



# Pennsylvania Gaming Control Board

## **MANUFACTURER LICENSE RENEWAL APPLICATION 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).**

AN APPLICATION THAT HAS BEEN SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD (“BOARD”) AND ALL RELATED MATERIALS SUBMITTED TO THE BOARD SHALL BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE LICENSEE.

PLEASE BE ADVISED THAT NEITHER A MANUFACTURER LICENSEE NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAY BE A SLOT MACHINE LICENSEE.

ADDITIONALLY, NO PERSON, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY THAT HAS APPLIED FOR OR IS A HOLDER OF A MANUFACTURER OR SLOT MACHINE LICENSE, SHALL BE ELIGIBLE TO APPLY FOR OR HOLD A SUPPLIER LICENSE.

AS USED IN THESE INSTRUCTIONS, THE PHRASE “AFFILIATED ENTITIES” SHALL MEAN THE MANUFACTURER’S AFFILIATES, INTERMEDIARIES, SUBSIDIARIES AND HOLDING COMPANIES. MANUFACTURER LICENSES ARE SUBJECT TO THE REQUIREMENTS OF §1317.1 OF THE GAMING ACT.

## I. RENEWAL APPLICATION INSTRUCTIONS

- A. THE ORIGINAL FORM, ONE PAPER COPY, AND ONE (1) COMPACT DISCS (CD) CONTAINING ALL FORMS MUST BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD (“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.**
- B. THE INFORMATION CONTAINED IN THIS RENEWAL APPLICATION FORM SHALL COVER THE TIME PERIOD SINCE YOUR MOST RECENT APPLICATION SUBMISSION, EXCEPT WHERE NOTED.**
- C. THE WORDS “LICENSEE” AND “YOU” SHALL MEAN THE MANUFACTURER.**
- D. ALL ENTRIES ON THE FORM, EXCEPT INITIALS AND SIGNATURES, MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN IN BLUE INK BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.**
- E. ALL YES/NO QUESTIONS MUST BE ANSWERED. IF A QUESTION, APPENDIX, OR SCHEDULE DOES NOT APPLY OR THERE IS NO UPDATE WRITE “DOES NOT APPLY” OR “NO UPDATE” AS YOUR RESPONSE. ALL PAGES MUST BE INITIALED BY THE CEO/AUTHORIZED SIGNATORY. SOME SCHEDULES OR APPENDICES MAY REQUIRE DISCLOSURE OF INFORMATION FOR MORE THAN ONE NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION. IF THERE ARE MULTIPLE DISCLOSURES, MAKE ENOUGH ADDITIONAL COPIES OF THE BLANK SCHEDULE AND COMPLETE IT FOR EACH NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION.**
- F. ALL NOTICES REGARDING YOUR RENEWAL APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE BOARD IF YOU CHANGE YOUR ADDRESS.**

## II. PLEASE NOTE

- A. FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR RENEWAL APPLICATION AND/OR REVOCATION OF YOUR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C. S. A. §4903.**

- B. ANY PERSON WHO APPLIES FOR AND OBTAINS A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT FROM THE BOARD MAY BE REQUIRED TO SUBMIT TO WARRANTLESS SEARCHES WHEN PRESENT IN A LICENSED GAMING FACILITY PURSUANT TO THE ACT.
- C. 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. A 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.
- D. PURSUANT TO BOARD REGULATIONS, ONCE THE RENEWAL APPLICATION HAS BEEN FILED, THE LICENSEE **MAY NOT** WITHDRAW ITS RENEWAL APPLICATION WITHOUT THE PERMISSION OF THE BOARD.
- E. 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 BOARD REGULATIONS.
- F. A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION ISSUANCE, RENEWAL OR OTHER APPROVAL ISSUED BY THE BOARD IS A REVOCABLE PRIVILEGE. NO PERSON HOLDING A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION, RENEWAL, OR OTHER APPROVAL IS DEEMED TO HAVE ANY PROPERTY RIGHTS RELATED TO THE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION.

**III. APPLICATION AND RENEWAL FEES**

**RENEWAL APPLICATION FEES-INVESTIGATION DEPOSITS**

RENEWAL APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKAGE. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE MANUFACTURER AND THE MANUFACTURER’S AFFILIATED ENTITIES AND PERSONS FILING FORMS AS PART OF THE APPLICATION PACKAGE. APPLICATION FEES MUST BE SUBMITTED FOR EACH MANUFACTURER, AFFILIATED ENTITY AND PERSON, UNLESS OTHERWISE NOTED.

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

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

LICENSING FEES MUST BE PAID AT THE TIME OF ISSUANCE OF THE RENEWAL LICENSE.

<b>MANUFACTURER’S RENEWAL LICENSE</b> .....	\$90,000.00/3 YEAR
<b>MANUFACTURER</b> .....	\$5,000.00
<b>MANUFACTURER’S AFFILIATED ENTITIES</b> .....	WAIVED
<b>PRINCIPAL/KEY EMPLOYEE</b> .....	\$2,500.00
<b>PRINCIPAL ENTITY</b> .....	\$2,500.00

IF YOU HAVE ANY QUESTIONS REGARDING THE RENEWAL 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.

## LICENSEE'S INFORMATION

LICENSEE'S BUSINESS NAME			
BUSINESS NAME AS IT APPEARS ON LICENSEE'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			
IS THE LICENSEE A MINORITY OR WOMEN'S BUSINESS ENTERPRISE THAT IS CERTIFIED BY THE BUREAU OF MINORITY AND WOMEN'S BUSINESS ENTERPRISE OF THE DEPARTMENT OF GENERAL SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PROVIDE ENTERPRISE CERTIFICATION NUMBER. _____			
CONTACT NAME FOR THIS RENEWAL FORM			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER (    )		FAX NUMBER (    )	
DOCKET #: _____ ORIGINAL DATE OF APPLICATION: _____ DATE OF LICENSE APPROVAL: _____			
PLEASE COMPLETE THE "NAME AND ADDRESS" SECTION OF THIS PAGE. UPDATE ANY INFORMATION IN THE REMAINING SECTIONS THAT HAS CHANGED SINCE YOUR INITIAL APPLICATION. IF THERE HAS BEEN NO CHANGE, PLEASE WRITE "NO UPDATE" IN RESPONSE TO THE QUESTIONS THAT DO NOT REQUIRE UPDATED INFORMATION.			
LICENSEE'S MAIN ADDRESS			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP		WEB URL
PHONE NUMBER (    )		FAX NUMBER (    )	
LICENSEE'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE			
ADDRESS LINE 2			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP		WEB URL
PHONE NUMBER (    )		FAX NUMBER (    )	
LICENSEE'S BILLING CONTACT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
ADDRESS			
CITY		STATE/PROVINCE	POSTAL CODE
PHONE NUMBER (    )	CELL NUMBER (    )	FAX NUMBER (    )	

<b>LICENSEE'S FORM OF ORGANIZATION</b>	
CHECK ONE	
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER (DESCRIBE) _____	
<b>LICENSEE'S ORGANIZATION DOCUMENTS</b>	
STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION	DATE OF FORMATION
LICENSEE'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS	
LIST ALL STATES IN WHICH THE LICENSEE IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS	
COMPLETE <b>SCHEDULE 1</b> CONCERNING LICENSEE'S INCORPORATORS/FOUNDERS	
IS LICENSEE REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LICENSEE'S IDENTIFICATION NUMBERS</b>	
FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER	PA LIQUOR CONTROL BOARD LICENSE NUMBER
PA WORKERS COMPENSATION POLICY NUMBER	PA DEPARTMENT OF STATE – ENTITY NUMBER
DOES THE LICENSEE HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER STATE OR THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.	
IS THE APPLICANT APPLYING FOR A:	
- MANUFACTURER'S RENEWAL SLOT MACHINE LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO
- MANUFACTURER'S RENEWAL TABLE GAME LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO
A DESCRIPTION OF THE SLOT MACHINE AND TABLE GAME PRODUCTS MANUFACTURED AND OR SERVICES TO BE PROVIDED MUST BE INCLUDED IN <b>APPENDIX 1</b> .	

### APPLICATION CHECKLIST

**SCHEDULES: IF THERE HAVE BEEN ANY UPDATES TO THE FOLLOWING SCHEDULES, INDICATE BY CHECKING THE “YES” BOX. IF THERE ARE UPDATES, YOU MUST PROVIDE A NEW SCHEDULE WITH THE UPDATED INFORMATION. IF A SCHEDULE HAS NOT CHANGED, CHECK THE “NO” BOX AND WRITE “NO UPDATE” ON THE SCHEDULE.**

SCHEDULE 1: INCORPORATORS/FOUNDERS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 2: OTHER NAMES USED BY LICENSEE	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 3: ADDRESSES CURRENTLY USED BY LICENSEE	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 4: ADDRESSES USED BY LICENSEE	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 7: EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM LICENSEE	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 10: VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 11: NON-VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 12: LONG TERM DEBT	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 13: HOLDERS OF LONG TERM DEBT	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 16: SECURITIES OPTIONS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 18: OTHER PRINCIPALS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 19: FINANCIAL INSTITUTIONS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 20: CONTRACTS	Yes <input type="checkbox"/> No <input type="checkbox"/>

SCHEDULE 21: STOCK HELD BY LICENSEE	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 22: INSIDER TRANSACTIONS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 23: CRIMINAL HISTORY	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 25: EXISTING LITIGATION	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 26: ANTITRUST, TRADE REGULATION AND SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 28: NON-GAMING LICENSES AND PERMITS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 29: GAMING LICENSES AND PERMITS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 30: LICENSEE'S CONTRIBUTIONS AND DISBURSEMENTS	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 31: LICENSEE'S BUSINESS BACKGROUND PART 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHEDULE 32: LICENSEE'S BUSINESS BACKGROUND PART 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW	MANDATORY
AFFIDAVIT	MANDATORY
RELEASE AUTHORIZATION	MANDATORY
WAIVER OF LIABILITY	MANDATORY
DIVERSITY PLAN CERTIFICATION	MANDATORY
MANUFACTURER'S AFFIRMATION	MANDATORY
ANNUAL CERTIFICATION TO PREVENT VIOLATIONS OF SECTION 1513 FORM	MANDATORY
PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM	MANDATORY
FINANCIAL STATEMENT CERTIFICATION	MANDATORY

## APPENDICES

<p><b>APPENDICES: IF THERE HAVE BEEN ANY UPDATES TO THE FOLLOWING APPENDICES SINCE YOUR ORIGINAL FILING, INDICATE BY CHECKING THE “YES” BOX. IF YES, YOU MUST PROVIDE AN UPDATED APPENDIX. EACH APPENDIX SHALL BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX HAS NOT CHANGED OR DOES NOT APPLY TO LICENSEE, CHECK THE “NO” BOX AS APPLICABLE. ALL APPENDICES MARKED AS MANDATORY ARE REQUIRED TO BE SUBMITTED.</b></p> <p><b>* PLEASE NOTE THAT THESE APPENDICES WILL ONLY BE REQUIRED IF INFORMATION HAS BEEN UPDATED SINCE THE INITIAL FILING OF THE APPLICATION.</b></p>	
<p>*APPENDIX 1: DESCRIPTION OF THE BUSINESS CURRENTLY PERFORMED AND THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH. THIS INFORMATION MUST BE SPECIFIC AND MUST BE ORGANIZED AROUND THE TOPICS SHOWN IN <b>SCHEDULES 31 AND 32</b>, AS WELL AS THE DEFINITION OF MANUFACTURER AND ASSOCIATED EQUIPMENT.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*APPENDIX 2: DESCRIPTION OF ANY FORMER BUSINESS ENGAGED IN SINCE YOUR MOST RECENT APPLICATION SUBMISSION AND THE REASON FOR CESSATION OF THE BUSINESS.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*APPENDIX 3: DESCRIPTION OF NEW OR UPDATED BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS SINCE YOUR MOST RECENT APPLICATION SUBMISSION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 8</b>.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*APPENDIX 4: DESCRIPTION OF NEW OR CHANGED LONG TERM DEBT SINCE YOUR MOST RECENT APPLICATION SUBMISSION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULES 12 AND 13</b>. <b>IF THIS INFORMATION HAS PREVIOUSLY BEEN PROVIDED TO THE BOARD WITH THE STATEMENT OF CONDITIONS, PROVIDE THE DATE SUBMITTED _____.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*APPENDIX 5: DESCRIPTION OF ANY NEW OTHER INDEBTEDNESS AND SECURITY DEVICES OR ANY CHANGES TO EXISTING OTHER INDEBTEDNESS SINCE YOUR MOST RECENT APPLICATION SUBMISSION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULES 14 AND 15</b>.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*APPENDIX 6: DESCRIPTION OF ANY NEW SECURITIES OPTIONS OR CHANGES TO EXISTING SECURITIES OPTION AGREEMENTS SINCE YOUR MOST RECENT APPLICATION SUBMISSION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULES 16 AND 17</b>.</p> <p>APPENDIX MUST INCLUDE A DETAILED DESCRIPTION OF THE CREATION OF ANY NEW OPTIONS AND ANY MODIFICATIONS TO THE OPTIONS PREVIOUSLY ISSUED BY THE APPLICANT. <b>NOTE: FOR THE PURPOSE OF THIS SCHEDULE, OPTION SHALL MEAN RIGHT, WARRANT, OR OPTION TO SUBSCRIBE TO OR PURCHASE ANY SECURITIES ISSUED BY LICENSEE.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*APPENDIX 7: DESCRIPTION OF ANY NEW OR UPDATES TO EXISTING LITIGATION SINCE YOUR MOST RECENT APPLICATION SUBMISSION. APPENDIX MUST INCLUDE A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH LICENSEE, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO ANY UPDATED INFORMATION PROVIDED IN <b>SCHEDULE 25</b>.</p> <p>DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$100,000, OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$100,000, BUT WHICH INVOLVES CLAIMS AGAINST LICENSEE WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE LICENSEE WITH A LICENSED INSURANCE CARRIER. THIS DESCRIPTION MUST</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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. <b>IF THIS INFORMATION HAS PREVIOUSLY BEEN PROVIDED TO THE BOARD WITH THE STATEMENT OF CONDITIONS, PROVIDE THE DATE SUBMITTED _____.</b>	
APPENDIX 8: AUDITED FINANCIAL STATEMENT FOR THE <b>LAST</b> FISCAL YEAR. PLEASE PROVIDE DATE OF MOST RECENT FILING IN COMPLIANCE WITH STATEMENT OF CONDITIONS.	MANDATORY
*APPENDIX 9: AUDITED FINANCIAL STATEMENTS FOR THE LAST FIVE (5) YEARS.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*APPENDIX 10: ANNUAL REPORTS FOR THE <b>LAST</b> YEAR. PLEASE PROVIDE DATE OF LAST ANNUAL REPORT.	MANDATORY
APPENDIX 11: A LISTING OF ALL SEC FILINGS SINCE YOUR MOST RECENT APPLICATION SUBMISSION. THE LISTING SHOULD INCLUDE THE SEC FORM NUMBER, A BRIEF DESCRIPTION, AND DATE OF FILING. <b>IF THIS INFORMATION HAS PREVIOUSLY BEEN PROVIDED TO THE BOARD WITH THE STATEMENT OF CONDITIONS, PROVIDE THE DATE SUBMITTED _____.</b>	MANDATORY
APPENDIX 12: A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT. THE FINANCIAL STATEMENTS MUST BE ACCOMPANIED BY A CERTIFICATION SIGNED BY THE LICENSEE'S CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER. THE FINANCIAL STATEMENT CERTIFICATION IS ATTACHED.  THE FINANCIAL STATEMENTS MUST INCLUDE A BALANCE SHEET, A STATEMENT OF INCOME, A STATEMENT OF CHANGES IN EQUITY AND A CASH FLOW STATEMENT.	MANDATORY
APPENDIX 13: COPIES OF ALL OTHER REPORTS PREPARED SINCE YOUR MOST RECENT APPLICATION SUBMISSION BY INDEPENDENT AUDITORS OF THE LICENSEE.	MANDATORY
*APPENDIX 14: PROVIDE UPDATED CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT, OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*APPENDIX 15: CURRENT OWNERSHIP TABLE OF ORGANIZATION.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*APPENDIX 16: FUNCTIONAL TABLE OF ORGANIZATION FOR LICENSEE, WITH ANY JOB DESCRIPTIONS CHANGES, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$100,000 IN ANNUAL COMPENSATION.	Yes <input type="checkbox"/> No <input type="checkbox"/>
APPENDIX 17: PROVIDE COPIES OF ANY ANNUAL FEDERAL TAX RETURN (INCLUDING BUT NOT LIMITED TO FORMS 1041, 1065, 1120, 1120s), ANNUAL PENNSYLVANIA TAX RETURNS AND ANNUAL FOREIGN TAX RETURNS FILED SINCE YOUR MOST RECENT APPLICATION SUBMISSION. INCLUDE ALL STATEMENTS, SCHEDULES, AND ATTACHMENTS FILED AS PART OF THE ORIGINAL RETURN. FEDERAL CONSOLIDATED RETURNS SHOULD INCLUDE ALL CONSOLIDATING STATEMENTS.	MANDATORY
*APPENDIX 18: DESCRIBE ANY UPDATES TO CRIMINAL HISTORY OF LICENSEE SINCE YOUR MOST RECENT APPLICATION SUBMISSION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 23</b> . NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.	Yes <input type="checkbox"/> No <input type="checkbox"/>
APPENDIX 19: PURSUANT TO §481a.5 OF THE BOARD REGULATIONS, A REGULATED ENTITY SHALL FILE A REPORT WITH THE BOARD CONCERNING THE PERFORMANCE OF ITS DIVERSITY PLAN. THE REPORT SHALL CONTAIN THE FOLLOWING INFORMATION: (1) EMPLOYMENT DATA, INCLUDING INFORMATION ON THE FOLLOWING: (I) MINORITY AND WOMEN REPRESENTATION IN THE REGULATED ENTITY'S WORKFORCE IN ALL JOB	MANDATORY

CLASSIFICATIONS. (ii) SALARY INFORMATION. (iii) RECRUITMENT AND TRAINING INFORMATION, INCLUDING EXECUTIVE AND MANAGERIAL LEVEL RECRUITMENT TRAINING. (iv) RETENTION AND OUTREACH EFFORTS. (2) THE TOTAL NUMBER AND VALUE OF ALL CONTRACTS OR TRANSACTIONS AWARDED BY THE REGULATED ENTITY FOR GOODS AND SERVICES. (3) THE TOTAL NUMBER AND VALUE OF ALL CONTRACTS OR TRANSACTIONS AWARDED BY THE REGULATED ENTITY TO MINORITY AND WOMEN'S BUSINESS ENTERPRISES. (4) A LIST OF EACH CONTRACT OR TRANSACTION AWARDED BY THE REGULATED ENTITY TO A MINORITY OR WOMEN'S BUSINESS ENTERPRISE AND THE ACTUAL VALUE OF EACH CONTRACT OR TRANSACTION. (5) THE TOTAL NUMBER AND VALUE OF ALL CONTRACTS AWARDED THAT CONTAIN A PARTICIPATION PLAN. (6) THE TOTAL NUMBER AND VALUE OF ALL SUBCONTRACTS AWARDED TO MINORITY AND WOMEN'S BUSINESS ENTERPRISES UNDER CONTRACTS CONTAINING A PARTICIPATION PLAN. (7) A LIST OF EACH SUBCONTRACT AWARDED TO A MINORITY OR WOMEN'S BUSINESS ENTERPRISE UNDER CONTRACTS CONTAINING A PARTICIPATION PLAN AND THE ACTUAL VALUE OF EACH SUBCONTRACT. (8) A COMPREHENSIVE DESCRIPTION OF ALL EFFORTS MADE BY THE REGULATED ENTITY TO MONITOR AND ENFORCE THE PARTICIPATION PLAN. (9) INFORMATION ON MINORITY AND WOMEN INVESTMENT, EQUITY OWNERSHIP, AND OTHER OWNERSHIP OR MANAGEMENT OPPORTUNITIES INITIATED OR PROMOTED BY THE REGULATED ENTITY.

**SCHEDULE 1: INCORPORATORS/FOUNDERS**

NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	
OCCUPATION			TITLE	
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )	
NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	
OCCUPATION			TITLE	
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )	
NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	
OCCUPATION			TITLE	
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )	

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

**SCHEDULE 2: OTHER NAMES USED BY LICENSEE**

SINCE YOUR MOST RECENT APPLICATION SUBMISSION, LIST ALL OTHER NAMES UNDER WHICH LICENSEE HAS DONE BUSINESS AND GIVE APPROXIMATE TIME PERIODS DURING WHICH NAME WAS USED.

ENTITY TRADE & DBA NAMES				
NAME	TRADE NAME/DOING BUSINESS AS (DBA)	NAME USED FROM	NAME USED TO	EMPLOYER IDENTIFICATION NUMBER/TIN

**SCHEDULE 3: ADDRESSES CURRENTLY USED BY LICENSEE**

PROVIDE ALL ADDRESSES CURRENTLY USED BY LICENSEE.

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

**SCHEDULE 4: ADDRESSES USED BY LICENSEE**

PROVIDE ALL ADDRESSES, OTHER THAN THOSE LISTED ON SCHEDULE 3, WHICH LICENSEE HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS DURING THE LAST YEAR, 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 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES.

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 (    )
LICENSEE ADDRESS					
LICENSEE NAME:			CURRENT TITLE OR POSITION		
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )		FAX NUMBER (    )
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)					
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION \$ VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)	
PENNSYLVANIA PERSONAL HISTORY DISCLOSURE RENEWAL FORM ATTACHED?					<input type="checkbox"/> YES <input type="checkbox"/> NO

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

**SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER INVOLVED WITH THE LICENSEE. ONLY SUPPLY THOSE WHO WERE PREVIOUSLY LICENSED BY THE BOARD.

NAME, DATES, TITLES AND POSITIONS HELD					
NAME	FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING

**SCHEDULE 7: EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM LICENSEE**

PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM LICENSEE. DO NOT INCLUDE PERSONS ALREADY LISTED ON SCHEDULE 5.

DATE, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)					
NAME	FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY

**SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

PROVIDE ANY NEW INFORMATION AND ATTACH A DESCRIPTION OF PLANS AS APPENDIX 3.

<b>PLAN</b>			
TITLE OR NAME OF PLAN			
<b>PLAN TRUSTEE NAME &amp; ADDRESS</b>			
TRUSTEE NAME			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )
<b>PLAN SPECIFICATIONS</b>			
MATERIAL FEATURES OF THE PLAN			
METHODS OF FINANCING PLAN			
CLASS OF PERSONS IN PLAN	NUMBER OF INDIVIDUALS IN EACH CLASS	AMOUNT DISTRIBUTED TO EACH CLASS OF PERSONS DURING THE LAST FISCAL YEAR THE PLAN WAS IN EFFECT	

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

**SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OF LICENSEE'S STOCK.

STOCK TYPES/CLASSES INVENTORY					
STOCK TYPE OR CLASS	NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED	NUMBER OF SHARES OUTSTANDING	VOTING?	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>IF THE RIGHT OF HOLDERS OF ANY CLASS OF STOCK MAY BE MODIFIED OTHERWISE THAN BY A VOTE OF A MAJORITY OR MORE OF OUTSTANDING SHARES SO AFFECTED, VOTING AS A CLASS, SO STATE AND EXPLAIN BRIEFLY.</p>					

**SCHEDULE 10: VOTING SHAREHOLDERS OR MEMBERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS A CONTROLLING INTEREST.

<b>VOTING STOCK/SHARES HELD SCHEDULE</b>						
√ IF UPDATED SINCE MOST RECENT APPLICATION SUBMISSION	NAME	STOCK TYPE OR CLASS	NUMBER OF SHARES HELD	DATE ACQUIRED	PERCENTAGE OF OUTSTANDING VOTING STOCK HELD	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES

**SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER.

<b>PARTNERSHIP INTEREST</b>				
NAME	PARTNER TYPE (GENERAL/FULL PARTNERS, LIMITED PARTNERS, DORMANT/ SILENT/SECRET PARTNER, NOMINAL PARTNER, OTHER)	PERCENTAGE OF OWNERSHIP IN LICENSEE	PARTNERSHIP PARTICIPATION FROM	DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE LICENSEE

**SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPS, LIMITED PARTNERSHIPS)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH FORMER PARTNER SINCE YOUR MOST RECENT APPLICATION SUBMISSION.

<b>FORMER PARTNERSHIP INTEREST</b>					
<b>NAME</b>	<b>PARTNER TYPE</b> <small>(GENERAL/FULL PARTNERS, LIMITED PARTNERS, DORMANT/SILENT/SECRET PARTNER, NOMINAL PARTNER, OTHER)</small>	<b>PERCENTAGE OF OWNERSHIP IN LICENSEE</b>	<b>PARTNERSHIP PARTICIPATION FROM – TO</b>	<b>DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE LICENSEE</b>	<b>REASONS FOR AND TERMS OF SEPARATION</b>

**SCHEDULE 11: NON-VOTING SHAREHOLDERS OR MEMBERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS A CONTROLLING INTEREST AS THAT TERM IS DEFINED IN §1103 OF THE GAMING ACT AND 58 PA. CODE §401A.3.

<b>NON-VOTING STOCK/SHARES HELD</b>					
<b>NAME</b>	<b>STOCK TYPE OR CLASS</b>	<b>NUMBER OF SHARES HELD</b>	<b>DATE ACQUIRED</b>	<b>PERCENTAGE OF OUTSTANDING NON-VOTING STOCK HELD</b>	<b>TERMS, CONDITIONS, RIGHTS, &amp; PRIVILEGES</b>

**SCHEDULE 12: LONG TERM DEBT**

DESCRIBE THE NATURE, TYPE, COVENANTS AND PRIORITIES OF ALL OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS ISSUED OR EXECUTED (INCLUDING LOANS MADE BY SHAREHOLDERS), OR TO BE ISSUED OR EXECUTED, BY THE LICENSEE, WHICH MATURE MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE. ATTACH DESCRIPTIONS AND DOCUMENTATIONS OF NEW LONG TERM DEBT ENTERED INTO SINCE YOUR MOST RECENT APPLICATION SUBMISSION AS APPENDIX 3. PLEASE FILL OUT THE CHART BELOW BUT ONLY SUBMIT DOCUMENTATION OF ANY AMENDMENTS MADE TO PREVIOUSLY REPORTED LONG TERM DEBT.

<b>LONG TERM DEBT INSTRUMENT</b>							
LINE	LONG TERM DEBT INSTRUMENT TYPE	ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE? (YES OR NO)	DOCUMENTATION ATTACHED? (YES OR NO)
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT							
<b>LONG TERM DEBT INSTRUMENT</b>							
LINE	LONG TERM DEBT INSTRUMENT TYPE	ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE? (YES OR NO)	DOCUMENTATION ATTACHED? (YES OR NO)
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT							
<b>LONG TERM DEBT INSTRUMENT</b>							
LINE	LONG TERM DEBT INSTRUMENT TYPE	ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE? (YES OR NO)	DOCUMENTATION ATTACHED? (YES OR NO)
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT							

**SCHEDULE 13: HOLDERS OF LONG TERM DEBT**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON OR ENTITY HOLDING ANY OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS EXECUTED OR ISSUED BY LICENSEE, WHICH MATURE MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE.

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 ( )	
LONG TERM DEBT HELD BY PERSON NAMED ABOVE				
PAGE	LINE	TYPE AND CLASS OF DEBT	DOLLAR AMOUNT OF DEBT HELD	

**SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES**

DESCRIBE THE NATURE, TYPE, TERMS, CONDITIONS AND COVENANTS OF ALL OUTSTANDING LOANS, MORTGAGES, TRUST DEEDS, PLEDGES, LINES OF CREDIT, OR OTHER EVIDENCE OF INDEBTEDNESS UTILIZED BY LICENSEE OTHER THAN THOSE DESCRIBED IN SCHEDULE 12. ATTACH DESCRIPTION AND DOCUMENTATION AS APPENDIX 4.

OTHER INDEBTEDNESS

**SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS**

PROVIDE THE FOLLOWING INFORMATION FOR TO EACH HOLDER OF ANY OUTSTANDING LOAN, MORTGAGE, TRUST DEED, PLEDGE OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY LICENSEE AND DESCRIBED IN RESPONSE TO SCHEDULE 14.

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 (    )	
TYPE OF DEBT INSTRUMENT HELD		DOLLAR AMOUNT OF DEBT HELD (BOTH ORIGINAL AND CURRENT BALANCE)		
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 (    )	
TYPE OF DEBT INSTRUMENT HELD		DOLLAR AMOUNT OF DEBT HELD (BOTH ORIGINAL AND CURRENT BALANCE)		

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

**SCHEDULE 16: SECURITIES OPTIONS**

PROVIDE INFORMATION RELATING TO THE CREATION OF ANY NEW OPTIONS AND ATTACH AS APPENDIX 6 A DETAILED DESCRIPTION OF SUCH OPTION AND ANY MODIFICATIONS TO THE OPTIONS PREVIOUSLY ISSUED BY THE LICENSEE SINCE YOUR MOST RECENT APPLICATION SUBMISSION. **NOTE:** FOR THE PURPOSE OF THIS SCHEDULE, OPTION SHALL MEAN RIGHT, WARRANT OR OPTION TO SUBSCRIBE TO OR PURCHASE ANY SECURITIES ISSUED BY LICENSEE.

SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				

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

**SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS**

PROVIDE THE FOLLOWING INFORMATION FOR PERSONS HOLDING THE OPTIONS DESCRIBED IN SCHEDULE 16.

OPTION BENEFICIAL OWNER 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 ( )	
LIST OF OPTIONS BENEFICIALLY OWNED BY INDIVIDUAL						
OPTION NAME (FROM SCHEDULE 16)	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT (YEARS)	OPTION EXPIRATION DATE	NUMBER OF VOTING SHARES	MARKET VALUE AT ISSUANCE	NUMBER OF NON VOTING SHARES

**SCHEDULE 18: OTHER PRINCIPALS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL PRINCIPALS NOT OTHERWISE DISCLOSED ON SCHEDULES 1, 5, 10, 10A, 11, 13 AND 15.

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 ( )
DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF INTEREST IN OR CONTROL OVER LICENSEE					
PENNSYLVANIA PERSONAL HISTORY DISCLOSURE RENEWAL FORM ATTACHED?					<input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL ENTITY FORM ATTACHED?					<input type="checkbox"/> YES <input type="checkbox"/> NO

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

**SCHEDULE 19: FINANCIAL INSTITUTIONS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH BANK, SAVINGS AND LOAN ASSOCIATION OR OTHER FINANCIAL INSTITUTION, WHETHER DOMESTIC OR FOREIGN, IN WHICH LICENSEE HAS OR HAS HAD AN ACCOUNT SINCE YOUR MOST RECENT APPLICATION SUBMISSION REGARDLESS OF WHETHER SUCH ACCOUNT WAS HELD IN THE NAME OF LICENSEE, A NOMINEE OF LICENSEE OR WAS OTHERWISE UNDER THE DIRECT OR INDIRECT CONTROL LICENSEE.

FINANCIAL INSTITUTION NAME AND ADDRESS				
FINANCIAL INSTITUTION NAME			FEDERAL EMPLOYER IDENTIFICATION NUMBER	
PURPOSE FOR ACCOUNT		ACCOUNT HELD FROM	ACCOUNT HELD TO	
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (   )	FAX NUMBER (   )	
ACCOUNTS AT THIS FINANCIAL INSTITUTION				
ACCOUNT NUMBER	ACCOUNT TYPE		OPEN DATE	CLOSE DATE

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

**SCHEDULE 20: CONTRACTS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO ALL CONTRACTS OR AGREEMENTS (WHETHER WRITTEN OR ORAL) THAT LICENSEE HAS ENTERED INTO WITHIN THE PAST SIX (6) MONTHS, FOR GOODS AND/OR SERVICES IN EXCESS OF \$100,000. CONTRACTS AND AGREEMENTS DISCLOSED ELSEWHERE IN THIS APPLICATION NEED NOT BE PROVIDED ON THIS SCHEDULE.

NAME AND ADDRESS			
NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER/TAX IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	
ADDRESS		CONTRACT START DATE	CONTRACT COMPLETION DATE
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY		PHONE NUMBER (    )	POSTAL CODE (    )
EMAIL ADDRESS		FAX NUMBER (    )	
NATURE OF CONTRACT OR AGREEMENT AND GOODS AND/OR SERVICES TO BE PROVIDED		TERMS OF COMPENSATION	

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

**SCHEDULE 21: STOCK HELD BY LICENSEE**

SINCE YOUR MOST RECENT SUBMISSION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH COMPANY IN WHICH APPLICANT LICENSEE HOLDS STOCK.

NAME & ADDRESS OF COMPANY	TYPE OF STOCK HELD	EXCHANGE	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP IF MORE THAN 5%	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES	VOTING?
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO

**SCHEDULE 22: INSIDER TRANSACTIONS**

SINCE YOUR MOST RECENT SUBMISSION, PROVIDE THE FOLLOWING INFORMATION FOR EACH CHANGE IN THE BENEFICIAL OWNERSHIP OF THE EQUITY SECURITIES OF APPLICANT LICENSEE ON THE PART OF ANY PERSON WHO IS INDIRECTLY OR DIRECTLY A BENEFICIAL OWNER OF MORE THAN TEN PERCENT (10%) OF ANY CLASS OF AN EQUITY SECURITY OF APPLICANT LICENSEE OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF APPLICANT LICENSEE THAT OCCURRED SINCE YOUR MOST RECENT APPLICATION SUBMISSION. INCLUDE CHANGES RESULTING FROM (A) GIFT, (B) PURCHASE, (C) SALE, (D) EXERCISE OF AN OPTION TO PURCHASE, (E) EXERCISE OF AN OPTION TO SELL, (F) GRANT OR RECEIPT OF A PUT OR (G) GRANT OR RECEIPT OF A CALL.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ( )	FAX NUMBER ( )
POSITION				
INSIDER TRANSACTION DESCRIPTION				
DATE OF TRANSACTION	NATURE OF TRANSACTION	NUMBER OF SHARES INVOLVED	DOLLAR VALUE OF TRANSACTION	OTHER PARTIES (NAMES & POSITIONS)

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

## CRIMINAL HISTORY

THE NEXT SECTION ASKS ABOUT ANY OFFENSES OR CHARGES LICENSEE 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:

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

**SCHEDULE 23: CRIMINAL HISTORY**

SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES 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? **FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR RENEWAL APPLICATION.**

If YES, COMPLETE THE FOLLOWING CHART.       Yes    No

<b>CRIMINAL HISTORY INCIDENT</b>						
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 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE OR ANY OF ITS LICENSEE'S OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES 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, COMPLETE THE FOLLOWING CHART.  YES  NO

<b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>			
NAME AND ADDRESS OF COURT OR AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF PRINCIPAL OR KEY EMPLOYEE INVOLVED.			
<b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF PRINCIPAL OR KEY EMPLOYEE INVOLVED.			
<b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF PRINCIPAL OR KEY EMPLOYEE INVOLVED.			

**SCHEDULE 25: EXISTING LITIGATION**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 7 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH LICENSEE, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$100,000, OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$100,000, BUT WHICH INVOLVES CLAIMS AGAINST LICENSEE WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE LICENSEE WITH A LICENSED INSURANCE CARRIER. 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.

<b>EXISTING LITIGATION</b>	
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	
<b>EXISTING LITIGATION</b>	
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	

**SCHEDULE 26: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

A. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO A VIOLATION OR ALLEGED VIOLATION OF THE FEDERAL ANTITRUST, TRADE REGULATION OR SECURITIES LAWS, OR SIMILAR LAWS OF ANY STATE, PROVINCE OR COUNTRY ENTERED AGAINST IT?  YES  NO

B. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO ANY STATE OR FEDERAL STATUTE, REGULATION OR CODE THAT RESULTED IN A FINE OR PENALTY OF \$50,000 OR MORE ENTERED AGAINST IT?  YES  NO

IF YOU ANSWER YES TO EITHER QUESTION A OR B, COMPLETE THE FOLLOWING CHART.

VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

**SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

A. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD ANY PETITION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW FILED BY OR AGAINST IT?  YES  NO

B. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES SOUGHT RELIEF UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW?  YES  NO

C. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES?  YES  NO

IF YOU ANSWER YES TO QUESTIONS A-C, COMPLETE THE FOLLOWING CHART.

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			

**SCHEDULE 28: NON-GAMING LICENSES AND PERMITS**

SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY FOR THE COLLECTION OF SALES AND USE TAX, SELLING AND SERVING LIQUOR AND MALT BEVERAGES, PROVIDING OVERNIGHT LODGING SERVICES OR ANY OTHER ACTIVITY REQUIRING A LICENSE OR PERMIT? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES. If YES, COMPLETE THE FOLLOWING CHART.  YES  NO

LICENSING (GOVERNMENT ISSUED – NON-GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.

**SCHEDULE 29: GAMING LICENSES AND PERMITS**

SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY CHARGED WITH REGULATING GAMES OF CHANCE, INCLUDING BUT NOT LIMITED TO SLOT MACHINES, VIDEO LOTTERY TERMINALS, TABLE GAMES, HORSE RACING, JAI ALAI, ETC.? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES. IF YES, COMPLETE THE FOLLOWING CHART.  YES  NO

<b>APPLICANT LICENSING (GOVERNMENT ISSUED –GAMING)</b>					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.

**SCHEDULE 30: LICENSEE’S CONTRIBUTIONS AND DISBURSEMENTS**

- A. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF LICENSEE MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY EMPLOYEE, PERSON, COMPANY OR ORGANIZATION TO OBTAIN FAVORABLE TREATMENT?  YES  NO
- B. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF THE LICENSEE MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN TO OBTAIN FAVORABLE TREATMENT?  YES  NO
- C. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF LICENSEE LOANED FUNDS FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?  YES  NO
- D. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF LICENSEE DONATED OR LOANED PROPERTY OR ANY OTHER THING OF VALUE FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?  YES  NO
- E. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR THE PURPOSE OF REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS EITHER FOREIGN OR DOMESTIC?  YES  NO
- F. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY BANK ACCOUNT, DOMESTIC OR FOREIGN, NOT REFLECTED ON THE LICENSEE’S BOOKS OR RECORDS?  YES  NO
- G. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY NUMBERED ACCOUNT OR ANY ACCOUNT IN THE NAME OF A NOMINEE FOR LICENSE?  YES  NO

IF YES, TO QUESTIONS A-G COMPLETE THE FOLLOWING CHART.

NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )
NATURE OF CONTRIBUTIONS OR DISBURSEMENTS			

**SCHEDULE 31: BUSINESS BACKGROUND PART 1**

<b>DESCRIPTION OF PRESENT BUSINESS</b>
<b>DESCRIPTION OF COMPETITIVE CONDITIONS</b>
<b>PRINCIPAL PRODUCTS PRODUCED AND/OR SERVICES RENDERED</b>
<b>AVAILABILITY OF RAW MATERIALS, CRITICAL TECHNOLOGY &amp; EMPLOYEES</b>
<b>INTELLECTUAL PROPERTY OWNED BY LICENSEE &amp; IMPORTANCE TO BUSINESS</b>

**SCHEDULE 32: BUSINESS BACKGROUND PART 2**

**DESCRIPTION OF BUSINESS DEVELOPMENTS INCLUDING BANKRUPTCY, RECEIVERSHIP OR SIMILAR PROCEEDINGS**


**DESCRIPTION OF ANY OTHER MATERIAL REORGANIZATION, READJUSTMENT OR SUCCESSION OF LICENSEE OR ANY OF ITS SUBSIDIARIES OR ACQUISITIONS**


**HISTORY OF PREVIOUS BUSINESS CONDUCTED BY LICENSEE**


**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 LICENSEE.

\_\_\_\_\_  
CEO/LICENSEE SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

**AFFIDAVIT**

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

SS:

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

THE CHIEF EXECUTIVE OFFICER ("CEO")/LICENSEE HEREBY CERTIFIES THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE RENEWAL FORM. FURTHER, THE CEO/LICENSEE IS AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

THE LICENSEE HAS FAMILIARIZED ITSELF WITH THE CONTENTS OF THE GAMING ACT AND ITS REGULATIONS AND AGREES TO ABIDE BY SAME, AND SPECIFICALLY AGREES AND AFFIRMS THE FOLLOWING:

THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BIE"), THE DEPARTMENT OF REVENUE ("DOR") AND THE PENNSYLVANIA STATE POLICE ("PSP") SHALL HAVE THE AUTHORITY, WITHOUT NOTICE AND WITHOUT WARRANT, TO DO ALL OF THE FOLLOWING IN THE PERFORMANCE OF THEIR DUTIES:

1. INSPECT AND EXAMINE ALL PREMISES WHERE SLOT MACHINE OPERATIONS ARE CONDUCTED, GAMING DEVICES OR EQUIPMENT ARE MANUFACTURED, SOLD, DISTRIBUTED OR SERVICED OR WHERE RECORDS OF THESE ACTIVITIES ARE PREPARED OR MAINTAINED.
2. INSPECT ALL EQUIPMENT AND SUPPLIES IN, ABOUT, UPON OR AROUND PREMISES REFERRED TO IN PARAGRAPH 1.
3. SEIZE, SUMMARILY REMOVE AND IMPOUND EQUIPMENT AND SUPPLIES FROM PREMISES REFERRED TO IN PARAGRAPH 1 FOR THE PURPOSES OF EXAMINATION AND INSPECTION.
4. INSPECT, EXAMINE AND AUDIT ALL BOOKS, RECORDS AND DOCUMENTS PERTAINING TO A SLOT MACHINE LICENSEE'S OPERATION.
5. SEIZE, IMPOUND OR ASSUME PHYSICAL CONTROL OF ANY BOOK, RECORD, LEDGER, GAME, DEVICE, CASH BOX AND ITS CONTENTS, COUNTING ROOM OR ITS EQUIPMENT OR SLOT MACHINE OPERATIONS.

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE GAMING ACT AND ITS REGULATIONS, THE BIE AND THE PSP MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY A LICENSEE, REGISTRANT, CERTIFICANT, PERMITTEE, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR HOLDING COMPANY.

ANY LICENSEE, PRINCIPAL, KEY EMPLOYEE OR GAMING EMPLOYEE SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"), OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTION, SEARCHES AND SEIZURES;
3. INFORM THE BOARD OF ANY ACTIONS WHICH THEY BELIEVE WOULD CONSTITUTE A VIOLATION OF THIS PART; 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).

FURTHERMORE, BY SIGNING BELOW, THE CEO/LICENSEE CERTIFIES THAT THE LICENSEE HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF §1513(B) (RELATING TO POLITICAL INFLUENCE) OF THE ACT AND THAT THE LICENSEE HAS CONDUCTED A GOOD FAITH INVESTIGATION THAT HAS NOT REVEALED ANY VIOLATION OF THIS PROVISION DURING THE PAST YEAR. FURTHERMORE, THE LICENSEE HEREBY CERTIFIES THAT THE UNDERSIGNED IS AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE LICENSEE AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THIS APPLICATION AND FURTHER AGREES TO THE TERMS OF LICENSING AS SPECIFIED WITHIN THE REGULATIONS AND SPECIFICATIONS OF THE PENNSYLVANIA GAMING CONTROL BOARD.

I HEREBY EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE THE BOARD, THE DOR, THE 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 LICENSING AGENCY AND THEIR AGENTS, AS A RESULT OF MY APPLYING FOR A GAMING LICENSE, REGISTRATION, CERTIFICATE OR PERMIT IN THE COMMONWEALTH OF PENNSYLVANIA.

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

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

\_\_\_\_\_  
PRINTED NAME OF LICENSEE

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

\_\_\_\_\_  
PRINTED NAME OF CEO/AUTHORITY SIGNATORY - TITLE

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

\_\_\_\_\_  
SIGNATURE OF CEO/ AUTHORITY SIGNATORY\*

My COMMISSION EXPIRES ON \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM CEO/  
AUTHORITY SIGNATORY

\_\_\_\_\_  
(NAME, TITLE AND SIGNATURE)

\*IF A PERSON OTHER THAN THE CEO OF THIS ENTITY IS DESIGNATED TO EXECUTE THIS DOCUMENT, THE PGCB MUST BE PROVIDED WITH A RESOLUTION OR AN AFFIDAVIT, CERTIFIED AS TRUE AND CORRECT, IDENTIFYING THE INDIVIDUAL SO DESIGNATED, AUTHORIZING THAT INDIVIDUAL TO EXECUTE THE DOCUMENT ON BEHALF OF BOTH THE ENTITY AND THE CEO.

## RELEASE AUTHORIZATION

TO: \_\_\_\_\_

(DO NOT WRITE ABOVE THIS LINE – FOR GAMING CONTROL BOARD USE ONLY)

FROM: \_\_\_\_\_

LICENSEE'S NAME (PLEASE PRINT)

### **NOTE: INITIALS AND SIGNATURES ARE REQUIRED ON THIS FOUR 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, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING ANY KNOWLEDGE ABOUT, RELATING TO OR CONCERNING ME TO FULLY DISCUSS WITH, AND ANSWER ANY INQUIRY MADE BY ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD.
2. 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, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME TO FURNISH SUCH INFORMATION TO ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE.
3. 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, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING ME TO PERMIT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE.
4. 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.
5. 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.

6. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A FEDERAL, STATE OR LOCAL LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD BE PERMITTED BY SAID LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME.
7. 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.
8. 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.
9. I GRANT TO SAID ATTORNEY IN FACT FULL POWER AND AUTHORITY 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 OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID ATTORNEY IN FACT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS POWER OF ATTORNEY AND THE RIGHTS AND POWERS HEREIN GRANTED.
10. 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.
11. 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.
12. I THE UNDERSIGNED LICENSEE(S) HAVE FILED WITH THE PENNSYLVANIA GAMING CONTROL BOARD AN "APPLICATION" AS THAT TERM IS DEFINED IN 58 PA. CODE § 401A.3. 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 ON ME. 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.

13. 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, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE, AGAINST 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, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.
14. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE 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 ANY AND ALL LIABILITIES OF EVERY NATURE AND KIND, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE 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 OR EMPLOYEES THEREOF, ARISING OUT OF OR BY REASON OF, THE FURNISHING OF OR INSPECTION OF DOCUMENTS, RECORDS, AND OTHER INFORMATION RELEASED IN COMPLIANCE WITH A REQUEST MADE PURSUANT TO, OR AS A RESULT OF HAVING BEEN PRESENTED WITH, THIS RELEASE AUTHORIZATION.
15. 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.
16. 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 ENTITY FOR WHICH I AM A PRINCIPAL.
17. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.
18. 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
LICENSEE'S DOB

\_\_\_\_\_  
LICENSEE'S SSN

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 HERETO SET MY HAND AND OFFICIAL SEAL.

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

SIGNATURE OF PENNSYLVANIA GAMING CONTROL BOARD AGENT PRESENTING THIS REQUEST:

\_\_\_\_\_ DATE: \_\_\_\_\_

## WAIVER OF LIABILITY

ON BEHALF OF \_\_\_\_\_, (NAME OF LICENSEE) I, \_\_\_\_\_ (NAME OF CHIEF EXECUTIVE OFFICER/LICENSEE SIGNING THIS FORM), HEREBY WAIVE LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE SAID LICENSEE FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

I/WE AM/ARE AWARE THAT FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF MY LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA C.S.A. §§ 4902, 4903 AND 4904.

\_\_\_\_\_  
LICENSEE NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY: SIGNATURE OF CEO/LICENSEE (LEGAL SIGNATURE)

\_\_\_\_\_  
PRINTED NAME OF CEO/LICENSEE

( )  
\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

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

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

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

**DIVERSITY PLAN CERTIFICATION**

LICENSEE NAME \_\_\_\_\_

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

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

PURSUANT TO SECTION 481A.5 OF THE PENNSYLVANIA GAMING CONTROL BOARD RULES AND REGULATIONS AND THE STATEMENT OF CONDITIONS EXECUTED AFTER LICENSURE APPROVAL, THE LICENSEE HEREBY CERTIFIES:

THE LICENSEE IS COMPLYING WITH REPORTING REQUIREMENTS REGARDING THE QUARTERLY REPORTING OF THE DIVERSITY REPORTS.

THE QUARTERLY REPORTS CONTAIN ALL THE INFORMATION REQUIRED BY SECTION 481A.5 OF THE PGCB RULES AND REGULATIONS.

A COPY OF THE MOST RECENT QUARTERLY FILING IS ATTACHED TO THIS RENEWAL APPLICATION.

DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

\_\_\_\_\_  
NAME OF LICENSEE

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

\_\_\_\_\_  
SIGNATURE OF CEO/LICENSEE

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

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

**MANUFACTURER'S AFFIRMATION**

PURSUANT TO §1317.1 (B) (2) OF THE GAMING ACT (RELATING TO MANUFACTURER LICENSES APPLICATION), LICENSEE AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES ARE SLOT MACHINE LICENSEES.

PURSUANT TO §1317.1(E)(3) OF THE GAMING ACT (RELATING TO MANUFACTURER LICENSES), APPLICANT AFFIRMS THAT NEITHER IT NOR ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY, WHO HAS APPLIED FOR OR IS A HOLDER OF A MANUFACTURER OR SLOT MACHINE LICENSE SHALL BE ELIGIBLE TO APPLY FOR OR HOLD A SUPPLIER LICENSE.

PURSUANT TO 58 PA. CODE §427.2(A)(7), LICENSEE AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAS APPLIED FOR OR HOLDS A SUPPLIER LICENSE.

DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

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

\_\_\_\_\_  
NAME OF LICENSEE

\_\_\_\_\_  
SIGNATURE OF CEO/LICENSEE

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

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

COMMONWEALTH OF PENNSYLVANIA

ANNUAL CERTIFICATION BY AN APPLICANT OR LICENSED ENTITY OF SAFEGUARDS AND POLICIES PREVENTING VIOLATIONS OF SECTION 1513

INSTRUCTIONS: THIS AFFIDAVIT IS TO BE COMPLETED UNDER OATH BY THE CHIEF EXECUTIVE OFFICER OR OTHER APPROPRIATE INDIVIDUAL OF THE APPLICANT OR LICENSED ENTITY PURSUANT TO 4 PA.C.S. § 1513(B). ATTACH A COPY OF THE PLAN THAT HAS BEEN DEVELOPED PURSUANT TO 4 PA.C.S. § 1513(B) WHICH SETS FORTH THE INTERNAL SAFEGUARDS AND POLICIES. AN AFFIDAVIT MUST BE COMPLETED ANNUALLY AND PROVIDED TO THE PGCB FOR FORWARDING TO THE DEPARTMENT OF STATE, BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION.

AFFIDAVIT

STATE OF \_\_\_\_\_ )
) SS:
COUNTY OF \_\_\_\_\_ )

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, THIS DAY, PERSONALLY APPEARED \_\_\_\_\_, CHIEF OPERATING OFFICER OR OTHER APPROPRIATE REPRESENTATIVE OF \_\_\_\_\_, AN APPLICANT OR A LICENSED ENTITY, TO ME KNOWN OR PROVEN, WHO BEING DULY SWORN ACCORDING TO LAW, DEPOSES THE FOLLOWING:

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS NOT REVEALED ANY VIOLATION OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED.

OR

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS REVEALED VIOLATION(S) OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED, AS SET FORTH ON THE POLITICAL CONTRIBUTIONS ATTACHMENT.

I HEREBY CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE ENTITY NAMED ABOVE AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSIONS IN THIS AFFIDAVIT. I AM FURTHER AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR PENALTIES UNDER 4 PA.C.S. § 1513(C) AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S. §§ 4902, 4903 AND 4904.

\_\_\_\_\_  
SIGNATURE OF AFFIANT AND TITLE

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

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

NOTARY SEAL:

ORIGINAL FOR PGCB

COMMONWEALTH OF PENNSYLVANIA

ANNUAL CERTIFICATION BY AN APPLICANT OR LICENSED ENTITY OF SAFEGUARDS AND POLICIES PREVENTING VIOLATIONS OF SECTION 1513

INSTRUCTIONS: THIS AFFIDAVIT IS TO BE COMPLETED UNDER OATH BY THE CHIEF EXECUTIVE OFFICER OR OTHER APPROPRIATE INDIVIDUAL OF THE APPLICANT OR LICENSED ENTITY PURSUANT TO 4 PA.C.S. § 1513(B). ATTACH A COPY OF THE PLAN THAT HAS BEEN DEVELOPED PURSUANT TO 4 PA.C.S. § 1513(B) WHICH SETS FORTH THE INTERNAL SAFEGUARDS AND POLICIES. AN AFFIDAVIT MUST BE COMPLETED ANNUALLY AND PROVIDED TO THE PGCB FOR FORWARDING TO THE DEPARTMENT OF STATE, BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION.

AFFIDAVIT

STATE OF \_\_\_\_\_ )
) SS:
COUNTY OF \_\_\_\_\_ )

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, THIS DAY, PERSONALLY APPEARED \_\_\_\_\_, CHIEF OPERATING OFFICER OR OTHER APPROPRIATE REPRESENTATIVE OF \_\_\_\_\_, AN APPLICANT OR A LICENSED ENTITY, TO ME KNOWN OR PROVEN, WHO BEING DULY SWORN ACCORDING TO LAW, DEPOSES THE FOLLOWING:

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS NOT REVEALED ANY VIOLATION OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED.

OR

[ ] I HEREBY CERTIFY THAT \_\_\_\_\_ (NAME OF APPLICANT OR LICENSEE) HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF 4 PA.C.S. § 1513 (RELATING TO POLITICAL INFLUENCE) AND THAT THE APPLICANT OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF IT AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS, THAT HAS REVEALED VIOLATION(S) OF THIS PROVISION SINCE THE PASSAGE OF 4 PA. C.S. PART II ENACTED JULY 5, 2004 (P.L. 572, No.71) AS AMENDED, AS SET FORTH ON THE POLITICAL CONTRIBUTIONS ATTACHMENT.

I HEREBY CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE ENTITY NAMED ABOVE AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSIONS IN THIS AFFIDAVIT. I AM FURTHER AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR PENALTIES UNDER 4 PA.C.S. § 1513(C) AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S. §§ 4902, 4903 AND 4904.

\_\_\_\_\_  
SIGNATURE OF AFFIANT AND TITLE

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

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

NOTARY SEAL:

ORIGINAL FOR DOS

**PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM**

IN THE CHART BELOW, PROVIDE THE REQUIRED INFORMATION FOR ALL POLITICAL CONTRIBUTIONS, MONETARY OR IN-KIND, TO A CANDIDATE FOR NOMINATION OR ELECTION TO ANY PUBLIC OFFICE IN THIS COMMONWEALTH, OR TO ANY POLITICAL COMMITTEE OR STATE PARTY IN THIS COMMONWEALTH OR TO ANY GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF ANY SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY ON OR AFTER THE DATE YOUR ENTITY'S APPLICATION WAS SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD (BOARD). THE APPLICANT OR LICENSEE MUST LIST POLITICAL CONTRIBUTIONS BY ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS. DO NOT INCLUDE CONTRIBUTIONS TO CANDIDATES FOR FEDERAL OFFICES OR TO COMMITTEES OR GROUPS ORGANIZED SOLELY IN SUPPORT OF FEDERAL CANDIDATES.

IF THERE IS MORE THAN ONE CONTRIBUTION TO THE SAME CANDIDATE, POLITICAL COMMITTEE, STATE PARTY, ETC., SEPARATE ENTRIES MUST BE LISTED FOR EACH CONTRIBUTION.

NOTE: IF YOU NEED SPACE FOR ADDITIONAL ENTRIES, PLEASE MAKE ADDITIONAL COPIES OF THIS FORM.

<b>DATE OF CONTRIBUTION</b>	<b>NAME AND ADDRESS OF THE PENNSYLVANIA CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY, OR GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY</b>	<b>AMOUNT OR VALUE OF CONTRIBUTION</b>

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

\_\_\_\_\_  
DATE SIGNED

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

\*IF A PERSON OTHER THAN THE CEO OF THIS ENTITY IS DESIGNATED TO EXECUTE THIS DOCUMENT, THE PGCB MUST BE PROVIDED WITH A RESOLUTION OR AN AFFIDAVIT, CERTIFIED AS TRUE AND CORRECT, IDENTIFYING THE INDIVIDUAL SO DESIGNATED, AUTHORIZING THAT INDIVIDUAL TO EXECUTE THE DOCUMENT ON BEHALF OF BOTH THE ENTITY AND THE CEO.

# FINANCIAL STATEMENT CERTIFICATION

FOR THE PERIOD ENDED: \_\_\_\_\_

\_\_\_\_\_  
NAME OF LICENSEE/APPLICANT

I HAVE REVIEWED AND EXAMINED THE ATTACHED FINANCIAL STATEMENT.

TO THE BEST OF MY KNOWLEDGE, THE FINANCIAL STATEMENTS, AND OTHER INFORMATION INCLUDED IN THIS REPORT, ARE ACCURATE AND FAIRLY PRESENT IN ALL MATERIAL RESPECTS, THE FINANCIAL CONDITION, RESULTS OF OPERATIONS AND CASH FLOWS OF THE APPLICANT AS OF, AND FOR, THE PERIODS PRESENTED IN THIS REPORT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHIEF FINANCIAL OFFICER

\_\_\_\_\_  
PRINTED NAME OF CHIEF FINANCIAL OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHIEF OPERATING OFFICER

\_\_\_\_\_  
PRINTED NAME OF CHIEF OPERATING OFFICER