Pennsylvania
Gaming
Control
Board

GAMING SERVICE PROVIDER CERTIFICATION APPLICATION AND DISCLOSURE INFORMATION RENEWAL 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).

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. GAMING SERVICE PROVIDER CERTIFICATION RENEWAL FORMS

THE FORMS THAT CAN MAKE UP AN APPLICATION PACKAGE FOR A GAMING SERVICE PROVIDER CERTIFICATION RENEWAL ARE AS FOLLOWS:

A. GAMING SERVICE PROVIDER CERTIFICATION APPLICATION AND DISCLOSURE INFORMATION RENEWAL FORM

A GAMING SERVICE PROVIDER MUST BE CERTIFIED IF THE TOTAL DOLLAR AMOUNT OF TRANSACTIONS WITH SLOT MACHINE LICENSEE(S) OR APPLICANT(S) ARE OR WILL BE GREATER THAN $500,000 WITHIN ANY CONSECUTIVE 12 MONTH PERIOD.

B. GAMING SERVICE PROVIDER CERTIFICATION RENEWAL FORM – PRIVATE HOLDING COMPANY

C. ON-SITE SUBORDINATE GAMING SERVICE PROVIDER NOTIFICATION FORM

D. PENNSYLVANIA PERSONAL HISTORY DISCLOSURE RENEWAL FORM – GAMING SERVICE PROVIDER

E. GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION INITIAL OR RENEWAL FORM

THIS FORM MUST BE COMPLETED BY ANY EMPLOYEE OF A CERTIFIED GAMING SERVICE PROVIDER WHO WILL BE PERFORMING JOB DUTIES IN A RESTRICTED AREA OR HAVE ANY CONTACT WITH GAMING EQUIPMENT. GAMING EMPLOYEES ARE REQUIRED TO COMPLETE THEIR INITIAL OR RENEWAL FORM ELECTRONICALLY. FOR INSTRUCTIONS ON COMPLETING THE ELECTRONIC APPLICATION PLEASE CALL 1-877-500-7422. PAPER APPLICATIONS ARE NOT ACCEPTED.

RESTRICTED AREA - AN AREA WHERE ACCESS IS LIMITED AND IS SPECIFICALLY DESIGNATED BY THE BOARD AS RESTRICTED, INCLUDING:

(1) THE CASHIER'S CAGE.
(2) THE SOFT COUNT ROOM.
(3) THE SURVEILLANCE MONITORING ROOM.
(4) THE SLOT MACHINE STORAGE AND REPAIR ROOMS.
(5) THE PROGRESSIVE CONTROLLER ROOM.
(6) THE CENTRAL CONTROL COMPUTER ROOM.
(7) THE INFORMATION TECHNOLOGY DEPARTMENT.
(8) ANY ADDITIONAL AREA THAT THE SLOT MACHINE LICENSEE DESIGNATES AS RESTRICTED IN ITS BOARD-APPROVED INTERNAL CONTROLS.

F. NON-GAMING EMPLOYEE REGISTRATION INITIAL OR RENEWAL FORM

THIS FORM MUST BE COMPLETED BY ANY EMPLOYEE OF A REGISTERED OR CERTIFIED GAMING SERVICE PROVIDER WHO WILL BE PERFORMING JOB DUTIES ON THE GAMING FLOOR BUT WHOSE JOB

DUTIES DO NOT REQUIRE THE EMPLOYEE TO TOUCH OR HAVE CONTACT WITH GAMING EQUIPMENT OTHER THAN EXTERIOR CLEANING. NON-GAMING EMPLOYEES ARE REQUIRED TO COMPLETE THEIR INITIAL OR RENEWAL FORM ELECTRONICALLY. FOR INSTRUCTIONS ON COMPLETING THE ELECTRONIC APPLICATION PLEASE CALL 1-877-500-7422. PAPER APPLICATIONS ARE NOT ACCEPTED.

2. APPLICATION AND CERTIFICATION FEES

A. APPLICATION AND CERTIFICATION FEES

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKAGE. THESE FEES WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE GAMING SERVICE PROVIDER APPLICANT, THE APPLICANT'S AFFILIATED ENTITIES AND QUALIFIERS (INDIVIDUALS) FILING FORMS AS PART OF THE APPLICATION PACKAGE.

THE FEES INDICATED ARE NON-REFUNDABLE DEPOSITS REQUIRED TO COVER THE REASONABLE AND NECESSARY COSTS OF THE BACKGROUND INVESTIGATION. NO ADDITIONAL COSTS OR EXPENSES RELATED TO THE BACKGROUND INVESTIGATION WILL BE BILLED, UNLESS AN INVESTIGATOR IS REQUIRED TO TRAVEL IN OVERNIGHT STATUS OR STENOGRAPHIC SERVICES ARE REQUIRED. IN EITHER CASE, ACTUAL COSTS INCURRED BY THE BOARD SHALL BE REIMBURSED BY THE APPLICANT.

CERTIFIED RENEWAL APPLICATION FEE $2,500.00

CERTIFIED RENEWAL APPLICATION-PRIVATE HOLDING COMPANY $500.00

GAMING SERVICE PROVIDER QUALIFIER RENEWAL FEE $1,000.00

ON-SITE SUBORDINATE GAMING SERVICE PROVIDER NOTIFICATION FORM $150.00

GAMING EMPLOYEE $350.00

NON-GAMING EMPLOYEE $60.00

B. CERTIFICATION FEES

CERTIFICATION FEES MUST BE PAID PRIOR TO THE ISSUANCE OF THE CERTIFICATE.

GAMING SERVICE PROVIDER CERTIFICATION FEE .....$4,000.00/ 4 YEARS

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

3. APPLICATION FORM INSTRUCTIONS

AS USED IN THIS FORM, THE WORDS "**APPLICANT**" AND "**YOU**" SHALL MEAN THE **GAMING SERVICE PROVIDER** COMPLETING THIS GAMING SERVICE PROVIDER CERTIFICATION APPLICATION AND DISCLOSURE INFORMATION RENEWAL 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 PERSON WHO SUPPLIED THE INFORMATION IN THE GAMING SERVICE PROVIDER CERTIFICATION APPLICATION AND DISCLOSURE INFORMATION RENEWAL FORM. 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 THE BOARD'S 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.

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'S REGULATIONS.

ALL NOTICES REGARDING YOUR CERTIFICATION RENEWAL 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, CERTIFICATION OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C. S. A. §4903.

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

CONFIDENTIAL INFORMATION (AS DEFINED IN 58 PA. CODE §401A.3) SUPPLIED TO THE BOARD OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE 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, REGISTRANT, CERTIFICANT 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'S REGULATIONS, ONCE THE APPLICATION HAS BEEN FILED, APPLICANT **MAY NOT** WITHDRAW ITS APPLICATION WITHOUT THE PERMISSION OF THE BOARD.

CONTACT NAME FOR GAMING SERVICE PROVIDER 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.

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		
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? ☐ YES ☐ NO IF YES, PROVIDE THE NAME OF THE ENTITY THAT CERTIFIED THE APPLICANT AS A MINORITY OR WOMEN'S BUSINESS ENTERPRISE AND UPON WHICH THE DGS VERIFICATION WAS MADE. _____ 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 _____.		
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 ( )

Applicant's Form of Organization

Check One

□ Sole Proprietorship □ Partnership □ Limited Partnership □ C-Corporation

□ Limited Liability Company □ S-Corporation □ Trust

□ 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 ( )

Applicant's Organization Documents

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? ☐ Yes ☐ No *

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.

*** NOTE –** A gaming service provider 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 RENEWAL FORM.

EACH ITEM MARKED AS MANDATORY MUST BE COMPLETED AND SUBMITTED AS PART OF THIS CERTIFIED RENEWAL 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.

☐	SCHEDULE 1: ADDRESSES USED BY APPLICANT	MANDATORY
☐	SCHEDULE 2: APPLICANT'S BUSINESS BACKGROUND	MANDATORY
☐	SCHEDULE 3: APPLICANT AND SLOT MACHINE LICENSEE/APPLICANT AGREEMENT	MANDATORY
☐	SCHEDULE 4: NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES	MANDATORY
☐	SCHEDULE 5: LICENSES AND PERMITS	MANDATORY
☐	SCHEDULE 6: APPLICANT'S SALESPEOPLE AND EMPLOYEES CONDUCTING BUSINESS WITH SLOT MACHINE LICENSEE/APPLICANT	MANDATORY
☐	SCHEDULE 7: CURRENT OFFICERS, DIRECTORS AND PARTNERS	MANDATORY
☐	SCHEDULE 8: APPLICANT'S OWNERS	MANDATORY
☐	SCHEDULE 9: BANKRUPTCY OR INSOLVENCY PROCEEDINGS	MANDATORY
☐	SCHEDULE 10: CRIMINAL HISTORY	MANDATORY
☐	SCHEDULE 11: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	MANDATORY
☐	SCHEDULE 12: EXISTING LITIGATION	MANDATORY
☐	APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW	MANDATORY
☐	AFFIDAVIT AND WAIVER OF LIABILITY	MANDATORY
☐	RELEASE AUTHORIZATION	MANDATORY
☐	DIVERSITY PLAN STATEMENT	MANDATORY
☐	STATEMENT OF CONDITIONS	MANDATORY
☐	INDEMNIFICATION AGREEMENT	MANDATORY
☐	SLOT MACHINE APPLICANT OR LICENSEE'S DUE DILIGENCE CERTIFICATION	MANDATORY
☐	PENNSYLVANIA PERSONAL HISTORY DISCLOSURE FORM – GAMING SERVICE PROVIDER	MANDATORY

☐	GAMING SERVICE PROVIDER CERTIFICATION FORM – PRIVATE HOLDING COMPANY	MANDATORY
☐	ON-SITE SUBORDINATE CONSTRUCTION NOTIFICATION FORM	MANDATORY
☐	GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM (ONE FOR EACH OF APPLICANT'S KNOWN GAMING EMPLOYEES)	MANDATORY
☐	NON-GAMING EMPLOYEE REGISTRATION FORM (ONE FOR EACH OF APPLICANT'S KNOWN NON-GAMING EMPLOYEES)	MANDATORY

APPENDICES: THE APPENDICES ARE DOCUMENTS THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDICES ARE NOT REPRESENTED IN THE APPLICATION QUESTIONS OR ITS SCHEDULES. EACH APPENDIX SHALL BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX DOES NOT APPLY TO AN APPLICANT, WRITE "DOES NOT APPLY" ON THE APPENDIX PAGE.		
☐	APPENDIX 1: CURRENT OWNERSHIP AND MANAGEMENT TABLES OF ORGANIZATION	MANDATORY
☐	***** APPENDIX 2: PROVIDE THE NAME(S), TELEPHONE NUMBER, MAILING ADDRESS AND GOODS OR SERVICE PROVIDED FOR ALL SECOND TIER AND LOWER SUBCONTRACTORS CONTRACTED FOR THIS PROJECT. * **ALL SECOND TIER AND LOWER SUB CONTRACTORS MUST COMPLETE AND SUBMIT AN <u>ON-SITE SUBORDINATE GAMING SERVICE PROVIDER NOTIFICATION FORM AND APPROPRIATE FEES.</u> THIS FORM IS LOCATED ON THE BOARD'S WEB SITE.**	MANDATORY
☐	APPENDIX 3: PLEASE PROVIDE 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 FIVE (5) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

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

SCHEDULE 2: APPLICANT'S BUSINESS BACKGROUND

DESCRIPTION OF PRESENT BUSINESS
TYPE OF GOODS OR SERVICES THAT HAVE BEEN OR WILL BE PROVIDED TO SLOT MACHINE LICENSEES/APPLICANTS BY GAMING SERVICE PROVIDER APPLICANT
NAME OF SLOT MACHINE LICENSEES/APPLICANTS TO WHICH SUCH GOODS OR SERVICES HAVE BEEN OR WILL BE PROVIDED
DOES THE APPLICANT HAVE ANY ASSOCIATION WITH ANY OTHER GAMING SERVICE PROVIDERS OR GAMING SERVICE PROVIDER APPLICANTS WHO CONDUCT OR ANTICIPATE CONDUCTING BUSINESS WITH PENNSYLVANIA SLOT MACHINE LICENSEES/APPLICANTS? ☐ **YES** ☐ **NO** **IF YES, PROVIDE THE NAME OF THE GAMING SERVICE PROVIDERS OR GAMING SERVICE PROVIDER APPLICANTS AND EXPLAIN THE ASSOCIATION BETWEEN THE COMPANIES.**

SCHEDULE 3: APPLICANT AND SLOT MACHINE LICENSEE/APPLICANT AGREEMENT - ATTACH A COPY OF THE WRITTEN AGREEMENT.

NAME OF SLOT MACHINE LICENSEE(S)/APPLICANT(S) TO WHICH SUCH GOODS OR SERVICES HAVE BEEN OR WILL BE PROVIDED	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(S) OR AGREEMENT(S) AND GOODS AND/OR SERVICES BEING PROVIDED

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	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	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	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, 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		
			☐ GRANTED ☐ DENIED ☐ PENDING ☐ EXPIRED ☐ SUSPENDED ☐ CONDITIONED ☐ WITHDRAWN ☐ REVOKED		

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 6: APPLICANT'S SALESPEOPLE AND EMPLOYEES CONDUCTING BUSINESS WITH SLOT MACHINE LICENSEE/APPLICANT

PROVIDE THE FOLLOWING INFORMATION FOR EACH SALESPERSON OF A CERTIFIED GAMING SERVICE PROVIDER 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 A PENNSYLVANIA PERSONAL HISTORY DISCLOSURE INITIAL OR RENEWAL FORM-GAMING SERVICE PROVIDER.

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). 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.

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 INITIAL OR RENEWAL FORM-GAMING SERVICE PROVIDER 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) 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.

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 RENEWAL FORM-GAMING SERVICE PROVIDER 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 SERVICE PROVIDER CERTIFICATION 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) 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.

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.

BANKRUPTCY OR INSOLVENCY PROCEEDINGS			
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 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.**

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.

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

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:

TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
NAME AND ADDRESS OF COURT OR AGENCY	WAS TESTIMONY GIVEN? □ YES □ 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.			

TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? □ YES □ 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.			

TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? □ YES □ 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.

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

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 IN THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") REGULATIONS AND AGREES, IF CERTIFIED, 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 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 CERTIFICATION 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: _____
(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, IT 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 SERVICE PROVIDER APPLICANT NAME _____

GAMING SERVICE PROVIDER APPLICANT MAILING ADDRESS_____
_____
_____

GAMING SERVICE PROVIDER 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 SERVICE PROVIDER APPLICANT'S NAME) HAS DEVELOPED AND IMPLEMENTED A DIVERSITY PLAN, AND THE DIVERSITY PLAN COMPLIES WITH THE ACT AND ITS REGULATIONS.

_____
SIGNATURE OF CEO

_____
PRINTED NAME

_____/_____/_____
DATE

STATEMENT OF CONDITIONS FOR CERTIFIED GAMING SERVICE PROVIDER

_____, HAVING BEEN DULY AUTHORIZED TO LEGALLY BIND
NAME OF HIGHEST RANKING OFFICER AND TITLE
_____(HEREAFTER "GAMING SERVICE PROVIDER"), HEREBY EXPRESSLY
NAME OF GAMING SERVICE PROVIDER APPLICANT

ACCEPTS, AGREES, AND STIPULATES TO THE FOLLOWING CONDITIONS OF GAMING SERVICE PROVIDER CERTIFICATION AS REQUIRED BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"). MORE PARTICULARLY, GAMING SERVICE PROVIDER 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 CERTIFICATION, PERMIT, REGISTRATION OR OTHER AUTHORIZATION ISSUED BY THE BOARD TO GAMING SERVICE PROVIDER, OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS, PERMITTEES, REGISTRANTS 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 SERVICE PROVIDER, OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS, PERMITTEES, REGISTRANTS OR AFFILIATED ENTITIES REQUIRED TO BE 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 AGREE THAT THE BUREAU OF LICENSING MAY RESCIND, AT ANY TIME, THE AUTHORIZATION GRANTED PURSUANT TO 58 PA. CODE § 437A.9, WITH OR WITHOUT PRIOR NOTICE TO THE GAMING SERVICE PROVIDER, IF THE BUREAU OF LICENSING DETERMINES THAT THE SUITABILITY OF THE GAMING SERVICE PROVIDER IS AT ISSUE OR THE GAMING SERVICE PROVIDER FAILS TO COOPERATE IN THE APPLICATION PROCESS.

6. TO ENSURE AT ALL TIMES THAT INFORMATION PROVIDED TO THE BOARD BY GAMING SERVICE PROVIDER, 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.

7. TO AT ALL TIMES ENSURE THAT GAMING SERVICE PROVIDER MEETS AND MAINTAINS THE ELIGIBILITY AND SUITABILITY REQUIREMENTS OF THE REGULATIONS AND TO PROMPTLY REPORT A CHANGE IN CIRCUMSTANCES THAT MAY RENDER GAMING SERVICE PROVIDER, INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A GAMING SERVICE PROVIDER CERTIFICATION.

8. TO IMMEDIATELY NOTIFY THE BOARD IF THE GAMING SERVICE PROVIDER, OR ANY PERSON REQUIRED TO BE LISTED IN ITS APPLICATION FOR CERTIFICATION, IS CHARGED, INDICTED OR CONVICTED OF ANY FELONY OR GAMBLING OFFENSE.

9. IN ADDITION TO ANY NOTIFICATION AND ACTION REQUIRED BY CONDITIONS 7 AND 8, TO ENSURE THAT GAMING SERVICE PROVIDER, OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS, PERMITTEES, REGISTRANTS 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.

10. 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 SERVICE PROVIDER, ITS CONTRACTORS, SUBCONTRACTORS, ASSIGNEES, LESSEES OR AGENTS.

11. 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 SERVICE PROVIDER'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.

12. 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.

13. TO REGISTER WITH THE PENNSYLVANIA DEPARTMENT OF STATE, IF REQUIRED UNDER TITLE 15, CORPORATIONS AND UNINCORPORATED ASSOCIATIONS.

14. TO ENSURE THAT AT ALL TIMES GAMING SERVICE PROVIDER IS NOT DEBARRED OR SUSPENDED BY THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF GENERAL SERVICES. GAMING SERVICE PROVIDER MUST IMMEDIATELY NOTIFY THE BOARD UPON KNOWING OR SUSPECTING THAT IT HAS BEEN OR WILL BE DEBARRED OR SUSPENDED.

15. TO IMMEDIATELY NOTIFY THE BOARD OF ANY CHANGE IN THE PERSONS WHO ARE REQUIRED TO BE QUALIFIED, REGISTERED OR PERMITTED IN ASSOCIATION WITH THE GAMING SERVICE PROVIDER'S APPLICATION PACKAGE.

16. 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.

17. 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.

18. TO IMMEDIATELY NOTIFY THE BOARD OF ANY CHANGE IN THE GAMING SERVICE PROVIDER'S NAME OR MAILING ADDRESS OF GAMING SERVICE PROVIDER.

19. TO IMMEDIATELY NOTIFY THE BOARD OF ANY LITIGATION WHEREIN THE AMOUNT AT ISSUE IS $100,000 OR GREATER AND GAMING SERVICE PROVIDER IS NAMED AS A DEFENDANT.

20. 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.

21. TO INTELLIGENTLY, KNOWINGLY AND VOLUNTARILY EXECUTE A SEPARATE INDEMNIFICATION AGREEMENT.

22. GAMING SERVICE PROVIDER CANNOT DELEGATE, SUBCONTRACT OR DEPLOY THE PERFORMANCE OF ITS DUTIES, RESPONSIBILITIES, OBLIGATIONS, OR ANY ASPECT OF ITS GAMING SERVICE PROVIDER 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 SERVICE PROVIDER AND _____, AS THE EXECUTIVE OFFICER OF GAMING SERVICE PROVIDER.
NAME OF HIGHEST RANKING OFFICER AND TITLE

GAMING SERVICE PROVIDER
BY:

_____
SIGNATURE AND TITLE DATE

_____
PRINTED NAME AND TITLE OF SIGNATORY
AUTHORIZED TO SIGN FOR GAMING SERVICE PROVIDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____.

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINTED NAME OF NOTARY PUBLIC

_____
DATE COMMISSION EXPIRES

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 "CERTIFIED GAMING SERVICE PROVIDER") (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 SERVICE PROVIDER CERTIFICATION, INDEMNITOR EXECUTED A STATEMENT OF CONDITIONS, WHICH IS INCORPORATED HEREIN BY REFERENCE, EXPRESSLY ACCEPTING CERTAIN ENUMERATED CONDITIONS TO ITS GAMING SERVICE PROVIDER CERTIFICATION; AND,

WHEREAS, CONDITION 21 OF THE ABOVE-REFERENCED STATEMENT OF CONDITIONS REQUIRES CERTIFIED GAMING SERVICE PROVIDER 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 WILL 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 SERVICE PROVIDER CERTIFICATION ISSUED TO INDEMNITOR OR ANY CERTIFICATION, PERMIT, REGISTRATION OR OTHER AUTHORIZATION ASSOCIATED THEREWITH, INCLUDING ANY ENFORCEMENT ACTION TAKEN WITH RESPECT TO ANY SUCH CERTIFICATION, PERMIT, REGISTRATION 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 CERTIFIED GAMING SERVICE PROVIDER.

2. INDEMNITOR WILL BE RESPONSIBLE FOR AND WILL PROTECT, INDEMNIFY AND HOLD HARMLESS THE IMDEMNITEES 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 CERTIFIED 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 ATTORNEY'S 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 CERTIFIED GAMING SERVICE PROVIDER.

THIS AGREEMENT, CONSISTING OF THREE PAGES, INCLUDING THIS PAGE, IS ENTERED INTO THIS THE ____ DAY OF _____, 20____.

CERTIFIED GAMING SERVICE PROVIDER
BY:
_____

_____
PRINTED NAME AND TITLE

SWORN TO AND SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 20_____.

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINTED NAME OF NOTARY PUBLIC

_____
DATE COMMISSION EXPIRES

BELOW SECTION TO BE COMPLETED BY THE PGCB ONLY

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____.

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINTED NAME OF NOTARY PUBLIC

_____
DATE COMMISSION EXPIRES

PENNSYLVANIA GAMING CONTROL BOARD
BY:

_____
R. DOUGLAS SHERMAN, CHIEF COUNSEL
PENNSYLVANIA GAMING CONTROL BOARD

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 SERVICE PROVIDER APPLICANT) TO CONDUCT BUSINESS AND HAS INVESTIGATED THE BACKGROUND AND QUALIFICATIONS OF THE ABOVE NAMED GAMING SERVICE PROVIDER 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 SERVICE PROVIDER APPLICANT WILL BE PROVIDING NON-GAMING GOODS OR SERVICES FOR THE ABOVE NAMED SLOT MACHINE APPLICANT OR LICENSEE ☐ 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 SERVICE PROVIDER REGISTRATION OR CERTIFICATION, 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 SERVICE PROVIDER 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 §437A.11(B) AND AFFIRMS THAT IT HAS PERFORMED THE APPROPRIATE DUE DILIGENCE ON THE ABOVE NAMED GAMING SERVICE PROVIDER APPLICANT AND ITS OWNERS, MANAGERS OR EMPLOYEES AND BELIEVES THAT THE APPLICANT MEETS THE QUALIFICATIONS TO BE A GAMING SERVICE PROVIDER.

_____
(PRINTED NAME OF CEO/AUTHORIZED SIGNATORY)

_____
(TITLE OF AUTHORIZED SIGNATORY)

_____
(SIGNATURE OF CEO/AUTHORIZED SIGNATORY)

_____
DATE

_____
(NAME OF SLOT MACHINE APPLICANT OR LICENSEE)

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF

_____ OF, 20_____

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES _____