



Pennsylvania Gaming Control Board

SINGLE TRANSACTIONAL WAIVER 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).

THIS FORM SHALL BE COMPLETED BY APPLICANTS THAT ARE PROPOSING TO ENGAGE IN A ONE-TIME TRANSACTION WITH A SLOT MACHINE APPLICANT OR LICENSEE THAT IS EQUAL TO OR GREATER THAN \$500,000. IN ORDER TO BE ELIGIBLE TO RECEIVE A SINGLE TRANSACTIONAL WAIVER FROM THE REQUIREMENTS OF CERTIFICATION, THE PERSON MUST DEMONSTRATE THE FOLLOWING:

1. THE APPLICANT IS PROPOSING TO ENGAGE IN A SINGLE TRANSACTION WITH A SLOT MACHINE LICENSEE OR APPLICANT AND SATISFIES THE FOLLOWING REQUIREMENTS:
 - A. THE APPLICANT’S REQUIRED PERFORMANCE UNDER THE CONTRACT WITH THE SLOT MACHINE APPLICANT OR LICENSEE DOES NOT REQUIRE THE APPLICANT’S EMPLOYEES TO BE ON THE GAMING FLOOR OR IN A RESTRICTED AREA.
 - B. THE APPLICANT HAS NOT FILED A SINGLE TRANSACTIONAL WAIVER FORM WITH THE BOARD WITHIN TWO YEARS OF THE CURRENT WAIVER REQUEST.
 - C. THE APPLICANT WILL NOT HAVE A CONTINUING BUSINESS RELATIONSHIP WITH THE SLOT MACHINE APPLICANT OR LICENSEE OR HAVE A CONTINUING ONSITE PRESENCE AT THE LICENSED FACILITY.
 - D. THE APPLICANT MAY NOT PROVIDE ANY GOODS OR SERVICES WITHOUT PRIOR APPROVAL OF THE PENNSYLVANIA GAMING CONTROL BOARD.

THE ORIGINAL FORM, ONE PAPER COPY, AND TWO (2) COMPACT DISCS (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. APPLICATION FEES

SINGLE TRANSACTIONAL WAIVER FORM\$350.00

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

IF AN APPLICANT HAS SUBMITTED A SINGLE TRANSACTIONAL WAIVER FORM AND IS DIRECTED BY THE BOARD TO INSTEAD COMPLETE THE GAMING SERVICE PROVIDER CERTIFICATION FORM, THE APPROPRIATE APPLICATION FEE WITH THE ALTERNATIVE FILING MUST BE SUBMITTED.

2. APPLICATION FORM INSTRUCTIONS

AS USED IN THE SINGLE TRANSACTIONAL WAIVER FORM, THE WORDS “**APPLICANT**” AND “**YOU**” SHALL MEAN THE **GAMING SERVICE PROVIDER** COMPLETING THIS APPLICATION 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.

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 THE BOARD REGULATIONS.

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 MAY 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.

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

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO THE BOARD REGULATIONS, THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

NOTE

THE APPLICANT FOR A SINGLE TRANSACTIONAL WAIVER MAY NOT PROVIDE ANY GOOD OR SERVICE TO A SLOT MACHINE LICENSEE OR APPLICANT WITHOUT THE PRIOR APPROVAL OF THE BOARD.

1. 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			
DATE BUSINESS WAS ESTABLISHED:			
APPLICANT'S PRINCIPAL ADDRESS			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP	WEB URL	
PHONE NUMBER		FAX NUMBER	
APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP	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 FORM OF ORGANIZATION			
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) _____			

2. 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		* SOCIAL SECURITY #	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER

* UNDER THE FEDERAL PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. THE ABSENCE OF A SOCIAL SECURITY NUMBER ON THE APPLICATION MAY RESULT IN A DELAY IN THE FINAL DETERMINATION OF YOUR LICENSE, PERMIT, REGISTRATION, OR CERTIFICATION.

3. APPLICANT'S IDENTIFICATION NUMBER

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? YES NO

IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.

4. DESCRIBE THE APPLICANT'S PRESENT BUSINESS

9. APPLICANT'S EMPLOYEES CONDUCTING BUSINESS WITH SLOT MACHINE LICENSEE/APPLICANT

PROVIDE THE FOLLOWING INFORMATION FOR ALL SALESPERSON OR OTHER EMPLOYEE OF THE APPLICANT WHO IS OR WHO WILL SOLICIT BUSINESS FROM OR WHO HAS OR WHO WILL HAVE REGULAR CONTACT WITH A SLOT MACHINE LICENSEE OR APPLICANT.

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	* SOCIAL SECURITY NUMBER	DRIVERS' LICENSE #	STATE ISSUED
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	* SOCIAL SECURITY NUMBER	DRIVERS' LICENSE #	STATE ISSUED
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	* SOCIAL SECURITY NUMBER	DRIVERS' LICENSE #	STATE ISSUED

MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

* UNDER THE FEDERAL PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. THE ABSENCE OF A SOCIAL SECURITY NUMBER ON THE APPLICATION MAY RESULT IN A DELAY IN THE FINAL DETERMINATION OF YOUR LICENSE, PERMIT, REGISTRATION, OR CERTIFICATION.

10. CURRENT OFFICERS AND DIRECTORS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS AND DIRECTORS OF THE APPLICANT. FOR PURPOSES OF COMPLETING THIS FORM 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.

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 NUMBER	DRIVERS' LICENSE #	STATE ISSUED
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 NUMBER	DRIVER'S LICENSE #	STATE ISSUED
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 NUMBER	DRIVERS' LICENSE #	STATE ISSUED
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.

* UNDER THE FEDERAL PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. THE ABSENCE OF A SOCIAL SECURITY NUMBER ON THE APPLICATION MAY RESULT IN A DELAY IN THE FINAL DETERMINATION OF YOUR LICENSE, PERMIT, REGISTRATION, OR CERTIFICATION.

11. APPLICANT'S OWNERS

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON OR ENTITY WHO DIRECTLY OWNS MORE THAN TEN (10) PERCENT OF THE APPLICANT OR ITS BUSINESS.

NAME AND ADDRESS						
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
DRIVERS' LICENSE #	STATE ISSUED	* SOCIAL SECURITY NUMBER/FEIN		PERCENTAGE OF OWNERSHIP	DATE ACQUIRED	
NAME AND ADDRESS						
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
DRIVERS' LICENSE #	STATE ISSUED	* SOCIAL SECURITY NUMBER/FEIN		PERCENTAGE OF OWNERSHIP	DATE ACQUIRED	
NAME AND ADDRESS						
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
DRIVERS' LICENSE #	STATE ISSUED	* SOCIAL SECURITY NUMBER/FEIN		PERCENTAGE OF OWNERSHIP	DATE ACQUIRED	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

12. GAMING LICENSES AND PERMITS

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.

IF YOU ANSWER YES, YOU MUST 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		

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 DUI/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.

13. CRIMINAL HISTORY

HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS OR OWNERS LISTED 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 (INCLUDE ANY GAMBLING OR GAMING OFFENSES)?

IF YES, PROVIDE THE FOLLOWING INFORMATION.

CRIMINAL HISTORY INCIDENT						
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 OR TRUSTEE

14. PREVIOUS NAMES

LIST ALL OTHER NAMES UNDER WHICH APPLICANT OR APPLICANT'S OWNERS, HAS OR HAVE DONE BUSINESS FOR THE LAST FIVE (5) YEARS.

NAME	DOING BUSINESS As(DBA) NAME:	DATE	
		FROM:	To:

15. PREVIOUS ADDRESSES

LIST ALL OTHER ADDRESSES FROM WHICH THE APPLICANT IS DOING OR HAS DONE BUSINESS FOR THE LAST FIVE (5) YEARS. IF THE APPLICANT IS PRESENTLY CONDUCTING BUSINESS FROM ANY OF THESE ADDRESSES, LEAVE THE "DATE TO" FIELD BLANK.

DATE:		ADDRESS (STREET, CITY, STATE, COUNTRY, ZIP)
FROM:	To:	

16. PREVIOUS BUSINESS

DESCRIBE ANY PAST BUSINESS, NOT CURRENTLY ACTIVE, WHICH THE APPLICANT OR ANY PARENT, INTERMEDIARY OR SUBSIDIARY ENGAGED IN DURING THE LAST FIVE (5) YEARS AND THE REASONS FOR THE CESSATION OF SUCH BUSINESS.

NAME OF FORMER BUSINESS ENTITY	RELATION TO GAMING SERVICE PROVIDER	DATE	DESCRIBE PAST BUSINESS ACTIVITY	REASON FOR CESSATION OF FORMER BUSINESS
		FROM: To:		

APPLICANT'S VERIFICATION

STATE OF _____:

COUNTY OF _____: SS:

THE UNDERSIGNED HEREBY CERTIFIES THAT TO THE BEST OF THE CEO'S KNOWLEDGE, THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE ARE NO MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS IN THIS APPLICATION. FURTHER, THE CEO/APPLICANT IS AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF THE SINGLE TRANSACTIONAL WAIVER AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S.A. §§ 4902, 4903 AND 4904.

CERTIFICATION (REQUIRED) DATE: ____/____/20____

NAME OF CEO

TITLE

SIGNATURE OF CEO

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF

_____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON ____/____/20____

SLOT MACHINE LICENSEE'S VERIFICATION

THE AUTHORIZED REPRESENTATIVE HEREBY CONFIRMS THAT _____ (APPLICANT) WILL BE ENGAGING IN A ONE-TIME TRANSACTION TO PROVIDE A NON-GAMING GOOD OR SERVICE TO _____ (SLOT MACHINE LICENSEE OR APPLICANT) IN THE "GAMING AREA"; IN AN AREA OTHER THAN THE "GAMING AREA" AS DEFINED IN 58 PA. CODE §401A.3. AND THAT, TO THE BEST OF THE AUTHORIZED REPRESENTATIVE'S KNOWLEDGE, THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE ARE NO MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS IN THIS APPLICATION. FURTHER, THE AUTHORIZED REPRESENTATIVE IS AWARE THAT ANY FALSE OR MISLEADING STATEMENTS 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.A. §§ 4902, 4903 AND 4904.

PROVIDE A DESCRIPTION OF THE GOODS AND SERVICES TO BE PROVIDED BY THE GAMING SERVICE PROVIDER: _____

_____.

CERTIFICATION (REQUIRED) DATE: _____ / _____ /20 _____

NAME OF AUTHORIZED REPRESENTATIVE

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

*** TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF SLOT MACHINE LICENSEE OR APPLICANT WITH WHOM GAMING SERVICE PROVIDER IS PROPOSING TO ENGAGE IN A ONE-TIME TRANSACTION.**