAT THE ABOVE NAMED GAMING JUNKET ENTERPRISE APPLICANT WILL BE ARRANGING GAMING JUNKETS TO THE ABOVE NAMED FACILITY OR SELECTING INDIVIDUALS TO PARTICIPATE IN A GAMING JUNKET TO THE ABOVE NAMED SLOT MACHINE APPLICANT OR LICENSEE. THE GAMING JUNKET ENTERPRISE APPLICANT'S ACTIVITIES WILL TAKE PLACE  IN THE "GAMING AREA"  IN AN AREA OTHER THAN THE "GAMING AREA"  IN A RESTRICTED AREA AS DEFINED IN 58 PA. CODE §401A.3 AND THAT, TO THE BEST OF THE SLOT MACHINE APPLICANT OR LICENSEE'S KNOWLEDGE, THERE IS NO MISREPRESENTATION, FALSIFICATION, OR OMISSION IN THIS APPLICATION. FURTHER THE SLOT MACHINE APPLICANT OR LICENSEE IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S. §§4902, 4903, AND 4904.

THE SLOT MACHINE APPLICANT OR LICENSEE AFFIRMS THAT THE CONTRACT OR AGREEMENT WITH THE APPLICANT FOR A GAMING JUNKET ENTERPRISE, WHETHER ORAL OR WRITTEN, SHALL BE TERMINATED IN THE EVENT THAT THE BOARD OR THE SLOT MACHINE APPLICANT OR LICENSEE FINDS THAT THE AGREEMENT OR CONTRACT FAILS TO MEET THE REQUIREMENTS OF THE BOARD'S REGULATIONS.

THE ABOVE NAMED SLOT MACHINE APPLICANT OR LICENSEE AGREES THAT IT HAS AN AFFIRMATIVE DUTY TO AVOID AGREEMENTS OR RELATIONSHIPS WITH GAMING JUNKET ENTERPRISE APPLICANTS WHOSE BACKGROUND OR ASSOCIATION IS INJURIOUS TO THE PUBLIC HEALTH, SAFETY, MORALS, GOOD ORDER AND GENERAL WELFARE OF THE PEOPLE OF THE COMMONWEALTH OF PENNSYLVANIA, WHO THREATEN THE INTEGRITY OF GAMING IN PENNSYLVANIA OR WHO DISCREDIT OR TEND TO DISCREDIT THE PENNSYLVANIA GAMING INDUSTRY OR THE COMMONWEALTH OF PENNSYLVANIA PURSUANT TO 58 PA. CODE §439A.3 (D) AND AFFIRMS THAT IT HAS PERFORMED THE APPROPRIATE DUE DILIGENCE ON THE ABOVE NAMED GAMING JUNKET ENTERPRISE APPLICANT AND ITS OWNERS, MANAGERS OR EMPLOYEES AND BELIEVES THAT THE APPLICANT MEETS THE QUALIFICATIONS TO BE A GAMING JUNKET ENTERPRISE.

\_\_\_\_\_  
(PRINTED NAME OF CEO/AUTHORIZED SIGNATORY)

\_\_\_\_\_  
(NAME OF SLOT MACHINE APPLICANT OR LICENSEE)

\_\_\_\_\_  
(TITLE OF AUTHORIZED SIGNATORY)

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

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

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

\_\_\_\_\_  
DATE

MY COMMISSION EXPIRES \_\_\_\_\_