



Pennsylvania  
Gaming  
Control  
Board

**Certification Form – Holding Company**

# INSTRUCTIONS

**The original form and one paper copy** 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.

**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 Fees

The application fee for a Certified – Holding Company is **\$500**.

The fee indicated is a non-refundable deposit required to cover the reasonable and necessary costs of the background investigation. No additional costs or expenses related to the background investigation will be billed, unless an investigator is required to travel in overnight status or stenographic services are required. In either case, actual costs incurred by the Board shall be reimbursed by the applicant.

## 2. Application Form Instructions

### A. Generally

As used in this Form, the words “**Applicant**” and “**you**” shall mean the **Certified–Holding Company** completing this 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.

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

All required documentation must be submitted at the time of filing this form. Further, pursuant to the Board Regulations, 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 compliant with Board Regulations.

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, certification or permit and may subject you to criminal penalties.

Any person who applies for and obtains a license, registration, certification 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, licensee, registrant, certificant 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, the applicant **may not** withdraw its application without the permission of the Board.

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.

Contact name for applicant \_\_\_\_\_

Title \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## 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			
<p>Has the applicant been verified as a minority or women's business enterprise by the Pennsylvania Department of General Services' (DGS) Bureau of Small Business Opportunities?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, provide the name of the entity that certified the applicant as a minority or women's business enterprise and upon which the DGS verification was made. _____</p> <p>If yes, attach the verification letter from the Bureau of Small Business Opportunities and/or the Small Business Procurement Initiative certificate that identifies the company as a small diverse business (not only as a small business) and provide the certification number _____.</p>			
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	
Individual who supplied information in the Application			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Title		Individual Email Address	
Phone Number		Fax Number	
Signature			
Applicant's Form of Organization			
<p>Check One</p> <p> <input type="checkbox"/> Sole Proprietorship                      <input type="checkbox"/> Partnership                      <input type="checkbox"/> Limited Partnership                      <input type="checkbox"/> C-Corporation  <input type="checkbox"/> Limited Liability Company                      <input type="checkbox"/> S-Corporation                      <input type="checkbox"/> Trust  <input type="checkbox"/> Other (describe) _____ </p>			

<b>Applicant's Organization Documents</b>	
State of Incorporation, registration or other type of formation (attach Certified copies of the Articles of Incorporation, Charter, Bylaws, Partnership Agreement or other official documents and all amendments and proposed amendments).	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? <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<b>Applicant's Identification Numbers</b>	
Federal Employer Identification Number/TIN	PA Unemployment Compensation Account Number
PA Department of Revenue Corporate Box Number	PA Liquor Control Board License Number
PA Worker's 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answer YES, provide details concerning all outstanding tax liabilities.	

\* **NOTE** – An applicant must be registered as a business in Pennsylvania prior to conducting business in the state.

## Application Checklist

Place a checkmark in each box next to each item applicant has attached to this Application and Disclosure Information Form.

Each item marked as MANDATORY must be completed and submitted as part of this application form. If any item is missing, the application will be considered incomplete and will NOT BE PROCESSED. If a question, schedule or addendum does not apply to the applicant, you must write "DOES NOT APPLY" in each field of the question, schedule or addendum.

<input type="checkbox"/>	Schedule 1: Addresses Used by Applicant	MANDATORY
<input type="checkbox"/>	Schedule 2: Applicant's Business Background	MANDATORY
<input type="checkbox"/>	Schedule 3: Names and Addresses of Applicant's Subsidiaries	MANDATORY
<input type="checkbox"/>	Schedule 4: Licenses and Permits	MANDATORY
<input type="checkbox"/>	Schedule 5: Current Officers, Directors/Partners and Trustees	MANDATORY
<input type="checkbox"/>	Schedule 6: Applicant's owners	MANDATORY
<input type="checkbox"/>	Schedule 7: Bankruptcy or Insolvency Proceedings	MANDATORY
<input type="checkbox"/>	Schedule 8: Criminal History	MANDATORY
<input type="checkbox"/>	Schedule 9: Testimony, Investigations or Polygraphs	MANDATORY
<input type="checkbox"/>	Schedule 10: Existing Litigation	MANDATORY
<input type="checkbox"/>	Application for Pennsylvania Tax Clearance Review	MANDATORY
<input type="checkbox"/>	Affidavit	MANDATORY
<input type="checkbox"/>	Release Authorization	MANDATORY
<input type="checkbox"/>	Waiver of Liability	MANDATORY

## APPENDICES

**The appendices are documents the applicant must provide or create. The appendices are not represented in the application questions or its schedules. 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.**

<input type="checkbox"/>	Appendix 1: Current ownership table of organization	MANDATORY
<input type="checkbox"/>	Appendix 2: Please provide Federal tax returns and related documents for the last three years and, where appropriate, State tax returns and related documents for the one year preceding this application.	MANDATORY

### 1. Addresses Used by Applicant

Provide all addresses, which applicant has used or from which it was conducting business in the Commonwealth of Pennsylvania 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
Country	Email Address	Phone Number	Fax Number
Address Purpose		Address used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number	Fax Number
Address Purpose		Address Used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number	Fax Number
Address Purpose		Address Used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number	Fax Number



### 3. Names and Addresses of Applicant's Subsidiaries

Provide the following information with respect to each company in which applicant has an ownership interest and provide an organizational chart.

Name & Address of Subsidiaries			
Name			
Address Purpose			
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Postal Code	Country		Email Address
Phone Number		Fax Number	
Name & Address of Subsidiaries			
Name			
Address Purpose			
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Postal Code	Country		Email Address
Phone Number		Fax Number	
Name & Address of Subsidiaries			
Name			
Address Purpose			
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Postal Code	Country		Email Address
Phone Number		Fax Number	

#### 4. Licenses and Permits

If the applicant has applied for any type of license, registration, certification or permit by any governmental agency in the Commonwealth of Pennsylvania or any other jurisdiction, provide the following information for the last ten (10) year period. 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.

Applicant Licensing					
Type of License, registration, certification or permit	Name and Location of Government Agency	Application Number	Disposition	Date of Disposition	If granted, provide the license/permit number and expiration date. If denied, pending, expired, suspended, conditioned, revoked or withdrawn, provide details.
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		

\* Make additional copies and attach additional pages as necessary.

### 5. Current Officers, Directors

Provide the following information for all officers and directors of the applicant (holding company). Each individual listed below is required to execute a release authorization.

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		*Social Security #
Title or position	from date		to date		annual compensation & value		composition of compensation (specify salary, wages, commissions, fees bonus or other)			
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		*Social Security #
Title or position	from date		to date		annual compensation & value		composition of compensation (specify salary, wages, commissions, fees bonus or other)			
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		*Social Security #
Title or position	from date		to date		annual compensation & value		composition of compensation (specify salary, wages, commissions, fees bonus or other)			

Make additional copies and attach additional pages as necessary.

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

### 6. Applicant's Owners

Provide the following information for each person or entity who directly owns more than ten (10) percent of the applicant or its business.

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	
Percentage of ownership		Date Acquired		
Describe Nature, Type, Terms and Conditions of Ownership				
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	
Percentage of ownership		Date Acquired		
Describe Nature, Type, Terms and Conditions of Ownership				

### 7. Bankruptcy or Insolvency Proceedings

Provide any information regarding any judgments or petitions for bankruptcy or insolvency and any relief sought under any provision of the Federal Bankruptcy Act or any state insolvency law.

<b>bankruptcy or insolvency proceedings</b>			
Name of Case & Docket Number	Date Petition Filed or Relief Sought	Name and Address of Agency or Court Involved	
	Date Judgment or Relief Entered	Name of Court Appointed Receiver, Agent or Trustee	Date Receiver, Agent Or Trustee Appointed
Nature of Judgment or Relief			

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

### 8. Criminal History

Has applicant or any of its owners, officers, directors 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? if YES, provide the following information.

<b>Criminal History Incident</b>						
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

### 9. Testimony, Investigations or Polygraphs

Has applicant or any of its owners, officers, directors or trustees 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 yes, provide the following information:

<b>Testimony, Investigation or Polygraph Incident</b>			
Name and Address of Court or Agency	Was Testimony Given?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date On Which Testimony Was Given	Approximate Time Period Of Investigation
Nature Of Proceedings Or Investigation And Name The Officer, Director/Partner Or Trustee Involved.			
<b>Testimony, Investigation or Polygraph Incident</b>			
Name and Address of Court or other Agency	Was Testimony Given?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date On Which Testimony Was Given	Approximate Time Period Of Investigation
Nature Of Proceedings Or Investigation And Name The Officer, Director/Partner Or Trustee Involved.			
<b>Testimony, Investigation or Polygraph Incident</b>			
Name and Address of Court or other Agency	Was testimony given?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date On Which Testimony Was Given	Approximate Time Period Of Investigation
Nature Of Proceedings Or Investigation And Name The Officer, Director/Partner Or Trustee Involved.			

### 10. Existing Litigation

Provide the following information of all existing litigation to which applicant is presently a party, whether in this Commonwealth or in another jurisdiction. Do not include the following: 1) litigation that is expected to be fully and completely covered through an indemnity agreement or under an insurance policy held by the applicant with a licensed insurance carrier; or 2) litigation in which the damages are not reasonably expected to exceed \$100,000. 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	

\*Make additional copies and attach additional pages as necessary.

**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.

\_\_\_\_\_  
CEO/Applicant Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**AFFIDAVIT AND WAIVER OF LIABILITY**

STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :  
SS:

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

The applicant agrees to the terms of certification, registration and permitting in the Pennsylvania Race Horse Development and Gaming Act ("Act") and the Pennsylvania Gaming Control Board ("Board") regulations and agrees, if certified, registered or permitted, to abide by the same.

Applicant shall have the duty to:

1. Provide any assistance or information required by the Board or the PSP and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspections, searches and seizures;
3. Inform the Board of any actions which applicant believes would constitute a violation of the act or regulations; 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).

In addition, to further effectuate the purposes of the Act and Board regulations, applicant acknowledges the Bureau of Investigations and Enforcement ("BIE") and the Pennsylvania State Police ("PSP") may obtain administrative warrants for the inspection and seizure of property possessed, controlled, bailed or otherwise held by an applicant or any of its intermediaries, subsidiaries affiliates or holding companies, registrants, certificants or permittees.

The applicant agrees, that the grant of permission to conduct business prior to registration or certification does not create a right to continue to conduct business and that the Bureau of Licensing may rescind, at any time, the authorization granted, with or without prior notice to the applicant, if the BIE determines that the suitability of the applicant is at issue or the applicant fails to cooperate with the Board, BIE or an agent of the Board or BIE.

The applicant hereby expressly waives, releases, and forever discharges the Board, the Pennsylvania Department of Revenue, 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 the applicant, my administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, the Board and their agents, as a result of the applicant applying for a registration, certificate or permit in the Commonwealth of Pennsylvania.

Furthermore, the applicant waives liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the 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 registration, certification or permitting process or during any inquiries, investigations or hearings related thereto.

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Applicant Certification (Required) Date: \_\_\_/\_\_\_/20\_\_\_ Subscribed and sworn to me this \_\_\_ day of  
 \_\_\_\_\_ of 20\_\_\_\_\_.  
 Name of Applicant  
 \_\_\_\_\_  
 Signature of Applicant Notary Public  
 \_\_\_\_\_  
 My Commission expires on \_\_\_/\_\_\_/20\_\_\_  
 Individual preparing this form if different from applicant  
 \_\_\_\_\_  
 Name, Title and Signature

## RELEASE AUTHORIZATION

TO: \_\_\_\_\_  
(DO NOT WRITE ABOVE THIS LINE – FOR GAMING CONTROL BOARD USE ONLY)

FROM: \_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

### NOTE: INITIALS AND SIGNATURES ARE REQUIRED ON THIS TWO PAGE FORM.

1. I hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every federal, state or local governmental agency, including, but not limited to, every court, every federal, state or local law enforcement, criminal justice agency or probation department, without exception, both foreign and domestic, to whom this release authorization is presented to make full and complete disclosure of any and all information on file or available concerning me, to furnish, make available for review and permit the copying of such information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, regulatory, or common law privilege, to any duly authorized investigator of the Pennsylvania Gaming Control Board.
2. If this release authorization is presented to a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
3. If this release authorization is presented to a regulatory agency, including any grievance or disciplinary agency, in any state to which I have been granted a permit, license, credential, privilege or any similar authority, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted by said agency to review and obtain copies of any and all documents, records, or correspondence pertaining to me, and I hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.
4. If this release authorization is presented to a federal, state or local taxing authority, including the Internal Revenue Service or other income taxing authority, personal property taxing authority, wage taxing authority, school taxing authority, and any other taxing body as may receive taxes or returns filed by me, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted by said taxing authority to review and obtain copies of any and all documents, records, tax returns, schedules and supporting documentation, audits, reports, or correspondence pertaining to me, and I hereby authorize said taxing authority to make full and complete disclosure of any and all information on file or available concerning me.
5. Pursuant to the laws of the Commonwealth of Pennsylvania, United States of America, I do hereby make, constitute, and appoint any duly authorized investigator of the Pennsylvania Gaming Control Board my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:
  - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this release authorization is presented as I might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this release authorization;
  - (c) To place the name of the Pennsylvania Gaming Control Board agent presenting this release authorization in the appropriate location on this release authorization.
  - (d) To do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution.

The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Pennsylvania Gaming Control Board at my request and is not otherwise intended to create or establish a

fiduciary relationship between the Pennsylvania Gaming Control Board, its agents or employees and me. I hereby acknowledge that no such relationship exists. This power of attorney ends two (2) years from the date of execution and shall be construed in accordance with 20 Pa.C.S. ch. 56 (relating to powers of attorney). I am familiar with the provisions of 20 Pa.C.S. §5601(c), (d) and (e) (relating to general provisions) and hereby expressly waive the applications of the requirements contained in those subsections to this power of attorney granting rights and powers to any duly authorized investigator of the Pennsylvania Gaming Control Board.

- 6. I the undersigned licensee(s) have filed with the Pennsylvania Gaming Control Board an "application" as that term is defined in the Board's regulations. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my/our qualifications and suitability for a favorable determination is at all times solely my responsibility. I accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this application and I hereby authorize any employee, agent, or duly authorized investigator of the Pennsylvania Gaming Control Board to disclose any information obtained through my background investigation to the slot machine licensee/applicant with which I am conducting business as well as to the entity with which I am associated.
- 7. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate, and forever discharge the Pennsylvania Gaming Control Board, its members, agents and employees, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, from any and all liabilities of every nature and kind, other than a willfully unlawful disclosure or publication of material or information acquired during my investigation. I agree to indemnify and hold harmless every person, firm, company, corporation, board, association or institution of any kind, and every federal, state or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented and any agents and employees thereof, from and against all claims, damages, losses, and expenses including reasonable attorneys' fees arising out of or by reason of, complying with this release authorization.
- 8. A reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original. This release authorization extends to the review and copy of any information protected from disclosure, privilege, or obligation.

**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