Pennsylvania Gaming Control Board

ENTERPRISE ENTITY APPLICATION AND DISCLOSURE INFORMATION FORM *(Initial or Renewal)*

SECTION 1: ***Name of the entity completing this application.***	
Applicant Name:	
SECTION 2: ***Check the appropriate box 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.***	
Slot Machine Related: ☐ **Slot Machine Manufacturer** ☐ **Slot Machine Supplier** ☐ **Slot Machine Manufacturer Designee**	**Table Game Related:** ☐ **Table Game Manufacturer** ☐ **Table Game Supplier** ☐ **Table Game Manufacturer Designee**
Interactive Gaming (iGaming) Related: ☐ **iGaming Manufacturer** ☐ **iGaming Supplier** ☐ **iGaming Operator**	**Video Gaming Terminal (VGT) Related:** ☐ **VGT Manufacturer** ☐ **VGT Supplier** ☐ **VGT Terminal Operator**
Fantasy Contest Related: ☐ **Fantasy Contest Operator**	**Sports Wagering Related:** ☐ **Sports Wagering Operator** ☐ **Sports Wagering Manufacturer** ☐ **Sports Wagering Supplier**
SECTION 3:	
Application Period: ○ **Initial** ○ **Renewal**	
SECTION 4: ***If the entity named in Section 1 is applying for licensure as an affiliate, intermediary, subsidiary, or holding company of an enterprise entity, provide the name of the enterprise entity.***	
Affiliate of:	

INSTRUCTIONS

These instructions are applicable to any "person" seeking to be licensed as a Manufacturer, Supplier, Manufacturer Designee (Designee), Interactive Gaming Operator (iGaming Operator), Fantasy Contest Operator, Sports Wagering Operator, or Video Gaming Terminal Operator (VGT Terminal Operator).

As used in these instructions, the phrase "affiliated entities" shall mean the applicant's affiliates, intermediaries, subsidiaries and holding companies.

The application containing all pages and 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 electronic submission instructions.

Please Note: Notarizations on signature pages are no longer required by the Board.

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

1. APPLICATION PACKAGE FORMS

The forms that can make up an application package for a Manufacturer, Supplier, Designee License, iGaming Operator, Fantasy Contest Operator, Sports Wagering Operator, or VGT Terminal Operator are as follows:

A. Enterprise Entity Application and Disclosure Information Form
(For a Manufacturer, Supplier, Designee, iGaming Operator, Fantasy Contest Operator, Sports Wagering Operator, or VGT Terminal Operator and each of its affiliated entities.)

B. Multi-Jurisdictional Personal History Disclosure Form (Multi-Jurisdictional PHD)
(For each natural person who is a principal or key employee as defined in 4 Pa C.S. §302, §1103, or §3102.)

C. Principal/Key Employee Form - Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form (PA Supplement)
(For each natural person who is a principal or key employee as defined in 4 Pa C.S. §302, §1103, or §3102.)

D. Principal Entity Form
(For each entity that is required to be licensed as a principal and is not an intermediary or holding company of an applicant or licensee.)

2. APPLICATION FEES

The fees for entity applications are as follows:

A. Application Fees-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 applicant and the applicant's affiliated entities and persons filing forms as part of the application package. Application fees must be submitted for <u>each</u> applicant unless otherwise noted.

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

Fees must be paid by money order or check made payable to the "Pennsylvania Gaming Control Board." Cash will not be accepted by the Board.

Application Fees (Not VGT Related)

Slot Machine/Table Game/iGaming/Sports Wagering Manufacturer $5,000

Manufacturer Designee $5,000

Slot Machine/Table Game/ iGaming/Sports Wagering Supplier..... $5,000

iGaming Operator..... $5,000

Fantasy Contest Operator $5,000

Sports Wagering Operator $5,000

Affiliated Entities $2,500

Principal/Key Employee $2,500

Principal Entity $2,500

VGT Related Application Fees

VGT Manufacturer $50,000

VGT Supplier $50,000

VGT Terminal Operator..... $25,000

VGT Principal/Key Employee……$500

VGT Conditional Licensure (per applicant)……$100

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 this Form, the words "**applicant**" and "**you**" shall mean the applicant named on the first page of this form.

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

Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the 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, the 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 non-signature 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 manufacturer, supplier, designee, iGaming operator, or terminal operator license, as listed above, must be submitted at the time of filing this form. Further, the applicant is under a continuing duty to promptly notify the Board if there is a change in the information provided to the Board.

Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation. If you submit a document to the Board that is in a language other than English, you must also submit an English translation.

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 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.

Once the 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, certification, permit, registration, renewal, or other approval is deemed to have any property rights related to the license, certification, permit, or registration.

Note: The Bureau of Licensing will not consider an application "complete" until all deficiencies from all required applications are cured and the Board has received fingerprint results for all individual principals/key employees required at the time of filing.

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			
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			
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 Billing Contact Information			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Title	Individual Email Address		
Address			

City	State/Province	Postal Code
Phone Number	Fax Number	

Applicant's Form of Organization

Check One

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

☐ Limited Liability Company ☐ S-Corporation ☐ Trust

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 or the Federal government? ☐ Yes ☐ No

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

Financial Interest Compliance

Pursuant to §1512 of the Gaming Act, no executive-level state employee, public official, party officer or immediate family member thereof shall have a financial interest in or be employed, directly or indirectly, by any licensed racing entity or licensed gaming entity, or any holding, affiliate, intermediary or subsidiary company, thereof, or any such applicant. Has any public official or other prohibited person possessed a financial interest in or been employed directly or indirectly by the applicant or related entity at or following the effective date of the PA Gaming Act? ☐ Yes ☐ No

Criminal History

The next section asks about any offenses or charges applicant or any of its officers, directors/partners or trustees may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS

For purposes of this section:

A. "CRIME OR OFFENSE" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, 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.**

1a. Has applicant or any of its officers, directors, partners or trustees 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
1b. Has applicant or any of its officers, directors, owners or key employees ever been convicted of a felony or gambling offense within the past fifteen (15) years? If you answer YES to either question you must complete **Schedule 23** concerning Criminal History to this form.	☐ YES ☐ NO
Testimony, Investigations or Polygraphs	
2. Has applicant or any of its officers, directors, partners, trustees, 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? If you answer YES to any of these questions, you must complete **Schedule 27** concerning Bankruptcy or Insolvency Proceedings.	☐ YES ☐ NO
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 agency or entity 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 agency or entity 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 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, directors, officers, 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, directors, officers, 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, directors, officers, employees or any third parties acting 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, directors, officers, employees or any third parties acting for or on behalf of applicant donated or loaned property or any other thing of value for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?	☐ YES ☐ NO
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

Manufacturer Applicants/Licensees Only	
17. Does applicant wholly own the intellectual property of all games and software that is or will be used in Pennsylvania gaming operations? Provide a summary under the **Intellectual Property Owned by Applicant & Importance to Business** section in **Schedule 31.** Include in this response the name of the game or software being used, the individual(s) or entity that own the game or software, the individual or entity that is being compensated, how the individual and entity are being compensated and how the game or software is utilized.	☐ YES ☐ NO
18. Does applicant pay any royalties, a revenue share or other ongoing remuneration for the use of any games or other software which will be used in Pennsylvania gaming operations? If you answer YES, complete the **Intellectual Property Owned by Applicant & Importance to Business** section in **Schedule 31.** Include the game name or software being used, the individual or entity that makes the game or software, the individual or entity that is being compensated and how the game or software is utilized. Provide a copy of any agreement as part of **Appendix 22**.	☐ YES ☐ NO
VGT Applicants Only	
19. Is the applicant requesting conditional licensure? If you answer YES to this question, the **VGT Conditional Licensure Affidavit** must be completed on page S10 and payment for each entity and individual must be provided with the application ($100 for each entity and individual requesting conditional licensure in addition to the regular application fee.)	☐ YES ☐ NO
iGaming Related, Sports Wagering Related, Table Game Manufacturer Applicants Only	
20. Is the applicant requesting conditional licensure?	☐ 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 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 through 21 are mandatory. Appendix 22 through 41 are mandatory depending on license type.

☐	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.
☐	Appendix 2: Description of any former business engaged in during the last ten (10) years and the reason for cessation of the business.
☐	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**.
☐	Appendix 4: Description of long term debt. This information must be provided in addition to the information provided in **Schedules 12 and 13**.
☐	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.**
☐	Appendix 6: Description of securities options. This information must be provided in addition to the information provided in **Schedules 16 and 17**.
☐	Appendix 7: Description of existing litigation. This information must be provided in addition to the information provided in **Schedule 25.**
☐	Appendix 8: Audited financial statements for the last five (5) years. If the Applicant does not normally have its financial statements audited, attach unaudited financial statements.
☐	Appendix 9: Annual reports for the last five (5) years.
☐	Appendix 10: Annual reports prepared on the SEC's 10K for the last five (5) years.
☐	Appendix 11: A copy of the last quarterly unaudited financial statement.
☐	Appendix 12: A copy or copies of any interim reports.
☐	Appendix 13: A copy of the last definitive Proxy or information statement (SEC).
☐	Appendix 14: A copy of all registration statements for the last five (5) years filed in accordance with the Securities Act of 1933.
☐	Appendix 15: Copies of all other reports prepared in the last five (5) years by independent auditors of the applicant.
☐	Appendix 16: Certified copies of the Articles of Incorporation, Charter, Bylaws, Partnership Agreement or other official documents and all amendments and proposed amendments.
☐	Appendix 17: Current ownership table of organization. Provide in chart format illustrating ownership from applicant to shareholders.

☐	Appendix 18: Functional table of organization for applicant, with job descriptions. In addition, provide the names of employees earning in excess of $250,000 in annual compensation.
☐	Appendix 19: Copies of 1120 forms, 941 forms and all other business-related tax forms filed with the IRS in the last five (5) years.
☐	Appendix 20: Copies of 5500 forms filed with the IRS in the last five (5) years.
☐	Appendix 21: 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.

Manufacturer Applicants Only

☐	Appendix 22: If the applicant pays any royalties, has a revenue share or other ongoing remuneration for the use of any games or other software which will be used in Pennsylvania gaming operations provide a copy of the agreement.

Supplier Applicants Only

☐	Appendix 23: Provide a plan to establish and maintain a principal place of business in the Commonwealth within one (1) year of the Board's issuance of the supplier license.
☐	Appendix 24: Provide, at the time of licensure, a list of assets or available lines of credit to support the sale, financing, servicing and repair of all slot machines to be placed in service by the supplier. The assets and available lines of credit shall be from a source independent of slot machine manufacturers and licensed gaming entities. Notwithstanding the foregoing, a licensed manufacturer may extend financing or payment terms to a licensed supplier, at prevailing market rates and terms, for the acquisition or leasing of slot machines, to be secured by the slot machines sold, leased or transferred.
☐	Appendix 25: Submit to the Board for review any agreements with a licensed manufacturer or with a licensed gaming entity and detailed business plans. The review may include, but not be limited to, all financing arrangements, inventory requirements, warehouse requirements, warehouse space, technical competency, compensative agreements and other terms or conditions to ensure the financial independence of the licensed supplier from the licensed manufacturer and licensed gaming entity. This shall not be construed to require that a manufacturer and a supplier enter either an exclusive or non-exclusive contractual agreement.

Interactive Gaming Operator Applicants Only

☐	Appendix 26: Provide a list of significant service providers whose goods or services will be integrated into the platform or on which you will otherwise rely to facilitate online gambling operations and a detailed description of the services they will provide. Detailed information shall include the specific operational responsibilities of the service provider and the nature of the economic relationship with those service providers.
☐	Appendix 27: Provide a detailed description and diagram of the technical protocols and parameters of the interactive gaming platform proposed to be utilized as well as the location of the hardware utilized.
☐	Appendix 28: Provide a description of the security protocols that will be utilized to protect the system and player data from cyber threats as well as the disaster recovery plan for the gaming platform.
☐	Appendix 29: Provide a listing of the interactive games the applicant proposes to make available and the company or companies that will be providing the games. The listing should include a brief description and a summary of the ownership rights of the intellectual property and the location of the remote gaming server(s).

☐	Appendix 30: Provide any contract with the interactive gaming certificate holder. If a contract has not been finalized, provide a copy of the draft/proposed contract. If a draft/proposed contract is provided with this form, the finalized contract must also be provided to the Bureau of Licensing within 10 days of being signed.

Interactive Gaming Manufacturer Applicants Only

☐	Appendix 31: Provide details on the ownership of any intellectual property for games or other products that will be offered or used to facilitate online gaming in the Commonwealth. If a contract or agreement exists, a copy must be provided as part of this appendix.
☐	Appendix 32: Provide a detailed list of where remote gaming servers or studio (for live gaming studios) are or will be located. Provide information regarding the owner and address of the property. If there is an agreement or contract between the property and/or building owner and the applicant a copy must be provided as part of this appendix.

VGT Terminal Operator Applicants Only

☐	Appendix 33: Provide a copy of any agreement, preliminary or final, entered into with an entity applying for or holding an Establishment license in Pennsylvania. Agreements prepared after the application has been submitted must be provided to the Bureau of Licensing within 10 days of being signed.
☐	Appendix 34: Provide a description of your plan for the maintenance and operation of video gaming terminals in Pennsylvania. Include the names and roles of any third-party entities who will be involved in the maintenance and operation of the video gaming terminals in Pennsylvania. In addition, provide a narrative of how your plan for the maintenance and operation of video gaming terminals in Pennsylvania compares to video gaming terminal operations in other jurisdictions in which you operate. In addition, provide an overview of how the terminal operator will oversee the following: 1) VGT accounting system overview 2) VGT drop and count/sensitive key controls 3) Customer service issues, backup procedures for payouts (RT down, ticket jam, paper out, credit meter dispute) 4) Surveillance overview 5) Ticket redemption machine drops/fills 6) Ticketing system – tickets only redeemable at same establishment, procedure for escheatment to PA Treasury (see Article XIII.I of The Fiscal Code 72 P. S. §§ 1301.1-- 1301.28a) 7) Underage access signage and monitoring 8) Revenue audit – cash logistics control
☐	Appendix 35: Provide a narrative description explaining how the applicant possesses sufficient business ability and experience to create and maintain a successful and efficient video gaming terminal operations in Pennsylvania including a list of key executives who will have a role in Pennsylvania operations and the executive's business experience.
☐	Appendix 36: A terminal operator licensee must have or will establish a place of business in this Commonwealth. Provide details regarding this location.
☐	Appendix 37: Provide the name, address, phone number, and type of licensure held by any procurement agent that will be used by the VGT Terminal Operator.

VGT Manufacturer Applicants Only

☐	Appendix 38: Provide a summary of the work to be performed with respect to Pennsylvania including the type of video gaming terminals, redemption terminals or associated equipment to be manufactured or repaired.
☐	Appendix 39: Provide a description of your plan for the maintenance of video gaming terminals in Pennsylvania. Include the names and roles of any third-party entities who will be involved in the maintenance of the video gaming terminals in Pennsylvania.

Fantasy Contest Operator Applicants Only

☐	Appendix 40: A fantasy contest operator licensee must maintain an office or place of business within this Commonwealth. The location must serve as a place for service of process in the Commonwealth as well as a place for the Board to be able to readily review documents, records and databases should the need arise without traveling out of state. Provide a detailed description of how the fantasy contest operator intends to meet these requirements.
☐	Appendix 41: 4 Pa. C.S. § 325(1-18) requires as a condition of licensure that each fantasy contest operator establish and implement procedures to govern the conduct of fantasy contests in this Commonwealth. Provide plans, procedures, controls and any other necessary information for how the applicant will meet each of the specified requirements. The response should be numbered 1 through 18 and address each item with specificity.
☐	Appendix 42: A copy of any agreement or agreements the applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a facility to operate or conduct fantasy contests.

Sports Wagering Operator Applicants Only

☐	Appendix 43: A copy of any agreement or agreements the applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a facility to operate or conduct sports wagering.
☐	Appendix 44: A copy of any agreement or agreements the applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a third-party integrity and risk monitoring provider and/or sports wagering data provider.

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 Trustees

Provide the following information for all officers, directors/partners and trustees.

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

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

Date, 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. Additionally, attach as Appendix 20 copies of applicant's 5500 forms filed with the IRS for the past five (5) years.

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 (for C corporations, S-corporations, LLCs)

Provide the following information for each person who has a controlling interest as that term is defined in §302,(Fantasy Contest related applicants), §3102 (VGT related applicants) or §1103 (All other applicants) 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)

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 ☐ Other: _____			

* Make additional copies and attach additional pages as necessary.

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

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 ☐ Other_____					

* Make additional copies and attach additional pages as necessary.

Schedule 11: Non-Voting Shareholders (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

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 descriptions and documentations 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. Attach description and documentation as Appendix 5.

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. Attach description and documentation as Appendix 6.

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.

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

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

* Make additional copies and attach additional pages as necessary.

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 question 1a or 1b on page 3, provide the following information and attach as Appendix 21 a narrative about the nature of charge or complaint and the disposition:

Criminal History Incident						
Name of Case & Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition (Acquitted, Convicted, Dismissed, Etc.)	Name and Address of Law Enforcement Agency or Court Involved	Sentence	Name of Officer, Director/Partner or Trustee

Schedule 24: Testimony, Investigations or Polygraphs

If applicant answered YES to question 2 on page 3, 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 Principal or Key Employee 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 Principal or Key Employee 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 Principal or Key Employee involved.			

Schedule 25: Existing Litigation

Provide the following information and attach as Appendix 7 a description of all existing civil litigation to which 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 4, 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 4, 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 4 and 5, 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:

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. In addition, your signature authorizes the DOR, DLI and the Board to provide your tax information to the entity with which you are filing.

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

_____	_____	_____	_____
Address	City	State	Zip Code

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

_____	_____	_____
Signature of CEO/Authorized Signatory*	Telephone Number	Date

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

AFFIDAVIT

STATE OF _____:
ss:
COUNTY OF _____:

The Chief Executive Officer ("CEO")/Licensee hereby certifies that the information provided herein is true and correct and that there is no misrepresentation, falsification or omission in this form. 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 Pennsylvania Race Horse Development and Gaming Act ("Act") and its Regulations and agrees, if licensed, to abide by same.

Applicant acknowledges that 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 or table game operations are conducted, slot machines, table game devices and associated 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, count room or its equipment or slot machine or table game operations.

In addition, to further effectuate the purposes of the 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, 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 the Act; 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 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 Board and its agents, as a result of my applying for a gaming license in the Commonwealth of Pennsylvania.

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

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

_____
Name of Applicant

_____
Witness Signature

_____
Name of CEO/Authorized Signatory*

_____
Witness Name: (Printed)

_____
Signature of CEO/ Authorized Signatory*

Date: _____/_____/20_____

_____
Individual preparing form if different from CEO/Applicant

_____
Name, Title and Signature

*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 SLOT OPERATORS, MANAGEMENT COMPANIES, INTERACTIVE GAMING OPERATORS, FANTASY CONTEST OPERATORS, SPORTS WAGERING OPERATORS, VGT TERMINAL OPERATORS, MANUFACTURERS, SUPPLIERS, MANUFACTURER DESIGNEES, AFFILIATES & PRINCIPAL ENTITIES)

I, _____, by and on behalf of the undersigned applicant/ licensee have filed with the Pennsylvania Gaming Control Board an application. 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.

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)

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

Signature of Pennsylvania Gaming Control Board Agent Presenting This Request:

_____ Date: _____

WAIVER OF LIABILITY

On behalf of _____, (Name of Applicant)

I, _____ (Name Of Chief Executive Officer or Authorized Signatory), 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 am aware that false or misleading statements or omitted information will be cause for rejection or revocation of the license and may be subject to criminal penalties under 18 Pa C.S.A. §4902, 4903 and 4904.

_____
Applicant Name

_____
Date

_____
By: Signature of CEO/Authorized Signatory*

_____
Printed name of CEO/Authorized Signatory*

_____
Daytime Telephone number

_____
Witness Signature

_____
Name of Witness (Printed)

_____
Date

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

DIVERSITY PLAN STATEMENT

(Not Applicable to Fantasy Contest Operator Applicants or VGT Manufacturer/Supplier Applicants)

Applicant Name _____

Applicant Mailing Address

Applicant Phone Number _____

Equal Opportunity Officer _____

Date Submitted _____/_____/_____

Pursuant to Section 1325(b)(1) or 3502(6) 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/Authorized Signatory*

_____
Print Name of CEO/Authorized Signatory*

_____/_____/_____
Date

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

PGCB-ENT-0620

APPLICANT'S AFFIRMATION

Check the applicable box based on the type of licensure being sought

Slot Machine/Table Game/iGaming/Sports Wagering Manufacturer Applicant

☐ Pursuant to 4 Pa C.S. §1317.1(b)(2),(e)(3) and 58 PA. Code §427a.1(b), the applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries or holding companies is a slot machine licensee; and that the applicant has neither applied for nor holds a supplier license.

Slot Machine/Table Game/iGaming Manufacturer Designee Applicant

☐ Pursuant to 58 Pa. Code §429a.1(b), applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries, or holding companies, holds any direct or indirect ownership interest in any applicant for or holder of a slot machine license or supplier license.

Slot Machine/Table Game/iGaming/Sports Wagering Supplier Applicant

☐ Pursuant to 4 Pa C.S. §§1317(b)(1.1),1317.1(e)(3) and 58 Pa. Code §427a.1(b), Applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries or holding companies, has applied for or is a holder of a manufacturer or slot machine license.

VGT Manufacturer Applicant

☐ Pursuant to 4 PA C.S. §3508(b)(2). Applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries or holding companies, has applied for or is a holder of a terminal operator license.

VGT Supplier Applicant

☐ Pursuant to 4 PA C.S. §3507(b)(2). Applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries or holding companies, has applied for or is a holder of a terminal operator license.

VGT Terminal Operator Applicant

☐ Pursuant to 4 PA C.S. §§3507(b)(2) and 3508(b)(2), Applicant affirms that neither it nor any of its affiliates, intermediaries, subsidiaries or holding companies, has applied for or is a holder of a VGT manufacturer license.

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

Date: _____/_____/20_____

_____
Name of CEO/Authorized Signatory*

_____
Signature of CEO/Authorized Signatory*

Date: _____/_____/20_____

_____
Name of Witness*

_____
Signature of Witness

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

Affidavit Requesting Conditional Licensure for VGT Related Applicants

(Not applicable to Non VGT-Related Applicants)

State of _____ :
ss:

County of _____ :

Pursuant to 4 Pa.C.S. §3520, relating to conditional licensure 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 I am an authorized representative for the foregoing applicant for licensure and that to the best of my knowledge, information, and belief the applicant is 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.

DATE: ____ / ____ / 20____

_____
Signature of CEO/Authorized Signatory*

_____
Printed Name of CEO/Authorized Signatory*

_____
Witness Signature

_____
Name of Witness (Printed)

_____
Date

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

Financial Statement Certification

For the Period Ended: _____

_____
Name of Applicant

I have reviewed and examined the attached financial statement.

To the best of my knowledge, the financial statements, and other information included in this report, are accurate and fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for, the periods presented in this report.

Also, I understand and will comply with the requirement to provide audited financial statements on an annual basis once licensed in accordance with 4 Pa.C.S. § 1207(4) or 3302(a)(4) of the Act (Note: the audited financials requirement is not applicable to VGT Manufacturers, VGT Suppliers and Fantasy Contest Operators).

_____ _____
Date Signature of Chief Financial Officer

_____
Printed name of Chief Financial Officer

_____ _____
Date Signature of Chief Operating Officer

_____
Printed name of Chief Operating Officer

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**: _____