Pennsylvania Gaming Control Board

Slot Machine Operator, Management Company, and Affiliate Application and Disclosure Form (Initial and Renewal)

SECTION 1: ***Please fill in the name of the entity completing this application.***

Applicant's Name:

_____

SECTION 2: ***Check the appropriate box below to indicate the type of license for which the above-named entity is applying. If applicant listed above is an affiliate, intermediary, subsidiary, or holding company of a company applying for an Enterprise license type below, leave Section 2 blank and skip to Section 3.***

Category Type:

☐ **Category 1 Slot Operator**

☐ **Category 2 Slot Operator**

☐ **Category 3 Slot Operator**

☐ **Category 4 Slot Operator**

Other:

☐ **Management Company**

SECTION 3:

Application Period: ☐ **Initial** ☐ **Renewal**

SECTION 4: ***If the above-named entity in Section 1 is applying for licensure as an affiliate, intermediary, subsidiary, or holding company of an enterprise entity, provide below the name of the enterprise entity.***

Affiliate of:

_____

INSTRUCTIONS

These instructions are applicable to any "person" seeking to be licensed as a Category 1, Category 2, Category 3, Category 4 Slot Machine Operator (collectively referred to hereafter as Slot Operator) or Management Company. Please be advised that no person, its affiliate, intermediary, subsidiary or holding company that has applied for or is a holder of a slot machine license, shall be eligible to apply for or hold a supplier or manufacturer license.

As used in these Instructions, the phrase "affiliated entities" shall mean a Slot Operator's or Management Company's affiliates, intermediaries, subsidiaries and holding companies.

The original form, 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, Commonwealth Tower, Harrisburg, Pennsylvania 17101 with the appropriate fee. Electronic submissions may also be accepted in place of an original submission and CD., Pplease contact the Bureau of Licensing for submission instructions. An original, hard copy, notarized release authorization is required regardless of the form of submission.

1. Slot Operator and Management Company

The forms that make up an application package for a Slot Operator or Management Company License are as follows:

A. Slot Operator, Management Company and Affiliate Application and Disclosure Information Form (To be completed by applicant and each of applicant's affiliated entities).

B. Multi-Jurisdictional Personal History Disclosure Form (Multi-Jurisdictional PHD)

(To be completed by each natural person who is a principal or key employee as defined in 58 Pa. Code §401a.3) and identified in Schedules 1, 5, 10, 10A, 11, 13, 15 and 18).

C. Principal/Key Employee Form - Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form (PA Supplement)

(To be completed by each natural person who is a principal or key employee identified in Schedules 1, 5, 10, 10A, 11, 13, 15 and 18).

D. Principal Entity Form

(To be completed by each entity that is a principal identified in Schedules 10, 10A, 11, 13, 15 and 18).

2. APPLICATION FEES

A. Application fees and Investigation Deposits

Application fees must be submitted with the application package. These fees are non-refundable deposits that will be used by the Board to process and investigate the Slot Operator or Management Company applicant and the applicant's affiliated entities and persons filing forms as part of the application package. Application fees must be submitted for each applicant, affiliated entity and person, unless otherwise noted.

There may be additional costs and expenses incurred by the Board in its processing and investigation of the slot operator or management company applicant and the applicant's affiliated entities and persons. The slot operator or management company applicant must reimburse the Board for all additional costs and expenses related to the processing and investigation of their application package.

Slot Operator or Management Company Applicant $5,000.00

Applicant's Affiliated Entities $2,500.00

In addition to application fees, license fees will be required to be paid prior to license issuance. The license fee schedule can be found on the board's website at http://gamingcontrolboard.pa.gov/files/licensure/applications/Schedule_of_Fees.pdf

3. APPLICATION FORM INSTRUCTIONS

Generally

As used in the slot operator or management company form, the words "Applicant" and "you" shall mean the slot operator or management company applicant. When applicant's affiliated entities are completing the form, "Applicant" and "you" shall refer to the affiliated entity completing the form.

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

Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the applicant, write "Does Not Apply" in response to that question. If a Schedule or Addendum does not apply to the applicant, write "Does Not Apply" on the Schedule or Addendum.

Appendices are to be provided by the applicant. The required appendices are listed on the Application Checklist. Appendices must be presented in a tabbed manner. Each tab must indicate the appendix number. Immediately following the tab, applicant must insert a page with the appendix number and all information applicable to the appendix. If an appendix does not apply to the applicant, write "Does Not Apply" on the appendix page.

All pages of the form must be initialed by the applicant, or if the applicant is not a natural person, the person authorized to complete the form on behalf of the applicant must initial each page. If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page. Some schedules may require disclosure of information for more than one natural person or entity or type of information. If there are multiple disclosures, make enough additional copies of the blank schedule and complete it for each natural person or entity or type of information.

All required documentation, such as business formation papers, tax returns and Appendices, as well as the application forms that comprise an application package for a slot operator or management company license, as listed above, must be submitted at the time of filing this 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 58 Pa. Code §423a.1(h).

All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Board if you change your address.

Failure to answer any question completely and truthfully will result in denial of your application and/or revocation of your license, registration, certificate or permit and may subject you to criminal penalties under 18 Pa.C. S. A. §4903.

Any person who applies for and obtains a license, registration, certificate or permit from the Board may be required to submit to warrantless searches when present in a licensed gaming facility pursuant to the Act.

Confidential Information (as defined in 58 Pa. Code §401a.3) supplied to the Board or otherwise obtained shall not be revealed except in the course of the necessary administration of the Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. An applicant or 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.

A license, permit, certification or registration issuance, renewal or other authorization issued by the Board is a revocable privilege. No person holding a license, permit, certification or registration, renewal, or other authorization is deemed to have any property rights related to the license, permit, certification or registration.

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.

This is an application for a slot machine or management company license. An entity interested in offering table games must first obtain a slot machine license in order to be eligible to file a petition seeking authorization to conduct table games. Any references to table games in this application are for informational purposes only.

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

Applicant Information

Applicant's Business Name
Business Name as it appears on applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents (spell out complete name, do not use abbreviations)
Trade Name(s) and Doing Business As ("DBA") Names
Has the applicant been verified as a minority or women's business enterprise by the Pennsylvania Department of General Services (DGS) Bureau of Small Business Opportunities? ☐ Yes ☐ No If yes, provide the name of the entity that certified the applicant as a minority or women's business enterprise and upon which the DGS verification was made. _____ If yes, attach the verification letter from the Bureau of Small Business Opportunities and/or the Small Business Procurement Initiative Certificate that identifies the company as a small diverse business (not only as a small business) and provide the certification number _____.

Applicant's Principal Address		
Address Line 1		
Address Line 2		
Address Line 3		
City	State/Province	Postal Code
Country	Email Address	
County	Township	Web URL
Phone Number	Fax Number	

Applicant's Address In Pennsylvania (if applicable)		
Address Line 1		
Address Line 2		
Address Line 3		
City	State/Province	Postal Code
Country	Email Address	
County	Township	Web URL
Phone Number	Fax Number	

Contact Name for this Application			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Title		Individual Email Address	
Phone Number		Fax Number	

Applicant's Form of Organization

Check One

☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ C-Corporation

☐ Limited Liability Company ☐ S-Corporation ☐ Trust

☐ Other (describe)_____

Applicant's Organization Documents

State of Incorporation, Registration or other type of Formation	Date of Formation
Applicant's business name as it appears on the formation documents	
List all states in which the applicant is currently registered or authorized to do business	

Is applicant registered or authorized to do business in the Commonwealth of Pennsylvania? ☐ Yes ☐ No

Applicant's Identification 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 applicant have any outstanding tax liabilities to either the Commonwealth of Pennsylvania or any other state, locality or the Federal government? ☐ Yes ☐ No

If you answer YES, provide details concerning all outstanding tax liabilities.

Applicant's Billing Contact Information

First Name	Last Name	Suffix (Jr., Sr., etc.)
Title	Individual Email Address	
Address		
City	State/Province	Postal Code
Phone Number	Fax Number	

Criminal History	
The next section asks about any offenses or charges applicant or any of its principals or key employees may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.	
DEFINITIONS	For purposes of this section: A. "CRIME OR OFFENSE" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, military court or any other court EXCEPT Juvenile Court. Include all DUI/DWI offenses. B. "ARREST" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail, or instructed to appear in court or subpoenaed to answer for conduct which is a crime as has been defined in paragraph "A." C. "CHARGE" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."
INSTRUCTIONS	1. ANSWER **"YES"** AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF:** A. You did not commit the offense charged; B. The arrest or charges were dismissed or the charges were subsequently downgraded to a lesser charge; C. You pleaded not guilty or nolo contendere; D. You completed an accelerated rehabilitative disposition ("ard") or equivalent diversionary program; E. The charges or conviction were expunged from your record, even if you have expungement papers; F. You were not convicted or were found "not guilty" G. You did not serve any time in prison or jail; H. The arrests, charges or offenses happened a long time ago; I. You were arrested or charged in another state (a state other than Pennsylvania); J. You were never physically taken into custody and/or transported to a police station or jail. 2. ANSWER **"NO"** IF: A. You have never been arrested or charged with any crime or offense; B. Your arrest happened when you were under 18 years of age and your court appearance was in juvenile court. **FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.**

1. Has applicant or any of its principals or key employees ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in the Commonwealth or any other jurisdiction?	☐ YES ☐ NO
1. A. Has applicant or any of its principals or key employees ever been convicted of a felony?	☐ YES ☐ NO
1. B. Has applicant or any of its principals or key employees ever been convicted of a misdemeanor or gambling offense? If you answer YES to any of these questions, you must complete **Schedule 23** concerning Criminal History.	☐ YES ☐ NO
Testimony, Investigations or Polygraphs	
2. Has applicant or any of its principals or key employees ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, Federal, national, etc.) other than in response to minor traffic related offenses? If you answer YES, you must complete **Schedule 24** concerning Testimony, Investigations or Polygraphs.	☐ YES ☐ NO
Antitrust, Trade Regulation & Securities Judgments; Statutory and Regulatory Violations	
3. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the Federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?	☐ YES ☐ NO
4. In the past ten (10) years, has applicant, 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? If you answer YES to either question, you must complete **Schedule 26** concerning Antitrust, Trade Regulation & Security Judgments; Statutory and Regulatory Violations.	☐ YES ☐ NO
Bankruptcy or Insolvency Proceedings	
5. Has applicant, 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 in the last ten (10) year period?	☐ YES ☐ NO
6. Has applicant, 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 in the last ten (10) year period?	☐ YES ☐ NO
7. Has a court appointed any receiver, fiscal agent, trustee, reorganization trustee, or similar officer for applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies in the last ten (10) years?	☐ YES ☐ NO
If you answer YES to any of these questions, you must complete **Schedule 27** concerning Bankruptcy or Insolvency Proceedings.	

Applicant's Licenses and Permits	
8. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies applied for any license or permit by a government agency for the collection of sales and use tax, selling and serving liquor and malt beverages, providing overnight lodging services or any other activity requiring a license or permit? A government agency as used here includes any subordinate creature of Federal, State, Native American or local government created to carry out a governmental function or to implement a statute or statutes. If you answer YES, you must complete **Schedule 28** concerning Non-Gaming Licenses and Permits.	☐ YES ☐ NO
9. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies applied for any license or permit by a government agency charged with regulating games of chance, including but not limited to slot machines, video lottery terminals, table games, horse racing, jai alai, etc.? A government agency as used here includes any Federal, state, Native American or local government created to carry out a governmental function or to implement a statute or statutes. If you answer YES, you must complete **Schedule 29** concerning Gaming Licenses and Permits.	☐ YES ☐ NO
Applicant's Contributions and Disbursements	
10. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, principals, employees or any third parties acting for or on behalf of applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, person, company or organization to obtain favorable treatment?	☐ YES ☐ NO
11. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, principals, employees or any third parties acting for or on behalf of the applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?	☐ YES ☐ NO
12. During the last ten (10) year period, has applicant, its parent company or any of its affiliates, intermediaries, subsidiaries, holding companies, principals, employees or any third parties for or on behalf of applicant loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?	☐ YES ☐ NO
13. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, principals, employees or any third parties acting for or on behalf of applicant donated or loaned property or any other thing of value, or organized, sponsored or participated in fundraising activities for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?	☐ YES ☐ NO

14A. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies made any loans, donations or other disbursements to principals, employees or any third parties for the purpose of reimbursing such individuals for political contributions either foreign or domestic?	☐ YES ☐ NO
14B. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies formed or caused to be formed, a political action committee either under federal or state election laws?	☐ YES ☐ NO
14C. As a result of the Citizen's United v. FEC decision, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies made "independent expenditures", as defined in SEC. 1621(e) of the Pennsylvania Election Code, for the purpose of influencing an election covered by the Pennsylvania Election Code?	☐ YES ☐ NO
15. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies maintained any bank account, domestic or foreign, not reflected on the applicant's books or records?	☐ YES ☐ NO
16. During the last ten (10) year period, has applicant, 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 applicant? If you answer YES to any of these questions, you must complete **Schedule 30**, concerning contributions and disbursements.	☐ YES ☐ NO

APPENDICES

The appendices are documents the applicant must provide or create. The appendices are not represented in the application questions or its schedules or addenda. Each appendix shall be presented in a tabbed manner and each tab must indicate the appendix number as listed below. If an appendix does not apply to an applicant, write "DOES NOT APPLY" on the appendix page.

☐	Appendix 1: Description of the business currently performed and the business intended to be performed in the Commonwealth. This information must be specific and must be organized around the topics shown in **Schedules 31 and 32**. Additionally, applicant must indicate the relationship between it and its affiliated entities as it relates to the business intended to be performed in the Commonwealth in the form of an organization chart with a narrative description.	MANDATORY
☐	Appendix 2: Description of any former business engaged in during the last ten (10) years and the reason for cessation of the business.	MANDATORY
☐	Appendix 3: 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 **Schedule 8**.	MANDATORY
☐	Appendix 4: Description of long term debt. This information must be provided in addition to the information provided in **Schedules 12 and 13**.	MANDATORY
☐	Appendix 5: Description of other indebtedness and security devices. This information must be provided in addition to the information provided in **Schedules 14 and 15**.	MANDATORY
☐	Appendix 6: Description of securities options. This information must be provided in addition to the information provided in **Schedules 16 and 17**.	MANDATORY
☐	Appendix 7: Description of existing litigation. This information must be provided in addition to the information provided in **Schedule 25.**	MANDATORY
☐	Appendix 8: Audited financial statement for the last fiscal year. If the Applicant does not normally have its financial statements audited, attach unaudited financial statements. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 9: Audited financial statements for the last five (5) years. If the Applicant does not normally have its financial statements audited, attach unaudited financial statements. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 10: Annual reports for the last five (5) years. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 11A: Annual reports prepared on the SEC's 10K for the last five (5) years. Appendix 11B: Copies of annual or quarterly filings for the last five (5) years required under the laws of a regulatory agency of another country. Note: If this has previously been provided, resubmissions would not be required and the previous response should reflect the date(s) of submission.	MANDATORY

☐	Appendix 12: A copy of the last quarterly unaudited financial statement. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 13: A copy or copies of any interim reports. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 14: A copy of the last definitive Proxy or information statement (SEC). If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 15: A copy of all registration statements for the last five (5) years filed in accordance with the Securities Act of 1933. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 16: Copies of all other reports prepared in the last five (5) years by independent auditors of the applicant. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 17: Certified copies of the Articles of Incorporation, Charter, Bylaws, Partnership Agreement or other official documents and all amendments and proposed amendments If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission.	MANDATORY
☐	Appendix 18: Current ownership table of organization-provided in chart format.	MANDATORY
☐	Appendix 19: Functional table of organization for applicant with, job descriptions, and names of employees earning in excess of $250,000 in annual compensation.	MANDATORY
☐	Appendix 20: Copies of federal entity tax filings, including forms 1120, 1120-s, 1120-f, 1065, 941 and all other business related tax forms filed with the IRS in the last five (5) years. If this has previously been provided, reports would not be required and the response should reflect the date(s) of submission.	MANDATORY
☐	Appendix 21: Copies of 5500 forms filed with the IRS in the last five (5) years. If this has previously been provided, reports would not be required and the response should reflect the date(s) of submission.	MANDATORY
☐	Appendix 22: Describe criminal history of applicant. This information must be provided in addition to the information provided in **Schedule 23**. Narrative information about the nature of charge or complaint and the disposition must be provided.	MANDATORY
☐	Appendix 23: Pursuant to §1312 of the Gaming Act, the Board may not approve an application for licensure if any of its principals do not meet the character requirements of §1310, eligibility requirements, or purchases a controlling interest in a licensed gaming entity in violation of §1328. Has the applicant divested all interests that would prohibit licensure and eliminated any principal who does not meet the character or eligibility requirements? If not, provide an explanation. If it does not apply, write does not apply in response to this appendix.	MANDATORY

☐	Appendix 24: Pursuant to §1512 of the Gaming Act, no executive-level state employee, public official, party officer or immediate family member thereof shall have a financial interest in or be employed, directly or indirectly, by any licensed racing entity or licensed gaming entity, or any holding, affiliate, intermediary or subsidiary company, thereof, or any such applicant. Has any public official or other prohibited person possessed a financial interest in or been employed directly or indirectly by the applicant or related entity at or following the effective date of the PA Gaming Act?	MANDATORY
☐	Appendix 25: Pursuant to §1313 of the Gaming Act, provide information, documentation and assurances demonstrating that the applicant has sufficient business ability and experience to create and maintain a successful, efficient operation. Also provide biographies of the known individuals who will perform executive management duties and provide names of all proposed key employees and a description of their respective or proposed responsibilities as they become known.	INITIAL APPICANTS ONLY
☐	Appendix 26: Pursuant to §1207(16) of the Gaming Act, the licensee must sell Pennsylvania state lottery tickets at its facility as near as practicable to the pay windows. Provide a proposed floor plan specifying the locations where state lottery tickets will be sold and the proximity of those locations to pay windows. (Note: This submission must be finalized and approved by the Board prior to operation).	INITIAL APPLICANTS ONLY
☐	Appendix 27: Provide a list of any hospital, place of worship, school, charitable institution, park, zoo or any similar place frequented by the public within 1500 feet of the proposed facility.	INITIAL APPLICANTS ONLY
☐	Appendix 28: Submit an initial narrative description of proposed administrative and accounting procedures, including a written system of internal control, pursuant to §1322 of the Gaming Act (Note: This submission must be finalized and approved by the Board prior to operation).	INITIAL APPLICANTS ONLY
☐	Appendix 29: Provide marketing plans and proposals and details of the proximity of the facility to its marketing service area.	INITIAL APPLICANTS ONLY
☐	Appendix 30: Provide copies of local zoning and land use approvals or a detailed explanation of the status of the request with copies of all filings.	INITIAL APPLICANTS ONLY
☐	Appendix 31: Pursuant to §1322 of the Gaming Act and/or Board regulations, submit a complete proposed site plan of the proposed licensed facility, inclusive of traffic studies and the parking plan, including the number of parking spaces, accompanied by architectural drawings and a proposed gaming floor layout. The gaming floor layout should clearly delineate the square footage of the area to be used for the placement of slot machines and table games as well as the square footage of the area that will not be used for the placement of slot machines and table games. Further, the gaming floor layout should delineate the square footage reserved for additional slot machines and table games permitted pursuant to §1210 and §13A11of the Gaming Act. Pursuant to	INITIAL APPLICANTS ONLY

	§1210, provide details of the proposed location of slot machines and table games at the facility and the number of slot machines and table games requested. Pursuant to §1207 of the Gaming Act, proposed surveillance camera locations both within and outside the proposed licensed facility should also be clearly delineated on the gaming floor layout as well as proposed security zones on the gaming floor and within and outside the licensed facility. (Note: The site plan, gaming floor layout and related surveillance and security proposals must be finalized and approved by the Board prior to operation).	
☐	Appendix 32: Provide details of planned retail and food venues for the facility and the identification of the operators of each retail food venue.	INITIAL APPLICANTS ONLY
☐	Appendix 33: Provide a local impact report, engineering reports and traffic studies, including details of any adverse impact on transportation, transit access, housing, water and sewer systems, local police and emergency service capabilities, existing tourism, including historical and cultural resources or other municipal service or resource. A copy of the local impact report shall be provided to each political subdivision in which the licensed facility will be located at least seven (7) days prior to the filing of the application for a slot machine license. The applicant shall file a proof of service with the Board.	INITIAL APPLICANTS ONLY
☐	Appendix 34: Provide details of land acquisition costs.	INITIAL APPLICANTS ONLY
☐	Appendix 35: Provide details of a compulsive or problem gambling plan.	INITIAL APPLICANTS ONLY
☐	Appendix 36: If a temporary facility is to be licensed, provide details of the temporary facility as well as a plan for how the licensee will transition to a permanent facility, including a date for the completion of the permanent facility.	INITIAL APPLICANTS ONLY
☐	Appendix 37: As required by §1325 of the Gaming Act, applicant must address each item listed in this section. If an item does not apply, the applicant must state that in response to each item listed. Provide a plan, with details, for the following: (1) the location and quality of the proposed facility, including, but not limited to, road and transit access, parking and centrality to market service area; (2) the potential for new job creation and economic development which will result from granting a license to the Applicant; (3) the applicant's good faith plan to recruit, train and upgrade diversity in all employment classifications in the facility; (4) the applicant's good faith plan for enhancing the representation of diverse groups in the operation of its facility through the ownership and operation of business enterprises associated with or utilized by its facility or through the provision of goods or services utilized by its facility and through the participation in the ownership of the Applicant. Provide specific information regarding the diversity in ownership of the applicant, i.e. minorities, women; (5) the applicant's good faith effort to assure that all persons are accorded equality of opportunity in employment and contracting by it and any contractors, subcontractors, assignees, lessees, agents, gaming service providers and suppliers it may employ directly or indirectly;	INITIAL APPLICANTS ONLY

	(6) the history and success of the applicant in developing tourism facilities ancillary to gaming development, if applicable to the applicant; (7) the degree to which the applicant presents a plan for the project which will likely lead to the creation of quality, living-wage jobs and full-time permanent jobs for residents of this commonwealth generally and for residents of the host political subdivision in particular; (8) the record of the applicant and its developer in meeting commitments to local agencies, community-based organizations and employees in other locations; (9) the degree to which potential adverse effects which might result from the project, including costs of meeting the increased demand for public health care, child care, public transportation, affordable housing and social services, will be mitigated; (10) the record of the Applicant and its developer regarding compliance with (i) Federal, state and local discrimination, wage and hour, disability and occupational and environmental health and safety laws as well as (ii) state and local labor relations and employment laws; (iii) the applicant's record in dealing with its employees and their representatives at other locations.	
☐	Appendix 38: Provide information demonstrating adequate financing for the proposed facility and terms of financing including payback period.	INITIAL APPLICANTS ONLY
☐	Appendix 39: Provide business and economic development plans and timetables, projected debt service expenses, projected EBITDA and Internal rate of return, projected annual gross terminal revenue, projected operating and capital expenses and defined gaming market and projected visitation.	INITIAL APPLICANTS ONLY
☐	Appendix 40: Provide letters of reference from law enforcement agencies having jurisdiction in the applicant's and principal's main place of residence and place of business indicating that the agency does not have any pertinent information relating to the applicant or its principals. If the law enforcement agency has information pertaining to the applicant or its principals, the letter shall specify the details of the information. **If no letters are received within 30 days of the request, the applicant or principal may submit a sworn or affirmed statement that the applicant or principal is a citizen in good standing in his jurisdiction of residence and primary place of business.**	INITIAL APPLICANTS ONLY
☐	Appendix 41: If the applicant has held a gaming license in any jurisdiction, provide a letter of reference from the gaming or casino enforcement or regulatory agency in the other jurisdiction, specifying the experiences of the agency with the applicant, the applicant's associates and the applicant's gaming operation. If this has previously been provided, resubmissions would not be required and the response should reflect the previous date(s) of submission. **If no letter is received within 30 days of request by the applicant, the applicant may submit a sworn or affirmed statement that the applicant's operation is in good standing with the regulatory agency.**	INITIAL APPLICANTS ONLY

☐	Appendix 42: Provide an original payment bond or an original irrevocable letter of credit that includes a draw certificate, at the applicant's option, guaranteeing the applicant's payment of the slot machine license fee required by §1209 (For Category 1 and 2) and §1305 (Category 3) of the gaming act.	INITIAL CATEGORY 1,2 or 3 ONLY
☐	Appendix 43: Provide a chart of existing gaming service providers* including the name, address, phone and tax identification number of the gaming service providers, types of goods and/or services provided by the gaming service providers, total dollar amount of business with gaming service providers in the past twelve (12) months and total dollar amount of business expected to be conducted with gaming service providers in the next twelve (12) months. * Gaming service providers is defined in 58 Pa. Code §401a.3.	INITIAL APPLICANTS ONLY
☐	Appendix 44: Provide a summary of all persons who hold an ownership or other beneficial interest in the applicant and any such interest in any of its principal affiliates or principal entities required to be licensed or permitted in Pennsylvania; 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.	MANDATORY

Category 1 Applicants Only

☐	Appendix 45: Pursuant to §1308(c) of the Gaming Act, the Board and the commissions shall not consider any application for a license if the applicant or any person affiliated with or directly related to the applicant is a party in any ongoing civil proceeding in which the party is seeking to overturn or otherwise challenge a decision or order of the Board or commissions pertaining to the approval, denial or conditioning of a license to conduct thoroughbred or harness horse race meetings respectively with pari-mutuel wagering or to operate slot machines. Is the applicant or affiliated person a party to any ongoing civil proceedings seeking to overturn a decision or order of the Board or commissions? If yes, the Board may not consider the application. If no, provide a statement asserting that the applicant is not challenging the Board or commission's decision or orders.	Initial Category 1 applicants only
☐	Appendix 46: Provide a verification from the State Horse Racing Commission stating that the applicant has satisfied the license eligibility requirements under §1302 of the Gaming Act (relating to Conditional/Category 1 Slot Machine License) and that the applicant satisfies the live racing requirements under §1303 of the gaming act. If applicant is submitting a renewal application, provide a verification from the State Horse Racing Commission stating that the licensee has satisfied the live racing requirements under §1303(B) of the Gaming Act	MANDATORY
☐	Appendix 47: Provide a statement detailing the applicant's regulatory history as a licensed racing entity under the jurisdiction of the State Horse Racing Commission including the applicant's history of suitability and compliance with the race horse industry reform act in the operation of the race track and nonprimary locations and the conduct of pari-mutuel wagering.	MANDATORY

☐	Appendix 48: Provide a detailed plan for the management of accounts created from funds allocated under §1406 of the gaming act (relating to distributions from Pennsylvania race horse development fund).	MANDATORY
☐	Appendix 49: Provide a detailed plan for the management and use of backside area improvement and maintenance accounts under §1404 of the gaming act (relating to distribution from licensee's revenue receipts). If applicant is submitting a renewal application, provide an updated plan or summary of the management and use of backside area improvement and maintenance accounts under §1404 of the Gaming Act	MANDATORY

Management Company Licensees Only

☐	APPENDIX 50: PROVIDE A COPY OF THE MOST RECENT MANAGEMENT CONTRACT AS OUTLINED IN 58 PA. CODE §440.A.5	MANDATORY
☐	APPENDIX 51: PROVIDE A COPY OF THE MOST RECENT BUSINESS PLAN WHICH SETS FORTH THE PARTIES' GOALS AND OBJECTIVES FOR THE TERM OF THE MANAGEMENT CONTRACT	MANDATORY

Category 4 Applicants Only

☐	Appendix 52: Provide documentation to the Board that the applicant's location meets the eligibility requirements in 1305.1(B)	Initial Category 4 applicant only

Schedule 1: Incorporators/Founders

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1	Address Line 2		
Address Line 3	City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1	Address Line 2		
Address Line 3	City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1	Address Line 2		
Address Line 3	City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

* Make additional copies and attach additional pages as necessary.

Schedule 2: Other Names Used By Applicant

List all other names under which applicant has done business and give approximate time periods during which name was used.

Entity Trade & DBA Names				
Name	Trade name/Doing Business As (DBA)	name used from	name used to	Employer Identification Number/TIN

Schedule 3: Addresses Currently Used by Applicant

Provide all addresses currently used by applicant.

Addresses			
Address Purpose			
Address Line 1	Address Line 2		
Address Line 3	City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number
Address Purpose			
Address Line 1	Address Line 2		
Address Line 3	City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number
Address Purpose			
Address Line 1	Address Line 2		
Address Line 3	City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number
Address Purpose			
Address Line 1	Address Line 2		
Address Line 3	City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Schedule 4: Addresses Used by Applicant

Provide all addresses, other than those listed on Schedule 3, which applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

Address Purpose		Address Used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number
Address Purpose		Address Used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number
Address Purpose		Address Used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number
Address Purpose		Address Used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/ Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Schedule 5: Current Officers, Directors/Partners and Trusts

Provide the following information for all officers, directors/partners and trustees, grantors or beneficiaries of a trust that is required to be licensed as a principal under this chapter.

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: Former (no longer active) Officers, Directors/Partners and Trustees

Provide the following information for all officers, directors/partners and trustees who are no longer actively involved with Applicant but who held a position during the last ten (10) year period.

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:		most recent Titles or Positions	
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 most recent and working backwards)				
From Date	To Date	Title or Position	Annual compensation & value	Reason for Leaving

* Make additional copies and attach additional pages as necessary.

Schedule 7: 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 applicant. Do not include persons already listed on Schedule 5.

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 8: Bonus, Profit Sharing, Pension Retirement, Deferred Compensation & Similar Plans

Provide the following information and attach a description of plans as Appendix 3.

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 9: Stock Description (for C corporations, S-corporations, LLCs)

Provide 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
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ 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 10: Voting Shareholders or Members (for C corporations, S-corporations, LLCs)

Provide the following information for each person who has a controlling interest as that term is defined in §1103 of the Gaming Act.

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	

Voting Stock/Shares Held Schedule				
Stock Type or Class	Number of shares Held	Date Acquired	Percentage of outstanding Voting Stock Held	Terms, Conditions, rights and privileges

* Make additional copies and attach additional pages as necessary.

Schedule 10A: Interest of Current Partners (for Partnerships, LLPs, Limited Partnerships, LLCs)

Provide 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
☐ General/Full Partner ☐ Limited Partner ☐ Dormant/Silent/Secret Partner ☐ Nominal Partner ☐ Limited Liability Interest ☐ Other: _____			

* Make additional copies and attach additional pages as necessary.

Schedule 10B: Interest of Former Partners (for Partnerships, LLPs, Limited Partnerships, LLCs)

Provide the following information for each former partner for the last ten (10) years.

Former 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 applicant	partnership participation from	Partnership participation to	Description of participation in the operation of the applicant	reasons for and terms of separation
☐ General/Full Partner ☐ Limited Partner ☐ Dormant/Silent/Secret Partner ☐ Nominal Partner ☐ Limited Liability Interest ☐ Other_____					

* Make additional copies and attach additional pages as necessary.

Schedule 11: NON-Voting Shareholders or Members (for C corporations, S-corporations, LLCs)

Provide the following information for each person who has controlling interest as that term is defined in §1103 of the Gaming Act, 58 Pa. Code §401a.3.

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

NON-Voting Stock/Shares Held Schedule				
Stock Type or Class	Number of shares Held	Date Acquired	Percentage of outstanding NON-Voting Stock Held	Terms, Conditions, rights and privileges

* Make additional copies and attach additional pages as necessary.

Schedule 12: Long Term Debt

Describe the nature, type, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the applicant, 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 4.

Long Term Debt Instrument								
Line	Long Term Debt Instrument Type		Issue Date	Repayment Due Date	Principle	Annual Interest Rate	Renewable?	Description and Documentation Attached?
	☐ Bond ☐ Loan ☐ Mortgage ☐ Trust Deed	☐ Note ☐ Debenture ☐ Shareholder Loan ☐ Other _____					☐ Yes ☐ No	☐ Yes ☐ 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?
	☐ Bond ☐ Loan ☐ Mortgage ☐ Trust Deed	☐ Note ☐ Debenture ☐ Shareholder Loan ☐ Other _____					☐ Yes ☐ No	☐ Yes ☐ No
	Terms, covenants, conditions and priorities for this debt instrument							

Schedule 13: Holders of Long Term Debt

Provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by applicant, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance. Attach description and documentation as Appendix 4.

Name and Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number	

Long Term Debt Held by Person Named Above			
Page	Line	Type and Class of Debt	Dollar Amount of Debt Held

* Make additional copies and attach additional pages as necessary.

Schedule 14: Other Indebtedness and Security Devices

Describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by applicant other than those described in Schedule 12. Attach description and documentation as Appendix 5.

Other Indebtedness and Security Devices

Schedule 15: Holder of Other Indebtedness

Provide the following information for each holder 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 14.

Name and Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number	
Type of Debt Instrument Held		**Dollar Amount of Debt Held (Both Original and Current Balance)**		
Name and Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number	
Type of Debt Instrument Held		**Dollar Amount of Debt Held (Both Original and Current Balance)**		

* Make additional copies and attach additional pages as necessary.

Schedule 16: Securities Options

Provide the following information and attach as Appendix 6 a detailed description of any options existing or to be created with respect to securities issued by applicant which description shall include, but not be limited to, the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (OR include copies of any outstanding option plans or proxy statements that provide the requested information.) NOTE: For the purpose of this schedule, option shall mean right, warrant or option to subscribe to or purchase any securities issued by applicant.

Security Option				
Option Name	Security Type or Class Optioned	Option Grant Years	Option Expiration Date	Copy of option plan or proxy statement attached as Appendix 6? □ Yes □ No
Conditions under which option holder may become or will become entitled to exercise options				

Security Option				
Option Name	Security Type or Class Optioned	Option Grant Years	Option Expiration Date	Copy of option plan or proxy statement attached as Appendix 6? □ Yes □ No
Conditions under which option holder may become or will become entitled to exercise options				

Security Option				
Option Name	Security Type or Class Optioned	Option Grant Years	Option Expiration Date	Copy of option plan or proxy statement attached As Appendix 6? □ Yes □ No
Conditions under which option holder may become or will become entitled to exercise options				

* Make additional copies and attach additional pages as necessary.

Schedule 17: Beneficial Owner of Options

Provide the following information for persons holding the options described in Schedule 16.

Option Beneficial Owner Name and Home Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number

List of Options Beneficially Owned by Individual						
Option Name (from schedule 16)	Security Type or Class Optioned	Option Grant (Years)	Option Expiration Date	Number of voting shares	Market Value At Issuance	number of non-voting shares

* Make additional copies and attach additional pages as necessary.

Schedule 18: Other Principals

Provide the following information for all principals not otherwise disclosed on schedules 1, 5, 10, 10A, 11, 13 and 15. Include individuals and entities that have a 1% or greater indirect ownership interest in an applicant or licensee; however, individuals or entities who hold less than 5% of the voting securities of an applicant or licensee or an intermediary or holding company of an applicant or licensee that is a publicly traded company shall not be required to be licensed as a principal.

Name and Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number		Fax Number

Describe Nature, Type, Terms and Conditions of Interest in or Control Over Applicant

* Make additional copies and attach additional pages as necessary.

Schedule 19: Financial Institutions

Provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of applicant, a nominee of applicant or was otherwise under the direct or indirect control of applicant.

Financial Institution Name and Address			
Financial Institution Name			Federal Employer Identification Number
Purpose for account	Account held from		Account held to
Address Line 1	Address Line 2		
Address Line 3	City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Accounts at This Financial Institution			
Account Number	Account Type	Open Date	Close Date

* Make additional copies and attach additional pages as necessary.

Schedule 20: Contracts

Provide the following information with respect to all contracts or agreements (whether written or oral) that applicant has entered into within the past six (6) months, for goods and/or services in excess of $100,000. Contracts and agreements disclosed elsewhere in this application need not be provided on this schedule.

Name and Address			
Name		Federal Employer Identification Number/tax identification number/social security number	
Address	Contract Start Date	Contract completion Date	
Address Line 1	Address Line 2		
Address Line 3	City	State/Province	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	

Schedule 21: Stock Held by Applicant

Provide the following information with respect to each company in which applicant holds stock.

Name & Address of Company	Type of Stock Held	Exchange	Purchase Price per Share	Number of Shares Held	% of Ownership if More than 5%	terms, conditions, rights and privileges	Voting?
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

Schedule 22: Insider Transactions

Provide the following information for each change in the beneficial ownership of the equity securities of applicant on the part of any person who is indirectly or directly a beneficial owner of more than ten percent (10%) of any class of an equity security of applicant or who is or was within that period a director or officer of applicant that occurred within the five (5) years preceding this application. [Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.]

Name and Home Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number	
Position				

Insider Transaction Description				
Date of Transaction	Nature of Transaction	Number of Shares Involved	Dollar Value of Transaction	Other Parties (Names & Positions)

* Make additional copies and attach additional pages as necessary.

Schedule 23: Criminal History

If Applicant answered YES to questions 1, 1A or 1B on page 4, provide the following information:

Criminal History Incident						
Name of Case & Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition (Acquitted, Convicted, Dismissed, Etc.)	Name and Address of Law Enforcement Agency or Court Involved	Sentence	name of officer, director/partner, trustee or Key Employee

Schedule 24: Testimony, Investigations or Polygraphs

If Applicant Answered YES to question 2 on page 4, provide the following information:

Testimony, Investigation or Polygraph Incident			
Name and Address of Court or Agency	Was testimony given? ☐Yes ☐No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and name of officer, Director/Partner, trustee, Key Employee or Key Employee Qualifier involved.			

Testimony, Investigation or Polygraph Incident			
Name and Address of Court or other Agency	Was testimony given? ☐Yes ☐No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and name of officer, Director/Partner, trustee, Key Employee or Key Employee Qualifier involved.			

Testimony, Investigation or Polygraph Incident			
Name and Address of Court or other Agency	Was testimony given? ☐Yes ☐No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and name of officer, Director/Partner, trustee, Key Employee or Key Employee Qualifier involved.			

Schedule 25: Existing Litigation

Provide the following information and attach as Appendix 7 a description of all existing civil litigation to which applicant, its parent, affiliate, or subsidiary is presently a party, whether in this Commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed $100,000 or litigation in which damages may be expected to exceed $100,000, but which involves claims against applicant which are fully and completely covered under an insurance policy held by the applicant 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 26: Antitrust, Trade Regulation & Security Judgments; Statutory and Regulatory Violations

If applicant answered YES to questions 3 or 4 on page 4, 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 ☐ Acquitted ☐ Convicted ☐ Dismissed ☐ 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 ☐ Acquitted ☐ Convicted ☐ Dismissed ☐ Other _____		
Nature of Judgment, Decree or Order		

Schedule 27: Bankruptcy or Insolvency Proceedings

If applicant answered YES to questions 5, 6 and/or 7 on page 4, provide the following:

Bankruptcy or Insolvency Proceedings			
Name of Case & Docket Number	Date Petition Filed or Relief Sought	Name and Address of Agency or Court Involved	
	Date Judgment or Relief Entered	Name of Court Appointed Receiver, agent or trustee	Date Receiver, agent or trustee appointed
Nature of Judgment or Relief			

Schedule 28: Non-Gaming Licenses and Permits

If Applicant answered YES to question 8 on page 5, provide the following information for the last ten (10) year period:

Applicant Licensing (Government Issued – Non-gaming)					
Type of License or Permit	Name and Location of Government Agency	Application Number	Disposition	Date of Disposition	If Granted, provide the license/permit number and expiration date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn or Revoked, provide details.
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		

Schedule 29: Gaming Licenses and Permits

If Applicant answered YES to question 9 on page 5 provide the following information for the last ten (10) year period:

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, WITHDRAWN OR REVOKED, provide details.
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		
			☐ Granted ☐ Denied ☐ Pending ☐ Expired ☐ Suspended ☐ Conditioned ☐ Withdrawn ☐ Revoked		

Schedule 30: Applicant's Contributions and Disbursements

If Applicant answered YES to any of questions 10 through 16 on pages 5 and 6, 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 during the last ten (10) year period:

Also provide the name, address, date formed and officers of any political action committee during the last ten (10) year period. provide copies of any reports filed by the committee during the last five (5) years, whether federal or state.

If "independent expenditures" have been made, provide a detailed list showing: 1-Date made, 2-recipient of the expenditure, 3-Amount of the expenditure 4-The election it was intended to influence.

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Address Line 1		Address Line 2	
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Address Line 1		Address Line 2	
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Address Line 1		Address Line 2	
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number

Nature of contributions or disbursements

Schedule 31: Business Background Part 1

Description of Present Business

Description of Competitive Conditions

Principal Products Produced and/or Services Rendered

Availability of Raw Materials, Critical Technology & Employees

Intellectual Property Owned by Applicant & Importance to Business

Schedule 32: Business Background Part 2

Description of Business Developments Including Bankruptcy, Receivership or Similar Proceedings

Description of Any Other Material Reorganization, Readjustment or Succession of Applicant or Any of its Subsidiaries OR Acquisitions

History of Previous Business Conducted by Applicant

Signature Document Section

APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue ("DOR") and the Department of Labor and Industry ("DLI") to review the tax records of the person and/or entity as part of the licensing evaluation by the Pennsylvania Gaming Control Board ("Board"). Your signature on this form also represents a waiver of confidentiality of tax information. Your signature allows the DOR and DLI to provide tax information to the Board and its authorized investigatory agents.

_____ _____

Name as Listed on Tax Return | Employer Identification Number/Tax Identification Number/Social Security Number

_____ _____ _____ _____

Address | City | State | Zip Code

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

_____ _____ _____

CEO/Applicant Signature | Telephone Number | Date

AFFIDAVIT

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 application. Further, the CEO/Licensee 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 itself with the contents of the Gaming Act and its Regulations and agrees, if licensed, 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 an applicant, licensee, registrant, certificant, permittee, intermediary, subsidiary, affiliate or holding company.

Any licensee, principal, key employee or gaming employee shall have the duty to:

1. Provide any assistance or information required by the Pennsylvania Gaming Control Board ("Board"), or the PSP and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspection, searches and seizures;
3. Inform the Board of any actions which they believe would constitute a violation of this part; and
4. Inform the Board of any arrests for any criminal violations or offenses including those enumerated under 18 Pa. C.S.A. (Relating to Crimes and Offenses).

Furthermore, by signing below, the CEO/Applicant certifies that the Applicant has developed and implemented internal safeguards and policies intended to prevent a violation of §1513(b) (relating to Political Influence) of the act and that the Applicant has conducted a good faith investigation that has not revealed any violation of this provision during the past year. Furthermore, the applicant hereby certifies that the undersigned is authorized to sign this application on behalf of the applicant and that there is no misrepresentation, falsification or omission in this application and further agrees to the terms of licensing as specified within the regulations and specifications of the Pennsylvania Gaming Control Board.

I hereby expressly waive, release, and forever discharge the Board, the DOR, the PSP, the Commonwealth of Pennsylvania, and its instrumentalities, and their agents, employees and representatives from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, the licensing agency and their agents, as a result of my applying for a gaming license in the Commonwealth of Pennsylvania.

Applicant Certification (Required) Date: ____/____/20___

_____
Name of Applicant

_____
Name of CEO/Authorized Signatory*

_____
Signature of CEO/ Authorized Signatory*

_____
Individual preparing form if different from CEO/Applicant

_____
Name, Title and Signature

Subscribed and sworn to me this ____day of

_____ of 20_____

_____
Notary Public

My Commission Expires on _____/_____/20_____

*If a person other than the CEO of this entity is designated to execute this document, the board must be provided with a resolution or an affidavit, certified as true and correct, identifying the individual so designated and authorizing that individual to execute the document on behalf of both the entity and the CEO.

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/permittee/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 Applicant

On this, the_____ day of_____, 20_____, before me, the subscriber, a Notary Public, in and for

_____, _____, personally appeared _____,
county state

(known by me or satisfactorily proven) to be the person whose name is subscribed to this release authorization, and acknowledged that they executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____
Notary Public

Signature of Pennsylvania Gaming Control Board agent presenting this request:

_____ Date: _____

WAIVER OF LIABILITY

On behalf of _____, (Name Of Applicant) I, _____ (Name Of Chief Executive Officer/Applicant signing this form), hereby waive liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the said applicant from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the 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 the License, registration, certificate or permit and may be subject to criminal penalties under 18 Pa C.S.A. §§ 4902, 4903 and 4904.

_____
Applicant Name

_____
Date

_____
By: Signature of CEO/Applicant (Legal Signature)

_____
Printed name of Chief Executive Officer

_____
Daytime Telephone number

Sworn and subscribed to me this _____

Day of_____, 20_____.

_____
Notary Public

My Commission Expires on: _____/_____/20____

DIVERSITY PLAN STATEMENT

Slot Machine License Applicant Name _____

Slot Machine License Applicant Mailing Address_____

_____

_____

Slot machine License Applicant Phone Number _____

Equal Opportunity Officer _____

Date Submitted____ _____ _____

Pursuant to Section 1325(b)(1) of the Pennsylvania Race Horse Development and Gaming Act:

Applicant has developed and implemented a diversity plan.

A Copy of this plan is attached.

_____
Signature of CEO

_____
Printed Name

_____ _____ _____
Date

Applicant's Affirmation

Applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries or holding companies, holds any direct or indirect ownership interest in any applicant for or holder of a supplier license, or employs, directly or indirectly, any person who satisfies the definition of a principal or key employee of a supplier licensee.

Pursuant to 4 Pa.C.S. §1317 and 1317.1, a supplier and a manufacturer and their respective affiliates, intermediaries, subsidiaries or holding companies cannot be a slot machine licensee. Applicant affirms that it is not a supplier or a manufacturer or an affiliate, intermediary, subsidiary or holding company of a supplier or manufacturer.

Applicant further affirms that it is in compliance with the Industry Letter on Vendor Licensing Policy issued by the Board on June 2, 2005, and has conducted due diligence reviews of all vendors, contractors, and subcontractors, including those the Applicant has contracted with for construction services. This review included an evaluation of the vendor's finances and character. Applicant understands that the Board's review of any contracts may result in the contractor being required to apply to the Board for licensure or registration as a non-gaming vendor and that the decision to require licensure or registration may be subject to certain dollar thresholds.

Date: ____/____/20___

_____
Name Of Applicant

_____
Signature Of CEO/Applicant

Subscribed and sworn to me this _____

day of _____ of, 20_____.

_____
Notary Public

MY COMMISSION EXPIRES ON

____/___/20____

Pennsylvania Gaming Control Board

Licensed Entity Representation Registration

A Licensed Entity Representative includes any person acting on behalf of or representing the interest of any applicant, licensee, permittee or registrant, including but not limited to an attorney (outside counsel representing the applicant/licensee), agent or lobbyist regarding any matter which may reasonably be expected to come before the Pennsylvania Gaming Control Board ("PGCB"). Please include representatives from law firms, public relations firms, representatives from government relations firms and traffic experts. If any law firms were sub-contracted, individuals from these firms who directly represented the applicant/licensee must also complete this form.

NAME: _____

FIRM: _____

ADDRESS: _____

CITY: _____

STATE AND ZIP CODE: _____

TELEPHONE: _____

ENTITY REPRESENTED:

Pursuant to 4 Pa.C.S., §1202.1(b), I am required to register as a licensed entity representative with the PGCB. I have an ongoing duty to regularly update this information and failure to do so could subject my firm and me to a penalty. I also acknowledge that by signing this document, all information contained herein will be made available for review by the public and that such information will be posted on the PGCB website pursuant to 4 Pa.C.S., §1202.1(3).

SIGNATURE: _____ **DATE**: _____

Financial Statement Certification

For the Period Ended: _____

_____
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.

_____ _____
Date Signature of Chief Financial Officer

_____
Printed name of Chief Financial Officer

_____ _____
Date Signature of Chief Operating Officer

_____
Printed name of Chief Operating Officer