



Pennsylvania Gaming Control Board

**MANUFACTURER, SUPPLIER AND MANUFACTURER
DESIGNEE APPLICATION AND DISCLOSURE
INFORMATION RENEWAL FORM**

INSTRUCTIONS

PENNSYLVANIA GAMING IS GOVERNED BY THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT (ACT) SET FORTH IN 4 PA C.S. PART II, ENACTED BY THE ACT OF JULY 5, 2004 (P.L. 572, No. 71) AS AMENDED AND 58 PA. CODE PART VII, GAMING CONTROL BOARD (REGULATIONS).

THESE INSTRUCTIONS ARE APPLICABLE TO ANY "PERSON" SEEKING TO BE RENEWED AS A MANUFACTURER, SUPPLIER OR A MANUFACTURER DESIGNEE (DESIGNEE).

AS USED IN THESE INSTRUCTIONS, THE PHRASE "AFFILIATED ENTITIES" SHALL MEAN THE LICENSEE'S HOLDING COMPANIES, INTERMEDIARIES AND SUBSIDIARIES.

THE ORIGINAL FORM, AND EITHER **ONE PAPER COPY**, OR **ONE ELECTRONIC COPY** ON COMPACT DISC (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.

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 LICENSEE.

1. APPLICATION PACKAGE FORMS

THE FORMS THAT CAN MAKE UP AN APPLICATION PACKAGE FOR A MANUFACTURER, SUPPLIER OR DESIGNEE LICENSE ARE AS FOLLOWS:

- A. MANUFACTURER, SUPPLIER AND MANUFACTURER DESIGNEE APPLICATION AND DISCLOSURE INFORMATION RENEWAL FORM**
(FOR MANUFACTURER, SUPPLIER OR DESIGNEE LICENSEE).
- B. PENNSYLVANIA PERSONAL HISTORY DISCLOSURE RENEWAL FORM**
(TO BE COMPLETED BY EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE AS DEFINED IN 58 PA. CODE §401A.3).
- C. PRINCIPAL AFFILIATE/PRINCIPAL ENTITY RENEWAL FORM**
(TO BE COMPLETED BY EACH ENTITY THAT IS A PRINCIPAL AS DEFINED IN 58 PA. CODE §433A.1).
- D. INSTITUTIONAL INVESTOR NOTICE OF OWNERSHIP FORM**
(TO BE COMPLETED BY AN INSTITUTIONAL INVESTOR THAT IS A PASSIVE INVESTOR IN THE PUBLICLY TRADED SECURITIES OF THE LICENSEE).

2. RENEWAL APPLICATION AND LICENSING FEES

THE FEES FOR A MANUFACTURER, SUPPLIER AND DESIGNEE LICENSE ARE AS FOLLOWS:

A. APPLICATION FEES AND INVESTIGATION DEPOSITS

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 LICENSEE AND THE LICENSEE'S AFFILIATED ENTITIES AND PERSONS FILING FORMS AS PART OF THE APPLICATION PACKAGE. APPLICATION FEES MUST BE SUBMITTED FOR EACH LICENSEE UNLESS OTHERWISE NOTED.

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

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.

MANUFACTURER	\$5,000.00
SUPPLIER	\$5,000.00
MANUFACTURER DESIGNEE	\$5,000.00
AFFILIATED ENTITIES	\$2,500.00
PRINCIPAL/KEY EMPLOYEE	\$2,500.00
PRINCIPAL ENTITY	\$2,500.00

B. LICENSING FEES - LICENSING FEES MUST BE PAID PRIOR TO THE ISSUANCE OF THE LICENSE.

ALL LICENSES ARE GOOD FOR 3 YEARS.

MANUFACTURER’S RENEWAL SLOT MACHINE LICENSE	\$90,000.00/3 YEARS
MANUFACTURER’S RENEWAL TABLE GAME LICENSE	\$90,000.00/3 YEARS
SUPPLIER RENEWAL SLOT MACHINE LICENSE	\$45,000.00/3 YEARS
SUPPLIER RENEWAL TABLE GAME LICENSE	\$45,000.00/3 YEARS
MANUFACTURER DESIGNEE’S RENEWAL SLOT MACHINE LICENSE	\$7,500/3 YEARS
	(\$750 EACH ADDITIONAL LICENSE DESIGNATION/3 YEARS)
MANUFACTURER DESIGNEE’S RENEWAL TABLE GAME LICENSE	\$7,500/3 YEARS
	(\$750 EACH ADDITIONAL LICENSE DESIGNATION/3 YEARS)

3. APPLICATION FORM INSTRUCTIONS

GENERALLY

AS USED IN THIS FORM, THE WORDS "LICENSEE" AND "YOU" SHALL MEAN THE MANUFACTURER, SUPPLIER OR DESIGNEE. WHEN LICENSEE’S AFFILIATED ENTITIES ARE COMPLETING THE FORM, "LICENSEE" AND "YOU" SHALL REFER TO THE AFFILIATED ENTITY COMPLETING THE FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR CLEARLY PRINTED. 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 LICENSEE, WRITE "DOES NOT APPLY" IN RESPONSE TO THAT QUESTION. IF A SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE LICENSEE, WRITE "DOES NOT APPLY" ON THE SCHEDULE OR ADDENDUM.

APPENDICES ARE TO BE PROVIDED BY THE LICENSEE. THE REQUIRED APPENDICES ARE LISTED ON THE APPLICATION CHECKLIST. THE LICENSEE MUST INSERT A PAGE WITH THE APPENDIX NUMBER AND ALL INFORMATION APPLICABLE TO THE APPENDIX. IF AN APPENDIX DOES NOT APPLY TO THE LICENSEE, WRITE "DOES NOT APPLY" ON THE APPENDIX PAGE.

ALL NON-SIGNATURE PAGES OF THE FORM MUST BE INITIALED BY THE LICENSEE, OR IF THE LICENSEE IS NOT A NATURAL PERSON, THE PERSON AUTHORIZED TO COMPLETE THE FORM ON BEHALF OF THE LICENSEE MUST INITIAL EACH PAGE. 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. SOME SCHEDULES 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.

ALL REQUIRED DOCUMENTATION, SUCH AS BUSINESS FORMATION PAPERS, TAX RETURNS AND APPENDICES, AS WELL AS THE APPLICATION FORMS THAT COMPRISE AN APPLICATION PACKAGE FOR A MANUFACTURER, SUPPLIER OR DESIGNEE'S LICENSE, AS LISTED ABOVE, MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO 4 PA.C.S. §1317 (c)(1) AND 1317.1(c)(1), THE LICENSEE 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 58 PA. CODE §423A.1(h).

ALL NOTICES REGARDING YOUR APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE BOARD IF YOU CHANGE YOUR ADDRESS.

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

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.

CONFIDENTIAL INFORMATION (AS DEFINED IN 58 PA. CODE §401A.3) SUPPLIED TO THE BOARD OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE ACT, OR UPON THE LAWFUL ORDER OF A COURT OF COMPETENT JURISDICTION OR, WITH THE APPROVAL OF THE ATTORNEY GENERAL, TO A DULY AUTHORIZED LAW ENFORCEMENT AGENCY. AN APPLICANT OR LICENSEE 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 58 PA. CODE § 423A.5, ONCE THE APPLICATION HAS BEEN FILED, THE LICENSEE MAY ONLY WITHDRAW ITS APPLICATION BY FILING A PETITION WITH THE BOARD SEEKING PERMISSION TO WITHDRAW.

A LICENSE ISSUED BY THE BOARD IS A REVOCABLE PRIVILEGE. NO PERSON HOLDING A LICENSE IS DEEMED TO HAVE ANY PROPERTY RIGHTS RELATED TO THE LICENSE.

AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE BOARD BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE LICENSEE.

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.

LICENSEE'S INFORMATION

THE LICENSEE INFORMATION PAGE MUST BE COMPLETED IN ITS ENTIRETY.

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			
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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. _____</p> <p>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 _____.</p>			
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 #: _____ DATE OF MOST RECENT APPLICATION SUBMISSION: _____			
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) /SUPPLIERS MUST LIST PRINCIPAL PLACE OF BUSINESS			
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	

LICENSEE'S FORM OF ORGANIZATION			
CHECK ONE			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> C-CORPORATION
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> S-CORPORATION	<input type="checkbox"/> TRUST	
<input type="checkbox"/> OTHER (DESCRIBE) _____			

LICENSEE'S ORGANIZATION DOCUMENTS	
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 SCHEDULE 1 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	

LICENSEE'S IDENTIFICATION NUMBERS	
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.	

TYPE OF RENEWAL LICENSE	
<input type="checkbox"/> SLOT MACHINE MANUFACTURER	<input type="checkbox"/> TABLE GAME MANUFACTURER
<input type="checkbox"/> SLOT MACHINE SUPPLIER	<input type="checkbox"/> TABLE GAME SUPPLIER
<input type="checkbox"/> SLOT MACHINE MANUFACTURER DESIGNEE	<input type="checkbox"/> TABLE GAME MANUFACTURER DESIGNEE

APPENDICES

THE APPENDICES ARE DOCUMENTS THE LICENSEE MUST PROVIDE OR CREATE. 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 OR HAS NOT BEEN UPDATED SINCE THE MOST RECENT APPLICATION SUBMISSION, WRITE "DOES NOT APPLY" OR "NO UPDATE" ON THE APPENDIX PAGE.

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 **SCHEDULES 28 AND 29**, AS WELL AS THE DEFINITION OF MANUFACTURER, SUPPLIER, MANUFACTURER DESIGNEE AND/OR ASSOCIATED EQUIPMENT. A DESCRIPTION OF THE SLOT MACHINE AND TABLE GAME PRODUCTS MANUFACTURED AND OR SERVICES TO BE PROVIDED MUST BE INCLUDED IN APPENDIX 1.

APPENDIX 2: 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 **SCHEDULE 6**.

APPENDIX 3: 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 **SCHEDULES 10 AND 11**.

APPENDIX 4: 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 **SCHEDULES 12 AND 13**.

APPENDIX 5: 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 **SCHEDULES 14 AND 15**.

APPENDIX MUST INCLUDE A DETAILED DESCRIPTION OF THE CREATION OF ANY NEW OPTIONS AND ANY MODIFICATIONS TO THE OPTIONS PREVIOUSLY ISSUED BY THE LICENSEE. NOTE: FOR THE PURPOSE OF THIS SCHEDULE, OPTION SHALL MEAN RIGHT, WARRANT, OR OPTION TO SUBSCRIBE TO OR PURCHASE ANY SECURITIES ISSUED BY LICENSEE.

APPENDIX 6: 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 **SCHEDULE 22**.

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.

APPENDIX 7: AUDITED FINANCIAL STATEMENT FOR THE **LAST** FISCAL YEAR IF NOT PREVIOUSLY PROVIDED.

APPENDIX 8: ANNUAL REPORTS SINCE THE MOST RECENT APPLICATION SUBMISSION.

APPENDIX 9: 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.

APPENDIX 10: 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.

APPENDIX 11: COPIES OF ALL OTHER REPORTS PREPARED SINCE YOUR MOST RECENT APPLICATION SUBMISSION BY INDEPENDENT AUDITORS OF THE LICENSEE.

APPENDIX 12: PROVIDE UPDATED CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT, OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.

APPENDIX 13: CURRENT OWNERSHIP TABLE OF ORGANIZATION.

APPENDIX 14: FUNCTIONAL TABLE OF ORGANIZATION FOR LICENSEE, WITH ANY JOB DESCRIPTIONS CHANGES, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$250,000 IN ANNUAL COMPENSATION.

APPENDIX 15: 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.

APPENDIX 16: 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 **SCHEDULE 20**. NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.

APPENDIX 17: 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 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.

APPENDIX 18: PURSUANT TO §1512 OF THE GAMING ACT, NO EXECUTIVE-LEVEL STATE EMPLOYEE, PUBLIC OFFICIAL, PARTY OFFICER OR IMMEDIATE FAMILY MEMBER THEREOF SHALL HAVE A FINANCIAL INTEREST IN OR BE EMPLOYED, DIRECTLY OR INDIRECTLY, BY ANY LICENSED RACING ENTITY OR LICENSED GAMING ENTITY, OR ANY HOLDING, AFFILIATE, INTERMEDIARY OR SUBSIDIARY COMPANY, THEREOF, OR ANY SUCH APPLICANT. HAS ANY PUBLIC OFFICIAL OR OTHER PROHIBITED PERSON POSSESSED A FINANCIAL INTEREST IN OR BEEN EMPLOYED DIRECTLY OR INDIRECTLY BY THE APPLICANT OR RELATED ENTITY AT OR FOLLOWING THE EFFECTIVE DATE OF THE PA GAMING ACT?
 YES NO

SUPPLIER LICENSEES ONLY

APPENDIX 19: SUBMIT TO THE BOARD FOR REVIEW ANY AGREEMENTS, NOT PREVIOUSLY PROVIDED, WITH A LICENSED MANUFACTURER OR WITH A LICENSED GAMING ENTITY AND DETAILED BUSINESS PLANS. THE REVIEW MAY INCLUDE, BUT NOT BE LIMITED TO, ALL FINANCING ARRANGEMENTS, INVENTORY REQUIREMENTS, WAREHOUSE REQUIREMENTS, WAREHOUSE SPACE, TECHNICAL COMPETENCY, COMPENSATIVE AGREEMENTS AND OTHER TERMS OR CONDITIONS TO ENSURE THE FINANCIAL INDEPENDENCE OF THE LICENSED SUPPLIER FROM THE LICENSED MANUFACTURER AND LICENSED GAMING ENTITY. THIS SHALL NOT BE CONSTRUED TO REQUIRE THAT A MANUFACTURER AND A SUPPLIER ENTER INTO EITHER AN EXCLUSIVE OR NON-EXCLUSIVE CONTRACTUAL AGREEMENT.

SCHEDULE 1: 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 2: 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 3: 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)
PA PERSONAL HISTORY DISCLOSURE RENEWAL FORM OR MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM WITH PA SUPPLEMENT ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 6: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

PROVIDE ANY NEW INFORMATION AND ATTACH A DESCRIPTION OF PLANS AS APPENDIX 2.

PLAN			
TITLE OR NAME OF PLAN			
PLAN TRUSTEE NAME & ADDRESS			
TRUSTEE NAME			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY		EMAIL ADDRESS
PHONE NUMBER		FAX NUMBER	
PLAN SPECIFICATIONS			
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 7: 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	
				<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: 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.

LONG TERM DEBT INSTRUMENT							
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							
LONG TERM DEBT INSTRUMENT							
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							
LONG TERM DEBT INSTRUMENT							
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: 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 12.

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 14: SECURITIES OPTIONS

PROVIDE INFORMATION RELATING TO THE CREATION OF ANY NEW OPTIONS AND ATTACH AS APPENDIX 5 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 5? <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 5? <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 5? <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 15: BENEFICIAL OWNER OF OPTIONS

PROVIDE THE FOLLOWING INFORMATION FOR PERSONS HOLDING THE OPTIONS DESCRIBED IN SCHEDULE 14.

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
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 16: 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 17: 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 \$250,000. 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 18: STOCK HELD BY LICENSEE

SINCE YOUR MOST RECENT SUBMISSION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH COMPANY IN WHICH 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
							<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 19: INSIDER TRANSACTIONS

SINCE YOUR MOST RECENT SUBMISSION, PROVIDE THE FOLLOWING INFORMATION FOR EACH CHANGE IN THE BENEFICIAL OWNERSHIP OF THE EQUITY SECURITIES OF 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 LICENSEE OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF 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.)	DATE OF BIRTH
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 20: 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

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 21: 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

TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
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.			
TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
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.			
TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
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.			

SCHEDULE 22: EXISTING LITIGATION

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 6 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.

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	

SCHEDULE 23: 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 24: 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 27: 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, INCLUDING CASH, 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 THE DATE OF THE LICENSEE’S LAST APPLICATION SUBMISSION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES FORMED OR CAUSED TO BE FORMED, A POLITICAL ACTION COMMITTEE EITHER UNDER FEDERAL OR STATE ELECTION LAWS? YES NO
- G. AS A RESULT OF THE CITIZEN’S UNITED V. FEC DECISION, HAS LICENSEE, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE “INDEPENDENT EXPENDITURES”, AS DEFINED IN SEC. 1621(E) OF THE PENNSYLVANIA ELECTION CODE, FOR THE PURPOSE OF INFLUENCING AN ELECTION COVERED BY THE PENNSYLVANIA ELECTION CODE? YES NO
- H. 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
- I. 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-I 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
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
NATURE OF CONTRIBUTIONS OR DISBURSEMENTS			

SCHEDULE 28: BUSINESS BACKGROUND PART 1

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

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.

SIGNATURE OF CEO/AUTHORIZED SIGNATORY*

TELEPHONE NUMBER

DATE

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

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 AND TABLE GAME 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 AND TABLE GAME 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 BOARD [NOT CONSISTENT WITH PREVIOUS LANGUAGE] MUST BE PROVIDED WITH A RESOLUTION OR AN AFFIDAVIT, CERTIFIED AS TRUE AND CORRECT, IDENTIFYING THE INDIVIDUAL SO DESIGNATED AND 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.

LICENSEE HAS READ THIS RELEASE AUTHORIZATION AND UNDERSTANDS ALL ITS TERMS. LICENSEE 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 HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

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

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____

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

APPLICANT'S AFFIRMATION

CHECK THE APPLICABLE BOX BASED ON THE TYPE OF LICENSURE BEING SOUGHT

MANUFACTURER APPLICANT

- PURSUANT TO 4 PA C.S. §§1317.1(B)(2), (E)(3) AND 58 PA. CODE §427A.1(B), THE APPLICANT AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES IS A SLOT MACHINE LICENSEE; AND THAT THE APPLICANT HAS NEITHER APPLIED FOR NOR HOLDS A SUPPLIER LICENSE.

SUPPLIER APPLICANT

- PURSUANT TO 4 PA C.S. §§1317(B)(1.1), 1317.1(E)(3) AND 58 PA. CODE §431A.1(B), APPLICANT AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES, HAS APPLIED FOR OR IS A HOLDER OF A MANUFACTURER OR SLOT MACHINE LICENSE, HOLDS ANY DIRECT OR INDIRECT OWNERSHIP INTEREST IN AN APPLICANT FOR OR HOLDER OF A MANUFACTURER OR SLOT MACHINE LICENSEE, OR EMPLOYS, DIRECTLY OR INDIRECTLY, ANY PERSON WHO SATISFIES THE DEFINITION OF A PRINCIPAL OR KEY EMPLOYEE OF A MANUFACTURER OR SLOT MACHINE APPLICANT OR LICENSEE.

MANUFACTURER DESIGNEE APPLICANT

- PURSUANT TO 58 PA. CODE §429A.1(B), APPLICANT AFFIRMS THAT NEITHER IT NOR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, OR HOLDING COMPANIES, HOLDS ANY DIRECT OR INDIRECT OWNERSHIP INTEREST IN ANY APPLICANT FOR OR HOLDER OF A SLOT MACHINE LICENSE OR SUPPLIER LICENSE.

DATE: _____/_____/20_____

SWORN AND SUBSCRIBED TO ME THIS _____ DAY OF

NAME OF CEO/AUTHORIZED SIGNATORY*

OF, 20_____.

SIGNATURE OF CEO/AUTHORIZED SIGNATORY*

NOTARY PUBLIC

MY COMMISSION EXPIRES ON _____/_____/20_____

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

COMMONWEALTH OF PENNSYLVANIA

ANNUAL CERTIFICATION BY A LICENSEE 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 LICENSEE 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 BOTH THE PGCB AND 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 _____, A LICENSEE, TO ME KNOWN OR PROVEN, WHO BEING DULY SWORN ACCORDING TO LAW, DEPOSES THE FOLLOWING:

[] I HEREBY CERTIFY THAT _____ (NAME OF 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 LICENSEE OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF ITS 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 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 LICENSEE OR LICENSED ENTITY HAS CONDUCTED A GOOD FAITH INVESTIGATION, INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF ITS 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:

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 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.

DATE OF CONTRIBUTION	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	AMOUNT OR VALUE OF CONTRIBUTION

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

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 LICENSEE 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