Pennsylvania Gaming Control Board

Principal Entity Form *(Initial or Renewal)*

SECTION 1: ***Name of the entity completing this application.***
Applicant Name:

SECTION 2: Application Period	
☐ **Initial**	☐ **Renewal**

SECTION 3: ***Provide the name of the enterprise applicant/licensee that principal entity is applying with.***
Principal Entity of:

INSTRUCTIONS

These instructions are applicable to an **entity** required to be licensed as a principal and is not an intermediary or holding company of an applicant or licensee.

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

The original form, and one (1) compact disc (cd) containing all forms must be sent to the Pennsylvania Gaming Control Board, Bureau of Licensing, 303 Walnut Street, Fifth Floor, Commonwealth Tower, Harrisburg, Pennsylvania 17101 with the appropriate fee.

Electronic submissions may also be accepted in place of an original submission and CD. Please contact the Bureau of Licensing for submission instructions. An original, hard copy, notarized release authorization is required regardless of the form of submission.

1. APPLICATION FEES

Application fees must be submitted with the application package and will be used by the Board to process and investigate the principal entity.

The fees indicated are non-refundable deposits 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.

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

Principal Entity $2,500
VGT Principal Entity $500

2. APPLICATION FORM INSTRUCTIONS

A. Generally

As used in the Principal Entity Form, the words "**Applicant**" and "**you**" shall mean the **Principal Entity** completing this Principal Entity Form.

As used in the Principal Entity Form, the words "**Business Entity**" shall mean the terminal operator, interactive gaming operator, manufacturer, manufacturer designee, supplier, management company, junket enterprise or slot machine applicant or licensee or any of its affiliates, intermediaries, subsidiaries or holding companies for which you are a principal entity.

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 no leave blank spaces. If a question, schedule or appendix does not apply to the applicant, write "**Does Not Apply**" in response to that question, schedule or appendix.

All pages of the form must be initialed by an authorized signatory. 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, must be submitted at the time of filing this form.

The Application for Pennsylvania Tax Clearance Review must be signed by an authorized signatory.

All Affidavits, Release Authorizations, Affirmations, Certifications and Waivers of Liability must be signed by an authorized signatory and notarized.

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, 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.

Pursuant to Board regulations, once the application has been filed, applicant **may not** withdraw its application without the permission of the Board. An application that has been accepted for filing and all related materials submitted to the Board become the property of the Board and will not be returned to the applicant.

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

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

B. Principal Entity Form

Applicant is submitting this Principal Entity Form because it is a principal of

_____.

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

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

Applicant Information

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

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

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

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

Applicant's Form of Organization			
Check One			
☐ Sole Proprietorship	☐ Partnership	☐ Limited Partnership	☐ C-Corporation
☐ Limited Liability Company	☐ S-Corporation	☐ Trust	
☐ Other (describe)_____			

Applicant's Organization Documents	
State of Incorporation, registration or other type of formation	Date of Formation
Applicant's business name as it appears on the formation documents	
List all states in which the applicant is currently registered or authorized to do business	
Is applicant registered or authorized to do business in the Commonwealth of Pennsylvania? ☐ Yes ☐ No	

Applicant's Identification Numbers	
Federal Employer Identification Number/TIN	PA Unemployment Compensation Account Number
PA Department of Revenue Corporate Box Number	PA Liquor Control Board License Number
PA Workers Compensation Policy Number	PA Department of State – Entity Number
Does the applicant have any outstanding tax liabilities to either the Commonwealth of Pennsylvania or any other state or the Federal government? ☐ Yes ☐ No If you answer YES, provide details concerning all outstanding tax liabilities.	

Criminal History

The next section asks about any offenses or charges applicant or any of its owners, 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, traffic court, military court or any other court EXCEPT Juvenile Court. Include all DUI/DWI offenses.

B. "ARREST" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail, or instructed to appear in court or subpoenaed to answer for conduct which is a crime as has been defined in paragraph "A."

C. "CHARGE" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."

INSTRUCTIONS	1. ANSWER **"YES"** AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF:** A. You did not commit the offense charged; B. The arrest or charges were dismissed or the charges were subsequently downgraded to a lesser charge; C. You pleaded not guilty or nolo contendere; D. You completed an accelerated rehabilitative disposition ("ARD") or equivalent diversionary program; E. The charges or conviction were expunged from your record, even if you have expungement papers; F. You were not convicted or were found "not guilty"; G. You did not serve any time in prison or jail; H. The arrests, charges or offenses happened a long time ago; I. You were arrested or charged in another state (a state other than Pennsylvania); J. You were never physically taken into custody and/or transported to a police station or jail. 2. ANSWER **"NO"** IF: A. You have never been arrested or charged with any crime or offense; B. Your arrest happened when you were under 18 years of age and your court appearance was in juvenile court. **FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.**

1. Has applicant or any of its owners, 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? If you answer YES, you must complete **Schedule 6** concerning Criminal History.	☐ YES ☐ NO
Testimony, Investigations or Polygraphs	
2. Has applicant or any of its owners, officers, directors/partners 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 you answer YES, you must complete **Schedule 7** 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 9** 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 10** 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 11** 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 12** 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
14. 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 directors, officers, employees or any third parties for the purpose of reimbursing such individuals for political contributions either foreign or domestic?	☐ 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 13** concerning contributions and disbursements.	☐ YES ☐ NO

Application Checklist

Each item 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" on the page.	
☐	Schedule 1: Other Names Used by Applicant
☐	Schedule 2: Addresses Used by Applicant
☐	Schedule 3: Current Officers, Directors/Partners and Trusts
☐	Schedule 4: Applicant's Owners
☐	Schedule 5: Criminal History
☐	Schedule 6: Testimony, Investigations or Polygraphs
☐	Schedule 7: Existing Litigation
☐	Schedule 8: Antitrust, Trade Regulation and Security Judgments; Statutory and Regulatory Violations
☐	Schedule 9: Bankruptcy or Insolvency Proceedings
☐	Schedule 10: Non-Gaming Licenses and Permits
☐	Schedule 11: Gaming Licenses and Permits
☐	Schedule 12: Applicant's Contributions and Disbursements
☐	Schedule 13: Applicant Background Part 1
☐	Schedule 14: Applicant Background Part 2
☐	Application for Pennsylvania Tax Clearance Review
☐	Affidavit
☐	Release Authorization
☐	Waiver of Liability
☐	Financial Statement Certification

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.	
☐	Appendix 1: Existing Litigation
☐	Appendix 2: 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 3: Annual reports for the last five (5) years.
☐	Appendix 4: Annual reports prepared on the SEC's 10K for the last five (5) years.
☐	Appendix 5: A copy of the last quarterly unaudited financial statement.
☐	Appendix 6: A copy or copies of any interim reports.
☐	Appendix 7: A copy of the last definitive proxy or information statement (SEC).
☐	Appendix 8: A copy of all registration statements for the last five (5) years filed in accordance with the Securities Act of 1933.
☐	Appendix 9: Copies of all other reports prepared in the last five (5) years by independent auditors of the applicant.
☐	Appendix 10: Certified copies of the Articles of Incorporation, charter, Bylaws, Partnership Agreement or other official documents and all amendments and proposed amendments.
☐	Appendix 11: Current ownership table of organization.
☐	Appendix 12: Copies of 1120 forms, 941 forms and all other business related tax forms filed with the IRS in the last five (5) years.
☐	Appendix 13: Copies of 5500 forms filed with the IRS in the last five (5) years.
☐	Appendix 14: Describe criminal history of applicant. This information must be provided in addition to the information provided in **Schedule 6**. Narrative information about the nature of charge or complaint and the disposition must be provided.

Schedule 1: 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 2: Addresses Used by Applicant

Provide all addresses, 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 3: Current Officers, Directors/Partners and Trusts

Provide the following information for all officers, directors/partners, trustees, grantors or beneficiaries of a trust.

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 4: Applicant's Owners

Provide the following information for each person who:

Has a direct ownership interest in a slot machine or management company applicant/licensee.

Has a direct ownership interest of 1% or greater in a privately held Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator.

Has a 1% or greater indirect ownership interest in a privately held Slot Machine, Management Company, Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator applicant or licensee.

Has an indirect ownership interest of 5% or greater in a publicly traded Slot Machine, Management Company, Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator applicant or licensee.

A trust which holds an indirect ownership interest of 1% or greater in a Slot Machine, Management Company, Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator applicant or licensee.

Note: Indirect ownership should be computed based on the applicant's net ownership of the applicant or licensee.

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					

* Make additional copies and attach additional pages as necessary.

Schedule 5: Criminal History

If applicant answered YES to question 1 on page 3, provide the following information:

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

Schedule 6: 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 the Officer, Director/Partner or Trustee 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 the Officer, Director/Partner or Trustee 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 the Officer, Director/Partner or Trustee involved.			

Schedule 7: Existing Litigation

Provide the following information and attach as Appendix 1 a description of all existing civil litigation to which applicant 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 8: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 3, 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 9: 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 10: 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, revoked or withdrawn, 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 11: 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, revoked or withdrawn, 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 12: 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 owners, 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 13: 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 14: 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.

_____	_____	_____
CEO/Authorized Signatory	Telephone Number	Date

AFFIDAVIT

STATE OF _____: ss:

COUNTY OF _____:

The Chief Executive Officer ("CEO")/ Authorized Signatory 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 CEO/Authorized Signatory is aware that any false or misleading statement or omitted information will be cause for rejection or revocation of a license, registration, certificate or permit and may be subject to criminal penalties under 18 Pa. C.S.A. §§4902, 4903 and 4904.

The applicant has familiarized itself with the contents of the Gaming Act and its Regulations and agrees, if licensed, to abide by same, and specifically agrees and affirms the following:

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

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

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

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

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

The applicant hereby certifies that the undersigned is authorized to sign this application on behalf of the applicant and that there is no misrepresentation or falsification in this application and further agrees to the terms of licensing, registration, certification or permitting as specified within the regulations and specifications of the Pennsylvania Gaming Control Board.

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

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

_____
Name of Applicant

_____
Name of CEO/Authorized Signatory

_____
Signature of CEO/Authorized Signatory

_____
Individual Preparing this form if different from CEO/Authorized Signatory

_____
(name, title and signature)

Subscribed and sworn to me this ____day of

_____ of 20____.

_____
Notary Public

My Commission expires on _____/_____/20____

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 OPERATORS, MANAGEMENT COMPANIES, INTERACTIVE GAMING 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.

IN WITNESS WHEREOF, I have executed this Release Authorization at _____, _____
City
State

on this, the _____day of _____, 20_____. _____
Signature of CEO/Authorized Signatory*

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

_____, _____, personally appeared
County State

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

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

_____
NOTARY PUBLIC

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

Signature of Pennsylvania Gaming Control Board Agent Presenting This Request:

_____ Date: _____

WAIVER OF LIABILITY

On behalf of _____, (Name Of Applicant) I, _____ (Name Of Chief Executive Officer/Authorized Signatory Signing This Form), hereby waive liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the said applicant from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings related thereto.

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

_____
Applicant Name

_____
Date

_____
By: Signature of CEO/Authorized Signatory (Legal Signature)

_____
Printed Name of Chief Executive Officer/Authorized Signatory

_____
Daytime Telephone Number

Subscribed and sworn to me this _____

day of _____ of 20 ___

_____
NOTARY PUBLIC

My Commission Expires on:

____/____/20___

Financial Statement Certification

For the Period Ended: _____

_____
Name of Licensee/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.

_____ _____
Date Signature of Chief Financial Officer

_____
Printed name of Chief Financial Officer

_____ _____
Date Signature of Chief Operating Officer

_____
Printed name of Chief Operating Officer