

[] **Limited Liability Company**

- Personal History Form for each Member
- Copies of prior two years UCC Filings or Schedules with the Secretary of State.
- Organizational Documents and / or Member Agreements
- Include documents establishing the business (i.e., applicable licenses, articles, etc.)
- Include prior two years Tax Returns or Annual Reports
- Copies of any other Gaming License(s) held within any other State or Tribal jurisdiction, past and present.
- Copies of any written contracts entered into between the Vendor applicant and the Casino Enterprise.
- Include an organization chart which includes all parent, subsidiary, and related entities, and their relationships

[] **Corporation (Publicly Traded and Privately Held)**

- Personal History Form for the following: Corporate Officers, Directors, and Shareholders Owning 5% of More of the Stock
- Include Signed and Dated Certification of Corporation
- Include Corporation Bylaws
- Include Prior Two Years UCC Filings or Schedules filed with Secretary of State/Province
- Prior two years tax returns for the Corporation.
- Copy of Articles of Incorporation.
- Copies of any other Gaming License(s) held within any other State or Tribal jurisdiction, past and present.
- Copies of any written contracts entered into between the Vendor applicant and the Casino Enterprise.
- Include an organization chart which includes all parent, subsidiary, and related entities, and their relationships

(3) LIST THE ADDRESS OF EACH OFFICE, WAREHOUSE, OR OUTLET WHERE YOU MANUFACTURE, STORE, OR SELL YOUR MANUFACTURED GOODS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS.

A. Premises Name _____
Street Address _____

CITY STATE / PROVINCE ZIP COUNTY

B. Premises Name _____
Street Address _____

CITY STATE / PROVINCE ZIP COUNTY

(4) PLEASE SUBMIT THE REQUESTED MATERIAL FOR ANY "YES" ANSWERS:

A. FINANCIAL INTEREST

- [] Yes [] No 1. Does any person or entity listed in section (2) have any financial or ownership interest in any other gambling activity or enterprise? Provide full details.
- [] Yes [] No 2. Do any of the individuals in Section (2) have family members with a financial or ownership interest in any other gambling activity or enterprise? (Include spouse, parents, children, brothers / sisters.) Provide full details.
- [] Yes [] No 3. Does any person or entity, other than those listed in Section (2), have any financial or ownership interest in this business? Provide a list, including names and details of interest. Include any person who has a right to share in the profits of the gambling operations (including assignees, landlords, etc.) or to whom any interest or share of profits has been pledged as a security for the performance of a contract or sale, or whom has an obligation for business liabilities relating to the gambling operation.

- Yes No 4. Does any person or entity have an option to purchase any share of the business (5% or more)? Explain, giving details including names and terms of option.
- Yes No 5. Was the purchase or startup of the business a cash transaction (including cash from loans)? Provide narrative statement as to original source of cash.
- Yes No 6. Does any person or entity other than the applicant own the land, building(s), equipment, or any other assets (including patents) used by the applicant? Provide full details including owner, item and terms.

B. OTHER INTERESTS

- Yes No 1. Has any owner, partner, shareholder, officer or director ever been issued a gambling license by any other agency?
- Yes No 2. Has the applicant or any owner, partner, shareholder, officer or director ever been denied a gambling license by any other agency? Provide full details, including jurisdiction and reason.
- Yes No 3. Has the applicant or any owner, partner, shareholder, officer or director ever had any action taken against a gambling license? Provide full details, including jurisdiction, license / permit number, and reasons.
- Yes No 4. Has the applicant or any owner, partner, shareholder, officer or director ever filed for or been involved in bankruptcy (other than as a creditor)?
- Yes No 5. Has the applicant or any owner, partner, officer or director ever been (for any offense): indicted, arrested, charged, tried, court-martialed, plead guilty, plead no contest, or had any criminal record expunged? Provide completed personal history statement (form attached) for all 5% and above owners, partners, officers / directors and gambling managers.

(6) RECORD KEEPING

- A. Who maintains the applicant's business records? _____
- B. Who prepares the tax returns, government forms and reports for the applicants?

- C. Where are the financial books and records for the applicant's business kept?

(7) OTHER:

Distributors: (List manufacturer(s) of gambling product distributed, (if applicable as a distributor or manufacturer.)
If more space is needed, complete on separate sheet.

* Name: _____

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|----------------|------|--------|------------------|-----|
| STREET ADDRESS | CITY | COUNTY | STATE / PROVINCE | ZIP |
|----------------|------|--------|------------------|-----|

TYPE OF PRODUCT MANUFACTURED

* Name: _____

| | | | | |
|----------------|------|--------|------------------|-----|
| STREET ADDRESS | CITY | COUNTY | STATE / PROVINCE | ZIP |
|----------------|------|--------|------------------|-----|

TYPE OF PRODUCT MANUFACTURED

OATH OF APPLICANT

I DECLARE UNDER THE PENALTIES OF FALSE SWEARING AND OR TAMPERING WITH PUBLIC RECORDS AND / OR REVOCATION OF ANY LICENSES GRANTED PURSUANT HERETO, THAT I AM THE APPLICANT OR DULY AUTHORIZED REPRESENTATIVE OF THE FIRM OR CORPORATION COMPLETING THIS APPLICATION AND THAT THE ANSWERS CONTAINED IN SAID APPLICATION, INCLUDING ANY ACCOMPANYING INFORMATION OR DOCUMENTS HAVE BEEN EXAMINED BY ME AND THAT THE MATTERS AND THINGS SET FORTH HEREIN ARE TRUE, CORRECT AND COMPLETE. I HAVE READ EACH PAGE OF THIS APPLICATION AND EACH PAGE BEARS MY INITIALS. I UNDERSTAND IF THIS APPLICATION OR ATTACHMENTS CONTAIN FALSE INFORMATION, I AM SUBMITTED TO THE CRIMINAL PENALTIES OF THIS JURISDICTION AND / OR REVOCATION OF ANY LICENSES GRANTED PURSUANT TO THE APPLICATION.

STATE / PROVINCE OF: _____ COUNTY OF: _____

_____, BEING DULY SWORN, IF FOR THEMELF, DEPOSES AND SAYS, THAT HE / SHE IS THE APPLICANT ABOVE NAMED; OR THAT HE / SHE IS OF THE ABOVE NAMED CORPORATION; THAT HE / SHE HAS READ THE FOREGOING APPLICATION AND ATTACHMENTS AND HE / SHE KNOWS THE CONTENTS THEREOF, AND THAT ALL MATTERS AND THINGS THEREIN SET FORTH ARE TRUE AND CORRECT TO THE BEST OF HIS / HER KNOWLEDGE.

SIGN HERE: (IF PARTNERSHIP, ALL PARTNERS MUST SIGN.)

PRESIDENT OR CHIEF EXECUTIVE OFFICER

PARTNER*

PARTNER*

PARTNER*

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____

(NOTARY PUBLIC)

NOTARY
SEAL

MY COMMISSION EXPIRES: _____