



Pennsylvania Gaming Control Board

Principal/Key Employee Form Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form (**Initial or Renewal**)

SECTION 1: <i>Please fill in the name of the individual completing this application.</i>
Individual's Name: <hr/>
SECTION 2: <i>Please fill in the type of license applicant is applying</i> <input type="checkbox"/> Principal <input type="checkbox"/> Key Employee
SECTION 3: <i>Please select the application period</i> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
SECTION 4: <i>Please fill in the associated entity the applicant is applying with</i>
Associated Entity: <hr/>

INSTRUCTIONS

Unless otherwise provided for in the Gaming Act (“Act”) and Pennsylvania Gaming Control Board (“Board”) regulations, each principal; key employee; person with controlling interest and financial backer must complete the Multi-Jurisdictional Personal History Disclosure Form and the Principal/Key Employee Form – Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form.

These instructions are applicable to any natural person who is a principal or key employee as defined in the Act and regulations.

1. **PRINCIPAL/KEY EMPLOYEE FORM – PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT)**

This form is for each natural person who is a principal or key employee and must be completed in addition to the Multi-Jurisdictional Personal History Disclosure Form. The application containing all forms should be sent electronically to the Bureau of Licensing. The application fee should be mailed to the Pennsylvania Gaming Control Board, Bureau of Licensing, 303 Walnut Street, Fifth Floor, Commonwealth Tower, Harrisburg, Pennsylvania 17101. Please contact the Bureau of Licensing for submission instructions.

2. **APPLICATION FEES**

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 principal/key employee filing the form. There may be additional costs and expenses incurred by the Board in its processing and investigation of the principal/key employee 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.

Non-VGT Principal/Key Employee	\$2,500
VGT Principal/Key Employee	\$500
VGT Principal/Key Employee (Request for Conditional License)	additional \$100

3. **APPLICATION FORM INSTRUCTIONS**

A. Generally

As used in the PA Supplement, the words “applicant” and “you” shall mean the Principal or the Key Employee completing this PA Supplement.

As used in the PA Supplement, the words “Business Entity” shall mean the enterprise applicant or licensee or any of its affiliates, intermediaries, subsidiaries or holding companies for which you are a principal or key employee.

All entries on the form must be typed or printed in block lettering. Initials and signatures must be handwritten by the person providing the information. If the answers are not legible, the application may not be accepted.

Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the Applicant, write “Does Not Apply” in

response to that question.

All pages of the form must be initialed by the applicant. If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page.

All required documentation, such as tax returns, must be submitted at the time of filing this form.

The Application for Pennsylvania Tax Clearance Review and SF 180 (pertaining to military records) must be signed by applicant. All Affidavits, Authorizations, Waivers of Liability, Statement of Conditions and compliance forms must be signed by applicant.

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.

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 and 4 Pa.C.S. § 3305(b)) 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 license, registration, certificate or permit holder waives any liability of the Commonwealth of Pennsylvania and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.

Applicant will be required to provide proof of identification and authorization for Pennsylvania State Police to obtain and retain fingerprints and photographic images. Failure to comply with these requirements will result in the denial of your license, permit, registration or certificate.

Once an application has been filed, applicant may not withdraw its application without the permission of 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 or other approval.

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 applicant.

B. PA Supplement

Unless otherwise provided for in the Act and regulations, each principal; key employee; who is a natural person must complete the Multi-Jurisdictional Personal History Disclosure Form and the PA Supplement. This includes natural persons with a controlling interest and financial backers.

Applicant is submitting this Principal/Key Employee form because he or she is a Principal/Key Employee of _____.

Describe the relationship between applicant and the business entity/licensee named above, including amounts and terms/% of ownership and control.

VGT Applicants Only: Is the applicant requesting conditional licensure? YES NO

If you answer YES to this question, the VGT Conditional Licensure Affidavit must be completed on page S9 and payment for each individual must be provided with the application (\$100 per entity and individual in addition to the regular application fee.)

All required documentation must be submitted at the time of filing this form.

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.

Pennsylvania Supplement

Name and Address					
First Name	Middle Name	Last Name		Suffix (Jr., Sr., etc.)	
Maiden Name				Date of Birth	
Address Line 1			Address Line 2		
City		County		State/Province	
Country		Email Address		Phone Number	
				Cell Number	
Mailing Address (if different from address above)					
Address Line 1			Address Line 2		
Address Line 3		City		State/Province	
Postal Code		Country		Email Address	
				Phone Number	
				Cell Number	
Descriptive Information					
Height _____ ft in	Weight _____ Lbs	Social Security Number*		Driver's License No. _____ State Issued: _____ Operator's Number: _____	
Tattoos, scars or distinguishing marks:				Marital Status:	
				<input type="checkbox"/> Single (never married) <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Hair Color <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (BD) Blond <input type="checkbox"/> (RD) Red <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (WH) White <input type="checkbox"/> (BA) Bald		Eye Color <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (HZ) Hazel <input type="checkbox"/> (BL) Blue <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (GR) Green		Sex <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	
Race** <input type="checkbox"/> (C) Caucasian <input type="checkbox"/> (B) Black <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (A) Asian <input type="checkbox"/> (N) Native American <input type="checkbox"/> (I) Indian (India) <input type="checkbox"/> (O) Other					
List any other name or names you have been known by (include aliases; nicknames; married names)					
Have you been known by any other name or names? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list the additional names below and specify dates of use for each. Include maiden name, aliases, nicknames or any other name.					
First Name	Middle Name	Last Name		Suffix (Jr., Sr., etc.)	From Date
					To Date

* Disclosure of your social security number is mandatory in order for the PGCB to comply with the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). The social security number will also be used to confirm the identification of the applicant or licensee and will not be used as a personal identification number by the PGCB.

** You are NOT REQUIRED to provide this information. it is optional.

1. Business Entity Information

Provide the following information about the business entity with which you are a principal/key employee.

Business Entity Name			
Business name as it appears on the business entity'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.			
Business Entity Principal 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	
Business Entity Address In Pennsylvania (if applicable)			
Address Line 1			
Address Line 2			
Address Line 3			
City	Township(s)	County(ies)	
State/Province		Postal Code	
Country	Email Address	Web URL	
Phone Number		Fax Number	
Applicant's Employment or Other Association With Business Entity			
<input type="checkbox"/> I am a KEY EMPLOYEE of the business entity.		Title or Position held or will hold	
<input type="checkbox"/> I am a PRINCIPAL of the business entity.		Principal Role	
		<input type="checkbox"/> Officer <input type="checkbox"/> Other	
		<input type="checkbox"/> inside Director <input type="checkbox"/> Outside Director	
		<input type="checkbox"/> Audit Committee Member <input type="checkbox"/> Procurement Agent	

2. Expungements

Have you ever been arrested or charged with any crime or offense which has been expunged or otherwise officially sealed by a court or government agency? YES NO

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

3. Alcohol and Controlled Substances

Provide information relating to any health-related issues involving alcohol or controlled substances.

Alcohol and Controlled Substances

4. History of Insurance Claims

Describe the nature, type, terms and conditions of all insurance claims relating to the business activities of applicant for the last ten (10) year period.

Insurance Claims

5. FINANCIAL INTEREST

Applicant Ownership Interest or Financial Interests	
Do you have any ownership interest, financial interest or financial investment in any business entity applying to, or presently licensed by, the Pennsylvania Gaming Control Board? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete the information required and detail all debt and equity holdings in the business entity.	
Amount (Number of Shares/Units) and description of your interest/investment/debt holding/equity holding.	Percent of ownership in the business entity

6. PUBLIC OFFICIAL

6. PUBLIC OFFICIAL					
Are you, your spouse, minor child or unemancipated child, currently or within the last 12 months, an executive-level public employee, public official or party officer? Yes No					
If yes, complete the following chart. NOTE: An unemancipated child is one who is under the age of 21, not married and is in your care and control.					
dates		name of person who holds or held the position of executive-level public employee, public official, or party officer	relationship to applicant	title/position held	
from: (mo/yr)	To: (mo/yr)				

7. Federal, State and Foreign Tax Information

Applicant Tax History		
When did you file your last Federal Income Tax Return	Period Covered	IRS Office Location
When did you file your last State Income Tax Return	Period covered	State of Filing
Attach to this form, a copy of each IRS Form(s) filed and all supporting IRS schedules* filed by you in each of the last five (5) years. If you and your spouse filed separate tax returns for any year in the last five (5) years, also attach a copy of your spouse's tax returns.		
Attach to this form, a copy of each State Income Tax Return(s) filed and all supporting schedules filed by you in the each of the last five (5) years. If you and your spouse filed separate tax returns for any year in the last five (5) years, also attach a copy of your spouse's tax returns.		
Has your tax return ever been audited or adjusted?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe the nature and resolution of the audit and the tax year(s).		
Have you ever failed to file Federal or State Income Tax returns?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe the reason for failure to file and the tax year(s).		
Have you or your spouse ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last five (5) years?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer is yes, please provide the information required below.		
Tax Years Filed	Country Filed	Amount of Tax
Attach to this form a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdictions.		

* All IRS schedules filed with the applicant's tax return including but not limited to Schedule A, Schedule C, Schedule D, Alternative Minimum Tax Return, Schedule SE, etc. must be filed with this application.

*** NOTE:** : If you were required to file a tax return with the IRS, a copy of your IRS Record of Account Transcript(s) or IRS Account Transcript(s) will be required with the submission of your federal tax returns. Please visit the IRS transcript request website at www.irs.gov/individuals/get-transcript to request a "Record of Account" or "Account" Transcript. Effective, March 1, 2024, initial applicants are to provide a copy of the Record of Account Transcript or Account Transcript for the last three (3) years. Renewal applicants must include, at minimum, their last three (3) years of transcripts, and provide four (4) years of transcripts when available.

Signature Documents

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 authorizes the DOR and DLI to provide tax information to the Board and its authorized investigatory agents.

Name as Listed on Tax Return

Employer Identification Number/Tax
Identification Number/*Social Security
Number

Address

City

State

Zip Code

I certify that I am the individual whose tax records are to be reviewed. If the tax records are for an entity, I certify that I am the authorized signatory for the applicant.

Applicant Signature

Telephone Number

Date

* Disclosure of your social security number is mandatory in order for the PGCB to comply with the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). The social security number will also be used to confirm the identification of the applicant or licensee and will not be used as a personal identification number by the PGCB.

TAX VERIFICATION

I, _____ (Printed Name of Applicant), hereby state subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts and information set forth are true and correct to the best of my knowledge, information and belief.

CHECK ONE OF THE BOXES BELOW:

- I have filed the appropriate returns/forms AND have no outstanding federal income taxes, state income taxes, local income taxes, property taxes, school taxes, personal taxes or taxes owed to any other governmental entity.

- I have outstanding federal income taxes, state income taxes, local income taxes, property taxes, school taxes and/or personal taxes as described below:

(SIGNATURE OF APPLICANT)

LAW ENFORCEMENT AND GAMING/CASINO ENFORCEMENT REFERENCES

(slot machine principals and key employees only)

I the undersigned licensee have filed an “application” with the Pennsylvania Gaming Control Board as that term is defined in the Board’s regulations. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications and suitability for a favorable determination is at all times my sole responsibility. I accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this application.

In addition to an application I understand that “each applicant shall produce a letter of reference from law enforcement agencies having jurisdiction in the applicant’s place of residence and principal place of business. Each letter of reference shall indicate that the law enforcement agencies do not have any pertinent information concerning the applicant or, if the law enforcement agency does have information pertaining to the applicant, shall specify the nature and content of that information.” 4 Pa.C.S. §1310 (b).

I further understand that “if the applicant has held a gaming license in a jurisdiction where gaming activities are permitted, the applicant shall produce a letter of reference from the gaming or casino enforcement or control agency which shall specify the experiences of that agency with the applicant, the applicant’s associates and the applicant’s gaming operation”. 4 Pa.C.S. §1310 (c).

I verify that I have made the appropriate requests for references of the law enforcement agencies having jurisdiction over my place of residence and principal place of business in accordance with 4 Pa.C.S. §1310 (b).

I verify that, if I have held a gaming license in a jurisdiction where gaming activities are permitted, I have made the appropriate requests for references of the gaming/casino enforcement or control agency in that jurisdiction in accordance with 4 Pa.C.S. §1310 (c).

I verify I will provide to the PGCB any response received from the law enforcement agencies having jurisdiction over my place of residence and principal place of business along with references of the gaming/casino enforcement or control agency in the jurisdictions where I have been previously or am currently licensed.

The statements made by me on this form are true, complete, and correct, based on my knowledge and belief and are made in good faith. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration. I understand that this information will be used, in part, to determine my eligibility for a license with the Pennsylvania Gaming Control Board.

Verification Date: ____/____/20____

Printed Applicant Name

Applicant Signature

VERIFICATION

The applicant hereby verifies that the information contained herein is true and correct and that there is no misrepresentation, falsification or omission in this application. Further, the applicant is aware that any false or misleading statement or omitted information will be cause for rejection or revocation of a license, registration, certificate or permit and may be subject to criminal penalties under 18 Pa. C.S.A. §§4902, 4903 and 4904.

The applicant has familiarized himself/herself with the contents of the Gaming Act and its Regulations and agrees, if licensed, registered, certified or permitted, to abide by same, and specifically agrees and affirms the following:

The Bureau of Investigations and Enforcement ("BIE"), the Department of Revenue ("DOR") and the Pennsylvania State Police ("PSP") shall have the authority, without notice and without warrant, to do all of the following in the performance of their duties:

1. Inspect and examine all premises where slot machine operations are conducted, gaming devices or equipment are manufactured, sold, distributed or serviced or where records of these activities are prepared or maintained.
2. Inspect all equipment and supplies in, about, upon or around premises referred to in Paragraph 1.
3. Seize, summarily remove and impound equipment and supplies from premises referred to in Paragraph 1 for the purposes of examination and inspection.
4. Inspect, examine and audit all books, records and documents pertaining to a slot machine licensee's operation.
5. Seize, impound or assume physical control of any book, record, ledger, game, device, cash box and its contents, counting room or its equipment or slot machine operations.

In addition, to further effectuate the purposes of the Gaming Act and its Regulations, the BIE and the PSP may obtain administrative warrants for the inspection and seizure of property possessed, controlled, bailed or otherwise held by an applicant, licensee, registrant, certificant, permittee, intermediary, subsidiary, affiliate or holding company.

Applicant 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, the applicant hereby verifies subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that there is no misrepresentation, falsification or omission in this application and that the application is true and correct to the best of my knowledge, information and belief. The applicant further agrees to the terms of licensing, registration, certification or permitting 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.

Applicant Verification (Required) Date: ____/____/20____

Printed Applicant Name

Signature of Applicant

Individual preparing this form if different from applicant

(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 PRINCIPALS AND KEY EMPLOYEES)

I, _____, the undersigned applicant/licensee have filed with the Pennsylvania Gaming Control Board an application. 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 my/our burden. I understand that a background investigation of myself will be conducted by agents of the Pennsylvania Gaming Control Board'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 with. I further understand and agree that I am voluntarily executing this Release Authorization to expressly authorize and permit agents of the Pennsylvania Gaming Control 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 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 me 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 me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
3. 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 me, 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 me.

Note: If applicant is married the spouse's initials and signature are required on this three page form.

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 Authorization shall remain in effect until such time as I cease to be an applicant or a licensee under the Gaming Act.
6. 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, 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 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. I agree 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.

Note: If applicant is married the spouse's initials and signature are required on this three page form.

Applicant has read this Release Authorization and understands all of its terms. Applicant executes this document voluntarily and with full knowledge of its significance.

I, _____, hereby state subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts and information above set forth are true and correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Name : _____
(Print Name)

Applicant's spouse acknowledges and agrees that the background investigation of the applicant may involve and necessitate inquiry regarding assets, accounts and records jointly held, or at times individually held by the spouse and/or any other matter related to the applicant's suitability to assure that applicant is not in violation of proscriptions of the Gaming Act and is suitable to be licensed in Pennsylvania to engage in the gaming industry. The access and use of records relating to a spouse is specifically for the purposes of determining suitability for licensure under the provisions of 4 Pa.C.S. §§ 301-342 ("Fantasy Contests"), 1101-1904 ("Casino Gaming") and 3101-4506 ("Video Gaming") ("collectively the "Gaming Act").

I, _____, hereby state subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts and information above set forth are true and correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Name : _____
(Print Name)

Signature of Pennsylvania Gaming Control Board Agent Presenting This Request:

_____ Date: _____

Note: If applicant is married the spouse's initials and signature are required on this three page form.

Notice Regarding Access to Consumer Report for Employment Purposes

The Pennsylvania Gaming Control Board (“PGCB”) has the specific power and duty to require background investigations on applicants, licensees, principals, key employees, permittees, certificate holders, or registrants. A background investigation consists of a security, criminal, credit, and suitability investigation of any natural person, corporation, foundation, organization, business trust, estate, limited liability company, licensed corporation, trust, partnership, limited liability partnership, association, or any other form of legal business entity.

Pursuant to this authority, the PGCB may request a consumer report about you and/or your company for employment purposes and in connection with the determination of your and/or your company’s eligibility for a license, permit, certification, or registration. A consumer report is a written, oral or other communication of any information by a consumer reporting agency bearing on your and/or your company’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your and/or your company’s eligibility for employment and in connection with the determination of your and/or your company’s eligibility for a license, permit, certification, or registration.

Authorization

By signing below, I acknowledge that I have read and understand the above Notice Regarding Access to Consumer Report for Employment Purposes and authorize the Pennsylvania Gaming Control Board to obtain a consumer report about me and/or my company for employment purposes and in connection with the determination of my and/or my company's eligibility for a license, permit, certification, or registration.

Signature

Date

(Print Name)

(Entity Name, if Applicable)

Witness:

Signature

Date

(Print Name)

WAIVER OF LIABILITY

I, _____ (Name Of Applicant), hereby waive liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to me 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, registration or permitting process or during any inquiries, investigations or hearings related thereto.

I am aware that false or misleading statements or omitted information will be cause for rejection or revocation of my license, registration, certificate or permit and I may be subject to criminal penalties under 18 Pa C.S.A. §§4902, 4903 and 4904.

Printed Name

Signature

Date

Daytime Telephone number

**Affidavit for Conditional Licensure
(Applicable to VGT-related applicants only seeking conditional licensure)**

Pursuant to 4 Pa.C.S. §3520, relating to conditional licensure of principal or key employees for establishment, terminal operator and VGT related manufacturers and suppliers, I, being duly affirmed according to law, depose and state under penalty of perjury that to the best of my knowledge, information, and belief I am not otherwise prohibited from licensure according to the conditional licensure requirements of 4 Pa.C.S. §3520 or any other video gaming related provisions set forth in this Commonwealth.

I am aware that false or misleading statements or omitted information will be cause for rejection or revocation of my license, registration, certificate or permit and I may be subject to criminal penalties under 18 Pa C.S.A. §§4902, 4903 and 4904.

DATE: ____ / ____ / 20____

Printed Name

Signature

Instructions for provided DD Form 214/Completing SF 180, Request Pertaining to Military Records

1. If you served in the US Military, provide a copy of your DD Form 214 or its equivalent NGB form 22. The SF 180 will not be required if the DD Form 214 is provided.
2. If you do not have a copy of your DD Form 214 or its equivalent, complete, sign and date the SF 180, Request Pertaining to Military Records, and include the following information in the appropriate space:

Section I – Information Needed to Locate Records

- Complete all blanks and answer all questions.

Section II – Information and/or Documents Requested

- Item 1 – Select DD Form 214 or equivalent.
- Item 1 – Check Other and insert the phrase “Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.”
- Item 2 – Select Other and insert the phrase “This information is necessary in order for the Pennsylvania Gaming Control Board to complete my background investigation.”

Section III – Return Address and Signature

- Item 1 – Enter requester name
- Item 2 – Enter relationship to veteran
- Item 3 – Select appropriate status box
- Item 4 – PGCB – Attn: Bureau of Investigations and Enforcement
303 Walnut Street, 5th Floor - Commonwealth Tower
Harrisburg, PA 17101
- Item 5 – Sign and date

3. Submit this completed document to the Board with your application.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else. Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b)(6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____

7. IS THIS PERSON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: _____

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.
- Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
 I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- Other (Please Specify):** _____

2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____ 2. RELATIONSHIP TO VETERAN: _____

- 3. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
- I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)
- I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
- OTHER (Specify): _____

4. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

Name _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP Code _____

Daytime Phone _____ Fax Number _____

Email Address _____

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required – Do not print _____ Date _____

* This form is available at <https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax Number: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax Number: 844-531-7818 https://www.va.gov
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 https://mypers.af.mil/	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 https://www.dcms.uscg.mil/ompf	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records/
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		

Pennsylvania Gaming Control Board
Statement of Conditions
Principal/Key Employee Applicant or Licensee

I hereby expressly accept, agree and stipulate to the following conditions to the license, permit or registration issued to me by the Pennsylvania Gaming Control Board ("Board") pursuant to the Act of July 5, 2004 (P.L. 572, No. 71) known as the Gaming Act, 4 Pa. C.S. §§1101 et seq., Part II and Part III. More particularly, I expressly accept, agree and stipulate that I will abide by the following conditions:

1. To at all times comply with all provisions of the Gaming Act ("Act") and any rules, regulations, technical standards or orders in effect as of this date or later amended or promulgated by the Board.
2. To at all times acknowledge and agree that any license, permit or registration issued to me by the Board is a non-transferable privilege to engage in activities regulated by the Board.
3. To at all times acknowledge that any 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.
4. To at all times acknowledge and agree that any revocation of a license, permit or registration issued to me by the Board prohibits me from reapplying for a license, permit or registration for a period of five (5) years.
5. To at all times acknowledge and agree that the credential issued to me in connection with my license, permit or registration is property of the Board and must be surrendered upon request.
6. To promptly reimburse the Board for all costs associated with any background or other investigation conducted in connection with my application, and to promptly pay any other fine, fee, sanction or assessment imposed by the Board or the Department of Revenue. (NOTE: Costs associated with the background or other investigation conducted in connection with your application, including the application fee, may have been paid by your employer. Ask your employer about any costs that may be your responsibility.)
7. To ensure at all times that information provided to the Board by me in my application and supplemental information is true and correct, and to immediately notify the Board upon knowing or suspecting that any false or misleading information may have been provided to the Board, or that required or relevant information was omitted.
8. To notify the Board within thirty (30) days upon my charging, indictment or conviction for any felony or gambling offense, and upon conviction, to cause the withdrawal of any pending application filed by me or on my behalf.
9. To immediately notify the Board upon learning of any inquiry or investigation by any regulatory agency or self-regulatory organization or of any action filed by any governmental authority against me.
10. To ensure that at all times, I meet and maintain the suitability requirements of the Act, including but not limited to those relating to good character, honesty and integrity.
11. In addition to any notification and action required by Condition 8, to ensure that I comply with all of the following:

Pennsylvania Gaming Control Board
Statement of Conditions
Principal/Key Employee Applicant or Licensee

- A. Provide any requested assistance or information required by the Board, the Pennsylvania Department of Revenue, or the Pennsylvania State Police and cooperate in any inquiry, investigation or hearing.
 - B. Inform the Board of any actions which I know or suspect constitute a violation of the Act or any rules, regulations, technical standards or orders in effect as of this date or later amended or promulgated by the Board.
 - C. Inform the Board of my arrest within thirty (30) days for any violations or offenses enumerated under 18 Pa. C.S. (relating to crimes and offenses) or any similar offense under the laws of another jurisdiction.
 - D. Inform the Board of any material changes in the information, materials and documents submitted in my license, permit or registration application as well as changes in circumstances that may render me ineligible, unqualified or unsuitable to hold a license, permit or registration under the Board's standards.
12. To be responsible for and to protect, indemnify and hold harmless the Board, the Pennsylvania Department of Revenue, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, and their agents, employees and representatives, from and against any and all claims or payments for personal injury, property damage or other loss of any kind by any and all parties and claimants, arising out of, or in connection with any negligence, error or omission by the Board, the Pennsylvania Department of Revenue, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, or their agents, employees and representatives, attendant to any or all of the following:
- A. any investigation, consideration, or action taken in connection with my application;
 - B. the suspension, revocation or conditioning of the license, permit or registration issued to me, including any enforcement action taken with respect to any such license, permit or registration;
 - C. any action taken which may or does result in the suspension of my employment or the issuance of an emergency order; and;
 - D. any disclosure or publication in any manner, other than willfully unlawful disclosure or publication, of material or information acquired during any past, present or future investigation of me.
13. To at all times comply with this Statement of Conditions and such other general or specific conditions as may be later required by the Board and duly requested.

**Pennsylvania Gaming Control Board
Statement of Conditions
Principal/Key Employee Applicant or Licensee**

I, _____ (Print Name of Applicant), hereby state subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that I have read and fully understand the foregoing Statement of Conditions and that my signature below is an acknowledgement of same and evidences my intent to be legally bound to abide by the conditions contained therein.

Any condition which requires notification to the Board must, at a minimum, include filing a supplement to your application. Supplements should be mailed to the address below:

**PA Gaming Control Board
303 Walnut St./Strawberry Square
Commonwealth Tower/5th Floor
Harrisburg PA 17101-1825**

By:

Signature

Date