

# PENNSYLVANIA GAMING CONTROL BOARD

## ON-SITE SUBORDINATE PRE-OPENING CONSTRUCTION NOTIFICATION FORM

**THIS FORM MUST BE COMPLETED BY ALL SECOND TIER AND BELOW SUBCONTRACTORS IN ORDER FOR THOSE SUBCONTRACTORS TO PROVIDE CONSTRUCTION SERVICES AT A FACILITY. THE NOTIFICATION FORM FEE IS \$150.00, WHICH MUST BE SUBMITTED WITH THIS FORM. THE BOARD MAY REQUIRE ADDITIONAL INFORMATION OR FILINGS FROM YOU AT ANY TIME. THE ON-SITE SUBORDINATE PRE-OPENING CONSTRUCTION NOTIFICATION SHALL BE VALID FOR ONLY ONE LICENSED OR APPROVED FACILITY FOR ONE YEAR UNLESS THE BOARD, AT ITS SOLE DISCRETION, RENEWS THE NOTIFICATION UPON GOOD CAUSE SHOWN. THIS NOTIFICATION IS ONLY APPLICABLE FOR PRE-OPENING CONSTRUCTION WORK AT A FACILITY THAT HAS NOT COMMENCED GAMING OPERATIONS. POST OPENING WORK WILL REQUIRE THE FILING OF A VENDOR APPLICATION. PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION. PLEASE ANSWER ALL QUESTIONS COMPLETELY. RESPOND "NONE" OR "DOES NOT APPLY" IF APPROPRIATE.**

1. NAME OF ENTERPRISE: _____	2. TELEPHONE NUMBER: _____
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3. ADDRESS FROM WHICH BUSINESS IS CONDUCTED WITH SLOT MACHINE LICENSEE OR APPLICANT:				
_____ STREET	_____ CITY	_____ COUNTY	_____ STATE	_____ ZIP

4. TYPE OF BUSINESS CONDUCTED WITH SLOT MACHINE LICENSEE OR APPLICANT: _____	5. TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A), OR FOR SERVICES OF (F/S/O): _____
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6. BUSINESS TYPE: \_\_\_\_\_

7. STATE AND YEAR OF INCORPORATION: \_\_\_\_\_

8. FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____	9. DATE OF AGREEMENT: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>_____ MONTH</span> <span>_____ DAY</span> <span>_____ YEAR</span> </div>
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10. PROVIDE THE NAME(S), RESIDENCE ADDRESS(ES), AND DATE(S) OF BIRTH OF THOSE PERSONS IN THE ENTERPRISE WHO ENTERED INTO AGREEMENTS WITH THE SLOT MACHINE LICENSEE OR APPLICANT, THOSE PERSONS WHO WILL DEAL DIRECTLY WITH THE SLOT MACHINE LICENSEE OR APPLICANT, AND THEIR IMMEDIATE SUPERVISORS. IF THE ENTERPRISE IS A CORPORATION, ALSO PROVIDE THIS INFORMATION FOR ALL OFFICERS INVOLVED IN THE CONDUCT OF THE ENTERPRISE'S BUSINESS WITH THE SLOT MACHINE LICENSEE OR APPLICANT.

NAME	RESIDENCE ADDRESS	DATE OF BIRTH

11. PROVIDE THE NAME(S), ADDRESS(ES), AND PERCENTAGE OF OWNERSHIP HELD BY EACH ENTITY OR PERSON DIRECTLY OWNING MORE THAN FIVE (5) PERCENT OF THIS ENTERPRISE. WHEN LISTING INDIVIDUALS, ALSO PROVIDE SOCIAL SECURITY NUMBERS AND DATES OF BIRTH.

PERCENT OF OWNERSHIP	NAME	ADDRESS	SOCIAL SECURITY #	DATE OF BIRTH (IF APPLICABLE)

12. PERSON WHO COMPLETED THIS FORM:

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

13. NAME OF SLOT MACHINE LICENSEE OR APPLICANT: \_\_\_\_\_

14. NAME OF CONTRACTOR FOR WHICH YOU ARE A SUBCONTRACTOR: \_\_\_\_\_

I SWEAR/AFFIRM THAT THE FOREGOING APPLICATION, STATEMENTS AND ACCOMPANYING DOCUMENTATION (IF ANY) ARE TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION. I AM AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S.A SECTION 4902, 4903, AND 4904.

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE