



# Pennsylvania Gaming Control Board

## **PRINCIPAL AFFILIATE/ PRINCIPAL ENTITY RENEWAL FORM**

# INSTRUCTIONS

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

UNLESS OTHERWISE PROVIDED FOR IN THE GAMING ACT AND REGULATIONS, EACH PRINCIPAL AFFILIATE AND PRINCIPAL ENTITY MUST COMPLETE THE PRINCIPAL AFFILIATE/PRINCIPAL ENTITY RENEWAL FORM.

**THE ORIGINAL FORM, ONE PAPER COPY, AND ONE (1) COMPACT DISC (CD)** CONTAINING ALL FORMS MUST BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, FIFTH FLOOR, VERIZON TOWER, HARRISBURG, PENNSYLVANIA 17101 WITH THE APPROPRIATE FEE. PLEASE REFER TO THE LICENSING SECTION OF THE BOARD'S WEBSITE FOR CD FORMATTING REQUIREMENTS.

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

## 1. RENEWAL APPLICATION FEES

RENEWAL APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE ENTITY FILING THE FORM.

THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE ENTITY FILING THE FORM, WHICH MUST BE REIMBURSED TO THE BOARD.

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.

|                            |            |
|----------------------------|------------|
| PRINCIPAL AFFILIATES ..... | \$2,500.00 |
| PRINCIPAL ENTITIES .....   | \$2,500.00 |

## 2. RENEWAL APPLICATION FORM INSTRUCTIONS

### A. GENERALLY

AS USED IN THE PRINCIPAL AFFILIATE/PRINCIPAL ENTITY RENEWAL FORM, THE WORDS "LICENSEE" AND "YOU" SHALL MEAN THE **PRINCIPAL** COMPLETING THIS FORM.

AS USED IN THE PRINCIPAL AFFILIATE/PRINCIPAL ENTITY RENEWAL FORM, THE WORDS "**BUSINESS ENTITY**" SHALL MEAN THE MANUFACTURER, SUPPLIER, SLOT MACHINE LICENSEE, MANAGEMENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES FOR WHICH YOU ARE A PRINCIPAL.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE RENEWAL FORM MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION, SCHEDULE OR APPENDIX DOES NOT APPLY TO THE APPLICANT, WRITE "**DOES NOT APPLY**" IN RESPONSE TO THAT QUESTION, SCHEDULE OR APPENDIX. IF A QUESTION, SCHEDULE OR APPENDIX DOES NOT REQUIRE UPDATED INFORMATION WRITE "**NO UPDATE**" IN RESPONSE TO THE QUESTION, SCHEDULE OR APPENDIX.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE LICENSEE. 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 OF THE QUESTION 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, MUST BE SUBMITTED AT THE TIME OF FILING THIS RENEWAL FORM.

ADDITIONAL FINANCIAL INFORMATION WILL BE REQUESTED AS NEEDED. 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.

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.

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

ANY PERSON WHO APPLIES FOR AND OBTAINS A LICENSE, 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. A LICENSE, HOLDER WAIVES ANY LIABILITY OF THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION.

PURSUANT TO 58 PA CODE §423A.5, ONCE THE RENEWAL APPLICATION HAS BEEN FILED, THE LICENSEE MAY ONLY WITHDRAW ITS RENEWAL APPLICATION BY FILING A PETITION WITH THE BOARD SEEKING THE PERMISSION TO WITHDRAW.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO BOARD REGULATIONS, THE LICENSEE IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

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.

**B. PRINCIPAL AFFILIATE/PRINCIPAL ENTITY RENEWAL FORM**

LICENSEE IS SUBMITTING THIS PRINCIPAL AFFILIATE/PRINCIPAL ENTITY RENEWAL FORM BECAUSE IT IS A PRINCIPAL OF:

\_\_\_\_\_.

DESCRIBE THE RELATIONSHIP BETWEEN THE PRINCIPAL AFFILIATE/PRINCIPAL ENTITY AND THE LICENSEE NAMED ABOVE, INCLUDING AMOUNTS AND TERMS OF OWNERSHIP AND CONTROL.

IF YOU HAVE ANY QUESTIONS REGARDING THE RENEWAL FORM OR THE INFORMATION REQUIRED TO COMPLETE ANY PART OF THIS FORM, PLEASE CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD - BUREAU OF LICENSING AT (717) 346-8300.

## LICENSEE 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 <del>#####</del> |                         |
| DOCKET #: _____ DATE OF MOST RECENT APPLICATION SUBMISSION: _____   |             |                             |                         |
| <p><b>PLEASE UPDATE ANY INFORMATION IN THE FOLLOWING SECTIONS 1- 5 THAT HAS CHANGED SINCE YOUR INITIAL APPLICATION. IF THERE HAS BEEN NO CHANGE, PLEASE WRITE "NO UPDATE" IN RESPONSE TO QUESTIONS THAT DO NOT REQUIRE UPDATED INFORMATION.</b></p>   |             |                             |                         |
| 1. LICENSEE'S MAIN ADDRESS  |             |                             |                         |
| ADDRESS LINE 1  |             |                             |                         |
| ADDRESS LINE 2  |             |                             |                         |
| ADDRESS LINE 3  |             |                             |                         |
| CITY  |             | TOWNSHIP                    | COUNTY                  |
| STATE/PROVINCE  |             | POSTAL CODE                 | COUNTRY                 |
| EMAIL ADDRESS   |             | WEB URL                     |                         |
| PHONE NUMBER  |             | FAX NUMBER <del>###</del>   |                         |
| 2. LICENSEE'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)   |             |                             |                         |
| ADDRESS LINE 1  |             |                             |                         |
| ADDRESS LINE 2  |             |                             |                         |
| ADDRESS LINE 3  |             |                             |                         |
| CITY  |             | TOWNSHIP                    | COUNTY                  |

|                |             |         |
|----------------|-------------|---------|
| STATE/PROVINCE | POSTAL CODE | COUNTRY |
| EMAIL ADDRESS  | WEB URL     |         |
| PHONE NUMBER   | FAX NUMBER  |         |

**3. LICENSEE'S FORM OF ORGANIZATION**

CHECK ONE

SOLE PROPRIETORSHIP     
 PARTNERSHIP     
 LIMITED PARTNERSHIP     
 C-CORPORATION  
 LIMITED LIABILITY COMPANY     
 S-CORPORATION     
 TRUST  
 OTHER (DESCRIBE) \_\_\_\_\_

**4. 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.   |                   |
| IS LICENSEE REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |

**5. 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?    YES    NO

IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.

**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.**

|                    |  |
|--------------------|--|
| <b>DEFINITIONS</b> | <p>FOR PURPOSES OF THIS SECTION:</p> <p>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, MILITARY COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT. INCLUDE ALL DUI/DWI OFFENSES.</p> <p>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."</p> |
|--------------------|--|

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|--|--|
|  | <p>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."</p>   |
| <p>INSTRUCTIONS</p>  | <p>1. ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY <b>EVEN IF</b>:</p> <p>A. YOU DID NOT COMMIT THE OFFENSE CHARGED;</p> <p>B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;</p> <p>C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;</p> <p>D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM;</p> <p>E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;</p> <p>F. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";</p> <p>G. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;</p> <p>H. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;</p> <p>I. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);</p> <p>J. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.</p> <p>2. ANSWER "NO" IF:</p> <p>A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;</p> <p>B. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.</p> <p><b>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</b></p> |
| <p>1. 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?</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 21</b> CONCERNING CRIMINAL HISTORY.</p>  | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |
| <p><b>TESTIMONY, INVESTIGATIONS OR POLYGRAPHS</b></p>  |  |
| <p>2. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS LICENSEE OR ANY OF ITS 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?</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 22</b> CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.</p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |
| <p><b>ANTITRUST, TRADE REGULATION &amp; SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS</b></p>  |  |
| <p>3. 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</p>   | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |

|   |   |
|---|---|
| <p>VIOLATION OF THE FEDERAL ANTITRUST, TRADE REGULATION OR SECURITIES LAWS, OR SIMILAR LAWS OF ANY STATE, PROVINCE OR COUNTRY ENTERED AGAINST IT?</p>   |   |
| <p>4. 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?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE <b>SCHEDULE 24</b> CONCERNING ANTITRUST, TRADE REGULATION &amp; SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>   | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p><b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b></p>  |   |
| <p>5. 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?</p>  | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>6. 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?</p>  | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>7. 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?</p> <p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 25</b> CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.</p>   | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p><b>LICENSEE'S LICENSES AND PERMITS</b></p>   |   |
| <p>8 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 FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 26</b> CONCERNING NON-GAMING LICENSES AND PERMITS.</p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>9. 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 FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 27</b> CONCERNING GAMING LICENSES AND PERMITS.</p>                             | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p><b>LICENSEE'S CONTRIBUTIONS AND DISBURSEMENTS</b></p>  |   |
| <p>10. 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?</p>   | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |

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| <p>11. 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?</p>         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>12. 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?</p>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>13. 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?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>14. 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?</p>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>15. 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?</p>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>16. 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 LICENSEE?</p> <p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 28</b> CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## APPENDICES

| <p><b>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” ON THE APPENDIX.</b></p> |  |
|---|--|
| <input type="checkbox"/>  | APPENDIX 1: EXISTING LITIGATION. <i>IF <b>SCHEDULE 23</b> HAS BEEN UPDATED DESCRIBE THE EXISTING LITIGATION.</i>   |
| <input type="checkbox"/>  | APPENDIX 2: AUDITED FINANCIAL STATEMENTS NOT PREVIOUSLY PROVIDED FOR ANY FISCAL YEAR SINCE YOUR MOST RECENT APPLICATION SUBMISSION. IF THE LICENSEE DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.              |
| <input type="checkbox"/>  | APPENDIX 3: ANNUAL REPORTS NOT PREVIOUSLY PROVIDED FOR ANY YEAR SINCE YOUR MOST RECENT APPLICATION SUBMISSION.   |
| <input type="checkbox"/>  | APPENDIX 4: ANNUAL REPORTS PREPARED ON THE SEC’S 10K THAT HAVE NOT PREVIOUSLY BEEN PROVIDED FOR ANY YEAR SINCE YOUR MOST RECENT APPLICATION SUBMISSION.  |
| <input type="checkbox"/>  | APPENDIX 5: A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT.  |
| <input type="checkbox"/>  | APPENDIX 6: A COPY OR COPIES OF ANY INTERIM REPORTS NOT PREVIOUSLY PROVIDED FOR ANY YEAR SINCE YOUR MOST RECENT APPLICATION SUBMISSION.  |
| <input type="checkbox"/>  | APPENDIX 7: A COPY OF THE LAST DEFINITIVE PROXY OR INFORMATION STATEMENT (SEC).  |
| <input type="checkbox"/>  | APPENDIX 8: A COPY OF ALL REGISTRATION STATEMENTS FILED IN ACCORDANCE WITH THE SECURITIES ACT OF 1933 THAT WERE NOT PREVIOUSLY PROVIDED FOR ANY YEAR SINCE YOUR MOST RECENT APPLICATION SUBMISSION.  |
| <input type="checkbox"/>  | APPENDIX 9: COPIES OF ALL OTHER REPORTS PREPARED BY INDEPENDENT AUDITORS OF THE APPLICANT THAT WERE NOT PREVIOUSLY PROVIDED.   |
| <input type="checkbox"/>  | APPENDIX 10: CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.   |
| <input type="checkbox"/>  | APPENDIX 11: CURRENT OWNERSHIP TABLE OF ORGANIZATION.  |
| <input type="checkbox"/>  | APPENDIX 12: COPIES OF 1120 FORMS, 941 FORMS AND ALL OTHER BUSINESS RELATED TAX FORMS FILED WITH THE IRS THAT WERE NOT PREVIOUSLY PROVIDED FOR ANY YEAR SINCE YOUR MOST RECENT APPLICATION SUBMISSION.   |
| <input type="checkbox"/>  | APPENDIX 13: COPIES OF 5500 FORMS FILED WITH THE IRS SINCE YOUR MOST RECENT APPLICATION SUBMISSION THAT WERE NOT PREVIOUSLY PROVIDED.  |
| <input type="checkbox"/>  | APPENDIX 14: DESCRIBE CRIMINAL HISTORY OF APPLICANT. <i>THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 21</b>. NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.</i> |
| <input type="checkbox"/>  | APPENDIX 15: DESCRIPTION OF ALL BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 6</b> .  |

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | APPENDIX 16: DESCRIPTION OF LONG TERM DEBT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULES 11 &amp; 12.</u></b>  |
| <input type="checkbox"/> | APPENDIX 17: DESCRIPTION OF OTHER INDEBTEDNESS AND SECURITY DEVICES. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULES 13 &amp; 14.</u></b>   |
| <input type="checkbox"/> | APPENDIX 18: DESCRIPTION OF SECURITIES OPTIONS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b><u>SCHEDULES 15 AND 16.</u></b>  |
| <input type="checkbox"/> | APPENDIX 19: FUNCTIONAL TABLE OF ORGANIZATION FOR APPLICANT WITH, JOB DESCRIPTIONS, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$250,000 IN ANNUAL COMPENSATION.  |
| <input type="checkbox"/> | APPENDIX 20: PROVIDE A SUMMARY OF ALL PERSONS WHO HOLD AN OWNERSHIP OR OTHER BENEFICIAL INTEREST IN THE PRINCIPAL AFFILIATE OR PRINCIPAL ENTITY COMPLETING THIS FORM; PROVIDED HOWEVER, IF ANY OF THE ENTITIES ARE PUBLICLY TRADED, ONLY INTERESTS EQUAL TO OR EXCEEDING FIVE PERCENT MUST BE DISCLOSED. OWNERSHIP INTEREST SHOULD BE PROVIDED IN A MANNER CONSISTENT WITH THE OWNERSHIP INTEREST REPORT FOUND ON THE BOARD'S WEBSITE UNDER LICENSURE/REPORTS AND GENERAL INFORMATION. |



**SCHEDULE 2: ADDRESSES USED BY LICENSEE**

PROVIDE ALL ADDRESSES, WHICH LICENSEE HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS SINCE YOUR MOST RECENT APPLICATION SUBMISSION, 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  |
| 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  |
| 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  |
| 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  |
| COUNTRY         | EMAIL ADDRESS | PHONE NUMBER      | FAX NUMBER      |





**SCHEDULE 5: EMPLOYEES EARNING OVER \$250,000 IN ANNUAL COMPENSATION FROM APPLICANT**

PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES EARNING OVER \$250,000 IN ANNUAL COMPENSATION FROM LICENSEE.

| 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                  |  |
| APPLICANT ADDRESS  |               |                           |                             |  |
| APPLICANT 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) |
|  |               |                           |                             |  |
|  |               |                           |                             |  |
|  |               |                           |                             |  |
|  |               |                           |                             |  |
|  |               |                           |                             |  |
|  |               |                           |                             |  |
|  |               |                           |                             |  |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

UPDATE THE FOLLOWING INFORMATION AND ATTACH A DESCRIPTION OF PLANS AS APPENDIX 15. ADDITIONALLY ATTACH AS APPENDIX 13 COPIES OF APPLICANT'S 5500 FORMS FILED WITH THE IRS SINCE THE MOST RECENT APPLICATION SUBMISSION.

| 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)**

UPDATE THE FOLLOWING INFORMATION FOR ALL OF APPLICANT'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 |  |
|  |                             |                         |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 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. |                             |                         |                              |  |  |



**SCHEDULE 9: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)**

UPDATE THE FOLLOWING INFORMATION FOR EACH PARTNER.

| PARTNER 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   |               |
| PARTNERSHIP INTEREST   |                                      |                                |  |               |
| PARTNER TYPE   | PERCENTAGE OF OWNERSHIP IN APPLICANT | PARTNERSHIP PARTICIPATION FROM | DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE APPLICANT |               |
| <input type="checkbox"/> GENERAL/FULL PARTNER<br><input type="checkbox"/> LIMITED PARTNER<br><input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER<br><input type="checkbox"/> NOMINAL PARTNER<br><input type="checkbox"/> OTHER: _____ |                                      |                                |  |               |

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



**SCHEDULE 11: 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 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 DESCRIPTION AND DOCUMENTATION AS APPENDIX 16.

| LONG TERM DEBT INSTRUMENT  |  |  |                    |           |                      |   |   |
|--|--|--|--------------------|-----------|----------------------|---|---|
| LINE   | LONG TERM DEBT INSTRUMENT TYPE   | ISSUE DATE   | REPAYMENT DUE DATE | PRINCIPLE | ANNUAL INTEREST RATE | RENEWABLE?  | DESCRIPTION AND DOCUMENTATION ATTACHED?                     |
|  | <input type="checkbox"/> BOND<br><input type="checkbox"/> LOAN<br><input type="checkbox"/> MORTGAGE<br><input type="checkbox"/> TRUST DEED | <input type="checkbox"/> NOTE<br><input type="checkbox"/> DEBENTURE<br><input type="checkbox"/> SHAREHOLDER LOAN<br><input type="checkbox"/> OTHER _____ |                    |           |                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> 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?  | DESCRIPTION AND DOCUMENTATION ATTACHED?                     |
|  | <input type="checkbox"/> BOND<br><input type="checkbox"/> LOAN<br><input type="checkbox"/> MORTGAGE<br><input type="checkbox"/> TRUST DEED | <input type="checkbox"/> NOTE<br><input type="checkbox"/> DEBENTURE<br><input type="checkbox"/> SHAREHOLDER LOAN<br><input type="checkbox"/> OTHER _____ |                    |           |                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT |  |  |                    |           |                      |   |   |



**SCHEDULE 13: OTHER INDEBTEDNESS AND SECURITY DEVICES**

DESCRIBE ANY CHANGE (S) SINCE YOUR MOST RECENT APPLICATION SUBMISSION, TO THE NATURE, TYPE, TERMS, CONDITIONS AND COVENANTS OF ALL OUTSTANDING LOANS, MORTGAGES, TRUST DEEDS, PLEDGES, LINES OF CREDIT, OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT OTHER THAN THOSE DESCRIBED IN SCHEDULE 11. ATTACH DESCRIPTION AND DOCUMENTATION AS APPENDIX 17.

| OTHER INDEBTEDNESS AND SECURITY DEVICES |
|---|
|   |
|   |
|   |

**SCHEDULE 14: HOLDER OF OTHER INDEBTEDNESS**

PROVIDE UPDATED INFORMATION CONCERNING THE HOLDERS OF ANY OUTSTANDING LOAN, MORTGAGE, TRUST DEED, PLEDGE OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT AND DESCRIBED IN RESPONSE TO SCHEDULE 13.

| 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 15: SECURITIES OPTIONS**

UPDATE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 18 A DETAILED DESCRIPTION OF ANY MODIFICATIONS TO THE SECURITIES OPTIONS ISSUED OR TO BE ISSUED BY THE LICENSEE.

| <b>SECURITY OPTION</b>  |                                 |                    |                        |   |
|---|---------------------------------|--------------------|------------------------|---|
| OPTION NAME   | SECURITY TYPE OR CLASS OPTIONED | OPTION GRANT YEARS | OPTION EXPIRATION DATE | COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 19?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS |                                 |                    |                        |   |
| <b>SECURITY OPTION</b>  |                                 |                    |                        |   |
| OPTION NAME   | SECURITY TYPE OR CLASS OPTIONED | OPTION GRANT YEARS | OPTION EXPIRATION DATE | COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 19?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS |                                 |                    |                        |   |
| <b>SECURITY OPTION</b>  |                                 |                    |                        |   |
| OPTION NAME   | SECURITY TYPE OR CLASS OPTIONED | OPTION GRANT YEARS | OPTION EXPIRATION DATE | COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 19?<br><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: CONTRACTS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO ALL CONTRACTS OR AGREEMENTS (WHETHER WRITTEN OR ORAL) THAT LICENSEE HAS ENTERED INTO FOR THE BENEFIT OF ITS PENNSYLVANIA LICENSE HOLDER SINCE YOUR MOST RECENT APPLICATION SUBMISSION 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/<br>Tax Identification Number /<br>Social Security Number |                          |  |
| ADDRESS  |               | CONTRACT START DATE  | CONTRACT COMPLETION DATE |  |
| ADDRESS LINE 1   |               | ADDRESS LINE 2   |                          |  |
| ADDRESS LINE 3   | CITY          | STATE/PROVINCE   | POSTAL CODE              |  |
| COUNTRY  | EMAIL ADDRESS | PHONE NUMBER   | FAX NUMBER               |  |
| NATURE OF CONTRACT OR AGREEMENT AND GOODS AND/OR SERVICES TO BE PROVIDED |               | TERMS OF COMPENSATION  |                          |  |
|  |               |  |                          |  |

\* UNDER THE FEDERAL PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. THE ABSENCE OF A SOCIAL SECURITY NUMBER ON THE APPLICATION MAY RESULT IN A DELAY IN THE FINAL DETERMINATION OF YOUR LICENSE, PERMIT, REGISTRATION OR CERTIFICATION.

**SCHEDULE 18: STOCK HELD BY LICENSEE**

UPDATE THE FOLLOWING INFORMATION WITH RESPECT TO THE STOCK HOLDINGS OF THE LICENSEE.

| NAME & ADDRESS OF COMPANY | TYPE OF STOCK HELD | EXCHANGE | PURCHASE PRICE<br>PER SHARE | NUMBER OF<br>SHARES HELD | % OF OWNERSHIP<br>IF MORE THAN<br>5% | TERMS, CONDITIONS, RIGHTS<br>AND PRIVILEGES | VOTING?<br><br><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                |
|                           |                    |          |                             |                          |                                      |   | <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 THE MOST RECENTLY SUBMITTED APPLICATION, UPDATE THE FOLLOWING INFORMATION FOR EACH PERSON WHO IS INDIRECTLY OR DIRECTLY A BENEFICIAL OWNER OF MORE THAN TEN PERCENT (10%) OF ANY CLASS OF AN EQUITY SECURITY OF APPLICANT OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF LICENSEE. [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., O'NEAL)   | 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.

**SCHEDULE 20: HISTORY OF INSURANCE CLAIMS**

DESCRIBE THE NATURE, TYPE, TERMS AND CONDITIONS OF ALL INSURANCE CLAIMS RELATING TO THE BUSINESS ACTIVITIES OF LICENSEE AND ITS PARENT, AFFILIATES, SUBSIDIARIES, INTERMEDIARIES AND HOLDING COMPANIES FOR THE LAST YEAR.

| INSURANCE CLAIMS |
|------------------|
|                  |
|                  |
|                  |

**SCHEDULE 21: CRIMINAL HISTORY**

IF LICENSEE ANSWERED YES TO QUESTION 1 ON PAGE 6 OF THIS APPLICATION, PROVIDE THE FOLLOWING INFORMATION:

| <b>CRIMINAL HISTORY INCIDENT</b> |                                  |                                |   |   |          |  |
|----------------------------------|----------------------------------|--------------------------------|---|---|----------|--|
| NAME OF CASE &<br>DOCKET NUMBER  | NATURE OF CHARGE OR<br>COMPLAINT | DATE OF CHARGE<br>OR COMPLAINT | DISPOSITION<br>(ACQUITTED, CONVICTED, DISMISSED,<br>ETC.) | NAME AND ADDRESS<br>OF LAW ENFORCEMENT<br>AGENCY OR COURT<br>INVOLVED | SENTENCE | NAME OF OFFICER,<br>DIRECTOR/PARTNER<br>OR TRUSTEE |
|                                  |                                  |                                |   |   |          |  |

**SCHEDULE 22: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

IF LICENSEE ANSWERED YES TO QUESTION 2 ON PAGE 6 OF THIS APPLICATION, PROVIDE THE FOLLOWING INFORMATION:

| <b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>  |  |                                   |  |
|--|--|-----------------------------------|--|
| NAME AND ADDRESS OF COURT OR OTHER AGENCY  | WAS TESTIMONY GIVEN?<br><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 THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED. |  |                                   |  |
| <b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>  |  |                                   |  |
| NAME AND ADDRESS OF COURT OR OTHER AGENCY  | WAS TESTIMONY GIVEN?<br><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 THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED. |  |                                   |  |
| <b>TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT</b>  |  |                                   |  |
| NAME AND ADDRESS OF COURT OR OTHER AGENCY  | WAS TESTIMONY GIVEN?<br><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 THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED. |  |                                   |  |

**SCHEDULE 23: EXISTING LITIGATION**

PROVIDE THE FOLLOWING UPDATED INFORMATION AND ATTACH, AS AN UPDATED APPENDIX 1, A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH LICENSEE 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 24: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

IF LICENSEE ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 7 OF THIS APPLICATION, PROVIDE THE FOLLOWING INFORMATION:

| 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 25: BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

IF LICENSEE ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 7 OF THIS APPLICATION, PROVIDE THE FOLLOWING:

| <b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b> |                                      |  |   |
|---|--------------------------------------|--|---|
| 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 26: NON-GAMING LICENSES AND PERMITS**

IF LICENSEE ANSWERED YES TO QUESTION 8 ON PAGE 7 OF THIS APPLICATION, PROVIDE THE FOLLOWING INFORMATION SINCE YOUR MOST RECENT APPLICATION SUBMISSION:

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

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

**SCHEDULE 27: GAMING LICENSES AND PERMITS**

IF LICENSEE ANSWERED YES TO QUESTION 9 ON PAGE 7 OF THIS APPLICATION, PROVIDE THE FOLLOWING INFORMATION SINCE YOUR MOST RECENT APPLICATION SUBMISSION:

| APPLICANT LICENSING (GOVERNMENT ISSUED –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, REVOKED OR WITHDRAWN, PROVIDE DETAILS. |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |

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

**SCHEDULE 28: LICENSEE'S CONTRIBUTIONS AND DISBURSEMENTS**

IF LICENSEE ANSWERED YES TO ANY OF QUESTIONS 10 THROUGH 16 ON PAGE 8 OF THIS APPLICATION PROVIDE THE FOLLOWING INFORMATION FOR ANY PRESENT OR FORMER DIRECTORS, OFFICERS, EMPLOYEES OR THIRD PARTIES WHO WOULD HAVE KNOWLEDGE OR INFORMATION OF THE CONTRIBUTIONS AND/OR DISBURSEMENTS SINCE YOUR MOST RECENT APPLICATION SUBMISSION:

| 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              |
| 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              |
| 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 29: BUSINESS BACKGROUND PART 1**

UPDATE ONLY IF RESPONSE WOULD BE DIFFERENT FROM RESPONSE PROVIDED IN THE MOST RECENT APPLICATION SUBMISSION.

|   |
|---|
| <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> |
|   |



**APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW**

COMPLETION OF THIS FORM IS A CONDITION OF THIS RENEWAL FORM 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 RENEWAL 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

\* UNDER THE FEDERAL PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. THE ABSENCE OF A SOCIAL SECURITY NUMBER ON THE APPLICATION MAY RESULT IN A DELAY IN THE FINAL DETERMINATION OF YOUR LICENSE, PERMIT, REGISTRATION OR CERTIFICATION.

**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).

THE LICENSEE HEREBY CERTIFIES THAT THE UNDERSIGNED IS AUTHORIZED TO SIGN THIS RENEWAL FORM ON BEHALF OF THE LICENSEE AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE RENEWAL FORM AND FURTHER AGREES TO THE TERMS OF LICENSING, REGISTRATION, CERTIFICATION OR PERMITTING AS SPECIFIED WITHIN THE REGULATIONS AND SPECIFICATIONS OF THE 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

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

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

\_\_\_\_\_  
NAME OF CEO

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

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

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

\_\_\_\_\_  
INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM CEO/LICENSEE

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

## RELEASE AUTHORIZATION

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

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

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

APPLICANT'S NAME (PLEASE PRINT)

**(TO BE COMPLETED BY APPLICANTS FOR, AND RELATING TO, INITIAL AND RENEWAL LICENSE APPLICATIONS FOR OPERATOR & MANAGEMENT COMPANIES, MANUFACTURERS/DESIGNEES, SUPPLIERS, PRINCIPAL ENTITIES)**

I, \_\_\_\_\_, BY AND ON BEHALF OF THE UNDERSIGNED APPLICANT/LICENSEE HAVE FILED WITH THE PENNSYLVANIA GAMING CONTROL BOARD AN "APPLICATION" AS THAT TERM IS DEFINED IN 58 PA. CODE §401A.3. I CERTIFY THAT I AM AUTHORIZED BY THE APPLICANT TO SUBMIT THIS RELEASE AUTHORIZATION ON ITS BEHALF AND TO BIND THE APPLICANT TO ALL PROVISIONS WITHIN THIS RELEASE AUTHORIZATION. I/WE UNDERSTAND THAT THE APPLICANT IS SEEKING THE GRANTING OF A PRIVILEGE AND ACKNOWLEDGE THAT THE BURDEN OF PROVING APPLICANT'S QUALIFICATIONS AND SUITABILITY FOR A FAVORABLE DETERMINATION IS AT ALL TIMES THE BURDEN OF THE APPLICANT.

I/WE UNDERSTAND THAT A BACKGROUND INVESTIGATION WILL BE CONDUCTED BY AGENTS OF THE PGCB'S BUREAU OF INVESTIGATIONS AND ENFORCEMENT PURSUANT TO THEIR STATUTORY DUTY TO INVESTIGATE THE CHARACTER, HONESTY, INTEGRITY AND SUITABILITY OF MYSELF AND ANY ENTITY WITH WHICH I AM ASSOCIATED CONSISTENT WITH 4 PA.C.S. CHAPTERS 13 AND 15. I FURTHER UNDERSTAND AND AGREE THAT I AM VOLUNTARILY EXECUTING THIS RELEASE AUTHORIZATION TO EXPRESSLY AUTHORIZE AND PERMIT AGENTS OF THE BOARD TO OBTAIN ANY AND ALL INFORMATION THEY DEEM NECESSARY TO PERFORM THIS DUTY, AND 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.

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 ON BEHALF OF THE APPLICANT AND IS NOT OTHERWISE INTENDED TO CREATE OR ESTABLISH A LEGAL OR FIDUCIARY RELATIONSHIP BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS OR EMPLOYEES AND ME. I HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS.

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, INFORMATION, DOCUMENTS, FORMS, PHOTOGRAPHS, COMPUTER FILES, ACCOUNTS, LEDGERS OR OTHER ITEMS ABOUT, RELATING TO OR CONCERNING THE APPLICANT AND TO FULLY DISCUSS WITH, AND ANSWER ANY INQUIRY MADE BY ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD.
2. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF SAME, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO THE APPLICANT, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.

3. I HEREBY AUTHORIZE AN AGENT OF THE PENNSYLVANIA GAMING CONTROL BOARD TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO MYSELF AND THE APPLICANT, AND I HEREBY AUTHORIZE ANY FEDERAL, STATE, LOCAL OR MUNICIPAL AGENCY OR BODY, LAW ENFORCEMENT AGENCY OR CRIMINAL JUSTICE AGENCY OR DEPARTMENT, TAX AGENCY OR AUTHORITY, REGULATORY AUTHORITY, AGENCY OR BODY, TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION AND DOCUMENTS INCLUDING, BUT NOT LIMITED TO, DOCUMENTS AND INFORMATION OTHERWISE PRIVILEGED OR NOT SUBJECT TO PUBLIC DISCLOSURE, AS WELL AS SUCH OTHER INFORMATION ON FILE OR AVAILABLE CONCERNING THE APPLICANT.
4. THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPY OF ANY INFORMATION PROTECTED BY LAW OR CONTRACT FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.
5. THIS RELEASE AND AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL SUCH TIME AS THE APPLICANT CEASES TO BE AN APPLICANT OR A LICENSEE/PERMITEE/REGISTRANT/CERTIFICATE HOLDER UNDER THE PENNSYLVANIA RACE HORSE INDUSTRY DEVELOPMENT AND GAMING ACT.
6. I DO FOR THE APPLICANT AS WELL AS 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, 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 EXIST NOW OR IN THE FUTURE AGAINST THOSE ENTITIES AND PERSONS OTHER THAN RELATING TO A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.
7. I DO FOR THE APPLICANT AS WELL AS 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, 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 EXIST NOW OR IN THE FUTURE AGAINST THOSE ENTITIES AND PERSONS 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.
8. THE APPLICANT AGREES TO INDEMNIFY AND HOLD HARMLESS THE PENNSYLVANIA GAMING CONTROL BOARD, ITS OFFICIALS AND EMPLOYEES AND EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, TO WHOM THIS REQUEST IS PRESENTED AND FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF, THE ACTS PERMITTED AND PROVIDED FOR IN THE RELEASE AUTHORIZATION.
9. I AGREE THAT A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

**APPLICANT HAS READ THIS RELEASE AUTHORIZATION AND UNDERSTANDS ALL ITS TERMS. APPLICANT EXECUTES THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

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

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
SIGNATURE OF CEO/AUTHORIZED SIGNATORY\*

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\_\_\_\_

## 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.

| 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 BOARD 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: \_\_\_\_\_

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NAME OF SLOT MACHINE 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 APPLICANT AS OF, AND FOR, THE PERIODS PRESENTED IN THIS REPORT.

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DATE

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SIGNATURE OF CHIEF FINANCIAL OFFICER

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PRINTED NAME OF CHIEF FINANCIAL OFFICER

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DATE

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SIGNATURE OF CHIEF OPERATING OFFICER

---

PRINTED NAME OF CHIEF OPERATING OFFICER