



Pennsylvania Gaming Control Board

NAME: _____

GID NUMBER: _____

PENNSYLVANIA PERSONAL HISTORY DISCLOSURE RENEWAL FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY. BY SUBMITTING THIS APPLICATION YOU ARE INITIATING THE INVESTIGATORY PROCESS. YOU MAY BE ASKED TO SUPPLY ADDITIONAL DOCUMENTS OR INFORMATION AS PART OF YOUR INVESTIGATION.

COMPLETING THIS FORM:

1. THIS FORM SHOULD BE COMPLETED BY PRINCIPALS AND KEY EMPLOYEES WHO ARE SEEKING TO RENEW THEIR LICENSES.
2. THIS RENEWAL FORM MUST PROVIDE INFORMATION THAT HAS CHANGED OR BEEN UPDATED SINCE THE APPLICANT'S LAST FILING. WHEN ANSWERING QUESTIONS THAT START WITH "SINCE YOUR MOST RECENT APPLICATION SUBMISSION," THE APPLICANT WILL START WITH THE DAY OF THE LAST APPLICATION SUBMISSION DATE.
3. YOU MUST MAKE ACCURATE STATEMENTS AND INCLUDE ALL MATERIAL FACTS. ANY MISREPRESENTATION, OR THE FAILURE TO PROVIDE UPDATED REQUESTED INFORMATION, MAY RESULT IN THE DENIAL OF YOUR APPLICATION.
4. ALL ENTRIES ON THIS FORM, EXCEPT INITIALS AND SIGNATURES, MUST BE TYPED OR PRINTED IN BLOCK LETTERING USING DARK INK. IF YOUR FORM IS NOT LEGIBLE, IT WILL NOT BE ACCEPTED. ALL PAGES MUST BE INITIALED USING BLUE INK.
5. IF THE SPACE AVAILABLE IS INSUFFICIENT TO RESPOND TO A QUESTION, YOU ARE TO SUPPLY THE REQUIRED INFORMATION ON AN ATTACHMENT PAGE AND CLEARLY IDENTIFY WHICH QUESTION YOU ARE ANSWERING. ADDITIONAL PAGES MUST ALSO BE INITIALED.
6. IF YOU MAKE ANY MODIFICATION TO THE PRE-PRINTED QUESTIONS OR INFORMATION CONTAINED IN THIS FORM, YOUR RENEWAL FORM WILL BE REJECTED. ONCE YOUR FORM IS ACCEPTED, IT BECOMES THE PROPERTY OF THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") AND WILL NOT BE RETURNED.
7. ANSWER EVERY QUESTION COMPLETELY. IF A QUESTION OR SCHEDULE DOES NOT APPLY TO THE APPLICANT, WRITE "DOES NOT APPLY" IN RESPONSE. IF A QUESTION OR SCHEDULE DOES NOT REQUIRE UPDATED INFORMATION WRITE "NO UPDATE" IN RESPONSE TO THE QUESTION OR SCHEDULE.
8. THE ORIGINAL AND ONE COPY OF ALL FORMS SHALL BE SENT WITH THE APPLICATION PACKAGE TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, FIFTH FLOOR, VERIZON TOWER, HARRISBURG, PENNSYLVANIA 17101 WITH THE APPROPRIATE FEE. IF SUBMITTING A COPY OR TAX DOCUMENTS ON CD PLEASE REFER TO THE LICENSING SECTION OF THE BOARD'S WEBSITE FOR CD FORMATTING REQUIREMENTS.
9. 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.

BEFORE YOU SUBMIT THIS FORM TO THE BOARD, BE SURE THAT:

1. YOU HAVE REVIEWED THE FILING INSTRUCTIONS FOR THE TYPE OF LICENSE, PERMIT, CERTIFICATION OR APPROVAL THAT YOU ARE SEEKING.
2. EVERY QUESTION HAS BEEN ANSWERED COMPLETELY AND ALL PAGES HAVE BEEN INITIALED.
3. YOU RETAIN A COMPLETED COPY OF YOUR RENEWAL PACKAGE FOR YOUR OWN RECORDS.

APPLICATION FEES:

1. A RENEWAL APPLICATION AND LICENSING FEE OF \$2,500.00 MUST BE SUBMITTED WITH THE APPLICATION. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE PRINCIPAL/KEY EMPLOYEE FILING THE FORM.
2. THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE PRINCIPAL/KEY EMPLOYEE FILING THE FORM, WHICH MUST BE REIMBURSED TO THE BOARD.
3. 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.

NOTE: IF YOU ARE A PRINCIPAL/KEY EMPLOYEE WHO IS RENEWING A PRINCIPAL/KEY EMPLOYEE LICENSE, YOU SHOULD BE AWARE THAT THE BOARD WILL NOT ISSUE A CREDENTIAL TO ANY PERSON WHO IS NOT A CITIZEN OF THE UNITED STATES OR WHO DOES NOT POSSESS A VALID EMPLOYMENT AUTHORIZATION ISSUED BY THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (CIS). FURTHERMORE, THE EXPIRATION DATE OF A CREDENTIAL ISSUED BY THE BOARD TO ANY PERSON WHO IS NOT A CITIZEN OF THE UNITED STATES CANNOT EXCEED THE EXPIRATION DATE OF THAT PERSON'S CIS EMPLOYMENT AUTHORIZATION.

OFFICES AND POSITIONS

5. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS ANY INFORMATION CHANGED REGARDING OFFICES, TRUSTEESHIPS, DIRECTORSHIPS OR FIDUCIARY POSITIONS (INCLUDING NON-PROFIT CHARITABLE ENTITIES AND FAMILY TRUSTS) HELD BY YOU WITH ANY FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY?

Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

DATES		TITLE OF OFFICE OR POSITION HELD	NAME & ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP, GOVERNMENT AGENCY/ORGANIZATION OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

EMPLOYMENT AND LICENSING DATA

6A. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU OR YOUR SPOUSE MADE APPLICATION FOR, OR HELD, A LICENSE, PERMIT, REGISTRATION, FINDING OF SUITABILITY, QUALIFICATION OR OTHER AUTHORIZATION TO PARTICIPATE IN ANY FORM OR TYPE OF CASINO, GAMING/GAMBLING RELATED OPERATION (INCLUDING ANY MANUFACTURER OF GAMING/GAMBLING EQUIPMENT, JUNKET OPERATION, HORSE RACING, DOG RACING, PARI-MUTUEL OPERATION, LOTTERY, SPORTS BETTING, INTERNET GAMING, ETC.) OR ALCOHOLIC BEVERAGE OPERATION IN ANY JURISDICTION? YOU MUST ANSWER "YES" TO THIS QUESTION IF YOU EVER APPLIED AND YOUR APPLICATION WAS GRANTED, DENIED, RETURNED TO YOU FOR ANY REASON, WITHDRAWN OR IS CURRENTLY PENDING.

Yes No

6B. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS ANY ENTITY IN WHICH YOU, OR YOUR SPOUSE, IS/WAS A DIRECTOR, OFFICER, PARTNER OR AN OWNER OF 1% OF GREATER INTEREST EVER HAD ANY LICENSE, PERMIT OR CERTIFICATE ISSUED BY A GOVERNMENTAL AGENCY IN ANY JURISDICTION DENIED, SUSPENDED, REVOKED, OR SUBJECT TO ANY CONDITIONS?

Yes No

IF YES TO EITHER QUESTION 6A OR 6B, PLEASE COMPLETE THE FOLLOWING CHART:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE AND NUMBER OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES
			<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"/> OTHER _____	

7. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE THERE BEEN ANY CHANGES IN YOUR EMPLOYMENT STATUS OR POSITION HELD? Yes No

7A. IF YES, GIVE DATES OF ANY UNEMPLOYMENT BETWEEN JOBS IN PROPER SEQUENCE. INCLUDE ALL PART-TIME AND FULL-TIME EMPLOYMENT AND ANY MILITARY SERVICE. FOR ANY CASINO OR GAMING/GAMBLING RELATED EMPLOYMENT IDENTIFIED IN THE PREVIOUS QUESTION, YOU ARE ONLY REQUIRED TO FILL IN THE DATES OF EMPLOYMENT AND THE NAME OF THE CASINO OR GAMING/GAMBLING RELATED COMPANY ON THIS CHART.

7B. WERE YOU DISCHARGED, SUSPENDED, ASKED TO RESIGN OR WERE YOU CHARGED WITH ANY INFRACTION IN RELATION TO ANY EMPLOYMENT WHICH WAS THE SUBJECT OF ANY DISCIPLINARY ACTION? Yes No

IF YES TO EITHER QUESTION 7A OR 7B, COMPLETE THE FOLLOWING CHART:

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION, DISCIPLINARY ACTION OR REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

8. ARE YOU, YOUR SPOUSE, MINOR CHILD OR UNEMANCIPATED CHILD, CURRENTLY OR WITHIN THE LAST 12 MONTHS, AN EXECUTIVE-LEVEL PUBLIC EMPLOYEE, PUBLIC OFFICIAL OR PARTY OFFICER? NOTE: AN UNEMANCIPATED CHILD IS ONE WHO IS UNDER THE AGE OF 21, NOT MARRIED AND IS IN YOUR CARE AND CONTROL. Yes No

IF YES, COMPLETE THE FOLLOWING CHART.

DATES		NAME OF PERSON WHO HOLDS OR HELD THE POSITION OF EXECUTIVE-LEVEL PUBLIC EMPLOYEE, PUBLIC OFFICIAL, OR PARTY OFFICER	RELATIONSHIP TO APPLICANT	TITLE/POSITION HELD
FROM: (MO/YR)	TO: (MO/YR)			

9. SINCE YOUR MOST RECENT APPLICATION SUBMISSION HAVE YOU OR YOUR SPOUSE MADE APPLICATION FOR, RECEIVED, BEEN DENIED, SUSPENDED, REVOKED, BEEN SUBJECTED TO ANY CONDITIONS IN ANY JURISDICTION OR BECAME AN OWNER OF 1% OR GREATER INTEREST IN ANY NON-GAMING PROFESSIONAL OR OCCUPATIONAL LICENSE, PERMIT OR CERTIFICATION, IN ANY JURISDICTION, INCLUDING BUT NOT LIMITED TO THE FOLLOWING: REAL ESTATE BROKER OR SALESMAN, ACCOUNTANT, ATTORNEY, MEDICAL, BOXING PROMOTER, MANAGER OR MATCHMAKER, RACE HORSE OWNER, TRAINER OR MANAGER, JOCKEY, RACE DOG OWNER, SECURITIES DEALER, CONTRACTOR, PILOT, INSURANCE, OR

ANY OTHER TYPE OF PROFESSIONAL LICENSE. (DO NOT INCLUDE ALCOHOLIC BEVERAGE OR DRIVER'S LICENSE). YOU MUST ANSWER "YES" TO THIS QUESTION IF YOU EVER APPLIED AND YOUR APPLICATION WAS GRANTED, DENIED, RETURNED TO YOU BY THE LICENSING AGENCY FOR ANY REASON, WITHDRAWN OR IS CURRENTLY PENDING.

Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

THE NEXT QUESTIONS ASK ABOUT ANY ARRESTS, CHARGES, OR OFFENSES YOU, YOUR SPOUSE OR YOUR CHILDREN MAY HAVE COMMITTED *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*. PRIOR TO ANSWERING THESE QUESTIONS, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.

DEFINITIONS: FOR PURPOSES OF THESE QUESTIONS: "ARREST" INCLUDES ANY DETAINING, HOLDING, OR TAKING INTO CUSTODY BY ANY POLICE OR OTHER LAW ENFORCEMENT AUTHORITIES TO ANSWER FOR THE ALLEGED PERFORMANCE OF ANY "OFFENSE." "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY "OFFENSE." "OFFENSE" INCLUDES ALL FELONIES, CRIMES, HIGH MISDEMEANORS, MISDEMEANORS, DISORDERLY PERSONS OFFENSES, PETTY DISORDERLY OFFENSES, DRIVING WHILE INTOXICATED/IMPAIRED, MOTOR VEHICLE OFFENSES AND VIOLATIONS OF PROBATION OR ANY OTHER COURT ORDER. JUVENILE OFFENSES THAT OCCURRED WITHIN THE MOST RECENT 10-YEAR PERIOD ARE ALSO INCLUDED WITHIN THE DEFINITION OF "OFFENSES."

INSTRUCTIONS: ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF: YOU DID NOT COMMIT THE OFFENSE CHARGED; THE CHARGES WERE DISMISSED OR SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE; YOU COMPLETED A PRE-TRIAL INTERVENTION (PTI) OR EQUIVALENT DIVERSIONARY PROGRAM IN OTHER JURISDICTIONS; YOU WERE NOT CONVICTED; YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL; THE CHARGES OR OFFENSES HAPPENED A LONG TIME AGO; OR ANY RECORDS RELATING TO A CHARGE, AN ARREST OR CONVICTION HAVE BEEN EXPUNGED OR OTHERWISE OFFICIALLY SEALED BY A COURT OR GOVERNMENT AGENCY.

IMPORTANT: THE BOARD WILL MAKE INQUIRIES TO ESTABLISH WHETHER THE APPLICANT HAS HAD ANY INVOLVEMENT WITH LAW ENFORCEMENT AGENCIES. FAILURE TO DISCLOSE ANY SUCH INVOLVEMENT WILL BE TAKEN INTO ACCOUNT IN ASSESSING YOUR CHARACTER, HONESTY AND INTEGRITY.

10A. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE YOU BEEN ARRESTED, CHARGED WITH ANY CRIME OR OFFENSE IN ANY JURISDICTION, HAD A CRIMINAL INDICTMENT OR HAD CHARGES FILED AGAINST YOU BY THE MILITARY AUTHORITIES IN ANY COUNTRY UNDER THE CODE OF MILITARY JUSTICE APPLICABLE TO THAT JURISDICTION?

Yes No

10B. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAS A COMPLAINT BEEN FILED OR RETURNED AGAINST YOU, FOR WHICH YOU WERE NOT ARRESTED OR IN WHICH YOU WERE NAMED AS AN UN-INDICTED PARTY OR UN-INDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN ANY JURISDICTION? Yes No

IF YES TO EITHER QUESTION 10A OR 10B, COMPLETE THE FOLLOWING CHART:

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

11. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION, BEEN CALLED TO TESTIFY, BEEN REQUESTED TO TAKE A POLYGRAPH, INTERVIEWED OR RECEIVED A SUBPOENA TO APPEAR TO TESTIFY BY ANY GOVERNMENTAL AGENCY/ORGANIZATION, COURT, COMMISSION, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (LOCAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO A TRAFFIC SUMMONS? Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

12. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU RECEIVED A PARDON, OR HAS ANY GOVERNMENT AGENCY/ORGANIZATION AGREED TO DISMISS, SUSPEND OR DEFER ANY CRIMINAL INVESTIGATION OR PROSECUTION AGAINST YOU FOR ANY CRIMINAL OFFENSE? IF YES, COMPLETE THE FOLLOWING CHART: Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERRAL

13. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU BEEN BARRED OR OTHERWISE EXCLUDED, FOR ANY REASON, FROM ANY FORM OR TYPE OF CASINO OR GAMING/GAMBLING RELATED OPERATION IN ANY JURISDICTION (OTHER THAN FOR THE DENIAL, SUSPENSION OR REVOCATION OF A LICENSE OR REGISTRATION)? NOTE: CHECK "YES" EVEN IF THE DISBARMENT OR EXCLUSION IS NO LONGER IN EFFECT OR HAS BEEN LIFTED. Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

FINANCIAL DATA

14. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE YOU AS AN INDIVIDUAL, MEMBER OF A PARTNERSHIP, DIRECTOR OR OFFICER OF A CORPORATION, BEEN A PARTY TO A LAWSUIT AS EITHER A PLAINTIFF OR DEFENDANT, OR AN ARBITRATION AS EITHER A CLAIMANT OR DEFENDANT (INCLUDE MATRIMONIAL MATTERS, NEGLIGENCE MATTERS, AUTO ACCIDENT MATTERS, CONTRACT MATTERS, COLLECTION MATTERS, DEBT MATTERS, BANKRUPTCIES, ETC.)? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

15. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE ANY INDIVIDUAL, LOCAL, CITY, COUNTY, PROVINCIAL, STATE, FEDERAL, NATIONAL, OR ANY OTHER GOVERNMENTAL LIENS/DEBTS BEEN FILED AGAINST YOU AS AN INDIVIDUAL, SOLE PROPRIETOR, MEMBER OF A PARTNERSHIP, OR OWNER OF A CORPORATION IN ANY JURISDICTION? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

16A. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE YOU PERSONALLY BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY, INSOLVENCY OR LIQUIDATION UNDER ANY BANKRUPTCY OR INSOLVENCY LAW IN ANY JURISDICTION? YES NO

16B. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAS ANY BUSINESS ENTITY IN WHICH YOU HELD A 5% OR GREATER OWNERSHIP INTEREST, OR IN WHICH YOU SERVED AS AN OFFICER OR DIRECTOR BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY UNDER ANY BANKRUPTCY OR INSOLVENCY LAW? IF

YES TO EITHER QUESTION 16A OR 16B, COMPLETE THE FOLLOWING CHART: YES NO

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

17. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU AS AN INDIVIDUAL, MEMBER OF A PARTNERSHIP, OR OWNER, DIRECTOR OR OFFICER OF A CORPORATION BEEN IN A BUSINESS ENTITY THAT HAS BEEN IN LIQUIDATION, RECEIVERSHIP OR BEEN PLACED UNDER SOME FORM OF GOVERNMENTAL ADMINISTRATION OR MONITORING?

Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

18. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOUR WAGES, EARNINGS, OR OTHER INCOME BEEN SUBJECT TO GARNISHMENT, ATTACHMENT, CHARGING ORDER, VOLUNTARY WAGE EXECUTION OR THE LIKE?

Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

19. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU HAD ANY PROPERTY, REAL OR PERSONAL, REPOSSESSED BY A FINANCE COMPANY IN ANY JURISDICTION?

Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

20. SINCE YOUR MOST RECENT APPLICATION SUBMISSION, HAVE YOU BEEN APPOINTED OR REMOVED AS AN EXECUTOR(TRIX), ADMINISTRATOR(TRIX) OR OTHER FIDUCIARY OF ANY ESTATE; A BENEFICIARY OR LEGATEE UNDER A WILL OR RECEIVED ANY THING OF VALUE UNDER AN INTESTACY STATUTE; OR A SETTLOR/GRANTOR, BENEFICIARY OR TRUSTEE OF ANY TRUST?

Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/ INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

21. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE YOU HAD ANY RIGHT OF OWNERSHIP IN, CONTROL OVER OR INTEREST IN ANY BANK ACCOUNT(S), WHICH ARE LOCATED OUTSIDE THE COUNTRY OF RESIDENCE OR HAS THERE BEEN A CHANGE REGARDING OWNING, MANAGING OR CONTROLLING ASSETS OR LIABILITIES WHICH YOU ARE RESPONSIBLE FOR, THAT ARE LOCATED OUTSIDE YOUR COUNTRY OF RESIDENCE? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				

22. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAS THERE BEEN A CHANGE IN LOCATION REGARDING OWNING, MANAGING OR CONTROLLING ASSETS OR LIABILITIES WHICH YOU ARE RESPONSIBLE FOR, THAT ARE LOCATED OUTSIDE YOUR COUNTRY OF RESIDENCE? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

23. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE YOU, YOUR SPOUSE OR CHILDREN(WHILE DEPENDENT), FILED ANY CLAIMS IN EXCESS OF \$100,000 USD UNDER ANY FIRE, THEFT, AUTOMOBILE OR INSURANCE POLICY WITHIN THE PAST TEN YEAR PERIOD? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

24. *SINCE YOUR MOST RECENT APPLICATION SUBMISSION*, HAVE YOU RECEIVED ANY REFERRAL OR FINDER'S FEE IN EXCESS OF \$10,000 USD? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

FEDERAL, STATE AND FOREIGN TAX INFORMATION

APPLICANT TAX HISTORY		
ATTACH TO THIS FORM, A COPY OF EACH IRS FORM(S) FILED AND ALL SUPPORTING IRS SCHEDULES* FILED BY YOU SINCE YOUR MOST RECENT APPLICATION SUBMISSION. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS SINCE YOUR MOST RECENT APPLICATION SUBMISSION, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS.		
ATTACH TO THIS FORM, A COPY OF EACH STATE INCOME TAX RETURN(S) FILED AND ALL SUPPORTING SCHEDULES FILED BY YOU SINCE YOUR MOST RECENT APPLICATION SUBMISSION. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS SINCE YOUR MOST RECENT APPLICATION SUBMISSION, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS.		
HAS YOUR TAX RETURN(S) BEEN AUDITED OR ADJUSTED SINCE YOUR MOST RECENT APPLICATION SUBMISSION?		YES NO
IF YES, DESCRIBE THE NATURE AND RESOLUTION OF THE AUDIT, AND THE TAX YEAR(S)		
HAVE YOU FAILED TO FILE A FEDERAL OR STATE INCOME TAX RETURN(S) SINCE YOUR MOST RECENT APPLICATION SUBMISSION?		YES NO
IF YES, DESCRIBE THE REASON FOR FAILURE TO FILE AND THE TAX YEAR(S)		
HAVE YOU OR YOUR SPOUSE FILED ANY TYPE OF TAX RETURN, STATEMENT OR FORM IN ANY JURISDICTION OUTSIDE THE UNITED STATES SINCE YOUR MOST RECENT APPLICATION SUBMISSION? IF THE ANSWER IS YES, PLEASE PROVIDE THE INFORMATION REQUIRED BELOW.		YES NO
TAX YEARS FILED	COUNTRY FILED	AMOUNT OF TAX
*ATTACH TO THIS FORM A COPY OF EACH SUCH TAX RETURN AND ALL APPROPRIATE SCHEDULES OR OTHER ATTACHMENTS REQUIRED BY THE TAX AUTHORITIES OF THE FOREIGN JURISDICTIONS. * ALL IRS SCHEDULES FILED WITH THE APPLICANT'S TAX RETURN INCLUDING BUT NOT LIMITED TO SCHEDULE A, SCHEDULE C, SCHEDULE D, ALTERNATIVE MINIMUM TAX RETURN, SCHEDULE SE, ETC. MUST BE FILED WITH THIS APPLICATION.		

PENNSYLVANIA POLITICAL CONTRIBUTIONS

25. SINCE YOUR MOST RECENT APPLICATION SUBMISSION HAVE YOU MADE CONTRIBUTIONS OF MONETARY OR IN-KIND CONTRIBUTIONS TO A PENNSYLVANIA CANDIDATE FOR NOMINATION OR ELECTION TO ANY PUBLIC OFFICE IN THIS COMMONWEALTH, OR TO ANY POLITICAL COMMITTEE OR STATE PARTY IN THIS COMMONWEALTH OR TO ANY GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF ANY SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

DATE OF CONTRIBUTION	NAME AND ADDRESS OF THE PENNSYLVANIA CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY, OR GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY	AMOUNT OR VALUE OF CONTRIBUTION

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

COMPLETE SCHEDULES A THROUGH O AND COPY THE TOTALS IN THE APPROPRIATE SPACE BELOW.

26. PLEASE LIST ALL ASSETS, TANGIBLE AND INTANGIBLE, IN WHICH A DIRECT OR INDIRECT INTEREST IS HELD BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN. FOR EACH LINE ITEM, LIST BOTH THE COST OF THE ASSET AND THE PRESENT MARKET VALUES AS OF THE DATE OF THIS STATEMENT UNLESS THIS CANNOT REASONABLY BE DONE, IN WHICH CASE ANY SPECIAL VALUATION DATE SHOULD BE NOTED IN THE COLUMN PROVIDED. DETAIL EACH LINE ENTRY ON THE APPROPRIATE SCHEDULE.				27. PLEASE LIST ALL LIABILITIES OF YOU, YOUR SPOUSE AND YOUR DEPENDENT CHILDREN. ENTER THE AMOUNT AS OF THE DATE OF THIS STATEMENT. DETAIL EACH LINE ENTRY ON THE APPROPRIATE SCHEDULE.		
ASSET	COST AT DATE ACQUIRED OR PURCHASED (COLUMN A)	CURRENT MARKET VALUE (COLUMN B)	SPECIAL VALUATION DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (COLUMN C)	AMOUNT OUTSTANDING (COLUMN D)
1. CASH A) ON HAND		a)		10. NOTES PAYABLE (SCHEDULE I)		
B) IN BANK (SCHEDULE A)		b)	b)	11. LOANS AND OTHER PAYABLES (SCHEDULE J)		
2. LOANS, NOTES AND OTHER RECEIVABLES (SCHEDULE B)				12. TAXES PAYABLE (SCHEDULE K)		
3. SECURITIES (SCHEDULE C)				13. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE L)		
4. REAL ESTATE INTERESTS (SCHEDULE D)				14. LOANS AGAINST INSURANCE/PENSIONS (SCHEDULE M)		
5. CASH VALUE INSURANCE (SCHEDULE E)				15. OTHER INDEBTEDNESS (SCHEDULE N)		
6. CASH VALUE PENSION/RETIREMENT FUNDS (SCHEDULE F)				TOTAL LIABILITIES		
7. FURNITURE AND CLOTHING (REASONABLE ESTIMATE)				NET WORTH		
8. VEHICLES (SCHEDULE G)				TOTAL ASSETS FROM COLUMN B LESS TOTAL LIABILITIES FROM COLUMN D EQUALS		
9. OTHER (SCHEDULE H)				16. CONTINGENT LIABILITIES (SCHEDULE O)		
TOTAL ASSETS				DATE OF STATEMENT _____ PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THE PERSON COMPLETING THIS STATEMENT IF IT IS COMPLETED BY SOMEONE OTHER THAN YOU. NAME _____ Address _____ Phone _____		

SCHEDULE "A" - CASH IN BANK

28. LIST BELOW ALL BANK ACCOUNTS (CHECKING, SAVINGS, TIME DEPOSITS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.) FOREIGN AND DOMESTIC, MAINTAINED BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN. IDENTIFY WITH AN ASTERISK (*) ANY CHECK WRITING ACCOUNTS HELD WITH BROKERAGE HOUSES, INSURANCE COMPANIES, ETC.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						\$ _____
						TOTAL CURRENT BALANCE (ENTER THIS FIGURE IN ITEM 1B, COLUMN B ON PAGE 11)

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

29. LIST BELOW ALL LOANS, NOTES AND OTHER RECEIVABLES HELD BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE
			\$ _____					\$ _____
			TOTAL ORIGINAL LOAN AMOUNT(S) (ENTER THIS FIGURE IN ITEM 2, COLUMN A ON PAGE 11)					TOTAL CURRENT BALANCE (ENTER THIS FIGURE IN ITEM 2, COLUMN B ON PAGE 11)

SCHEDULE "C" - SECURITIES

30. PROVIDE THE INFORMATION IN THE TABLE BELOW FOR ALL STOCKS, BONDS, MUTUAL FUNDS, COMMODITY ACCOUNTS, OPTIONS, WARRANTS, ETC., HELD OR CONTROLLED BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN IN ANY JURISDICTION. WHENEVER INTEREST EXISTS THROUGH A MUTUAL FUND OR HOLDING COMPANY, THE INDIVIDUAL STOCKS OR BONDS HELD BY SUCH MUTUAL FUND OR HOLDING COMPANY NEED NOT BE LISTED; WHENEVER SUCH INTEREST EXISTS THROUGH A BENEFICIAL INTEREST IN A TRUST, THE SECURITIES HELD IN SUCH TRUST SHALL BE LISTED IF YOU, YOUR SPOUSE OR DEPENDENT CHILDREN HAVE KNOWLEDGE OF WHAT SECURITIES ARE SO HELD. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY/ORGANIZATION	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					\$ _____				\$ _____
					TOTAL PURCHASE PRICE				TOTAL CURRENT MARKET VALUE
					(ENTER THIS FIGURE IN ITEM 3 COLUMN A ON PAGE 11)				(ENTER THIS FIGURE IN ITEM 3 COLUMN B ON PAGE 11)

SCHEDULE "D" - REAL ESTATE INTERESTS

31. INDICATE BELOW THE LOCATION, SIZE, GENERAL NATURE, ACQUISITION DATE AND OTHER INFORMATION REQUESTED REGARDING ANY REAL PROPERTY IN ANY JURISDICTION IN WHICH ANY DIRECT, INDIRECT, VESTED OR CONTINGENT INTEREST IS HELD BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN, ALONG WITH THE NAMES OF ALL INDIVIDUALS OR ENTITIES WHO SHARE A DIRECT, INDIRECT, VESTED OR CONTINGENT INTEREST THEREIN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/STAND NO./SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						\$ _____		\$ _____
						TOTAL PURCHASE PRICE (ENTER THIS FIGURE IN ITEM 4 COLUMN A ON PAGE 11)		
								TOTAL CURRENT MARKET VALUE (ENTER THIS FIGURE IN ITEM 4 COLUMN B ON PAGE 11)

SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

32. INDICATE BELOW THE INFORMATION REQUESTED WITH REGARD TO THE CASH VALUE OF ALL LIFE INSURANCE POLICIES HELD BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						\$ _____	
						TOTAL CASH SURRENDER VALUE (ENTER THIS FIGURE IN ITEM 5, COLUMN B ON PAGE 11)	

SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

33. INDICATE BELOW THE INFORMATION REQUESTED WITH REGARD TO THE CASH VALUE OF ALL RETIREMENT/INVESTMENT/PENSION FUNDS* HELD BY YOU OR YOUR SPOUSE.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$ _____		\$ _____	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (ENTER THIS FIGURE IN ITEM 6, COLUMN A ON PAGE 11)			TOTAL CURRENT CASH VALUE (ENTER THIS FIGURE IN ITEM 6, COLUMN B ON PAGE 11)

*IF YOU ARE FILING THIS RENEWAL IN THE UNITED STATES, THE INFORMATION IS TO INCLUDE IRA, 401K, AND KEOGH PLANS.

SCHEDULE "G" - VEHICLES

34. INDICATE BELOW UPDATED INFORMATION REQUESTED WITH REGARD TO ALL VEHICLES OWNED OR LEASED BY YOU, YOUR SPOUSE, OR YOUR DEPENDENT CHILDREN.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
						\$ _____	\$ _____
						TOTAL COST OF VEHICLES (ENTER THIS FIGURE IN ITEM 8, COLUMN A ON PAGE 11)	TOTAL CURRENT CASH VALUE (ENTER THIS FIGURE IN ITEM 8, COLUMN B ON PAGE 11)

*IF LEASED, SPECIFY IN THIS COLUMN THE LENGTH OF THE LEASE, TOTAL LEASE COSTS, DOWN PAYMENTS, MONTHLY PAYMENTS AND NUMBER OF PAYMENTS OVER THE LIFE OF THE LEASE. **IF LEASED, ENTER THE SUM OF THE DOWN PAYMENT PLUS MONTHLY PAYMENTS TO DATE AS THE TOTAL COST.

SCHEDULE "H" - OTHER ASSETS

35. LIST BELOW THE INFORMATION REGARDING ALL OTHER ASSETS, INCLUDING ANY BUSINESS INVESTMENTS IN WHICH ANY DIRECT, INDIRECT, VESTED OR CONTINGENT IS HELD BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN. BUSINESS INTERESTS SHOULD INCLUDE, BUT NOT BE LIMITED TO, JOINT VENTURES, PARTNERSHIPS, SOLE PROPRIETORSHIPS, CORPORATIONS AND LLCs. OTHER ASSETS SHOULD INCLUDE, BUT NOT BE LIMITED TO, ART COLLECTIONS, COIN COLLECTIONS, AND ANTIQUES.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			\$ _____			\$ _____
			TOTAL COST(S) OF OTHER ASSETS (ENTER THIS FIGURE IN ITEM 9, COLUMN A ON PAGE 11)			TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (ENTER THIS FIGURE IN ITEM 9, COLUMN B ON PAGE 11)

SCHEDULE "I" - NOTES PAYABLE

36. LIST BELOW THE INFORMATION WITH REGARD TO ALL NOTES PAYABLE FOR WHICH YOU, YOUR SPOUSE OR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NAUTRE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY	
							\$ _____			\$ _____	
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (ENTER THIS FIGURE IN ITEM 10, COLUMN C ON PAGE 11)				TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (ENTER THIS FIGURE IN ITEM 10, COLUMN D ON PAGE 11)

SCHEDULE "J" - LOANS AND OTHER PAYABLES

37. LIST BELOW THE INFORMATION WITH REGARD TO ALL ACCOUNTS PAYABLE (INCLUDE LINES OF CREDIT, INSTALLMENT LOANS, REVOLVING CHARGE ACCOUNTS AND ANY OTHER ACCOUNTS) FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$ _____			\$ _____
							TOTAL ORIGINAL AMOUNT OF LIABILITY (ENTER THIS FIGURE IN ITEM 11, COLUMN C ON PAGE 11)			TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (ENTER THIS FIGURE IN ITEM 11, COLUMN D ON PAGE 11)

SCHEDULE "K" - TAXES PAYABLE

38. LIST BELOW THE INFORMATION WITH REGARD TO ALL TAXES PAYABLE FOR WHICH YOU, YOUR SPOUSE, OR YOUR DEPENDENT CHILDREN ARE OBLIGATED. ONLY REAL ESTATE AND INCOME TAXES NEED TO BE INCLUDED.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES, AND INTEREST, IF ANY	TOTAL AMOUNT DUE	
			\$ _____		\$ _____	
			TOTAL ORIGINAL TAX OBLIGATION(S) (ENTER THIS FIGURE IN ITEM 12, COLUMN C ON PAGE 11)			TOTAL AMOUNT OF TAXES PAYABLE (ENTER THIS FIGURE IN ITEM 12, COLUMN D ON PAGE 11)

SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

39. LIST BELOW THE INFORMATION WITH REGARD TO ALL MORTGAGES OR LIENS DUE AND OWING ON REAL ESTATE FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE	
				\$ _____				\$ _____	
				TOTAL ORIGINAL MORTGAGE OR LIENS PAYABLE ON REAL ESTATE (ENTER THIS FIGURE IN ITEM 13, COLUMN C ON PAGE 11)					TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (ENTER THIS FIGURE IN ITEM 13, COLUMN D ON PAGE 11)

SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

40. LIST BELOW THE INFORMATION WITH REGARD TO ALL LOANS AGAINST LIFE INSURANCE POLICIES, PENSION PLANS, ETC., TAKEN BY YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/PAY PERIOD	CURRENT LOAN BALANCE
			\$ _____				\$ _____
			TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (ENTER THIS FIGURE IN ITEM 14, COLUMN C ON PAGE 11)				TOTAL AMOUNT OUTSTANDING INSURANCE/ PENSION LOANS (ENTER THIS FIGURE IN ITEM 14, COLUMN D ON PAGE 11)

SCHEDULE "N" - ANY OTHER INDEBTEDNESS

41. LIST BELOW THE INFORMATION WITH REGARD TO ANY OTHER INDEBTEDNESS FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$ _____	\$ _____
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (ENTER THIS FIGURE IN ITEM 15, COLUMN C ON PAGE 11)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (ENTER THIS FIGURE IN ITEM 15, COLUMN D ON PAGE 11)

SCHEDULE "O" - CONTINGENT LIABILITIES

42. LIST BELOW THE INFORMATION REQUESTED WITH REGARD TO ALL CONTINGENT LIABILITIES FOR WHICH YOU, YOUR SPOUSE OR YOUR DEPENDENT CHILDREN ARE OBLIGATED.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$ _____	\$ _____
						TOTAL ORIGINAL CONTINGENT LIABILITIES (ENTER THIS FIGURE IN ITEM 16, COLUMN C ON PAGE 11)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (ENTER THIS FIGURE IN ITEM 16, COLUMN D ON PAGE 11)

RELEASE AUTHORIZATION

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

FROM: _____
APPLICANT'S NAME (PLEASE PRINT)

(TO BE COMPLETED BY APPLICANTS FOR AND RELATING TO INITIAL AND RENEWAL LICENSE APPLICATIONS FOR PRINCIPALS AND KEY EMPLOYEES)

I, _____, THE UNDERSIGNED APPLICANT/LICENSEE HAVE FILED WITH THE PENNSYLVANIA GAMING CONTROL BOARD AN "APPLICATION" AS THAT TERM IS DEFINED IN 58 PA. CODE §401A.3. I UNDERSTAND THAT I AM SEEKING THE GRANTING OF A PRIVILEGE AND ACKNOWLEDGE THAT THE BURDEN OF PROVING MY/OUR QUALIFICATIONS AND SUITABILITY FOR A FAVORABLE DETERMINATION IS AT ALL TIMES MY/OUR BURDEN.

I UNDERSTAND THAT A BACKGROUND INVESTIGATION OF MYSELF WILL BE CONDUCTED BY AGENTS OF THE PENNSYLVANIA GAMING CONTROL BOARD'S BUREAU OF INVESTIGATIONS AND ENFORCEMENT PURSUANT TO THEIR STATUTORY DUTY TO INVESTIGATE THE CHARACTER, HONESTY, INTEGRITY AND SUITABILITY OF MYSELF AND ANY ENTITY WITH WHICH I AM ASSOCIATED WITH 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 PENNSYLVANIA GAMING CONTROL BOARD TO OBTAIN ANY AND ALL INFORMATION THEY DEEM NECESSARY TO PERFORM THIS DUTY, AND ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION WITH RESPECT TO THIS APPLICATION.

THE RIGHTS AND POWERS HEREIN GRANTED ARE INTENDED TO FACILITATE THE BACKGROUND INVESTIGATION BEING CONDUCTED BY THE PENNSYLVANIA GAMING CONTROL BOARD AT MY REQUEST AND IS NOT OTHERWISE INTENDED TO CREATE OR ESTABLISH A LEGAL OR FIDUCIARY RELATIONSHIP BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS OR EMPLOYEES AND ME. I HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS.

1. I HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING ANY KNOWLEDGE, INFORMATION, DOCUMENTS, FORMS, PHOTOGRAPHS, COMPUTER FILES, ACCOUNTS, LEDGERS OR OTHER ITEMS ABOUT, RELATING TO OR CONCERNING ME TO FULLY DISCUSS WITH, AND ANSWER ANY INQUIRY MADE BY ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD.
2. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF SAME, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA GAMING CONTROL BOARD BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES CO-SIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
3. I HEREBY AUTHORIZE AN AGENT OF THE PENNSYLVANIA GAMING CONTROL BOARD TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE ANY FEDERAL, STATE, LOCAL OR MUNICIPAL AGENCY OR BODY, LAW ENFORCEMENT AGENCY OR CRIMINAL JUSTICE AGENCY OR DEPARTMENT, TAX AGENCY OR AUTHORITY, REGULATORY AUTHORITY, AGENCY OR BODY, TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION AND DOCUMENTS INCLUDING, BUT NOT LIMITED TO, DOCUMENTS AND INFORMATION OTHERWISE PRIVILEGED OR NOT SUBJECT TO PUBLIC DISCLOSURE, AS WELL AS SUCH OTHER INFORMATION ON FILE OR AVAILABLE CONCERNING ME.

**NOTE: IF APPLICANT IS MARRIED THE SPOUSE'S INITIALS AND SIGNATURE ARE REQUIRED ON THIS THREE
PAGE FORM.**

4. THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPY OF ANY INFORMATION PROTECTED BY LAW OR CONTRACT FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.
5. THIS RELEASE AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL SUCH TIME AS I CEASE TO BE AN APPLICANT OR A LICENSEE UNDER THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT.
6. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE THE PENNSYLVANIA GAMING CONTROL BOARD, ITS MEMBERS, AGENTS AND EMPLOYEES, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND ANY AGENTS AND EMPLOYEES THEREOF, FROM ANY AND ALL LIABILITIES, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH EXIST NOW OR IN THE FUTURE AGAINST THOSE ENTITIES AND PERSONS OTHER THAN RELATING TO A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.
7. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED, AND ANY AGENTS AND EMPLOYEES THEREOF, FROM ANY AND ALL LIABILITIES, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH EXIST NOW OR IN THE FUTURE AGAINST THOSE ENTITIES AND PERSONS TO WHOM THIS REQUEST IS PRESENTED, AND ANY AGENTS OR EMPLOYEES THEREOF, ARISING OUT OF OR BY REASON OF, THE FURNISHING OF OR INSPECTION OF DOCUMENTS, RECORDS, AND OTHER INFORMATION RELEASED IN COMPLIANCE WITH A REQUEST MADE PURSUANT TO, OR AS A RESULT OF HAVING BEEN PRESENTED WITH, THIS RELEASE AUTHORIZATION.
8. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PENNSYLVANIA GAMING CONTROL BOARD, ITS OFFICIALS AND EMPLOYEES AND EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, TO WHOM THIS REQUEST IS PRESENTED AND FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF, THE ACTS PERMITTED AND PROVIDED FOR IN THE RELEASE AUTHORIZATION.
9. I AGREE THAT A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

NOTE: IF APPLICANT IS MARRIED THE SPOUSE'S INITIALS AND SIGNATURE ARE REQUIRED ON THIS THREE PAGE FORM.

APPLICANT HAS READ THIS RELEASE AUTHORIZATION AND UNDERSTANDS ALL 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

ON THIS, THE _____ DAY OF _____, 20_____, BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC, IN AND FOR
_____, _____, PERSONALLY APPEARED _____, (KNOWN BY ME OR
COUNTY STATE

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

APPLICANT'S SPOUSE ACKNOWLEDGES AND AGREES THAT THE BACKGROUND INVESTIGATION OF THE APPLICANT MAY INVOLVE AND NECESSITATE INQUIRY REGARDING ASSETS, ACCOUNTS AND RECORDS JOINTLY HELD, OR AT TIMES INDIVIDUALLY HELD BY THE SPOUSE AND/OR ANY OTHER MATTER RELATED TO THE APPLICANT'S SUITABILITY TO ASSURE THAT APPLICANT IS NOT IN VIOLATION OF PROSCRIPTIONS OF THE GAMING ACT AND IS SUITABLE TO BE LICENSED IN PENNSYLVANIA TO ENGAGE IN THE GAMING INDUSTRY. THE ACCESS AND USE OF RECORDS RELATING TO A SPOUSE IS SPECIFICALLY FOR THE PURPOSES OF DETERMINING SUITABILITY FOR LICENSURE UNDER 4 PA.C.S. §§1100, ET SEQ.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AUTHORIZATION AT _____, _____
CITY STATE

ON THIS, THE _____ DAY OF _____, 20_____
SIGNATURE

ON THIS, THE _____ DAY OF _____, 20_____, BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC, IN AND FOR
_____, _____, PERSONALLY APPEARED _____, (KNOWN BY ME OR
COUNTY STATE

SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THIS RELEASE AUTHORIZATION, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSE HEREIN CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

SIGNATURE OF PENNSYLVANIA GAMING CONTROL BOARD AGENT PRESENTING THIS REQUEST:

DATE: _____

NOTE: IF APPLICANT IS MARRIED THE SPOUSE'S INITIALS AND SIGNATURE ARE REQUIRED ON THIS THREE PAGE FORM.

WAIVER OF LIABILITY

I, _____ (NAME OF APPLICANT), HEREBY WAIVE LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO ME FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSING, REGISTRATION OR PERMITTING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

I AM AWARE THAT FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF MY LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND I MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA C.S.A. §§4902, 4903 AND 4904.

APPLICANT NAME

DATE

SIGNATURE

DAYTIME TELEPHONE NUMBER

SWORN AND SUBSCRIBED TO ME THIS _____
DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____

BY _____ (AGENT), PA. GAMING CONTROL BOARD

**AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND
RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES**

PURSUANT TO THE GAMING ACT AND PENNSYLVANIA GAMING CONTROL BOARD REGULATIONS, I HEREBY AGREE TO SUBMIT AN AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES, TO INCLUDE VISIBLE SCARS, MARKS, AND TATTOOS, BY THE PENNSYLVANIA STATE POLICE ("PSP") FOR THE PURPOSE OF ASSISTING THE BOARD IN CARRYING OUT THE POLICIES AND PURPOSES OF THE ACT.

I ALSO AUTHORIZE THE PSP TO RETAIN AND TRANSMIT COPIES OF MY AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES, USING ELECTRONIC MEANS IF APPROPRIATE, TO MEET THE NEEDS OF THE PSP AS DIRECTED BY THE BOARD PURSUANT TO THE GAMING ACT. I FURTHER UNDERSTAND AND AGREE THAT THE PSP WILL TRANSMIT COPIES OF MY AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES TO THE BOARD, THE FEDERAL BUREAU OF INVESTIGATIONS, AND SUCH OTHER LAW ENFORCEMENT AGENCIES AS THE BOARD OR PSP DETERMINES TO BE APPROPRIATE FOR PURPOSES OF VERIFYING MY IDENTITY, OBTAINING RECORDS RELEVANT TO MY ELIGIBILITY TO ACQUIRE OR MAINTAIN BOARD AUTHORIZATION TO ENGAGE IN ACTIVITIES REGULATED BY, OR PURSUANT TO THE ACT, OR FOR PURPOSES OF TAKING ANY OTHER ACTION DEEMED NECESSARY BY THE BOARD OR PSP TO FULFILL THE POLICIES AND PURPOSES OF THE ACT.

I FURTHER AUTHORIZE THE PSP TO USE AND RETAIN THE AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES FOR GENERAL LAW ENFORCEMENT PURPOSES.

BY SIGNING THIS FORM, I AM KNOWINGLY, WILLINGLY AND VOLUNTARILY WAIVING ANY AND ALL PRESENT AND FUTURE CLAIMS OR CAUSES OF ACTION THAT COULD BE ASSERTED AGAINST THE PSP AND THE BOARD RELATIVE TO THE BOARD AND PSP OBTAINING, RETAINING AND/OR DISSEMINATING THE WITHIN REFERENCED AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES FOR THE PURPOSES AND IN THE MANNER STATED HEREIN.

DATE

SIGNATURE (LEGAL SIGNATURE)

NAME (PLEASE PRINT)

DAYTIME TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO ME THIS _____ DAY
OF _____ OF, 20 _____

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

THE LICENSEE HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THIS RENEWAL FORM AND FURTHER AGREES TO THE TERMS OF LICENSING AS SPECIFIED WITHIN THE REGULATIONS AND SPECIFICATIONS OF THE PENNSYLVANIA GAMING CONTROL BOARD.

FURTHER, THE LICENSEE IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904

<p>LICENSEE CERTIFICATION (REQUIRED) DATE: ____/____/20__</p> <p>_____ PRINTED NAME OF LICENSEE</p> <p>_____ SIGNATURE OF LICENSEE</p> <p>_____ INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM LICENSEE</p> <p>_____ (NAME, TITLE AND SIGNATURE)</p>	<p>SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF</p> <p>_____ OF 20 ____.</p> <p>_____ NOTARY PUBLIC</p> <p>MY COMMISSION EXPIRES ON ____/____/20__</p>
--	---

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

I HEREBY EXPRESSLY ACCEPT, AGREE AND STIPULATE TO THE FOLLOWING CONDITIONS AS AN APPLICANT OR LICENSEE PURSUANT TO THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71), AS AMENDED, KNOWN AS THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT, 4 PA. C.S. §§1101 ET SEQ. MORE PARTICULARLY, I EXPRESSLY ACCEPT, AGREE AND STIPULATE THAT I WILL ABIDE BY THE FOLLOWING CONDITIONS:

1. TO AT ALL TIMES COMPLY WITH ALL PROVISIONS OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.
2. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY LICENSE ISSUED TO ME BY THE BOARD IS A NON-TRANSFERABLE PRIVILEGE TO ENGAGE IN ACTIVITIES REGULATED BY THE BOARD.
3. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY REVOCATION OF A LICENSE, PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD PROHIBITS ME FROM REAPPLYING FOR A LICENSE FOR A PERIOD OF FIVE (5) YEARS, UNLESS OTHERWISE PERMITTED BY THE BOARD.
4. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY CREDENTIAL ISSUED TO ME IN CONNECTION WITH MY LICENSE IS PROPERTY OF THE BOARD AND MUST BE SURRENDERED UPON REQUEST.
5. TO PROMPTLY REIMBURSE THE BOARD FOR ALL COSTS ASSOCIATED WITH ANY BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH MY APPLICATION, AND TO PROMPTLY PAY ANY OTHER FINE, FEE, SANCTION OR ASSESSMENT IMPOSED BY THE BOARD OR THE DEPARTMENT OF REVENUE. (NOTE: COSTS ASSOCIATED WITH THE BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH YOUR APPLICATION, INCLUDING THE APPLICATION FEE, MAY HAVE BEEN PAID BY YOUR EMPLOYER. ASK YOUR EMPLOYER ABOUT ANY COSTS THAT MAY BE YOUR RESPONSIBILITY).
6. TO ENSURE AT ALL TIMES THAT INFORMATION PROVIDED TO THE BOARD BY ME IN MY APPLICATION AND SUPPLEMENTAL INFORMATION IS TRUE AND CORRECT, AND TO IMMEDIATELY NOTIFY THE BOARD UPON KNOWING OR SUSPECTING THAT ANY FALSE OR MISLEADING INFORMATION MAY HAVE BEEN PROVIDED TO THE BOARD, OR THAT REQUIRED OR RELEVANT INFORMATION WAS OMITTED.
7. TO IMMEDIATELY NOTIFY THE BOARD UPON MY CHARGING, INDICTMENT OR CONVICTION FOR ANY FELONY OR GAMBLING OFFENSE, AND UPON CONVICTION, TO CAUSE THE WITHDRAWAL OF ANY PENDING APPLICATION FILED BY ME OR ON MY BEHALF.
8. TO IMMEDIATELY NOTIFY THE BOARD UPON LEARNING OF ANY INQUIRY OR INVESTIGATION BY ANY REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION OR OF ANY ACTION FILED BY ANY GOVERNMENTAL AUTHORITY AGAINST ME.
9. TO ENSURE THAT AT ALL TIMES, I MEET AND MAINTAIN THE SUITABILITY REQUIREMENTS OF THE ACT, INCLUDING BUT NOT LIMITED TO THOSE RELATING TO GOOD CHARACTER, HONESTY AND INTEGRITY.
10. IN ADDITION TO ANY NOTIFICATION AND ACTION REQUIRED BY CONDITION 8, TO ENSURE THAT I COMPLY WITH ALL OF THE FOLLOWING:
 - A. PROVIDE ANY REQUESTED ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, OR THE PENNSYLVANIA STATE POLICE AND COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING.
 - B. INFORM THE BOARD OF ANY ACTIONS WHICH I KNOW OR SUSPECT CONSTITUTE A VIOLATION OF THE ACT OR ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.
 - C. INFORM THE BOARD OF MY ARREST FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA. C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.

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

D. INFORM THE BOARD OF ANY MATERIAL CHANGES IN THE INFORMATION, MATERIALS AND DOCUMENTS SUBMITTED IN MY LICENSE, PERMIT OR REGISTRATION APPLICATION AS WELL AS CHANGES IN CIRCUMSTANCES THAT MAY RENDER ME INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A LICENSE UNDER THE BOARD'S STANDARDS.

11. TO BE RESPONSIBLE FOR AND TO PROTECT, INDEMNIFY AND HOLD HARMLESS THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, FROM AND AGAINST ANY AND ALL CLAIMS OR PAYMENTS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OF ANY KIND BY ANY AND ALL PARTIES AND CLAIMANTS, ARISING OUT OF, OR IN CONNECTION WITH ANY NEGLIGENCE, ERROR OR OMISSION BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, OR THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, ATTENDANT TO ANY OR ALL OF THE FOLLOWING:

- A. ANY INVESTIGATION, CONSIDERATION, OR ACTION TAKEN IN CONNECTION WITH MY APPLICATION;
- B. THE SUSPENSION, REVOCATION OR CONDITIONING OF THE LICENSE ISSUED TO ME, INCLUDING ANY ENFORCEMENT ACTION TAKEN WITH RESPECT TO ANY SUCH LICENSE, PERMIT OR REGISTRATION;
- C. ANY ACTION TAKEN WHICH MAY OR DOES RESULT IN THE SUSPENSION OF MY EMPLOYMENT OR THE ISSUANCE OF AN EMERGENCY ORDER; AND,
- D. ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF MATERIAL OR INFORMATION ACQUIRED DURING ANY PAST, PRESENT OR FUTURE INVESTIGATION OF ME.

12. TO AT ALL TIMES COMPLY WITH THIS STATEMENT OF CONDITIONS AND SUCH OTHER GENERAL OR SPECIFIC CONDITIONS AS MAY BE LATER REQUIRED BY THE BOARD AND DULY REQUESTED.

I HEREBY CERTIFY AND AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT OF CONDITIONS AND THAT MY SIGNATURE BELOW IS AN ACKNOWLEDGEMENT OF SAME AND EVIDENCES MY INTENT TO BE LEGALLY BOUND TO ABIDE BY THE CONDITIONS CONTAINED THEREIN.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____.

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES

BY:

SIGNATURE AND TITLE

DATE

PRINTED NAME OF SIGNATORY