Pennsylvania Gaming Control Board

PENNSYLVANIA PERSONAL HISTORY DISCLOSURE RENEWAL FORM – GAMING RELATED GAMING SERVICE PROVIDER

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

A. YOU MUST MAKE ACCURATE STATEMENTS AND INCLUDE ALL MATERIAL FACTS. ANY MISREPRESENTATION, FALSIFICATION, OMISSION OR THE FAILURE TO PROVIDE UPDATED REQUESTED INFORMATION, MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

B. 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).

C. READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY TO YOU, INDICATE "DOES NOT APPLY" IN RESPONSE TO THAT QUESTION. FAILURE TO PROVIDE A RESPONSE TO EVERY QUESTION COULD RESULT IN THE REJECTION OF YOUR APPLICATION.

D. ALL ENTRIES ON THIS FORM, EXCEPT INITIALS AND SIGNATURES, MUST BE TYPED OR PRINTED IN BLOCK LETTERING. IF YOUR FORM IS NOT LEGIBLE, IT WILL NOT BE ACCEPTED. YOU MUST USE **BLUE** INK TO PERSONALLY ENTER YOUR INITIALS AND THE DATE IN THE SPACE PROVIDED ON THE BOTTOM OF EACH PAGE OF THE FORM.

E. IF THE SPACE AVAILABLE IS INSUFFICIENT TO RESPOND TO A QUESTION, YOU ARE TO SUPPLY THE REQUIRED INFORMATION ON AN ATTACHMENT PAGE AND CLEARLY IDENTIFY WHICH QUESTION YOU ARE ANSWERING. THE BLANK PAGE MAY BE USED TO PROVIDE THIS ADDITIONAL INFORMATION. YOU MUST USE **BLUE** INK TO PERSONALLY ENTER YOUR INITIAL AND THE DATE AT THE BOTTOM OF EACH OF THESE ATTACHMENT PAGES.

F. IF YOU MAKE ANY MODIFICATION TO THE PRE-PRINTED QUESTIONS OR INFORMATION CONTAINED IN THIS FORM, YOUR APPLICATION WILL BE REJECTED. ONCE YOUR APPLICATION IS ACCEPTED, IT BECOMES THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED.

G. CONFIDENTIAL INFORMATION (AS DEFINED IN 58 PA. CODE §401A.3) SUPPLIED TO THE BOARD OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE GAMING ACT, OR UPON THE LAWFUL ORDER OF A COURT OF COMPETENT JURISDICTION OR, WITH THE APPROVAL OF THE ATTORNEY GENERAL, TO A DULY AUTHORIZED LAW ENFORCEMENT AGENCY. AN APPLICANT OR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT HOLDER WAIVES ANY LIABILITY OF THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION.

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

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

THE ORIGINAL FORM, ONE PAPER COPY CONTAINING ALL FORMS MUST BE SENT WITH THE ENTIRE APPLICATION PACKAGE TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, VERIZON TOWER, HARRISBURG, PA 17101 WITH THE APPROPRIATE FEES. 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.

II. BE SURE TO:

A. SIGN THE AFFIDAVIT, RELEASE AUTHORIZATION AND WAIVER OF LIABILITY FORMS IN THE PRESENCE OF A NOTARY PUBLIC, JUSTICE OF THE PEACE, COMMISSIONER FOR DECLARATIONS OR OTHER PERSON LEGALLY AUTHORIZED TO NOTARIZE YOUR SIGNATURE.

B. CHECK TO ENSURE THAT YOU HAVE PLACED YOUR INITIALS AND THE DATE ON THE BOTTOM OF EACH PAGE OF THIS FORM IN THE SPACE PROVIDED AND ON ANY ATTACHMENT PAGES.

III. BEFORE YOU SUBMIT THIS FORM TO THE BOARD, BE SURE THAT:

A. YOU HAVE REVIEWED THE FILING INSTRUCTIONS FOR THE CERTIFICATION THAT YOU ARE SEEKING.

B. YOU HAVE INCLUDED ALL REQUIRED ATTACHMENTS LISTED IN THIS FORM.

C. THE AFFIDAVIT, RELEASE AUTHORIZATION AND WAIVER OF LIABILITY FORMS ARE NOTARIZED ON THE ORIGINAL APPLICATION.

D. EVERY QUESTION HAS BEEN ANSWERED COMPLETELY.

E. YOU RETAIN A COMPLETED COPY OF YOUR FORM FOR YOUR OWN RECORDS.

F. YOU KEEP A BLANK COPY OF THE FORM. WHEN YOU NEED TO UPDATE INFORMATION, YOU CAN USE THE APPROPRIATE PAGES FROM THE BLANK FORM TO PROVIDE THE INFORMATION.

G. YOU USE BLUE INK WHERE YOU SIGN, INITIAL AND DATE YOUR RENEWAL FORM. USING BLUE INK WILL MAKE IT CLEAR THAT YOUR FORM IS TO BE CONSIDERED AN ORIGINAL AND NOT A PHOTOCOPY.

NOTE: YOU WILL BE REQUIRED TO PROVIDE FINGERPRINTS TO THE BOARD FOR INVESTIGATION PURPOSES. A FINGERPRINT PACKAGE WILL BE SENT BY THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT TO THE RESIDENTIAL ADDRESS SUPPLIED ONCE THE APPLICATION IS RECEIVED BY THE BOARD.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS.

PERSONAL DATA

NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
MAIDEN NAME			DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	COUNTY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE ( )	CELL ( )	FAX ( )

MAILING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)			
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	COUNTY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE	CELL ( )	FAX

BILLING CONTACT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	
PHONE ( )	CELL ( )	FAX ( )	

DESCRIPTIVE INFORMATION			
HEIGHT _____FT IN	WEIGHT _____ LBS	SOCIAL SECURITY NUMBER*	DRIVER'S LICENSE NO._____ STATE ISSUED _____ OPERATOR'S NUMBER: _____
TATTOOS, SCARS OR DISTINGUISHING MARKS:			MARITAL STATUS: ☐ SINGLE (NEVER MARRIED) ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED
GENDER	COLOR OF EYES	COLOR OF HAIR	

RACE**

☐ (C) CAUCASIAN ☐ (B) BLACK ☐ (H) HISPANIC ☐ (A) ASIAN ☐ (N) NATIVE AMERICAN ☐ (I) INDIAN (INDIA) ☐ (O) OTHER

CURRENT EMPLOYMENT POSITION AND SALARY

LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? ☐ YES ☐ NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME. ATTACH ADDITIONAL PAGES AS NECESSARY.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	FROM DATE	TO DATE

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

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

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION.

AFFIX A COLOR PHOTOGRAPH
HERE THAT WAS TAKEN WITHIN
THE PAST SIX MONTHS.

PRINT YOUR NAME ON THE FRONT
BOTTOM BORDER OF THE
PHOTOGRAPH BEFORE
ATTACHING IT.

1. OF WHAT COUNTRY ARE YOU A CITIZEN? _____

PLEASE INDICATE PLACE OF BIRTH: _____
CITY/TOWN STATE/PROVINCE COUNTRY

RESIDENCE DATA

2. BEGINNING WITH YOUR CURRENT RESIDENCE(S) AND WORKING BACKWARD PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH PLACE WHERE YOU HAVE LIVED (INCLUDING RESIDENCES WHILE ATTENDING COLLEGE OR WHILE IN MILITARY SERVICE) DURING THE PAST FIVE (5) YEARS OR SINCE THE AGE OF 18, WHICHEVER IS LESS.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM (MO/YR)	TO: (MO/YR)			

EMPLOYMENT AND LICENSING DATA

3. HAVE YOU EVER BEEN EMPLOYED BY A CASINO OR GAMING/GAMBLING RELATED COMPANY* IN ANY JURISDICTION? YES ☐ NO ☐

*CASINO OR GAMING/GAMBLING RELATED COMPANY INCLUDES ANY FORM OR TYPE OF CASINO, GAMING/GAMBLING RELATED OPERATION, ANY MANUFACTURER OF GAMING/GAMBLING EQUIPMENT, JUNKET ENTERPRISE, HORSE RACING, DOG RACING, PARI-MUTUEL OPERATION, LOTTERY, SPORTS BETTING, INTERNET GAMING, ETC.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			

4. IN THE CHART BELOW, PROVIDE THE INFORMATION REGARDING YOUR EMPLOYMENT FOR THE PAST FIVE (5) YEARS. BEGIN WITH YOUR PRESENT JOB AND WORK BACKWARDS. GIVE DATES OF ANY UNEMPLOYMENT BETWEEN JOBS IN PROPER SEQUENCE. INCLUDE ALL PART-TIME AND FULL-TIME EMPLOYMENT AND ANY MILITARY SERVICE. FOR ANY CASINO OR GAMING/GAMBLING RELATED EMPLOYMENT IDENTIFIED IN THE PREVIOUS QUESTION, YOU ARE ONLY REQUIRED TO FILL IN THE DATES OF EMPLOYMENT AND THE NAME OF THE CASINO OR GAMING/GAMBLING RELATED COMPANY ON THIS CHART.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

5. WITH REGARD TO THE PREVIOUSLY LISTED EMPLOYMENT:

A. WERE YOU DISCHARGED, SUSPENDED OR ASKED TO RESIGN FROM EMPLOYMENT? YES ☐ NO ☐

B. DURING THE LAST TEN (10) YEAR PERIOD, WERE YOU EVER CHARGED WITH ANY INFRACTION IN RELATION TO ANY EMPLOYMENT WHICH WAS THE SUBJECT OF ANY DISCIPLINARY ACTION? YES ☐ NO ☐

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

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

6. HAVE YOU EVER BEEN DENIED A NON-GAMING LICENSE, PERMIT OR CERTIFICATION OR HAD A NON-GAMING LICENSE, PERMIT OR CERTIFICATION SUSPENDED OR REVOKED? YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

7. HAVE YOU EVER MADE APPLICATION FOR, OR HELD, A LICENSE, PERMIT, REGISTRATION, FINDING OF SUITABILITY, QUALIFICATION OR OTHER AUTHORIZATION TO PARTICIPATE IN ANY FORM OR TYPE OF CASINO, GAMING/GAMBLING RELATED OPERATION (INCLUDING ANY MANUFACTURER OF GAMING/GAMBLING EQUIPMENT, JUNKET OPERATION, HORSE RACING, DOG RACING, PARI-MUTUEL OPERATION, LOTTERY, SPORTS BETTING, INTERNET GAMING, ETC.) OR ALCOHOLIC BEVERAGE OPERATION IN ANY JURISDICTION? YOU MUST ANSWER "YES" TO THIS QUESTION IF YOU EVER APPLIED AND YOUR APPLICATION WAS GRANTED, DENIED, RETURNED TO YOU BY THE GAMING AGENCY FOR ANY REASON, WITHDRAWN OR IS CURRENTLY PENDING. YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

8. IF THE APPLICANT HAS APPLIED FOR ANY TYPE OF LICENSE, REGISTRATION, CERTIFICATION, OR PERMIT 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 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, REVOKED OR WITHDRAWN, PROVIDE DETAILS.
			☐ GRANTED ☐ DENIED ☐ PENDING ☐ EXPIRED ☐ SUSPENDED ☐ CONDITIONED ☐ WITHDRAWN ☐ REVOKED		
			☐ GRANTED ☐ DENIED ☐ PENDING ☐ EXPIRED ☐ SUSPENDED ☐ CONDITIONED ☐ WITHDRAWN ☐ REVOKED		

9. HAS THE APPLICANT EVER BEEN PLACED ON THE COMMONWEALTH DEBARMENT LIST MAINTAINED BY THE PENNSYLVANIA DEPARTMENT OF GENERAL SERVICES?

YES ☐ NO ☐ IF YES, PLEASE PROVIDE THE DATES OF ANY SUCH DEBARMENT AND EXPLAIN THE REASON FOR THE DEBARMENT.

DATE OF DEBARMENT	REASON FOR DEBARMENT

10. FOR EACH CASINO, GAMING/GAMBLING RELATED OR ALCOHOLIC BEVERAGE OPERATION APPLICATION, LICENSE, PERMIT, REGISTRATION, FINDING OF SUITABILITY, QUALIFICATION OR OTHER AUTHORIZATION IDENTIFIED IN THE PREVIOUS QUESTION, WERE YOU EVER CALLED TO APPEAR TO TESTIFY, OR OTHERWISE PARTICIPATE IN A HEARING OR PROCEEDING, BEFORE THE LICENSING AGENCY OR COMMISSION TO WHICH YOU WERE APPLYING? YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

CRIMINAL AND INVESTIGATORY PROCEEDINGS

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

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

FOR PURPOSES OF THIS QUESTION, USE THE FOLLOWING DEFINITIONS:

A. **"CRIME OR OFFENSE"** INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR 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:

A. ANSWER **"YES"** AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF:**

1. YOU DID NOT COMMIT THE OFFENSE CHARGED;
2. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;
3. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;
4. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM;
5. THE CHARGES OR CONVICTIONS WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;
6. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";
7. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;

8. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;

9. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);

10. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.

B. ANSWER **"NO"** IF:

1. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;

2. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.

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

*** PLEASE NOTE THAT THE PGCB AND/OR THE PENNSYLVANIA STATE POLICE WILL CONDUCT A THOROUGH CRIMINAL HISTORY CHECK ON ALL APPLICANTS. IF A CRIMINAL HISTORY CHECK REVEALS THAT YOU HAVE FAILED TO COMPLETELY AND TRUTHFULLY ANSWER THE QUESTION REGARDING ARRESTS AND CRIMINAL CHARGES, YOUR APPLICATION MAY BE DENIED. THE FACT THAT AN APPLICANT HAS BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE IN PENNSYLVANIA OR ANOTHER JURISDICTION WILL NOT AUTOMATICALLY DISQUALIFY A PERSON; HOWEVER, FAILURE TO DISCLOSE THE ARRESTS OR PREVIOUS CHARGES ON THIS APPLICATION WILL BE TAKEN SERIOUSLY AND VIEWED NEGATIVELY BY THE PGCB.**

11. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE IN ANY JURISDICTION? YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

12. TO THE BEST OF YOUR KNOWLEDGE, HAS A CRIMINAL INDICTMENT, INFORMATION OR COMPLAINT EVER BEEN FILED OR RETURNED AGAINST YOU, BUT FOR WHICH YOU WERE NOT ARRESTED OR IN WHICH YOU WERE NAMED AS AN UNINDICTED PARTY OR UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN ANY JURISDICTION? YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

13. A. HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY ANY GOVERNMENTAL AGENCY/ORGANIZATION, COURT, COMMISSION, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (LOCAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO A TRAFFIC SUMMONS?
YES ☐ NO ☐

B. HAVE YOU EVER BEEN CALLED TO TESTIFY BEFORE, OR OTHERWISE BEEN QUESTIONED, INTERVIEWED, DEPOSED, OR REQUESTED TO TAKE A POLYGRAPH EXAM BY ANY GOVERNMENTAL AGENCY/ORGANIZATION, COURT, COMMISSION, COMMITTEE, GRAND JURY OR INVESTIGATIVE BODY (LOCAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) IN ANY JURISDICTION OTHER THAN IN RESPONSE TO A TRAFFIC SUMMONS? YES ☐ NO ☐

C. HAVE YOU EVER BEEN SUBPOENAED TO APPEAR OR TESTIFY BEFORE A FEDERAL, NATIONAL, STATE, COUNTY GRAND JURY, OR OTHER CRIMINAL INVESTIGATORY AGENCY OR BODY, OR ANY BOARD OR COMMISSION, OR ANY CIVIL, CRIMINAL OR ADMINISTRATIVE PROCEEDING OR HEARING?
YES ☐ NO ☐

IF YES TO ANY QUESTION, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

14. HAVE YOU EVER RECEIVED A PARDON, OR HAS ANY GOVERNMENT AGENCY/ORGANIZATION AGREED TO DISMISS, SUSPEND, OR DEFER ANY CRIMINAL INVESTIGATION OR PROSECUTION AGAINST YOU FOR ANY CRIMINAL OFFENSE? YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERRAL

15. DO YOU HAVE OR HAVE YOU HAD A SUBSTANCE ABUSE PROBLEM? YES ☐ NO ☐

16. HAVE YOU BEEN TREATED FOR ANY HEALTH RELATED ISSUE INVOLVING ALCOHOL OR CONTROLLED SUBSTANCES? YES ☐ NO ☐

IF YES, PLEASE PROVIDE THE CONDITION YOU WERE TREATED FOR AND THE DATES OF TREATMENT IN THE FOLLOWING CHART:

DATE(S) OF TREATMENT	PLEASE EXPLAIN THE CONDITION TREATED

17. IN THE PAST FIFTEEN (15) YEARS, HAVE YOU AS AN INDIVIDUAL, OR AS A RESULT OF YOUR ASSOCIATION AS AN OWNER, OFFICER OR DIRECTOR OF ANY BUSINESS ENTITY, BEEN A PARTY TO, A LAWSUIT AS EITHER A PLAINTIFF OR DEFENDANT, OR AN ARBITRATION AS EITHER A CLAIMANT OR DEFENDANT? (INCLUDE MATRIMONIAL MATTERS, NEGLIGENCE MATTERS, AUTO ACCIDENT MATTERS, CONTRACT MATTERS, COLLECTION MATTERS, DEBT MATTERS, BANKRUPTCIES, ETC.). YES ☐ NO ☐

IF YES, COMPLETE THE FOLLOWING CHART:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

18. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy, been in liquidation, receivership or been placed under some form of governmental administration or monitoring? Yes ☐ No ☐

If yes, complete the following chart:

Name of Entity	Type of Entity and Your Relationship to Business Entity	Approximate Date(s) of Action	Where Action Filed (City/Town, State/Province, County)

19. A. In the past ten (10) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation? Yes ☐ No ☐

B. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted). Yes ☐ No ☐

If yes to any question, complete the following chart:

Governmental Agency/Organization/Gaming/Gambling Agency	Nature of Charge	Date	Disposition

VEHICLE OPERATOR DATA

20. IN THE CHART BELOW, LIST ALL CURRENT MOTOR VEHICLE OPERATOR LICENSES (AUTOMOBILES, MOTORCYCLES, AIRPLANES, BOATS, RECREATIONAL VEHICLES, ETC.) ISSUED TO YOU IN ANY JURISDICTION:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL INTEREST

APPLICANT OWNERSHIP INTEREST OR FINANCIAL INTERESTS	
21. DO YOU HAVE ANY OWNERSHIP INTEREST, FINANCIAL INTEREST OR FINANCIAL INVESTMENT IN ANY BUSINESS ENTITY APPLYING TO, OR PRESENTLY LICENSED BY, THE PENNSYLVANIA GAMING CONTROL BOARD? ☐ YES ☐ NO IF YES, COMPLETE THE INFORMATION REQUIRED AND DETAIL ALL DEBT AND EQUITY HOLDINGS IN THE BUSINESS ENTITY.	
AMOUNT (NUMBER OF SHARES/UNITS) AND DESCRIPTION OF YOUR INTEREST/INVESTMENT/DEBT HOLDING/EQUITY HOLDING	PERCENT OF OWNERSHIP IN THE BUSINESS ENTITY

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

DEFINITIONS: For purposes of the following forms "Net Worth" is the amount found in the shaded box under column C between numbers 15 and 16.
INSTRUCTIONS: You MUST complete the entire Net Worth Statement **AND** all schedules.

22. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. Cash a) On hand		a)	
b) In bank (Schedule A)		b)	b)
2. Loans, Notes and Other Receivables (Schedule B)			
3. Securities (Schedule C)			
4. Real Estate Interests (Schedule D)			
5. Cash Value Insurance (Schedule E)			
6. Cash Value Pension/ Retirement Funds (Schedule F)			
7. Furniture and Clothing (Reasonable Estimate)			
8. Vehicles (Schedule G)			
9. Other (Schedule H)			
TOTAL ASSETS			

23. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
10. Notes Payable (Schedule I)		
11. Loans and Other Payables (Schedule J)		
12. Taxes Payable (Schedule K)		
13. Mortgages or Liens on Real Estate (Schedule L)		
14. Loans Against Insurance/Pensions (Schedule M)		
15. Other Indebtedness (Schedule N)		
TOTAL LIABILITIES		
NET WORTH Total Assets (From Column B) less Total Liabilities (From Column D)		
16. Contingent Liabilities (Schedule O)		

Date of Statement_____

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.

Name _____

Address_____

Phone _____

24. SCHEDULE "A" - CASH IN BANK LIST BELOW ANY BANK ACCOUNTS (CHECKING, SAVINGS, TIME DEPOSITS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.) FOREIGN AND DOMESTIC, MAINTAINED BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN. IDENTIFY WITH AN ASTERISK (*) ANY CHECK WRITING ACCOUNTS HELD WITH BROKERAGE HOUSES, INSURANCE COMPANIES, ETC.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	**BALANCE (Enter as item 1B)**

25. SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES LIST BELOW LOANS, NOTES AND OTHER RECEIVABLES HELD BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT (Enter as item 2A)	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE (Enter as item 2B)

26. SCHEDULE "C" - SECURITIES. LIST BELOW ANY STOCKS, BONDS, MUTUAL FUNDS, COMMODITY ACCOUNTS, OPTIONS, WARRANTS, ETC., HELD OR CONTROLLED BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN IN ANY JURISDICTION. WHENEVER INTEREST EXISTS THROUGH A MUTUAL FUND OR HOLDING COMPANY, THE INDIVIDUAL STOCKS OR BONDS HELD BY SUCH MUTUAL FUND OR HOLDING COMPANY NEED NOT BE LISTED; WHENEVER SUCH INTEREST EXISTS THROUGH A BENEFICIAL INTEREST IN A TRUST, THE SECURITIES HELD IN SUCH TRUST SHALL BE LISTED IF YOU, YOUR SPOUSE OR DEPENDENT CHILDREN HAVE KNOWLEDGE OF WHAT SECURITIES ARE SO HELD. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY /ORGANIZATION	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE (Enter as item 3A)	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE (Enter as item 3B)

27. SCHEDULE "D" - REAL ESTATE INTERESTS- INDICATE BELOW THE LOCATION, SIZE, GENERAL NATURE, ACQUISITION DATE AND OTHER INFORMATION REQUESTED REGARDING ANY REAL PROPERTY IN ANY JURISDICTION IN WHICH ANY DIRECT, INDIRECT, VESTED OR CONTINGENT INTEREST IS HELD BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN, ALONG WITH THE NAMES OF ALL INDIVIDUALS OR ENTITIES WHO SHARE A DIRECT, INDIRECT, VESTED OR CONTINGENT INTEREST THEREIN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/STAND NO./SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED (Enter as item 4A)	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED (Enter as item 4B)

28. SCHEDULE "E" - CASH VALUE - LIFE INSURANCE INDICATE BELOW THE INFORMATION REQUESTED WITH REGARD TO THE CASH VALUE OF ALL LIFE INSURANCE POLICIES HELD BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	**CASH SURRENDER VALUE (Enter as item 5B)**	EFFECTIVE DATE OF CASH SURRENDER VALUE

29. SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS INDICATE BELOW THE INFORMATION REQUESTED WITH REGARD TO THE CASH VALUE OF ALL RETIREMENT/INVESTMENT/PENSION FUNDS* HELD BY YOU OR YOUR SPOUSE. *IF YOU ARE FILING THIS RENEWAL IN THE UNITED STATES, THE INFORMATION IS TO INCLUDE IRA, 401K, AND KEOGH PLANS.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER /INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION (Enter as item 6A)	CUMULATIVE EMPLOYER CONTRIBUTION	**CURRENT CASE VALUE (Enter as item 6B)**	EFFECTIVE DATE OF CASH VALUE

30. SCHEDULE "G" - VEHICLES INDICATE BELOW INFORMATION REQUESTED WITH REGARD TO ANY UPDATES TO ALL VEHICLES OWNED OR LEASED BY YOU, YOUR SPOUSE, OR YOUR DEPENDENT CHILDREN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	**COST** (Enter as item 8A)**	**IF OWNED, CURRENT MARKET VALUE (Enter as item 8B)**

*IF LEASED, SPECIFY IN THIS COLUMN THE LENGTH OF THE LEASE, TOTAL LEASE COSTS, DOWN PAYMENTS, MONTHLY PAYMENTS AND NUMBER OF PAYMENTS OVER THE LIFE OF THE LEASE. **IF LEASED, ENTER THE SUM OF THE DOWN PAYMENT PLUS MONTHLY PAYMENTS TO DATE AS THE TOTAL COST.

31. SCHEDULE "H" - OTHER ASSETS . LIST BELOW INFORMATION REGARDING ALL OTHER ASSETS, INCLUDING ANY BUSINESS INVESTMENTS IN WHICH ANY DIRECT, INDIRECT, VESTED OR CONTINGENT IS HELD BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN. BUSINESS INTERESTS SHOULD INCLUDE, BUT NOT BE LIMITED TO, JOINT VENTURES, PARTNERSHIPS, SOLE PROPRIETORSHIPS, CORPORATIONS AND LLCS. OTHER ASSETS SHOULD INCLUDE, BUT NOT BE LIMITED TO, ART COLLECTIONS, COIN COLLECTIONS, AND ANTIQUES.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST (Enter as item 9A)	% OF OWNERSHIP INTEREST	DATE OF VALUATION	**CURRENT MARKET VALUE (Enter as item 9B)**

32. SCHEDULE "I" - NOTES PAYABLE LIST BELOW INFORMATION WITH REGARD TO ALL NOTES PAYABLE FOR WHICH YOU, YOUR SPOUSE OR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF NOTE (Enter as item 10C)	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY (Enter as item 10D)

33. SCHEDULE "J" - LOANS AND OTHER PAYABLES LIST BELOW INFORMATION WITH REGARD TO ALL ACCOUNTS PAYABLE (INCLUDE LINES OF CREDIT, INSTALLMENT LOANS, REVOLVING CHARGE ACCOUNTS AND ANY OTHER ACCOUNTS) FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY (Enter as item 11C)	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING (Enter as item 11D)

34. SCHEDULE "K" - TAXES PAYABLE LIST BELOW INFORMATION WITH REGARD TO ALL TAXES PAYABLE FOR WHICH YOU, YOUR SPOUSE, OR YOUR DEPENDENT CHILDREN ARE OBLIGATED. ONLY REAL ESTATE AND INCOME TAXES NEED TO BE INCLUDED.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION (ENTER AS ITEM 12C)	FINES, PENALTIES, AND INTEREST, IF ANY	TOTAL AMOUNT DUE (ENTER AS ITEM 12D)

35. SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE LIST BELOW INFORMATION WITH REGARD TO ALL MORTGAGES OR LIENS DUE AND OWING ON REAL ESTATE FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY (Enter as 13C)	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE (Enter as 13D)

36. SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS LIST BELOW INFORMATION WITH REGARD TO ALL LOANS AGAINST LIFE INSURANCE POLICIES, PENSION PLANS, ETC., TAKEN BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN (Enter as item 14C)	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/PAY PERIOD	CURRENT LOAN BALANCE (Enter as item 14D)

37. SCHEDULE "N" - ANY OTHER INDEBTEDNESS LIST BELOW INFORMATION WITH REGARD TO ANY OTHER INDEBTEDNESS FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	**ORIGINAL AMOUNT OF LIABILITY (Enter as item 15C)**	**OUTSTANDING AMOUNT OF INDEBTEDNESS (Enter as item 15D)**

38. SCHEDULE "O" - CONTINGENT LIABILITIES LIST BELOW INFORMATION REQUESTED WITH REGARD TO ALL CONTINGENT LIABILITIES FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	**ORIGINAL AMOUNT OF CONTINGENT OBLIGATION (Enter as item 16C)**	**CURRENT AMOUNT OF CONTINGENT OBLIGATION (Enter as item 16D)**

REFERENCES

PROVIDE THE NAMES AND OTHER INFORMATION REQUESTED OF THREE (3) REFERENCES OVER THE AGE OF 18 WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR AND CAN ATTEST TO YOUR GOOD CHARACTER AND REPUTATION. NO PERSON CAN BE A REFERENCE WHO IS A MEMBER OF YOUR FAMILY. (SPOUSE, PARENTS, GRANDPARENTS, CHILDREN, GRANDCHILDREN, SIBLINGS, UNCLES, AUNTS, NEPHEWS, NIECES, FATHERS-IN-LAW, MOTHERS-IN-LAW, SONS-IN-LAW, DAUGHTERS-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW WHETHER BY WHOLE OR HALF BLOOD, BY MARRIAGE, ADOPTION OR NATURAL RELATIONSHIP).

REFERENCE ONE

NAME _____

ADDRESS _____

_____

_____

TELEPHONE NO. _____

CELL NO. _____

BUSINESS ADDRESS_____

_____

_____

_____

OCCUPATION _____

HOW LONG HAVE YOU KNOWN THE REFERENCE?

_____

REFERENCE TWO

NAME _____

ADDRESS _____

_____

_____

TELEPHONE NO. _____

CELL NO. _____

BUSINESS ADDRESS_____

_____

_____

_____

OCCUPATION _____

HOW LONG HAVE YOU KNOWN THE REFERENCE?

_____

REFERENCE THREE

NAME _____

ADDRESS _____

_____

_____

TELEPHONE NO. _____

CELL NO. _____

BUSINESS ADDRESS_____

_____

_____

_____

OCCUPATION _____

HOW LONG HAVE YOU KNOWN THE REFERENCE?

_____

FEDERAL, STATE AND FOREIGN TAX INFORMATION

ATTACH TO THIS FORM A COPY OF EACH SUCH TAX RETURN AND ALL APPROPRIATE SCHEDULES OR OTHER ATTACHMENTS REQUIRED BY THE TAX AUTHORITIES OF THE FOREIGN JURISDICTIONS.

APPLICANT TAX HISTORY		
WHEN DID YOU FILE YOUR LAST FEDERAL INCOME TAX RETURN	PERIOD COVERED	IRS OFFICE LOCATION
WHEN DID YOU FILE YOUR LAST STATE INCOME TAX RETURN	PERIOD COVERED	STATE OF FILING

ATTACH TO THIS FORM, A COPY OF EACH IRS FORM(S) FILED AND ALL SUPPORTING IRS SCHEDULES* FILED BY YOU IN EACH OF THE LAST FOUR (4) YEARS. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS FOR ANY YEAR IN THE LAST FOUR (4) YEARS, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS. PLEASE SUBMIT ONE COPY OF EACH TAX RETURN.

ATTACH TO THIS FORM, A COPY OF EACH STATE INCOME TAX RETURN(S) FILED AND ALL SUPPORTING SCHEDULES FILED BY YOU IN THE LAST TWO (2) YEARS. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS FOR ANY YEAR IN THE LAST TWO (2) YEARS, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS. PLEASE SUBMIT ONE COPY OF EACH TAX RETURN.

HAS YOUR TAX RETURN EVER BEEN AUDITED OR ADJUSTED?	☐ YES ☐ NO
IF YES, DESCRIBE THE NATURE AND RESOLUTION OF THE AUDIT AND THE TAX YEAR(S).	
HAVE YOU EVER FAILED TO FILE FEDERAL OR STATE INCOME TAX RETURNS?	☐ YES ☐ NO
IF YES, DESCRIBE THE REASON FOR FAILURE TO FILE AND THE TAX YEAR(S).	
HAVE YOU OR YOUR SPOUSE EVER FILED ANY TYPE OF TAX RETURN, STATEMENT OR FORM IN ANY JURISDICTION OUTSIDE THE UNITED STATES WITHIN THE LAST TEN (10) YEARS? IF THE ANSWER IS YES, PLEASE PROVIDE THE INFORMATION REQUIRED BELOW.	☐ YES ☐ NO

TAX YEARS FILED	COUNTRY FILED	AMOUNT OF TAX

ATTACH TO THIS FORM A COPY OF EACH SUCH TAX RETURN AND ALL APPROPRIATE SCHEDULES OR OTHER ATTACHMENTS REQUIRED BY THE TAX AUTHORITIES OF THE FOREIGN JURISDICTIONS.

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 CERTIFICATION 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

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 A REGISTRATION, CERTIFICATE OR PERMIT AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

THE APPLICANT AGREES TO THE TERMS OF CERTIFICATION, REGISTRATION AND PERMITTING IN THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") REGULATIONS AND AGREES, IF CERTIFIED, REGISTERED OR PERMITTED, 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, REGISTRANTS, CERTIFICANTS OR PERMITTEES.

THE APPLICANT AGREES, THAT THE GRANT OF PERMISSION TO CONDUCT BUSINESS PRIOR TO REGISTRATION OR CERTIFICATION 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 DETERMINES THAT THE SUITABILITY OF THE APPLICANT IS AT ISSUE OR THE APPLICANT FAILS TO COOPERATE WITH THE BOARD, BIE OR AN AGENT OF THE BOARD OR BIE.

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 A REGISTRATION, CERTIFICATE OR PERMIT 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 REGISTRATION, CERTIFICATION OR PERMITTING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

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

_____
NAME OF APPLICANT

_____
SIGNATURE OF APPLICANT

_____
INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT

_____
NAME, TITLE AND SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS _____DAY OF

_____ OF 20_____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES ON _____/_____/20___

RELEASE AUTHORIZATION

TO ALL COURTS, LAW ENFORCEMENT AGENCIES, CRIMINAL JUSTICE AGENCIES, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, BROKERAGE FIRMS, BANKS, SAVINGS AND LOANS INSTITUTIONS, FINANCIAL INSTITUTIONS, INTERNAL REVENUE SERVICE, STATE TAXING AUTHORITIES, AND OTHER INSTITUTIONS, AND ALL FEDERAL, STATE, AND LOCAL GOVERNMENT AGENCIES, BOARDS, OR COMMISSIONS, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

FROM: _____
APPLICANT'S NAME (PLEASE PRINT)

NOTE: IF APPLICANT IS MARRIED THE SPOUSE'S INITIALS AND SIGNATURE ARE REQUIRED ON THIS TWO-PAGE FORM.

I/WE AUTHORIZE THE PENNSYLVANIA GAMING CONTROL BOARD TO CONDUCT AN INVESTIGATION INTO THE BACKGROUND OF THE SAID APPLICANT.

THEREFORE, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO THE APPLICANT, _____, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT, OR REPRESENTATIVE OF THE PENNSYLVANIA GAMING CONTROL BOARD.

I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS EVERY PERSON, FIRM, COMPANY, AND/OR GOVERNMENT BODY, INCLUDING THE PENNSYLVANIA GAMING CONTROL BOARD TO WHOM THIS REQUEST IS PRESENTED AND ANY AGENTS, INCLUDING THE PENNSYLVANIA STATE POLICE AND DEPARTMENT OF REVENUE, 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.

I/WE HEREBY AUTHORIZE ANY AUTHORIZED PERSON OF THE PENNSYLVANIA GAMING CONTROL BOARD TO DISCLOSE ANY INFORMATION OBTAINED THROUGH MY/OUR BACKGROUND INVESTIGATION TO THE ENTITY FOR WHICH THE APPLICANT IS AN OFFICER, DIRECTOR, OR HOLDER OF 10% OR MORE OWNERSHIP AND TO THE SLOT MACHINE LICENSEE(S) WITH WHICH THE ENTITY I AM ASSOCIATED WITH IS SEEKING TO DO BUSINESS..

A PHOTOSTAT COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

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

APPLICANT'S SSN_____ APPLICANT'S DOB_____

INITIALS_____

SPOUSES INITIALS _____

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 IN 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

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

ON THIS, THE _____DAY OF _____, 20_____.

_____
SIGNATURE APPLICANT'S SPOUSE

APPLICANT'S SPOUSE'S SSN_____ APPLICANT'S SPOUSE'S DOB_____

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 IN 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

THE ABOVE RELEASE WAS SERVED UPON _____, ON _____(DATE)

BY _____(NAME OF AGENT), PA. GAMING CONTROL BOARD.

INITIALS_____

SPOUSES INITIALS _____

PENNSYLVANIA GAMING CONTROL BOARD
STATEMENT OF CONDITIONS

I _____, (APPLICANTS NAME) EXPRESSLY ACCEPT, AGREE AND STIPULATE TO THE FOLLOWING CONDITIONS ISSUED TO ME BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") PURSUANT TO THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71) KNOWN AS THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT, 4 PA. C.S. §§ 1101 ET SEQ. MORE PARTICULARLY, I EXPRESSLY ACCEPT, AGREE AND STIPULATE THAT I WILL ABIDE BY THE FOLLOWING CONDITIONS:

1. TO AT ALL TIMES COMPLY WITH ALL PROVISIONS OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.

2. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY LICENSE, PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD IS A NON-TRANSFERABLE PRIVILEGE TO ENGAGE IN ACTIVITIES REGULATED BY THE BOARD.

3. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY REVOCATION OF A LICENSE, PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD PROHIBITS ME FROM REAPPLYING FOR A LICENSE, PERMIT OR REGISTRATION FOR A PERIOD OF FIVE (5) YEARS.

4. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT THE CREDENTIAL ISSUED TO ME IN CONNECTION WITH MY LICENSE, PERMIT OR REGISTRATION IS PROPERTY OF THE BOARD AND MUST BE SURRENDERED UPON REQUEST.

5. TO PROMPTLY REIMBURSE THE BOARD FOR ALL COSTS ASSOCIATED WITH ANY BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH MY APPLICATION, AND TO PROMPTLY PAY ANY OTHER FINE, FEE, SANCTION OR ASSESSMENT IMPOSED BY THE BOARD OR THE DEPARTMENT OF REVENUE. (NOTE: COSTS ASSOCIATED WITH THE BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH YOUR APPLICATION, INCLUDING THE APPLICATION FEE, MAY HAVE BEEN PAID BY YOUR EMPLOYER. ASK YOUR EMPLOYER ABOUT ANY COSTS THAT MAY BE YOUR RESPONSIBILITY.)

6. TO ENSURE AT ALL TIMES THAT INFORMATION PROVIDED TO THE BOARD BY ME IN MY APPLICATION AND SUPPLEMENTAL INFORMATION IS TRUE AND CORRECT, AND TO IMMEDIATELY NOTIFY THE BOARD UPON KNOWING OR SUSPECTING THAT ANY FALSE OR MISLEADING INFORMATION MAY HAVE BEEN PROVIDED TO THE BOARD, OR THAT REQUIRED OR RELEVANT INFORMATION WAS OMITTED.

7. TO IMMEDIATELY NOTIFY THE BOARD UPON MY CHARGING, INDICTMENT OR CONVICTION FOR ANY FELONY OR GAMBLING OFFENSE, AND UPON CONVICTION, TO CAUSE THE WITHDRAWAL OF ANY PENDING APPLICATION FILED BY ME OR ON MY BEHALF.

8. TO IMMEDIATELY NOTIFY THE BOARD UPON LEARNING OF ANY INQUIRY OR INVESTIGATION BY ANY REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION OR OF ANY ACTION FILED BY ANY GOVERNMENTAL AUTHORITY AGAINST ME.

9. TO ENSURE THAT AT ALL TIMES, I MEET AND MAINTAIN THE SUITABILITY REQUIREMENTS OF THE ACT, INCLUDING BUT NOT LIMITED TO THOSE RELATING TO GOOD CHARACTER, HONESTY AND INTEGRITY.

10. IN ADDITION TO ANY NOTIFICATION AND ACTION REQUIRED BY CONDITION 8, TO ENSURE THAT I COMPLY WITH ALL OF THE FOLLOWING:

    a. PROVIDE ANY REQUESTED ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, OR THE PENNSYLVANIA STATE POLICE AND COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING.

b. INFORM THE BOARD OF ANY ACTIONS WHICH I KNOW OR SUSPECT CONSTITUTE A VIOLATION OF THE ACT OR ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.

c. INFORM THE BOARD OF MY ARREST FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA. C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.

d. INFORM THE BOARD OF ANY MATERIAL CHANGES IN THE INFORMATION, MATERIALS AND DOCUMENTS SUBMITTED IN MY LICENSE, PERMIT OR REGISTRATION APPLICATION AS WELL AS CHANGES IN CIRCUMSTANCES THAT MAY RENDER ME INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A LICENSE, PERMIT OR REGISTRATION UNDER THE BOARD'S STANDARDS.

11. TO BE RESPONSIBLE FOR AND TO PROTECT, INDEMNIFY AND HOLD HARMLESS THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, FROM AND AGAINST ANY AND ALL CLAIMS OR PAYMENTS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OF ANY KIND BY ANY AND ALL PARTIES AND CLAIMANTS, ARISING OUT OF, OR IN CONNECTION WITH ANY NEGLIGENCE, ERROR OR OMISSION BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, OR THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, ATTENDANT TO ANY OR ALL OF THE FOLLOWING:

a. ANY INVESTIGATION, CONSIDERATION, OR ACTION TAKEN IN CONNECTION WITH MY APPLICATION;

b. THE SUSPENSION, REVOCATION OR CONDITIONING OF THE LICENSE, PERMIT OR REGISTRATION ISSUED TO ME, INCLUDING ANY ENFORCEMENT ACTION TAKEN WITH RESPECT TO ANY SUCH LICENSE, PERMIT OR REGISTRATION;

c. ANY ACTION TAKEN WHICH MAY OR DOES RESULT IN THE SUSPENSION OF MY EMPLOYMENT OR THE ISSUANCE OF AN EMERGENCY ORDER; 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 ME.

12. TO AT ALL TIMES COMPLY WITH THIS STATEMENT OF CONDITIONS AND SUCH OTHER GENERAL OR SPECIFIC CONDITIONS AS MAY BE LATER REQUIRED BY THE BOARD AND DULY REQUESTED.

I HEREBY CERTIFY AND AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT OF CONDITIONS AND THAT MY SIGNATURE BELOW IS AN ACKNOWLEDGEMENT OF SAME AND EVIDENCES MY INTENT TO BE LEGALLY BOUND TO ABIDE BY THE CONDITIONS CONTAINED THEREIN.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____.

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINTED NAME OF NOTARY PUBLIC

_____
DATE COMMISSION EXPIRES

BY:

_____
SIGNATURE AND TITLE DATE

_____
PRINTED NAME OF SIGNATORY