



# Pennsylvania Gaming Control Board

## SLOT OPERATOR AND MANAGEMENT COMPANY- APPLICATION AND DISCLOSURE INFORMATION FORM

**STADIUM CASINO INVESTORS, LLC**



**E. PRINCIPAL ENTITY FORM**

(TO BE COMPLETED BY EACH ENTITY THAT IS A PRINCIPAL IDENTIFIED IN SCHEDULES 10, 10A, 11, 13, 15 AND 18).

**2. APPLICATION AND LICENSING FEES**

**A. APPLICATION FEES AND INVESTIGATION DEPOSITS**

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKAGE. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE SLOT OPERATOR OR MANAGEMENT COMPANY APPLICANT AND THE APPLICANT'S AFFILIATED ENTITIES AND PERSONS FILING FORMS AS PART OF THE APPLICATION PACKAGE. APPLICATION FEES MUST BE SUBMITTED FOR EACH APPLICANT, AFFILIATED ENTITY AND PERSON, UNLESS OTHERWISE NOTED.

THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE SLOT OPERATOR OR MANAGEMENT COMPANY APPLICANT AND THE APPLICANT'S AFFILIATED ENTITIES AND PERSONS. THE SLOT OPERATOR OR MANAGEMENT COMPANY APPLICANT MUST REIMBURSE THE BOARD FOR ALL ADDITIONAL COSTS AND EXPENSES RELATED TO THE PROCESSING AND INVESTIGATION OF THEIR APPLICATION PACKAGE.

|   |            |
|---|------------|
| SLOT OPERATOR OR MANAGEMENT COMPANY APPLICANT ..... | \$5,000.00 |
| APPLICANT'S AFFILIATED ENTITIES .....               | \$2,500.00 |
| PRINCIPAL/KEY EMPLOYEES .....                       | \$2,500.00 |
| PRINCIPAL ENTITY.....                               | \$2,500.00 |

**B. LICENSING FEES**

LICENSING FEES MUST BE PAID PRIOR TO ISSUANCE OF THE LICENSE.

|   |                            |
|---|----------------------------|
| CATEGORY 1 SLOT MACHINE LICENSE .....           | \$50,000,000.00            |
| CATEGORY 2 SLOT MACHINE LICENSE .....           | \$50,000,000.00            |
| CATEGORY 3 SLOT MACHINE LICENSE .....           | \$5,000,000.00             |
| CATEGORY 1 OR 2 MANAGEMENT COMPANY LICENSE..... | \$1,500,000/3 YEAR LICENSE |
| CATEGORY 3 MANAGEMENT COMPANY LICENSE.....      | \$150,000/3 YEAR LICENSE   |

**3. APPLICATION FORM INSTRUCTIONS**

**GENERALLY**

AS USED IN THE SLOT OPERATOR OR MANAGEMENT COMPANY FORM, THE WORDS "APPLICANT" AND "YOU" SHALL MEAN THE SLOT OPERATOR OR MANAGEMENT COMPANY APPLICANT. WHEN APPLICANT'S AFFILIATED ENTITIES ARE COMPLETING THE FORM, "APPLICANT" AND "YOU" SHALL REFER TO THE AFFILIATED ENTITY COMPLETING THE FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.



READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY TO THE APPLICANT, WRITE "DOES NOT APPLY" IN RESPONSE TO THAT QUESTION. IF A SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT, WRITE "DOES NOT APPLY" ON THE SCHEDULE OR ADDENDUM.

APPENDICES ARE TO BE PROVIDED BY THE APPLICANT. THE REQUIRED APPENDICES ARE LISTED ON THE APPLICATION CHECKLIST. APPENDICES MUST BE PRESENTED IN A TABBED MANNER. EACH TAB MUST INDICATE THE APPENDIX NUMBER. IMMEDIATELY FOLLOWING THE TAB, APPLICANT MUST INSERT A PAGE WITH THE APPENDIX NUMBER AND ALL INFORMATION APPLICABLE TO THE APPENDIX. IF AN APPENDIX DOES NOT APPLY TO THE APPLICANT, WRITE "DOES NOT APPLY" ON THE APPENDIX PAGE.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE APPLICANT, OR IF THE APPLICANT IS NOT A NATURAL PERSON, THE PERSON AUTHORIZED TO COMPLETE THE FORM ON BEHALF OF THE APPLICANT MUST INITIAL EACH PAGE. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE. SOME SCHEDULES MAY REQUIRE DISCLOSURE OF INFORMATION FOR MORE THAN ONE NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION. IF THERE ARE MULTIPLE DISCLOSURES, MAKE ENOUGH ADDITIONAL COPIES OF THE BLANK SCHEDULE AND COMPLETE IT FOR EACH NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION.

ALL REQUIRED DOCUMENTATION, SUCH AS BUSINESS FORMATION PAPERS, TAX RETURNS AND APPENDICES, AS WELL AS THE APPLICATION FORMS THAT COMPRISE AN APPLICATION PACKAGE FOR A SLOT OPERATOR OR MANAGEMENT COMPANY LICENSE, AS LISTED ABOVE, MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO 58 PA. CODE §§421A.1(G) AND 423A.1(E), THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

ADDITIONAL FINANCIAL INFORMATION WILL BE REQUESTED AS NEEDED.

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 58 PA. CODE §423A.1(H).

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 (AS DEFINED IN 58 PA. CODE §401A.3) 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 58 PA. CODE §423A.5, ONCE THE APPLICATION HAS BEEN FILED, THE APPLICANT MAY ONLY WITHDRAW ITS APPLICATION BY FILING A PETITION WITH THE BOARD SEEKING PERMISSION TO WITHDRAW.

A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION ISSUANCE, RENEWAL OR OTHER AUTHORIZATION ISSUED BY THE BOARD IS A REVOCABLE PRIVILEGE. NO PERSON HOLDING A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION, RENEWAL, OR OTHER AUTHORIZATION IS DEEMED TO HAVE ANY PROPERTY RIGHTS RELATED TO THE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION.

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.

THIS IS AN APPLICATION FOR A SLOT MACHINE OR MANAGEMENT COMPANY LICENSE. AN ENTITY INTERESTED IN OFFERING TABLE GAMES MUST FIRST OBTAIN A SLOT MACHINE LICENSE IN ORDER TO BE ELIGIBLE TO FILE A PETITION SEEKING AUTHORIZATION TO CONDUCT TABLE GAMES. ANY REFERENCES TO TABLE GAMES IN THIS APPLICATION ARE FOR INFORMATIONAL PURPOSES ONLY.

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.

| <b>SLOT OPERATOR OR MANAGEMENT COMPANY APPLICANT</b>  |   |
|---|---|
| <b>INSERT THE NUMBER OF EACH OF THE FOLLOWING FORMS INCLUDED IN THIS APPLICATION PACKAGE.</b> |   |
| <b>7</b>  | <b>SLOT OPERATOR OR MANAGEMENT COMPANY DISCLOSURE INFORMATION FORM (FOR APPLICANT AND EACH OF APPLICANT'S AFFILIATED ENTITIES).</b>   |
| <b>0</b>  | <b>REQUEST FOR USE OF ALTERNATIVE CONDITIONAL/CATEGORY 1 LICENSING STANDARDS - ADDENDUM I (FOR CONDITIONAL/CATEGORY 1 APPLICANT REQUESTING THAT THE BOARD UTILIZE THE APPLICATION FILED IN AND LICENSE ISSUED BY ANOTHER JURISDICTION).</b> |
| <b>18</b>   | <b>MULTI - JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (MULTI - JURISDICTIONAL PHD)(FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE).</b>  |
| <b>18</b>   | <b>PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI - JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT) (FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE).</b>                                   |
| <b>5</b>  | <b>PRINCIPAL ENTITY FORM (FOR EACH ENTITY THAT IS A PRINCIPAL).</b>   |

**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)  |  |  |  |
| STADIUM CASINO INVESTORS, LLC  |  |  |  |
| TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES  |  |  |  |
| NONE   |  |  |  |
| IS THE APPLICANT A MINORITY OR WOMEN'S BUSINESS ENTERPRISE THAT IS CERTIFIED BY THE BUREAU OF MINORITY AND WOMEN'S BUSINESS OPPORTUNITIES OF THE DEPARTMENT OF GENERAL SERVICES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| IF YES, PROVIDE ENTERPRISE CERTIFICATION NUMBER. _____   |  |  |  |
| APPLICANT'S PRINCIPAL ADDRESS  |  |  |  |
| ADDRESS LINE 1   |  |  |  |
| 515 South Flower Street  |  |  |  |
| ADDRESS LINE 2   |  |  |  |
| Suite 2900   |  |  |  |
| ADDRESS LINE 3   |  |  |  |
| CITY   |  | STATE/PROVINCE                               | POSTAL CODE                            |
| Los Angeles  |  | CA   | 90071-2225                             |
| COUNTRY  |  | EMAIL ADDRESS                                |  |
| USA  |  | teverett@carlsmith.com                       |  |
| COUNTY   | TOWNSHIP                               | WEB URL                                      |  |
|  |  |  |  |
| PHONE NUMBER ( )   |  | FAX NUMBER ( )                               |  |
| (213) 955-1608   |  | (213) 623-0032                               |  |
| APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)  |  |  |  |
| ADDRESS LINE 1   |  |  |  |
| 116 Pine Street  |  |  |  |
| ADDRESS LINE 2   |  |  |  |
| c/o CT Corporation   |  |  |  |
| ADDRESS LINE 3   |  |  |  |
| Ste. 320   |  |  |  |
| CITY   |  | STATE/PROVINCE                               | POSTAL CODE                            |
| Harrisburg   |  | PA   | 17101                                  |
| COUNTRY  |  | EMAIL ADDRESS                                |  |
| USA  |  |  |  |
| COUNTY   | TOWNSHIP                               | WEB URL                                      |  |
| Dauphin  |  |  |  |
| PHONE NUMBER ( )   |  | FAX NUMBER ( )                               |  |
|  |  |  |  |
| CONTACT NAME FOR THIS APPLICATION  |  |  |  |
| FIRST NAME   | MIDDLE NAME                            | LAST NAME                                    | SUFFIX (JR., SR., ETC.)                |
| ALAN   |  | KOHLER                                       |  |
| TITLE  |  | INDIVIDUAL EMAIL ADDRESS                     |  |
| ESQUIRE  |  | [REDACTED]                                   |  |
| PHONE NUMBER ( )   |  | FAX NUMBER ( )                               |  |
| [REDACTED]   |  | [REDACTED]                                   |  |
| APPLICANT'S FORM OF ORGANIZATION   |  |  |  |
| CHECK ONE:   |  |  |  |
| <input type="checkbox"/> SOLE PROPRIETORSHIP   | <input type="checkbox"/> PARTNERSHIP   | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> C-CORPORATION |
| <input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY  | <input type="checkbox"/> S-CORPORATION | <input type="checkbox"/> TRUST               |  |
| <input type="checkbox"/> OTHER (DESCRIBE) _____  |  |  |  |

| APPLICANT'S ORGANIZATION DOCUMENTS  |                                 |
|---|---------------------------------|
| STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION<br>DELAWARE   | DATE OF FORMATION<br>10/23/2012 |
| APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS<br>STADIUM CASINO INVESTORS, LLC   |                                 |
| LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS<br>DELAWARE, PENNSYLVANIA   |                                 |
| COMPLETE <u>SCHEDULE 1</u> CONCERNING APPLICANT'S INCORPORATORS/FOUNDERS  |                                 |
| IS APPLICANT REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                 |

| APPLICANT'S IDENTIFICATION NUMBERS  |  |
|---|--|
| FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN<br>[REDACTED]  | PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER<br>[REDACTED]  |
| PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER<br>[REDACTED]   | PA LIQUOR CONTROL BOARD LICENSE NUMBER<br>DOES NOT APPLY * |
| PA WORKERS COMPENSATION POLICY NUMBER<br>[REDACTED]   | PA DEPARTMENT OF STATE - ENTITY NUMBER<br>4142720          |
| DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER STATE, LOCALITY OR THE FEDERAL GOVERNMENT? [REDACTED] |  |
| IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.  |  |

| APPLICANT'S BILLING CONTACT INFORMATION |  |                         |
|---|--|-------------------------|
| FIRST NAME<br>ALAN                      | LAST NAME<br>KOHLER                    | SUFFIX (JR., SR., ETC.) |
| TITLE<br>ATTORNEY                       | INDIVIDUAL EMAIL ADDRESS<br>[REDACTED] |                         |
| ADDRESS<br>213 MARKET STREET, 8TH FLOOR |  |                         |
| CITY<br>HARRISBURG                      | STATE/PROVINCE<br>PENNSYLVANIA         | POSTAL CODE<br>17101    |
| PHONE NUMBER ( )<br>(717) 237-7172      | FAX NUMBER ( )<br>(717) 237-6019       |                         |

| TYPE OF LICENSE APPLICANT IS SEEKING            |   |
|---|---|
| <input type="checkbox"/> CONDITIONAL CATEGORY 1 | <input type="checkbox"/> CONDITIONAL CATEGORY 1 AFFILIATE |
| <input type="checkbox"/> CATEGORY 1             | <input type="checkbox"/> CATEGORY 1 AFFILIATE             |
| <input type="checkbox"/> CATEGORY 2             | <input checked="" type="checkbox"/> CATEGORY 2 AFFILIATE  |
| <input type="checkbox"/> CATEGORY 3             | <input type="checkbox"/> CATEGORY 3 AFFILIATE             |
| <input type="checkbox"/> MANAGEMENT COMPANY     | <input type="checkbox"/> MANAGEMENT COMPANY AFFILIATE     |


| CRIMINAL HISTORY   |  |
|--|--|
| THE NEXT SECTION ASKS ABOUT ANY OFFENSES OR CHARGES APPLICANT OR ANY OF ITS PRINCIPALS OR KEY EMPLOYEES 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:<br>A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR BEFORE A LAW ENFORCEMENT AGENCY, STATE OR FEDERAL GRAND JURY, JUSTICE COURT, MUNICIPAL COURT, CITY COURT, MILITARY COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT. INCLUDE ALL DUI/DWI OFFENSES.<br>B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER AND ADVISED THAT YOU WERE UNDER |

\* Stadium Casino Investors, LLC is a recently formed entity in process of securing all necessary state and federal tax and employment identification numbers and will provide those to the Board as soon as they are available.

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|---|--|
|   | <p>ARREST, DETAINED, HELD FOR QUESTIONING, REQUESTED BY A POLICE OFFICER OR LAW ENFORCEMENT OFFICER TO COME TO A POLICE STATION AND ANSWER QUESTIONS, TAKEN INTO CUSTODY BY ANY POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, FINGERPRINTED, HELD IN JAIL, OR INSTRUCTED TO APPEAR IN COURT OR SUBPOENAED TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A."</p> <p>C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, CITATION OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."</p>   |
| <p>INSTRUCTIONS</p>   | <p>1. ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF:</p> <p>A. YOU DID NOT COMMIT THE OFFENSE CHARGED;</p> <p>B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;</p> <p>C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;</p> <p>D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM;</p> <p>E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;</p> <p>F. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY"</p> <p>G. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;</p> <p>H. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;</p> <p>I. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);</p> <p>J. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.</p> <p>2. ANSWER "NO" IF:</p> <p>A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;</p> <p>B. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.</p> <p><b>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</b></p> |
| <p>1. HAS APPLICANT OR ANY OF ITS PRINCIPALS OR KEY EMPLOYEES 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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>   |
| <p>1. A. HAS APPLICANT OR ANY OF ITS PRINCIPALS OR KEY EMPLOYEES EVER BEEN CONVICTED OF A FELONY?</p>   | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>   |
| <p>1. B. HAS APPLICANT OR ANY OF ITS PRINCIPALS OR KEY EMPLOYEES EVER BEEN CONVICTED OF A MISDEMEANOR OR GAMBLING OFFENSE?</p> <p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 23</b> CONCERNING CRIMINAL HISTORY.</p>                        | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>   |
| <p><b>TESTIMONY INVESTIGATIONS OR POLYGRAPHS</b></p>  |  |
| <p>2. HAS APPLICANT OR ANY OF ITS PRINCIPALS OR KEY EMPLOYEES EVER BEEN CALLED TO</p>   | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |

|  |   |
|--|---|
| <p>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?</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 24</b> CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.</p>  |   |
| <b>ANTITRUST, TRADE REGULATION &amp; SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS</b>   |   |
| <p>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?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <p>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?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE <b>SCHEDULE 26</b> CONCERNING ANTITRUST, TRADE REGULATION &amp; SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b>  |   |
| <p>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?</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <p>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?</p>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <p>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?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 27</b> CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.</p>  |   |
| <b>APPLICANT'S LICENSES AND PERMITS</b>  |   |
| <p>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 SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 28</b> CONCERNING NON-GAMING LICENSES AND PERMITS.</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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|   |   |
|---|---|
| <p>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 FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 29</b> CONCERNING GAMING LICENSES AND PERMITS.</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|---|

**APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS**

|   |   |
|---|---|
| <p>10. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS, 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?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| <p>11. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS, 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?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| <p>12. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS, EMPLOYEES OR ANY THIRD PARTIES 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?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| <p>13. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT DONATED OR LOANED PROPERTY OR ANY OTHER THING OF VALUE, OR ORGANIZED, SPONSORED OR PARTICIPATED IN FUNDRAISING ACTIVITIES FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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|---|---|
| <p>14A. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO PRINCIPALS, EMPLOYEES OR ANY THIRD PARTIES FOR THE PURPOSE OF REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS EITHER FOREIGN OR DOMESTIC?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| <p>14B. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES FORMED OR CAUSED TO BE FORMED, A POLITICAL ACTION COMMITTEE EITHER UNDER FEDERAL OR STATE ELECTION LAWS?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| <p>14C. AS A RESULT OF THE CITIZEN'S UNITED V. FEC DECISION, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE "INDEPENDENT EXPENDITURES", AS DEFINED IN SEC. 1621(E) OF THE PENNSYLVANIA ELECTION CODE, FOR THE PURPOSE OF INFLUENCING AN ELECTION COVERED BY THE PENNSYLVANIA ELECTION CODE?</p> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| 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?<br><b>SEE SCHEDULE 30</b> | <input type="checkbox"/> |
| 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?   | <input type="checkbox"/> |
| IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 30</b> , CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.   |                          |

### APPLICATION CHECKLIST

|  |   |           |
|--|---|-----------|
| PLACE A CHECKMARK IN THE BOX NEXT TO EACH ITEM APPLICANT HAS ATTACHED TO THIS APPLICATION AND DISCLOSURE INFORMATION FORM.   |   |           |
| EACH ITEM MARKED AS MANDATORY MUST BE COMPLETED AND SUBMITTED AS PART OF THIS APPLICATION FORM. IF ANY ITEM IS MISSING, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IF A QUESTION, SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT, YOU MUST WRITE "DOES NOT APPLY" IN EACH FIELD OF THE QUESTION, SCHEDULE OR ADDENDUM. |   |           |
| <input checked="" type="checkbox"/>  | SCHEDULE 1: INCORPORATORS/FOUNDERS  | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 2: OTHER NAMES USED BY APPLICANT   | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT   | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 4: ADDRESSES USED BY APPLICANT   | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES                                   | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES                 | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 7: EMPLOYEES EARNING OVER \$250,000 IN ANNUAL COMPENSATION FROM APPLICANT              | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS    | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)                        | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 10: VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)                     | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS, LLCs) | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS, LLCs)  | MANDATORY |
| <input checked="" type="checkbox"/>  | SCHEDULE 11: NON-VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)                 | MANDATORY |

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| <input checked="" type="checkbox"/> | SCHEDULE 12: LONG TERM DEBT   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 13: HOLDERS OF LONG TERM DEBT  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 16: SECURITIES OPTIONS   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 18: OTHER PRINCIPALS   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 19: FINANCIAL INSTITUTIONS   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 20: CONTRACTS  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 21: STOCK HELD BY APPLICANT  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 22: INSIDER TRANSACTIONS   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 23: CRIMINAL HISTORY   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 25: EXISTING LITIGATION  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 26: ANTITRUST, TRADE REGULATION AND SECURITY JUDGMENTS;<br>STATUTORY AND REGULATORY VIOLATIONS | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS   | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 28: NON-GAMING LICENSES AND PERMITS  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 29: GAMING LICENSES AND PERMITS  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 30: APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 31: APPLICANT BACKGROUND PART 1  | MANDATORY                       |
| <input checked="" type="checkbox"/> | SCHEDULE 32: APPLICANT BACKGROUND PART 2  | MANDATORY                       |
| <input checked="" type="checkbox"/> | APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW   | MANDATORY                       |
| <input checked="" type="checkbox"/> | AFFIDAVIT   | MANDATORY                       |
| <input checked="" type="checkbox"/> | RELEASE AUTHORIZATION   | MANDATORY                       |
| <input checked="" type="checkbox"/> | WAIVER OF LIABILITY   | MANDATORY                       |
| <input checked="" type="checkbox"/> | DIVERSITY PLAN STATEMENT  | MANDATORY                       |
| <input type="checkbox"/>            | CONDITIONAL/CATEGORY 1 APPLICANT'S AFFIRMATION  | CATEGORY 1<br>APPLICANT<br>ONLY |

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| <input type="checkbox"/>            | ADDENDUM 1 – REQUEST FOR USE OF ALTERNATIVE CATEGORY 1 SLOT MACHINE LICENSING STANDARDS FORM  | CATEGORY 1 APPLICANT ONLY          |
| <input type="checkbox"/>            | ALTERNATIVE LICENSING AFFIDAVIT   | OPTIONAL CATEGORY 1 APPLICANT ONLY |
| <input checked="" type="checkbox"/> | LICENSED ENTITY REPRESENTATIVE REGISTRATION   | MANDATORY                          |
| <input checked="" type="checkbox"/> | ANNUAL CERTIFICATION TO PREVENT VIOLATIONS OF SECTION 1513 FORM   | MANDATORY                          |
| <input checked="" type="checkbox"/> | PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM   | MANDATORY                          |
| <input checked="" type="checkbox"/> | FINANCIAL STATEMENT CERTIFICATION   | MANDATORY                          |
| <input checked="" type="checkbox"/> | MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (ONE FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE)  | MANDATORY                          |
| <input checked="" type="checkbox"/> | PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (ONE FOR EACH NATURAL PERSON WHO IS A PRINCIPAL OR KEY EMPLOYEE) | MANDATORY                          |
| <input checked="" type="checkbox"/> | PRINCIPAL ENTITY FORM (ONE FOR EACH ENTITY THAT IS A PRINCIPAL)   | MANDATORY                          |

## APPENDICES

| <p><b>APPENDICES: THE APPENDICES ARE DOCUMENTS THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDICES ARE NOT REPRESENTED IN THE APPLICATION QUESTIONS OR ITS SCHEDULES OR ADDENDA. EACH APPENDIX 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.</b></p> |  |           |
|---|--|-----------|
| <input checked="" type="checkbox"/>   | <p>APPENDIX 1: DESCRIPTION OF THE BUSINESS CURRENTLY PERFORMED AND THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH. THIS INFORMATION MUST BE SPECIFIC AND MUST BE ORGANIZED AROUND THE TOPICS SHOWN IN <b>SCHEDULES 31 AND 32</b>. ADDITIONALLY, APPLICANT MUST INDICATE THE RELATIONSHIP BETWEEN IT AND ITS AFFILIATED ENTITIES AS IT RELATES TO THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH IN THE FORM OF AN ORGANIZATION CHART WITH A NARRATIVE DESCRIPTION.</p> | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 2: DESCRIPTION OF ANY FORMER BUSINESS ENGAGED IN DURING THE LAST TEN (10) YEARS AND THE REASON FOR CESSATION OF THE BUSINESS.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 3: DESCRIPTION OF ALL BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 8</b>.</p>   | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 4: DESCRIPTION OF LONG TERM DEBT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULES 12 AND 13</b>.</p>   | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 5: DESCRIPTION OF OTHER INDEBTEDNESS AND SECURITY DEVICES. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULES 14 AND 15</b>.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 6: DESCRIPTION OF SECURITIES OPTIONS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULES 16 AND 17</b>.</p>   | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 7: DESCRIPTION OF EXISTING LITIGATION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <b>SCHEDULE 25</b>.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 8: AUDITED FINANCIAL STATEMENT FOR THE LAST FISCAL YEAR. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 9: AUDITED FINANCIAL STATEMENTS FOR THE LAST FIVE (5) YEARS. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 10: ANNUAL REPORTS FOR THE LAST FIVE (5) YEARS.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 11A: ANNUAL REPORTS PREPARED ON THE SEC'S 10K FOR THE LAST FIVE (5) YEARS.<br/>APPENDIX 11B: COPIES OF ANNUAL OR QUARTERLY FILINGS FOR THE LAST FIVE (5) YEARS REQUIRED UNDER THE LAWS OF A REGULATORY AGENCY OF ANOTHER COUNTRY.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 12: A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT.</p>  | MANDATORY |
| <input checked="" type="checkbox"/>   | <p>APPENDIX 13: A COPY OR COPIES OF ANY INTERIM REPORTS.</p>   | MANDATORY |

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| <input checked="" type="checkbox"/> | APPENDIX 14: A COPY OF THE LAST DEFINITIVE PROXY OR INFORMATION STATEMENT (SEC).  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 15: A COPY OF ALL REGISTRATION STATEMENTS FOR THE LAST FIVE (5) YEARS FILED IN ACCORDANCE WITH THE SECURITIES ACT OF 1933.   | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 16: COPIES OF ALL OTHER REPORTS PREPARED IN THE LAST FIVE (5) YEARS BY INDEPENDENT AUDITORS OF THE APPLICANT.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 17: CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 18: CURRENT OWNERSHIP TABLE OF ORGANIZATION.   | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 19: FUNCTIONAL TABLE OF ORGANIZATION FOR APPLICANT WITH, JOB DESCRIPTIONS, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$250,000 IN ANNUAL COMPENSATION.   | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 20: COPIES OF FEDERAL ENTITY TAX FILINGS, INCLUDING FORMS 1120, 1120-S, 1120-F, 1065, 941 AND ALL OTHER BUSINESS RELATED TAX FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 21: COPIES OF 5500 FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 22: DESCRIBE CRIMINAL HISTORY OF APPLICANT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <u>SCHEDULE 23</u> . NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 23: PURSUANT TO §1312 OF THE GAMING ACT, THE BOARD MAY NOT APPROVE AN APPLICATION FOR LICENSURE IF ANY OF ITS PRINCIPALS DO NOT MEET THE CHARACTER REQUIREMENTS OF §1310, ELIGIBILITY REQUIREMENTS, OR PURCHASES A CONTROLLING INTEREST IN A LICENSED GAMING ENTITY IN VIOLATION OF §1328.<br><br>HAS THE APPLICANT DIVESTED ALL INTERESTS THAT WOULD PROHIBIT LICENSURE AND ELIMINATED ANY PRINCIPAL WHO DOES NOT MEET THE CHARACTER OR ELIGIBILITY REQUIREMENTS? IF NOT, PROVIDE AN EXPLANATION. IF IT DOES NOT APPLY, WRITE DOES NOT APPLY IN RESPONSE TO THIS APPENDIX.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 24: PURSUANT TO §1330 OF THE GAMING ACT, NO LICENSEE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY MAY POSSESS AN OWNERSHIP OR FINANCIAL INTEREST THAT IS GREATER THAN 33.3% OF ANOTHER SLOT MACHINE LICENSEE OR PERSON ELIGIBLE TO APPLY FOR A CATEGORY 1 LICENSE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY.<br><br>DOES THE APPLICANT POSSESS AN OWNERSHIP OR FINANCIAL INTEREST THAT IS GREATER THAN 33.3% OF ANOTHER SLOT MACHINE LICENSEE OR PERSON ELIGIBLE TO APPLY FOR A CATEGORY 1 LICENSE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY? PROVIDE AN EXPLANATION OR WRITE "DOES NOT APPLY". | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 25: PURSUANT TO §1512 OF THE GAMING ACT, NO EXECUTIVE-LEVEL STATE EMPLOYEE, PUBLIC OFFICIAL, PARTY OFFICER OR IMMEDIATE FAMILY MEMBER THEREOF SHALL HAVE A FINANCIAL INTEREST IN OR BE EMPLOYED, DIRECTLY OR INDIRECTLY, BY ANY LICENSED RACING ENTITY OR LICENSED GAMING ENTITY, OR ANY HOLDING, AFFILIATE, INTERMEDIARY OR SUBSIDIARY COMPANY, THEREOF, OR ANY SUCH APPLICANT.   | MANDATORY |

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|                                     | HAS ANY PUBLIC OFFICIAL OR OTHER PROHIBITED PERSON POSSESSED A FINANCIAL INTEREST IN OR BEEN EMPLOYED DIRECTLY OR INDIRECTLY BY THE APPLICANT OR RELATED ENTITY AT OR FOLLOWING THE EFFECTIVE DATE OF THE PA GAMING ACT?   |           |
| <input checked="" type="checkbox"/> | APPENDIX 26: PURSUANT TO §1313 OF THE GAMING ACT, PROVIDE INFORMATION, DOCUMENTATION AND ASSURANCES DEMONSTRATING THAT THE APPLICANT HAS SUFFICIENT BUSINESS ABILITY AND EXPERIENCE TO CREATE AND MAINTAIN A SUCCESSFUL, EFFICIENT OPERATION. ALSO PROVIDE BIOGRAPHIES OF THE KNOWN INDIVIDUALS WHO WILL PERFORM EXECUTIVE MANAGEMENT DUTIES AND PROVIDE NAMES OF ALL PROPOSED KEY EMPLOYEES AND A DESCRIPTION OF THEIR RESPECTIVE OR PROPOSED RESPONSIBILITIES AS THEY BECOME KNOWN.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 27: PURSUANT TO §1207(16) OF THE GAMING ACT, THE LICENSEE MUST SELL PENNSYLVANIA STATE LOTTERY TICKETS AT ITS FACILITY AS NEAR AS PRACTICABLE TO THE PAY WINDOWS. PROVIDE A PROPOSED FLOOR PLAN SPECIFYING THE LOCATIONS WHERE STATE LOTTERY TICKETS WILL BE SOLD AND THE PROXIMITY OF THOSE LOCATIONS TO PAY WINDOWS: (NOTE: THIS SUBMISSION MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 28: PROVIDE A LIST OF ANY HOSPITAL, PLACE OF WORSHIP, SCHOOL, CHARITABLE INSTITUTION, PARK, ZOO OR ANY SIMILAR PLACE FREQUENTED BY THE PUBLIC WITHIN 1500 FEET OF THE PROPOSED FACILITY.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 29: SUBMIT AN INITIAL NARRATIVE DESCRIPTION OF PROPOSED ADMINISTRATIVE AND ACCOUNTING PROCEDURES, INCLUDING A WRITTEN SYSTEM OF INTERNAL CONTROL, PURSUANT TO §1322 OF THE GAMING ACT (NOTE: THIS SUBMISSION MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).   | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 30: PROVIDE MARKETING PLANS AND PROPOSALS AND DETAILS OF THE PROXIMITY OF THE FACILITY TO ITS MARKETING SERVICE AREA.   | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 31: PROVIDE COPIES OF LOCAL ZONING AND LAND USE APPROVALS OR A DETAILED EXPLANATION OF THE STATUS OF THE REQUEST WITH COPIES OF ALL FILINGS.  | MANDATORY |
| <input checked="" type="checkbox"/> | APPENDIX 32: PURSUANT TO §1322 OF THE GAMING ACT AND/OR BOARD REGULATIONS, SUBMIT A COMPLETE PROPOSED SITE PLAN OF THE PROPOSED LICENSED FACILITY, INCLUSIVE OF TRAFFIC STUDIES AND THE PARKING PLAN, INCLUDING THE NUMBER OF PARKING SPACES, ACCOMPANIED BY ARCHITECTURAL DRAWINGS AND A PROPOSED GAMING FLOOR LAYOUT. THE GAMING FLOOR LAYOUT SHOULD CLEARLY DELINEATE THE SQUARE FOOTAGE OF THE AREA TO BE USED FOR THE PLACEMENT OF SLOT MACHINES AND TABLE GAMES AS WELL AS THE SQUARE FOOTAGE OF THE AREA THAT WILL NOT BE USED FOR THE PLACEMENT OF SLOT MACHINES AND TABLE GAMES. FURTHER, THE GAMING FLOOR LAYOUT SHOULD DELINEATE THE SQUARE FOOTAGE RESERVED FOR ADDITIONAL SLOT MACHINES AND TABLE GAMES PERMITTED PURSUANT TO §1210 AND §13A11 OF THE GAMING ACT. PURSUANT TO §1210, PROVIDE DETAILS OF THE PROPOSED LOCATION OF SLOT MACHINES AND TABLE GAMES AT THE FACILITY AND THE NUMBER OF SLOT MACHINES AND TABLE GAMES REQUESTED. PURSUANT TO §1207 OF THE GAMING ACT, PROPOSED SURVEILLANCE CAMERA LOCATIONS BOTH WITHIN AND OUTSIDE THE PROPOSED LICENSED FACILITY SHOULD ALSO BE CLEARLY DELINEATED ON THE GAMING FLOOR LAYOUT AS WELL AS PROPOSED SECURITY ZONES ON THE GAMING FLOOR AND WITHIN AND OUTSIDE THE LICENSED FACILITY. (NOTE: THE SITE PLAN, GAMING FLOOR LAYOUT AND RELATED SURVEILLANCE AND SECURITY PROPOSALS MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION). | MANDATORY |

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| ☑ | APPENDIX 33: PROVIDE DETAILS OF PLANNED RETAIL AND FOOD VENUES FOR THE FACILITY AND THE IDENTIFICATION OF THE OPERATORS OF EACH RETAIL FOOD VENUE.  | MANDATORY |
| ☑ | APPENDIX 34: PROVIDE A LOCAL IMPACT REPORT, ENGINEERING REPORTS AND TRAFFIC STUDIES, INCLUDING DETAILS OF ANY ADVERSE IMPACT ON TRANSPORTATION, TRANSIT ACCESS, HOUSING, WATER AND SEWER SYSTEMS, LOCAL POLICE AND EMERGENCY SERVICE CAPABILITIES, EXISTING TOURISM, INCLUDING HISTORICAL AND CULTURAL RESOURCES OR OTHER MUNICIPAL SERVICE OR RESOURCE. A COPY OF THE LOCAL IMPACT REPORT SHALL BE PROVIDED TO EACH POLITICAL SUBDIVISION IN WHICH THE LICENSED FACILITY WILL BE LOCATED AT LEAST SEVEN (7) DAYS PRIOR TO THE FILING OF THE APPLICATION FOR A SLOT MACHINE LICENSE. THE APPLICANT SHALL FILE A PROOF OF SERVICE WITH THE BOARD.  | MANDATORY |
| ☑ | APPENDIX 35: PROVIDE DETAILS OF LAND ACQUISITION COSTS.   | MANDATORY |
| ☑ | APPENDIX 36: PROVIDE DETAILS OF A COMPULSIVE OR PROBLEM GAMBLING PLAN.  | MANDATORY |
| ☑ | APPENDIX 37: IF A TEMPORARY FACILITY IS TO BE LICENSED, PROVIDE DETAILS OF THE TEMPORARY FACILITY AS WELL AS A PLAN FOR HOW THE LICENSEE WILL TRANSITION TO A PERMANENT FACILITY, INCLUDING A DATE FOR THE COMPLETION OF THE PERMANENT FACILITY.  | MANDATORY |
| ☑ | <p>APPENDIX 38: AS REQUIRED BY §1325 OF THE GAMING ACT, APPLICANT MUST ADDRESS EACH ITEM LISTED IN THIS SECTION. IF AN ITEM DOES NOT APPLY, THE APPLICANT MUST STATE THAT IN RESPONSE TO EACH ITEM LISTED. PROVIDE A PLAN, WITH DETAILS, FOR THE FOLLOWING:</p> <p>(1) THE LOCATION AND QUALITY OF THE PROPOSED FACILITY, INCLUDING, BUT NOT LIMITED TO, ROAD AND TRANSIT ACCESS, PARKING AND CENTRALITY TO MARKET SERVICE AREA;</p> <p>(2) THE POTENTIAL FOR NEW JOB CREATION AND ECONOMIC DEVELOPMENT WHICH WILL RESULT FROM GRANTING A LICENSE TO THE APPLICANT;</p> <p>(3) THE APPLICANT'S GOOD FAITH PLAN TO RECRUIT, TRAIN AND UPGRADE DIVERSITY IN ALL EMPLOYMENT CLASSIFICATIONS IN THE FACILITY;</p> <p>(4) THE APPLICANT'S GOOD FAITH PLAN FOR ENHANCING THE REPRESENTATION OF DIVERSE GROUPS IN THE OPERATION OF ITS FACILITY THROUGH THE OWNERSHIP AND OPERATION OF BUSINESS ENTERPRISES ASSOCIATED WITH OR UTILIZED BY ITS FACILITY OR THROUGH THE PROVISION OF GOODS OR SERVICES UTILIZED BY ITS FACILITY AND THROUGH THE PARTICIPATION IN THE OWNERSHIP OF THE APPLICANT. PROVIDE SPECIFIC INFORMATION REGARDING THE DIVERSITY IN OWNERSHIP OF THE APPLICANT, I.E. MINORITIES, WOMEN;</p> <p>(5) THE APPLICANT'S GOOD FAITH EFFORT TO ASSURE THAT ALL PERSONS ARE ACCORDED EQUALITY OF OPPORTUNITY IN EMPLOYMENT AND CONTRACTING BY IT AND ANY CONTRACTORS, SUBCONTRACTORS, ASSIGNEES, LESSEES, AGENTS, GAMING SERVICE PROVIDERS AND SUPPLIERS IT MAY EMPLOY DIRECTLY OR INDIRECTLY;</p> <p>(6) THE HISTORY AND SUCCESS OF THE APPLICANT IN DEVELOPING TOURISM FACILITIES ANCILLARY TO GAMING DEVELOPMENT, IF APPLICABLE TO THE APPLICANT;</p> <p>(7) THE DEGREE TO WHICH THE APPLICANT PRESENTS A PLAN FOR THE PROJECT WHICH WILL LIKELY LEAD TO THE CREATION OF QUALITY, LIVING-WAGE JOBS AND FULL-TIME PERMANENT JOBS FOR RESIDENTS OF THIS COMMONWEALTH GENERALLY AND FOR RESIDENTS OF THE HOST POLITICAL SUBDIVISION IN PARTICULAR;</p> | MANDATORY |



|   |  |           |
|---|--|-----------|
|   | <p>(8) THE RECORD OF THE APPLICANT AND ITS DEVELOPER IN MEETING COMMITMENTS TO LOCAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS AND EMPLOYEES IN OTHER LOCATIONS;</p> <p>(9) THE DEGREE TO WHICH POTENTIAL ADVERSE EFFECTS WHICH MIGHT RESULT FROM THE PROJECT, INCLUDING COSTS OF MEETING THE INCREASED DEMAND FOR PUBLIC HEALTH CARE, CHILD CARE, PUBLIC TRANSPORTATION, AFFORDABLE HOUSING AND SOCIAL SERVICES, WILL BE MITIGATED;</p> <p>(10) THE RECORD OF THE APPLICANT AND ITS DEVELOPER REGARDING COMPLIANCE WITH</p> <p>(I) FEDERAL, STATE AND LOCAL DISCRIMINATION, WAGE AND HOUR, DISABILITY AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS AS WELL AS</p> <p>(II) STATE AND LOCAL LABOR RELATIONS AND EMPLOYMENT LAWS;</p> <p>(III) THE APPLICANT'S RECORD IN DEALING WITH ITS EMPLOYEES AND THEIR REPRESENTATIVES AT OTHER LOCATIONS.</p> |           |
| ☑ | APPENDIX 39: PROVIDE INFORMATION DEMONSTRATING ADEQUATE FINANCING FOR THE PROPOSED FACILITY AND TERMS OF FINANCING INCLUDING PAYBACK PERIOD.   | MANDATORY |
| ☑ | APPENDIX 40: PROVIDE BUSINESS AND ECONOMIC DEVELOPMENT PLANS AND TIMETABLES, PROJECTED DEBT SERVICE EXPENSES, PROJECTED EBITDA AND INTERNAL RATE OF RETURN, PROJECTED ANNUAL GROSS TERMINAL REVENUE, PROJECTED OPERATING AND CAPITAL EXPENSES AND DEFINED GAMING MARKET AND PROJECTED VISITATION.  | MANDATORY |
| ☑ | <p>APPENDIX 41: PROVIDE LETTERS OF REFERENCE FROM LAW ENFORCEMENT AGENCIES HAVING JURISDICTION IN THE APPLICANT'S AND PRINCIPAL'S MAIN PLACE OF RESIDENCE AND PLACE OF BUSINESS INDICATING THAT THE AGENCY DOES NOT HAVE ANY PERTINENT INFORMATION RELATING TO THE APPLICANT OR ITS PRINCIPALS. IF THE LAW ENFORCEMENT AGENCY HAS INFORMATION PERTAINING TO THE APPLICANT OR ITS PRINCIPALS, THE LETTER SHALL SPECIFY THE DETAILS OF THE INFORMATION.</p> <p>IF NO LETTERS ARE RECEIVED WITHIN 30 DAYS OF THE REQUEST, THE APPLICANT OR PRINCIPAL MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT OR PRINCIPAL IS A CITIZEN IN GOOD STANDING IN HIS JURISDICTION OF RESIDENCE AND PRIMARY PLACE OF BUSINESS.</p>   | MANDATORY |
| ☑ | <p>APPENDIX 42: IF THE APPLICANT HAS HELD A GAMING LICENSE IN ANY JURISDICTION, PROVIDE A LETTER OF REFERENCE FROM THE GAMING OR CASINO ENFORCEMENT OR REGULATORY AGENCY IN THE OTHER JURISDICTION, SPECIFYING THE EXPERIENCES OF THE AGENCY WITH THE APPLICANT, THE APPLICANT'S ASSOCIATES AND THE APPLICANT'S GAMING OPERATION.</p> <p>IF NO LETTER IS RECEIVED WITHIN 30 DAYS OF REQUEST BY THE APPLICANT, THE APPLICANT MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT'S OPERATION IS IN GOOD STANDING WITH THE REGULATORY AGENCY.</p>  | MANDATORY |
| ☑ | APPENDIX 43: PROVIDE AN ORIGINAL PAYMENT BOND OR AN ORIGINAL IRREVOCABLE LETTER OF CREDIT THAT INCLUDES A DRAW CERTIFICATE, AT THE APPLICANT'S OPTION, GUARANTEEING THE APPLICANT'S PAYMENT OF THE SLOT MACHINE LICENSE FEE REQUIRED BY §1209 (FOR CATEGORY 1 AND 2) AND §1305 (CATEGORY 3) OF THE GAMING ACT.   | MANDATORY |
| ☑ | APPENDIX 44: PROVIDE A CHART OF EXISTING GAMING SERVICE PROVIDERS* INCLUDING THE NAME, ADDRESS, PHONE AND TAX IDENTIFICATION NUMBER OF THE   | MANDATORY |

|                                     |  |           |
|-------------------------------------|--|-----------|
|                                     | <p>GAMING SERVICE PROVIDERS, TYPES OF GOODS AND/OR SERVICES PROVIDED BY THE GAMING SERVICE PROVIDERS, TOTAL DOLLAR AMOUNT OF BUSINESS WITH GAMING SERVICE PROVIDERS IN THE PAST TWELVE (12) MONTHS AND TOTAL DOLLAR AMOUNT OF BUSINESS EXPECTED TO BE CONDUCTED WITH GAMING SERVICE PROVIDERS IN THE NEXT TWELVE (12) MONTHS.</p> <p>* GAMING SERVICE PROVIDERS IS DEFINED IN 58 PA. CODE §401A.3.</p>   |           |
| <input checked="" type="checkbox"/> | <p>APPENDIX 45: PROVIDE A SUMMARY OF ALL PERSONS WHO HOLD AN OWNERSHIP OR OTHER BENEFICIAL INTEREST IN THE APPLICANT AND ANY SUCH INTEREST IN ANY OF ITS PRINCIPAL AFFILIATES OR PRINCIPAL ENTITIES REQUIRED TO BE LICENSED OR PERMITTED IN PENNSYLVANIA; PROVIDED HOWEVER, IF ANY OF THE ENTITIES ARE PUBLICLY TRADED, ONLY INTERESTS EQUAL TO OR EXCEEDING FIVE PERCENT MUST BE DISCLOSED. OWNERSHIP INTEREST SHOULD BE PROVIDED IN A MANNER CONSISTENT WITH THE OWNERSHIP INTEREST REPORT FOUND ON THE BOARD'S WEBSITE UNDER LICENSURE/REPORTS AND GENERAL INFORMATION.</p> | MANDATORY |

**CATEGORY 1 APPLICANTS ONLY**

|                          |   |                           |
|--------------------------|---|---------------------------|
| <input type="checkbox"/> | <p>APPENDIX 46: PURSUANT TO §1308(C) OF THE GAMING ACT, THE BOARD AND THE COMMISSIONS SHALL NOT CONSIDER ANY APPLICATION FOR A LICENSE IF THE APPLICANT OR ANY PERSON AFFILIATED WITH OR DIRECTLY RELATED TO THE APPLICANT IS A PARTY IN ANY ONGOING CIVIL PROCEEDING IN WHICH THE PARTY IS SEEKING TO OVERTURN OR OTHERWISE CHALLENGE A DECISION OR ORDER OF THE BOARD OR COMMISSIONS PERTAINING TO THE APPROVAL, DENIAL OR CONDITIONING OF A LICENSE TO CONDUCT THOROUGHBRED OR HARNESS HORSE RACE MEETINGS RESPECTIVELY WITH PARI-MUTUEL WAGERING OR TO OPERATE SLOT MACHINES.</p> <p>IS THE APPLICANT OR AFFILIATED PERSON A PARTY TO ANY ONGOING CIVIL PROCEEDINGS SEEKING TO OVERTURN A DECISION OR ORDER OF THE BOARD OR COMMISSIONS? IF YES, THE BOARD MAY NOT CONSIDER THE APPLICATION. IF NO, PROVIDE A STATEMENT ASSERTING THAT THE APPLICANT IS NOT CHALLENGING THE BOARD OR COMMISSION'S DECISION OR ORDERS.</p> | CATEGORY 1 APPLICANT ONLY |
| <input type="checkbox"/> | <p>APPENDIX 47: PROVIDE A VERIFICATION FROM THE HORSE RACING COMMISSION OR THE HARNESS RACING COMMISSION STATING THAT THE APPLICANT HAS SATISFIED THE LICENSE ELIGIBILITY REQUIREMENTS UNDER §1302 OF THE GAMING ACT (RELATING TO CONDITIONAL/CATEGORY 1 SLOT MACHINE LICENSE) AND THAT THE APPLICANT SATISFIES THE LIVE RACING REQUIREMENTS UNDER §1303 OF THE GAMING ACT.</p>   | CATEGORY 1 APPLICANT ONLY |
| <input type="checkbox"/> | <p>APPENDIX 48: PROVIDE A STATEMENT DETAILING THE APPLICANT'S REGULATORY HISTORY AS A LICENSED RACING ENTITY UNDER THE JURISDICTION OF THE PENNSYLVANIA HORSE RACING COMMISSION OR STATE HARNESS RACING COMMISSION, INCLUDING THE APPLICANT'S HISTORY OF SUITABILITY AND COMPLIANCE WITH THE RACE HORSE INDUSTRY REFORM ACT IN THE OPERATION OF THE RACE TRACK AND NONPRIMARY LOCATIONS AND THE CONDUCT OF PARI-MUTUEL WAGERING.</p>  | CATEGORY 1 APPLICANT ONLY |
| <input type="checkbox"/> | <p>APPENDIX 49: PROVIDE A DETAILED PLAN FOR THE MANAGEMENT OF ACCOUNTS CREATED FROM FUNDS ALLOCATED UNDER §1406 OF THE GAMING ACT (RELATING TO DISTRIBUTIONS FROM PENNSYLVANIA RACE HORSE DEVELOPMENT FUND).</p>  | CATEGORY 1 APPLICANT ONLY |
| <input type="checkbox"/> | <p>APPENDIX 50: PROVIDE A DETAILED PLAN FOR THE MANAGEMENT AND USE OF BACKSIDE AREA IMPROVEMENT AND MAINTENANCE ACCOUNTS UNDER §1404 OF THE GAMING ACT (RELATING TO DISTRIBUTION FROM LICENSEE'S REVENUE RECEIPTS).</p>   | CATEGORY 1 APPLICANT ONLY |

**CATEGORY 3 APPLICANTS ONLY**

|                          |  |                                  |
|--------------------------|--|----------------------------------|
| <input type="checkbox"/> | <p>APPENDIX 51: PROVIDE A STATEMENT DETAILING THE PROPOSED PLANS AND LOCATION OF THE LICENSED FACILITY AND EXPLAIN HOW THE FACILITY WILL BE LOCATED AT A WELL-ESTABLISHED RESORT HOTEL (AS DEFINED IN BOARD REGULATIONS). INCLUDE A STATEMENT OF THE NUMBER OF ROOMS UNDER COMMON OWNERSHIP, AND HOW EACH ROOM IS HELD, I.E. NON-DEEDED TIME SHARE, DEEDED TIME SHARE AND STANDARD HOTEL ROOM. ALSO INCLUDE IN THE STATEMENT A LIST OF THE SUBSTANTIAL YEAR-ROUND RECREATIONAL GUEST AMENITIES OFFERED. THE STATEMENT MUST ALSO DEMONSTRATE COMPLIANCE WITH THE GEOGRAPHICAL REQUIREMENTS OF §1305(B) OF THE GAMING ACT (RELATING TO CATEGORY 3 SLOT MACHINE LICENSE), WHICH PROVIDES THAT NO CATEGORY 3 LICENSEE SHALL BE LOCATED WITHIN 15 LINEAR MILES OF ANOTHER LICENSED FACILITY.</p>              | <p>CATEGORY 3 APPLICANT ONLY</p> |
| <input type="checkbox"/> | <p>APPENDIX 52: PROVIDE DOCUMENTATION TO THE BOARD PROVING THAT THE APPLICANT IS THE OWNER OF THE WELL-ESTABLISHED RESORT HOTEL OR IS A WHOLLY OWNED SUBSIDIARY OF THE OWNER OF THE WELL-ESTABLISHED RESORT HOTEL.</p>   | <p>CATEGORY 3 APPLICANT ONLY</p> |
| <input type="checkbox"/> | <p>APPENDIX 53: PROVIDE A STATEMENT DETAILING THE APPLICANT'S PROPOSED AMENITIES PLAN. EXPLAIN THE AMENITIES THAT THE APPLICANT INTENDS TO MAKE AVAILABLE AT THE RESORT HOTEL AND THE COSTS OF THE AMENITIES TO PATRONS OF THE RESORT HOTEL.</p>   | <p>CATEGORY 3 APPLICANT ONLY</p> |
| <input type="checkbox"/> | <p>APPENDIX 54: PROVIDE A PROPOSED FEE SCHEDULE FOR EACH AMENITY OFFERED AT THE WELL-ESTABLISHED RESORT AND A JUSTIFICATION FOR HOW THE FEES MEET THE DEFINITION OF NON-DE MINIMIS CONSIDERATION (AS DEFINED IN BOARD REGULATIONS). THE FEE SCHEDULE SHOULD INCLUDE PROPOSED FEES FOR SEASONAL OR YEAR-ROUND MEMBERSHIPS.</p>  | <p>CATEGORY 3 APPLICANT ONLY</p> |
| <input type="checkbox"/> | <p>APPENDIX 55: PROVIDE A PLAN DETAILING HOW THE APPLICANT, AS PART OF ITS OPERATIONAL PLAN, WILL MONITOR THE GAMING AREA TO ENSURE COMPLIANCE WITH REGULATIONS RELATING TO SELF-EXCLUSION; PERSONS REQUIRED TO BE EXCLUDED AND UNDERAGE GAMING AND THAT ONLY THE FOLLOWING PERSONS ARE PERMITTED TO ENTER THE GAMING AREA: (1) REGISTERED OVERNIGHT GUESTS; (2) PATRONS OF ONE OR MORE AMENITIES (AS PATRON OF THE AMENITIES IS DEFINED IN BOARD REGULATIONS); (3) AUTHORIZED EMPLOYEES; (4) ANY OTHER PERSONS AUTHORIZED BY THE BOARD. THE PLAN SHOULD INCLUDE METHODS FOR CONTROLLING ACCESS TO THE GAMING FLOOR BY THOSE INDIVIDUALS HOLDING VALID SEASONAL OR YEAR-ROUND MEMBERSHIPS AND PATRONS OF THE AMENITIES SEEKING TO ACCESS THE GAMING FLOOR WITHIN 72 HOURS OF THE USE OF THE AMENITY.</p> | <p>CATEGORY 3 APPLICANT ONLY</p> |



SCHEDULE 1: INCORPORATORS/FOUNDERS

| NAME AND ADDRESS  |                   | SUFFIX (JR., SR., ETC.) |                         |
|---|-------------------|-------------------------|-------------------------|
| FIRST NAME<br>TERRENCE  | MIDDLE NAME<br>A. | LAST NAME<br>EVERETT    | SUFFIX (JR., SR., ETC.) |
| <div style="background-color: black; width: 100%; height: 100px;"></div>  |                   |                         |                         |
| FIRST NAME  | MIDDLE NAME       | LAST NAME               | SUFFIX (JR., SR., ETC.) |
| OCCUPATION  |                   |                         |                         |
| ADDRESS LINE 1  |                   | TITLE                   |                         |
| ADDRESS LINE 3  |                   | CITY                    | STATE/PROVINCE          |
| COUNTRY   |                   | PHONE NUMBER ( )        | POSTAL CODE             |
| EMAIL ADDRESS   |                   | FAX NUMBER ( )          |                         |
| MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |                         |                         |
| NAME AND ADDRESS  |                   | SUFFIX (JR., SR., ETC.) |                         |
| FIRST NAME  | MIDDLE NAME       | LAST NAME               | SUFFIX (JR., SR., ETC.) |
| OCCUPATION  |                   |                         |                         |
| ADDRESS LINE 1  |                   | TITLE                   |                         |
| ADDRESS LINE 3  |                   | CITY                    | STATE/PROVINCE          |
| COUNTRY   |                   | PHONE NUMBER ( )        | POSTAL CODE             |
| EMAIL ADDRESS   |                   | FAX NUMBER ( )          |                         |
| MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |                         |                         |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 









**SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT**

PROVIDE ALL ADDRESSES CURRENTLY USED BY APPLICANT.

| ADDRESSES          |                                     |                |                          |            |             |            |
|--------------------|-------------------------------------|----------------|--------------------------|------------|-------------|------------|
| Registered Address |                                     |                |                          |            |             |            |
| ADDRESS PURPOSE    | ADDRESS LINE 1                      |                | ADDRESS LINE 2           |            | POSTAL CODE | FAX NUMBER |
|                    | 1209 Orange Street                  |                | Corporation Trust Center |            | 19801       |            |
|                    | c/o CT Corporation                  |                | Wilmington               |            | Delaware    |            |
| COUNTRY            | EMAIL ADDRESS                       | PHONE NUMBER   |                          | FAX NUMBER |             |            |
| USA                |                                     | (302) 658-7581 |                          | ( )        |             |            |
| Registered Address |                                     |                |                          |            |             |            |
| ADDRESS PURPOSE    | ADDRESS LINE 1                      |                | ADDRESS LINE 2           |            | POSTAL CODE | FAX NUMBER |
|                    | 116 Pine Street, Suite 320          |                | Harrisburg               |            | 17101       |            |
|                    | c/o CT Corporation                  |                | Pennsylvania             |            |             |            |
| COUNTRY            | EMAIL ADDRESS                       | PHONE NUMBER   |                          | FAX NUMBER |             |            |
| USA                |                                     | (717) 234-6004 |                          | ( )        |             |            |
| Principal Address  |                                     |                |                          |            |             |            |
| ADDRESS PURPOSE    | ADDRESS LINE 1                      |                | ADDRESS LINE 2           |            | POSTAL CODE | FAX NUMBER |
|                    | 515 South Flower Street, Suite 2900 |                | Los Angeles              |            | 90071-2225  |            |
|                    | c/o CT Corporation                  |                | California               |            |             |            |
| COUNTRY            | EMAIL ADDRESS                       | PHONE NUMBER   |                          | FAX NUMBER |             |            |
| USA                |                                     | (213) 955-1608 |                          | ( )        |             |            |
| Registered Address |                                     |                |                          |            |             |            |
| ADDRESS PURPOSE    | ADDRESS LINE 1                      |                | ADDRESS LINE 2           |            | POSTAL CODE | FAX NUMBER |
|                    |                                     |                |                          |            |             |            |
|                    |                                     |                |                          |            |             |            |
| COUNTRY            | EMAIL ADDRESS                       | PHONE NUMBER   |                          | FAX NUMBER |             |            |
|                    |                                     | ( )            |                          | ( )        |             |            |

*[Handwritten signature]*



**SCHEDULE 4: ADDRESSES USED BY APPLICANT**

PROVIDE ALL ADDRESSES, OTHER THAN THOSE LISTED ON SCHEDULE 3, WHICH APPLICANT HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

|                 |               |                   |                |                 |       |
|-----------------|---------------|-------------------|----------------|-----------------|-------|
| ADDRESS PURPOSE |               | ADDRESS USED FROM |                | ADDRESS USED TO |       |
| DOES NOT APPLY  |               |                   |                |                 |       |
| 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 3  |               |                   |                |                 |       |
| CITY            |               | STATE/PROVINCE    |                | POSTAL CODE     | 19082 |
| COUNTRY         | EMAIL ADDRESS | PHONE NUMBER      |                | FAX NUMBER      | ( )   |
| ADDRESS PURPOSE |               | ADDRESS USED FROM |                | ADDRESS USED TO |       |
| ADDRESS LINE 1  |               |                   |                |                 |       |
| 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 3  |               |                   |                |                 |       |
| CITY            |               | STATE/PROVINCE    |                | POSTAL CODE     |       |
| COUNTRY         | EMAIL ADDRESS | PHONE NUMBER      |                | FAX NUMBER      | ( )   |

Initials













**SCHEDULE 7: EMPLOYEES EARNING OVER \$250,000 IN ANNUAL COMPENSATION FROM APPLICANT**

PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES EARNING OVER \$250,000 IN ANNUAL COMPENSATION FROM APPLICANT. DO NOT INCLUDE PERSONS ALREADY LISTED ON SCHEDULE 5.

| FIRST NAME | MIDDLE NAME | LAST NAME | NAME AND HOME ADDRESS | SUFFIX (JR, SR, ETC.) | DATE OF BIRTH |
|------------|-------------|-----------|-----------------------|-----------------------|---------------|
| [REDACTED] |             |           |                       |                       |               |

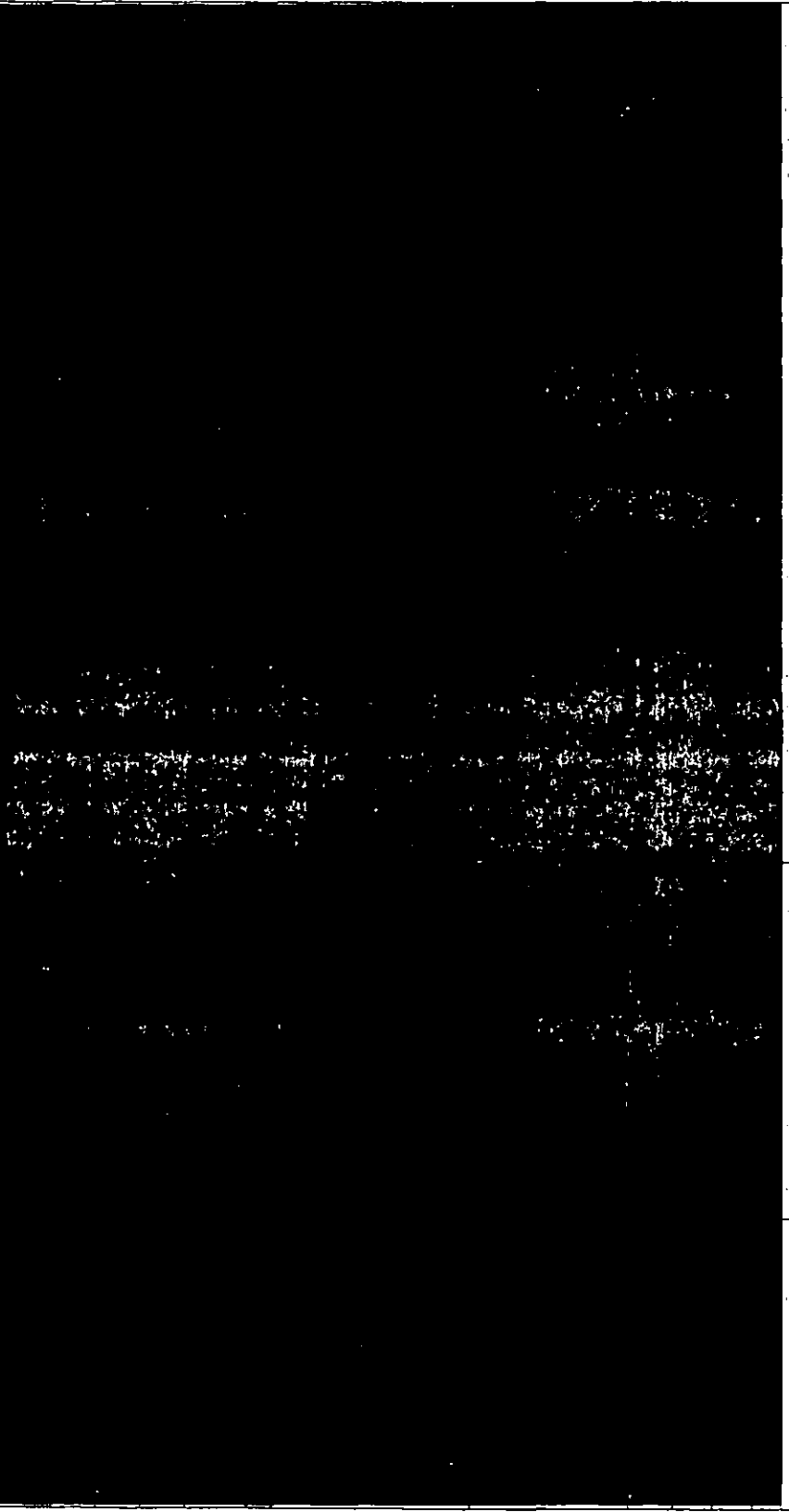
\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY

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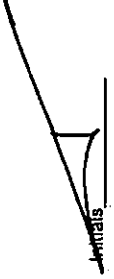


**SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH A DESCRIPTION OF PLANS AS APPENDIX 3. ADDITIONALLY ATTACH AS APPENDIX 21 COPIES OF APPLICANT'S 5500 FORMS FILED WITH THE IRS FOR THE PAST FIVE (5) YEARS.

| TITLE OR NAME OF PLAN   |
|---|
|  |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

  
Initials

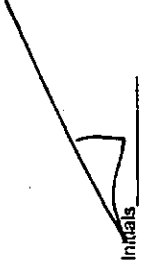


**SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OF APPLICANT'S STOCK.

| STOCK TYPE OR CLASS | NUMBER OF SHARES AUTHORIZED | NUMBER OF SHARES ISSUED | NUMBER OF SHARES OUTSTANDING | VOTING?  | TERMS, CONDITIONS, RIGHTS AND PRIVILEGES |
|---------------------|-----------------------------|-------------------------|------------------------------|--|--|
| [REDACTED]          |                             |                         |                              |  |  |
|                     |                             |                         |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|                     |                             |                         |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

IF THE RIGHT OF HOLDERS OF ANY CLASS OF STOCK MAY BE MODIFIED OTHERWISE THAN BY A VOTE OF A MAJORITY OR MORE OF OUTSTANDING SHARES SO AFFECTED, VOTING AS A CLASS, SO STATE AND EXPLAIN BRIEFLY.

Initials 



7



**SCHEDULE 10: VOTING SHAREHOLDERS OR MEMBERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS A CONTROLLING INTEREST AS THAT TERM IS DEFINED IN §1103 OF THE GAMING ACT, 58 P.A. CODE §401A.3 AND PROVIDED IN THE INSTRUCTIONS ON PAGE V.

| NAME AND HOME ADDRESS |
|-----------------------|
| [REDACTED]            |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

*[Handwritten initials]*

**SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPS, LIMITED PARTNERSHIPS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER.

| FIRST NAME | MIDDLE NAME | LAST NAME | PARTNER NAME AND HOME ADDRESS | SUFFIX (JR, SR, ETC.) | DATE OF BIRTH |
|------------|-------------|-----------|-------------------------------|-----------------------|---------------|
| [REDACTED] |             |           |                               |                       |               |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

*[Handwritten signature]*  
Jokhals



**SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPS, LIMITED PARTNERSHIPS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH FORMER PARTNER FOR THE LAST TEN (10) YEARS.

| FORMER PARTNER NAME AND HOME ADDRESS | STATE      | DATE OF DEPARTURE |
|--------------------------------------|------------|-------------------|
| [REDACTED]                           | [REDACTED] | [REDACTED]        |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.



**SCHEDULE 11: NON-VOTING SHAREHOLDERS OR MEMBERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS CONTROLLING INTEREST AS THAT TERM IS DEFINED IN §1103 OF THE GAMING ACT, 58 PA. CODE §401A.3.

| FIRST NAME | MIDDLE NAME | NAME AND HOME ADDRESS<br>LAST NAME | SUFFIX (JR., SR., ETC.) | DATE OF BIRTH |
|------------|-------------|------------------------------------|-------------------------|---------------|
|            |             |                                    |                         |               |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.



**SCHEDULE 12: LONG TERM DEBT**

DESCRIBE THE NATURE, TYPE, COVENANTS AND PRIORITIES OF ALL OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS ISSUED OR EXECUTED (INCLUDING LOANS MADE BY SHAREHOLDERS), OR TO BE ISSUED OR EXECUTED, BY THE APPLICANT, WHICH MATURE MORE THAN ONE YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE. ATTACH DESCRIPTION AND DOCUMENTATION AS APPENDIX 4.

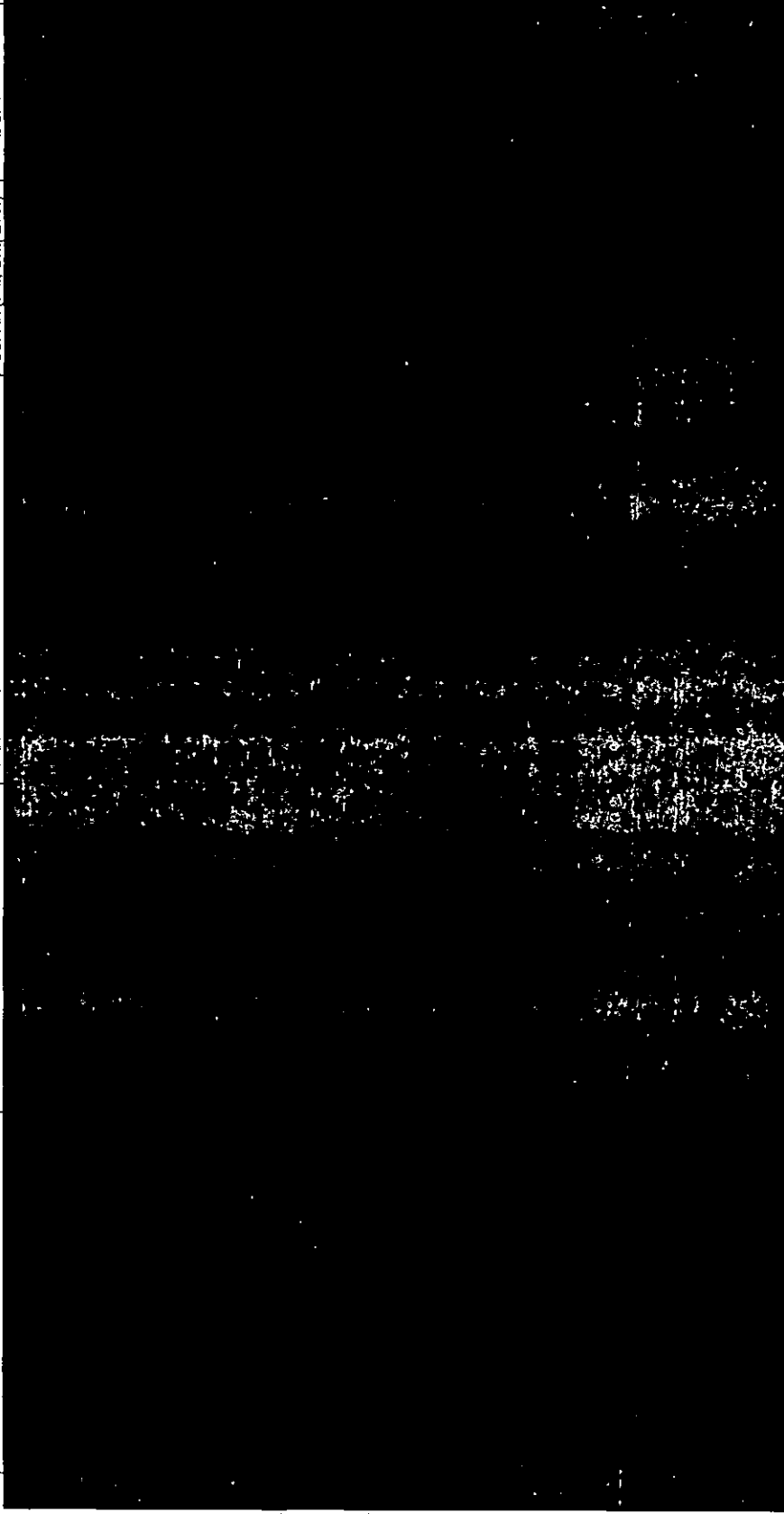
| LINE                      | LONG TERM DEBT INSTRUMENT TYPE | ISSUE DATE | REPAYMENT DUE | PRINCIPLE | ANNUAL | RENEWABLE? | DESCRIPTION AND |
|---------------------------|--------------------------------|------------|---------------|-----------|--------|------------|-----------------|
| LONG TERM DEBT INSTRUMENT |                                |            |               |           |        |            |                 |
| [REDACTED]                |                                |            |               |           |        |            |                 |

*[Handwritten signature]*

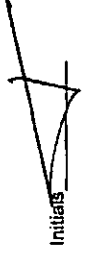


**SCHEDULE 13: HOLDERS OF LONG TERM DEBT**

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON OR ENTITY HOLDING ANY OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS EXECUTED OR ISSUED BY APPLICANT, WHICH MATURE MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE.

| FIRST NAME  | MIDDLE NAME | LAST NAME | NAME AND ADDRESS | SUFFIX (JR., SR., ETC.) | DATE OF BIRTH |
|---|-------------|-----------|------------------|-------------------------|---------------|
|  |             |           |                  |                         |               |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 

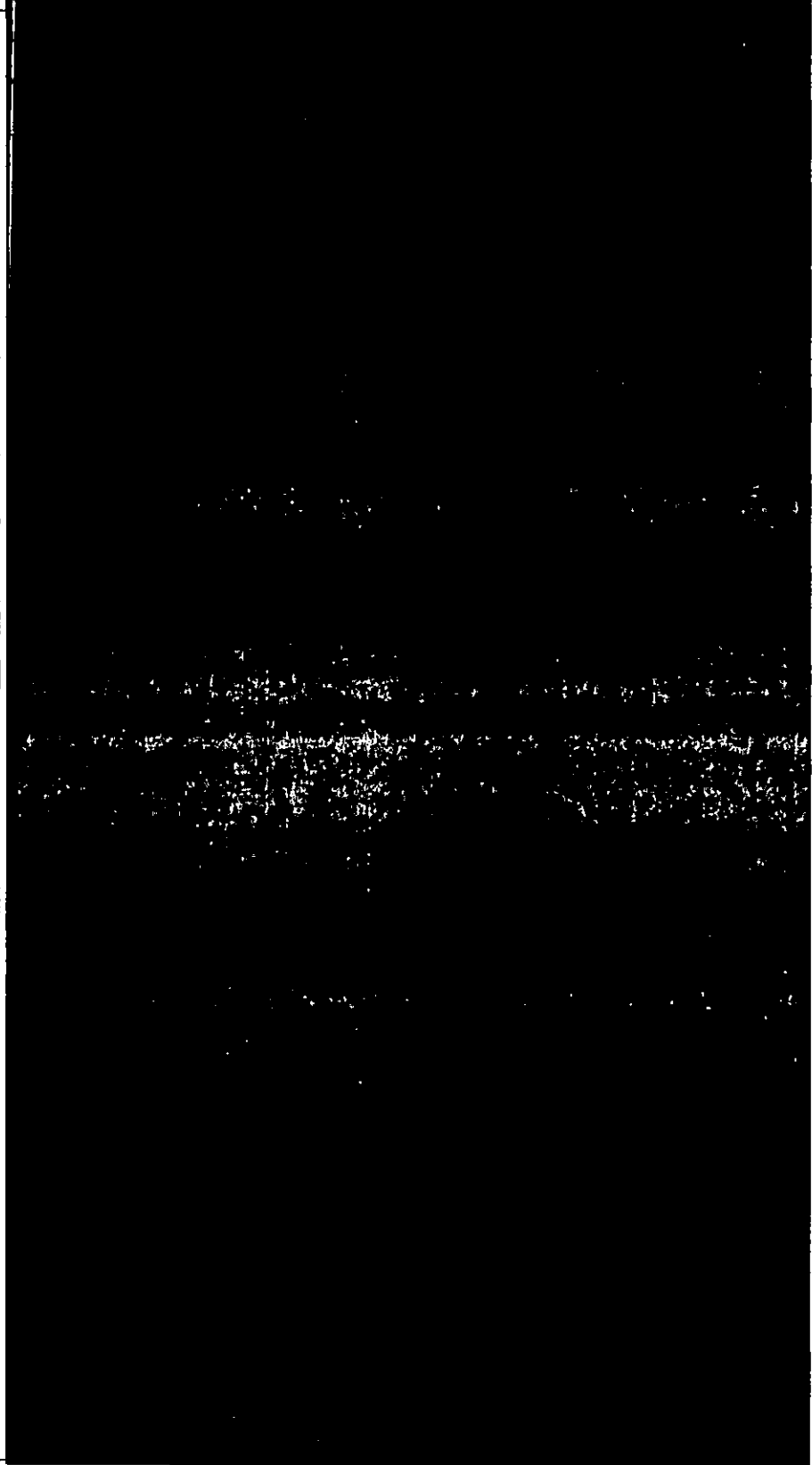




**SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES**

DESCRIBE THE NATURE, TYPE, TERMS, CONDITIONS AND COVENANTS OF ALL OUTSTANDING LOANS, MORTGAGES, TRUST DEEDS, PLEDGES, LINES OF CREDIT, OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT OTHER THAN THOSE DESCRIBED IN SCHEDULE 12. ATTACH DESCRIPTION AND DOCUMENTATION AS APPENDIX 5.

**OTHER INDEBTEDNESS AND SECURITY DEVICES**



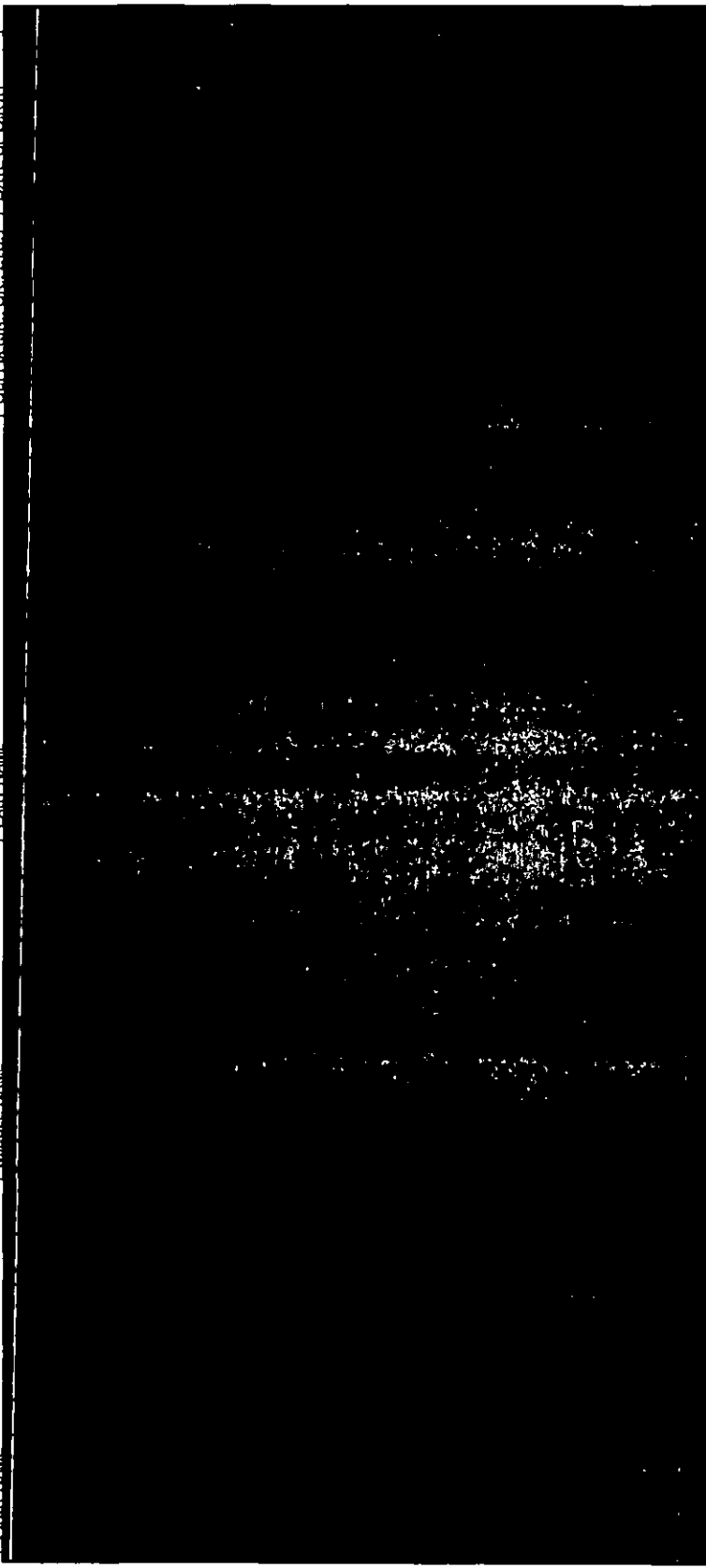
A handwritten signature or set of initials is written over a horizontal line.



**SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS**

PROVIDE THE FOLLOWING INFORMATION FOR EACH HOLDER OF ANY OUTSTANDING LOAN, MORTGAGE, TRUST DEED, PLEDGE OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT AND DESCRIBED IN RESPONSE TO SCHEDULE 14.

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
NAME AND ADDRESS \_\_\_\_\_  
SUFFIX (JR, SR, ETC) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_



\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

INITIALS \_\_\_\_\_

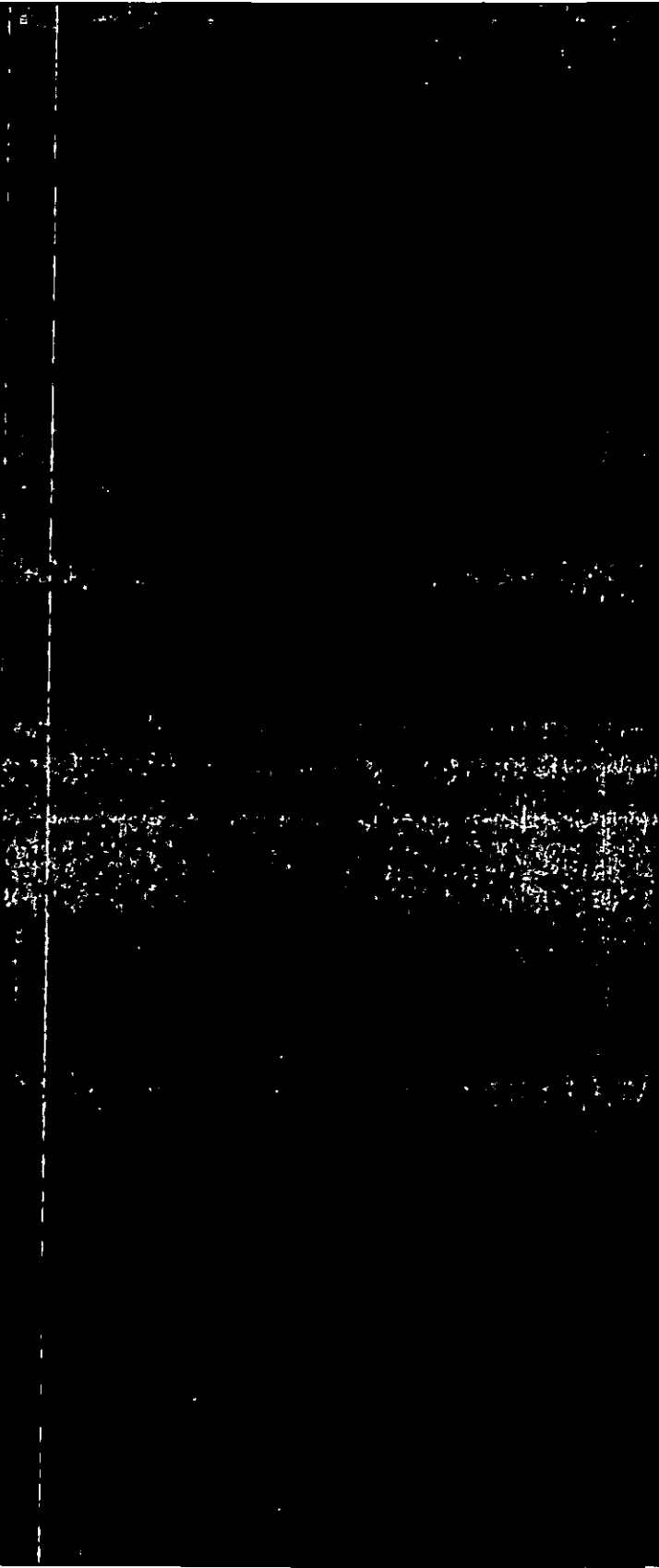




**SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS**

PROVIDE THE FOLLOWING INFORMATION FOR PERSONS HOLDING THE OPTIONS DESCRIBED IN SCHEDULE 16.

|            |             |   |                         |               |
|------------|-------------|---|-------------------------|---------------|
| FIRST NAME | MIDDLE NAME | OPTION BENEFICIAL OWNER NAME AND HOME ADDRESS | SUFFIX (JR., SR., ETC.) | DATE OF BIRTH |
|            |             |   |                         |               |



\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

  
Initials



**SCHEDULE 18: OTHER PRINCIPALS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL PRINCIPALS NOT OTHERWISE DISCLOSED ON SCHEDULES 1, 5, 10, 10A, 11, 13 AND 15. INCLUDE INDIVIDUALS AND ENTITIES THAT HAVE A 1% OR GREATER INDIRECT OWNERSHIP INTEREST IN AN APPLICANT OR LICENSEE; HOWEVER, INDIVIDUALS OR ENTITIES WHO HOLD LESS THAN 5% OF THE VOTING SECURITIES OF AN APPLICANT OR LICENSEE OR AN INTERMEDIARY OR HOLDING COMPANY OF AN APPLICANT OR LICENSEE THAT IS A PUBLICLY TRADED COMPANY SHALL NOT BE REQUIRED TO BE LICENSED AS A PRINCIPAL.

| NAME AND ADDRESS  |             |           |               |
|---|-------------|-----------|---------------|
| FIRST NAME  | MIDDLE NAME | LAST NAME | DATE OF BIRTH |
| [REDACTED]  |             |           |               |
| DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF INTEREST OR CONTROL OVER APPLICANT |             |           |               |
| [REDACTED]  |             |           |               |

Initials 

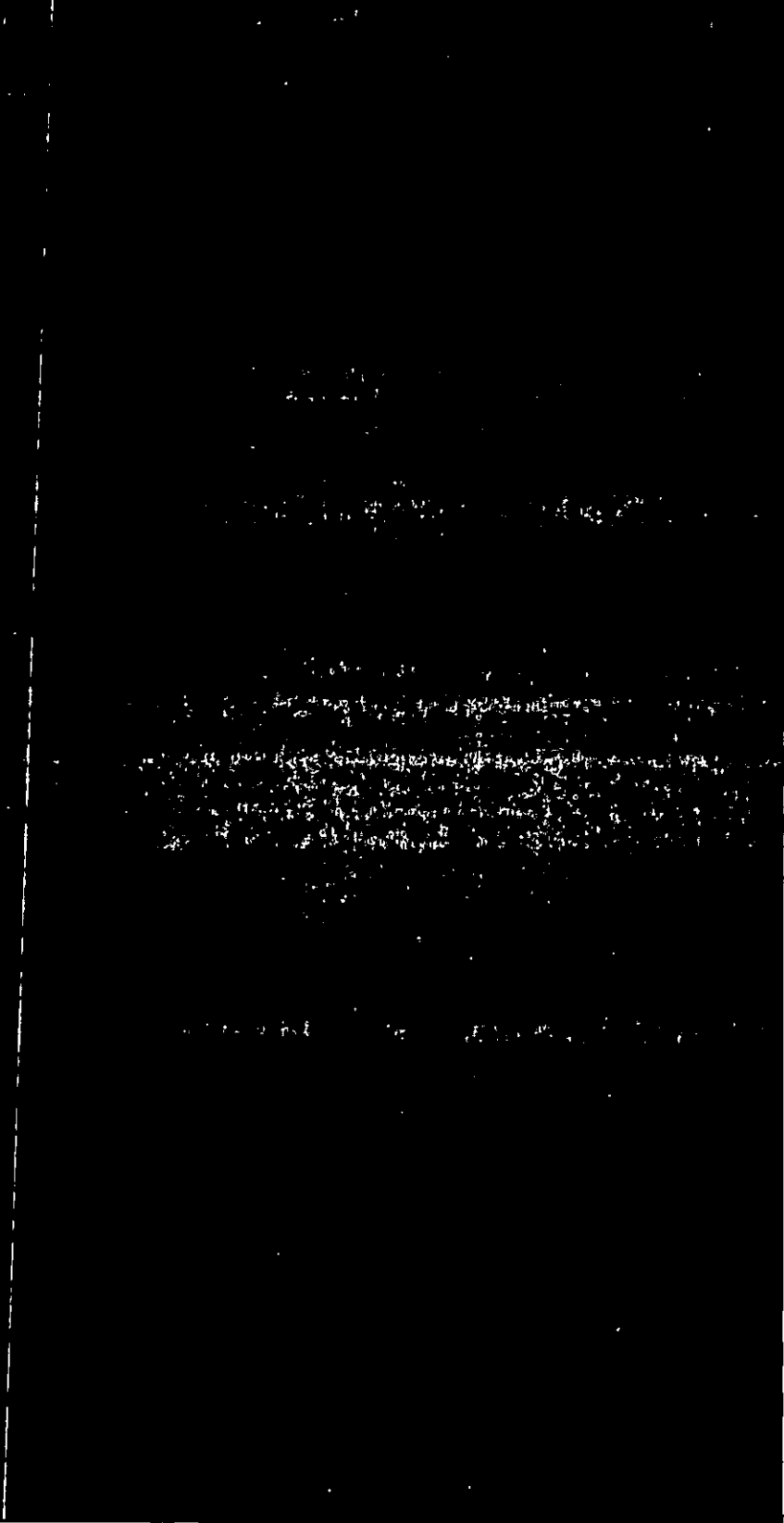
\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.



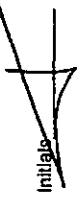


**SCHEDULE 19: FINANCIAL INSTITUTIONS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH BANK, SAVINGS AND LOAN ASSOCIATION OR OTHER FINANCIAL INSTITUTION, WHETHER DOMESTIC OR FOREIGN, IN WHICH APPLICANT HAS OR HAS HAD AN ACCOUNT OVER THE LAST TEN (10) YEAR PERIOD REGARDLESS OF WHETHER SUCH ACCOUNT WAS HELD IN THE NAME OF APPLICANT, A NOMINEE OF APPLICANT OR WAS OTHERWISE UNDER THE DIRECT OR INDIRECT CONTROL OF APPLICANT.

| FINANCIAL INSTITUTION NAME  | FINANCIAL INSTITUTION NAME AND ADDRESS | FEDERAL EMPLOYER IDENTIFICATION NUMBER |
|---|--|--|
|  |  |  |

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

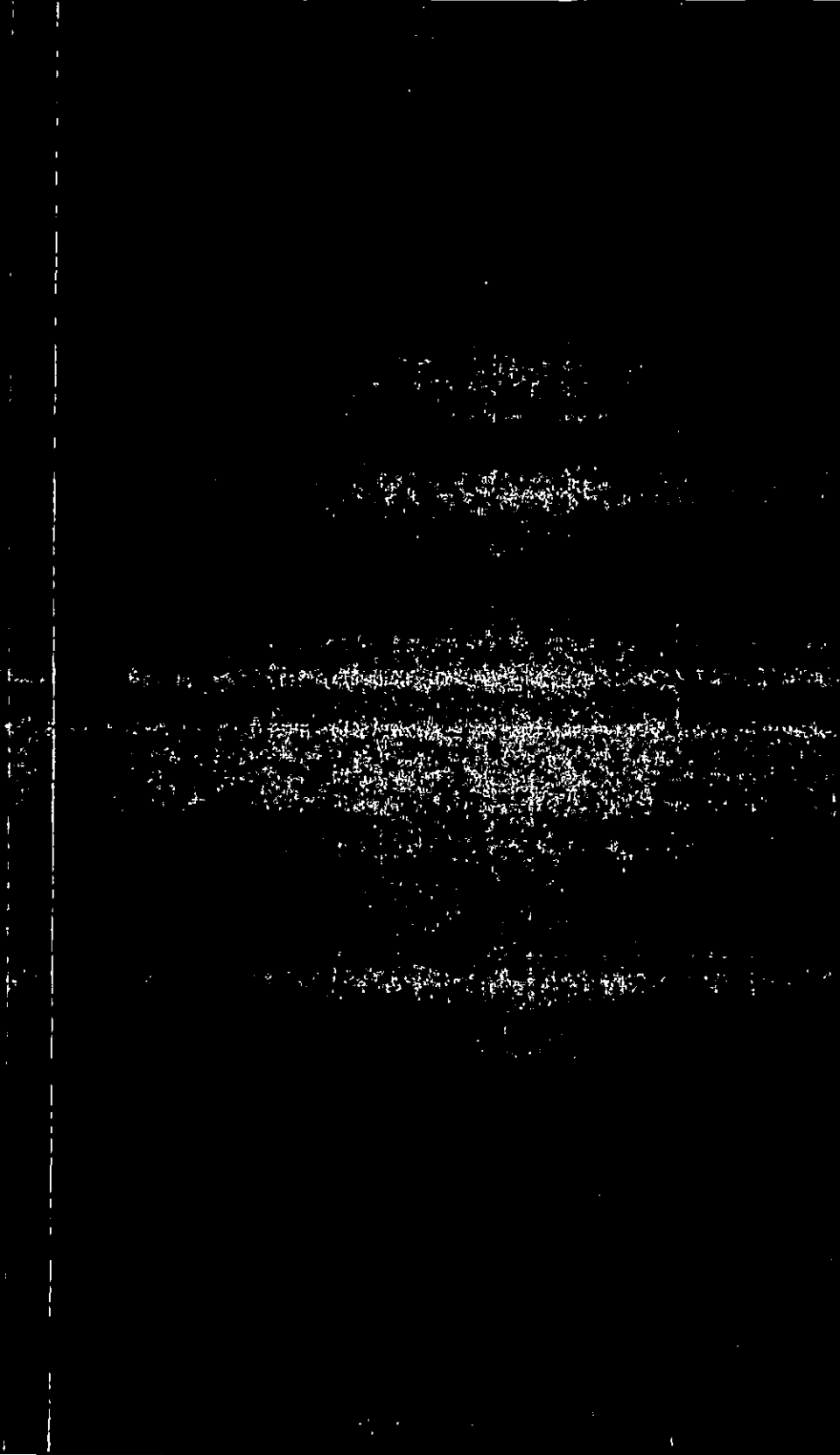
Initials 



**SCHEDULE 20: CONTRACTS**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO ALL CONTRACTS OR AGREEMENTS (WHETHER WRITTEN OR ORAL) THAT APPLICANT HAS ENTERED INTO WITHIN THE PAST SIX (6) MONTHS, FOR GOODS AND/OR SERVICES IN EXCESS OF \$100,000. CONTRACTS AND AGREEMENTS DISCLOSED ELSEWHERE IN THIS APPLICATION NEED NOT BE PROVIDED ON THIS SCHEDULE.

NAME | ADDRESS | FEDERAL EMPLOYER IDENTIFICATION NUMBER/TAX IDENTIFICATION NUMBER/SOCIAL



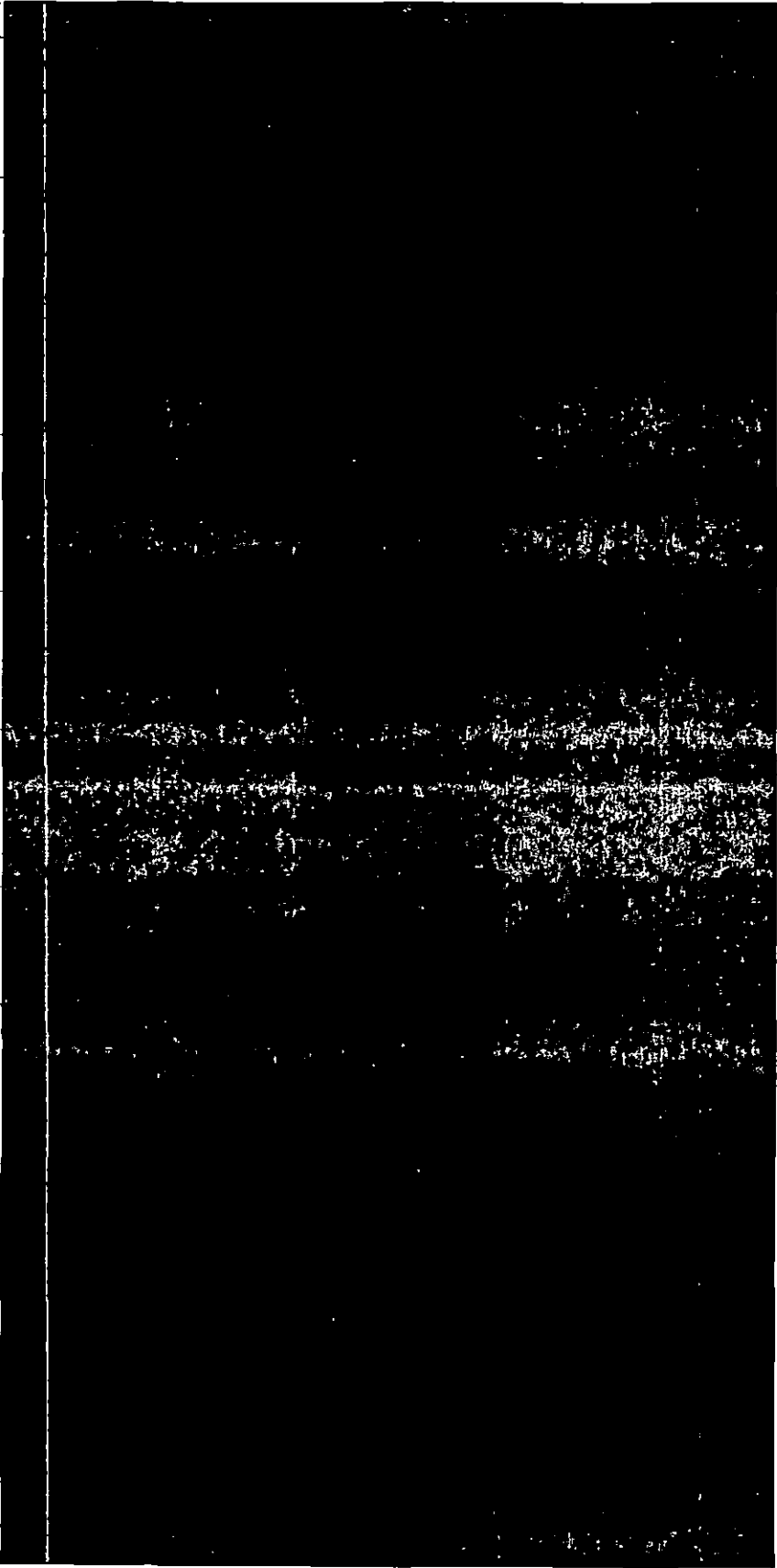
Initials 



**SCHEDULE 21: STOCK HELD BY APPLICANT**

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH COMPANY IN WHICH APPLICANT HOLDS STOCK.

| NAME & ADDRESS OF COMPANY | TYPE OF STOCK HELD | EXCHANGE | PURCHASE PRICE PER SHARE | NUMBER OF SHARES HELD | % OF OWNERSHIP IF MORE THAN 5% | TERMS, CONDITIONS, RIGHTS AND PRIVILEGES | VOTING? |
|---------------------------|--------------------|----------|--------------------------|-----------------------|--------------------------------|--|---------|
|---------------------------|--------------------|----------|--------------------------|-----------------------|--------------------------------|--|---------|



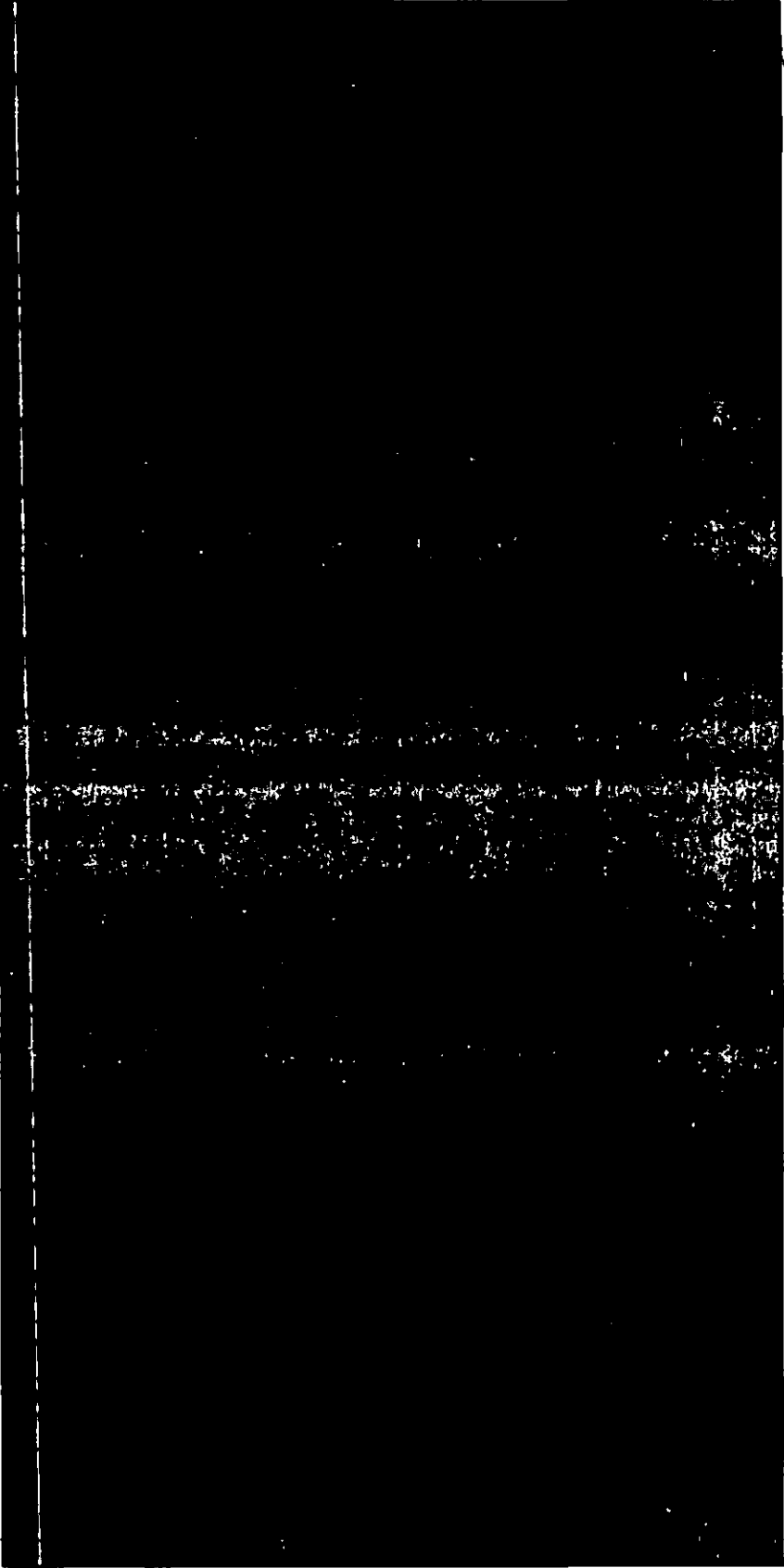
*[Handwritten signature]*



**SCHEDULE 22: INSIDER TRANSACTIONS**

PROVIDE THE FOLLOWING INFORMATION FOR EACH CHANGE IN THE BENEFICIAL OWNERSHIP OF THE EQUITY SECURITIES OF APPLICANT ON THE PART OF ANY PERSON WHO IS INDIRECTLY OR DIRECTLY A BENEFICIAL OWNER OF MORE THAN TEN PERCENT (10%) OF ANY CLASS OF AN EQUITY SECURITY OF APPLICANT OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF APPLICANT THAT OCCURRED WITHIN THE FIVE (5) YEARS PRECEDING THIS APPLICATION. [INCLUDE CHANGES RESULTING FROM (A) GIFT, (B) PURCHASE, (C) SALE, (D) EXERCISE OF AN OPTION TO PURCHASE, (E) EXERCISE OF AN OPTION TO SELL, (F) GRANT OR RECEIPT OF A PUT OR (G) GRANT OR RECEIPT OF A CALL.]

|            |             |                                    |                   |               |
|------------|-------------|------------------------------------|-------------------|---------------|
| FIRST NAME | MIDDLE NAME | NAME AND HOME ADDRESS<br>LAST NAME | SUFFIX (JR., SR., | DATE OF BIRTH |
|------------|-------------|------------------------------------|-------------------|---------------|



\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.





**SCHEDULE 23: CRIMINAL HISTORY**

IF APPLICANT ANSWERED YES TO QUESTIONS 1 OR 1A ON PAGE 7, PROVIDE THE FOLLOWING INFORMATION:

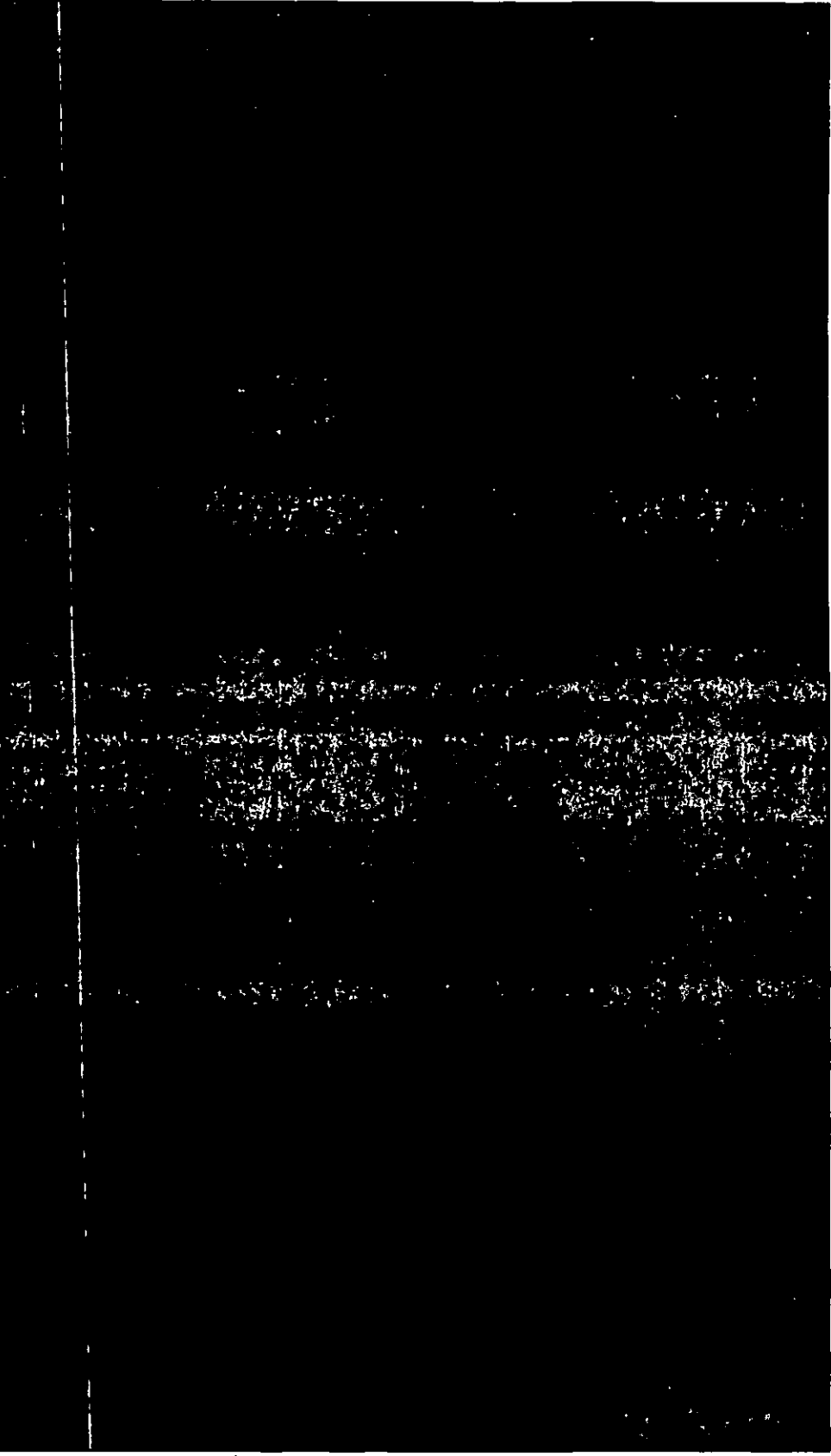
| NAME OF CASE & DOCKET NUMBER | NATURE OF CHARGE OR COMPLAINT | DATE OF CHARGE OR COMPLAINT | DISPOSITION<br>(ACQUITTED, CONVICTED, DISMISSED, Etc.) | NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED | SENTENCE | NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE OR KEY EMPLOYEE |
|------------------------------|-------------------------------|-----------------------------|--|--|----------|--|
|                              | DOES NOT APPLY                |                             |  |  |          |  |

**CRIMINAL HISTORY INCIDENT**



**SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

IF APPLICANT ANSWERED YES TO QUESTION 2 ON PAGES 7 AND 8, PROVIDE THE FOLLOWING INFORMATION:

| NAME AND ADDRESS OF COURT OR AGENCY   | WAS TESTIMONY GIVEN? | DATE ON WHICH TESTIMONY WAS GIVEN | APPROXIMATE TIME PERIOD OF |
|---|----------------------|-----------------------------------|----------------------------|
|  |                      |                                   |                            |

Initials

*[Handwritten initials]*



**SCHEDULE 25: EXISTING LITIGATION**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 7 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH APPLICANT, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$100,000 OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$100,000, BUT WHICH INVOLVES CLAIMS AGAINST APPLICANT WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE APPLICANT WITH A LICENSED INSURANCE CARRIER. THIS DESCRIPTION MUST INCLUDE THE TITLE AND DOCKET NUMBER OF THE LITIGATION, THE NAME AND LOCATION OF THE COURT BEFORE WHICH IT IS PENDING, THE IDENTITY OF ALL PARTIES TO THE LITIGATION AND THE GENERAL NATURE OF ALL CLAIMS BEING MADE.

|   |   |
|---|---|
| <p>NAME OF CASE AND DOCKET NUMBER</p> <p><b>EXISTING LITIGATION</b><br/>LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING</p> <p>DOES NOT APPLY</p> | <p>NAMES OF ALL PARTIES TO LITIGATION</p> <p>NATURE OF THE CLAIMS</p> |
| <p>NAME OF CASE AND DOCKET NUMBER</p> <p><b>EXISTING LITIGATION</b><br/>LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING</p>                       | <p>NAMES OF ALL PARTIES TO LITIGATION</p> <p>NATURE OF THE CLAIMS</p> |



Initials \_\_\_\_\_



**SCHEDULE 26: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 8, PROVIDE THE FOLLOWING INFORMATION:

| NAME OF CASE & DOCKET NUMBER  | DATE OF JUDGMENT, ORDER OR DECREE | VIOLATION | NAME AND ADDRESS OF AGENCY OR COURT INVOLVED |
|---|-----------------------------------|-----------|--|
| DOES NOT APPLY  |                                   |           |  |
| NATURE OF OFFENSE   |                                   |           |  |
| DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____ |                                   |           |  |
| NATURE OF JUDGMENT, DECREE OR ORDER   |                                   |           |  |
| NAME OF CASE & DOCKET NUMBER  | DATE OF JUDGMENT, ORDER OR DECREE | VIOLATION | NAME AND ADDRESS OF AGENCY OR COURT INVOLVED |
| NATURE OF OFFENSE   |                                   |           |  |
| DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____ |                                   |           |  |
| NATURE OF JUDGMENT, DECREE OR ORDER   |                                   |           |  |





**SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

IF APPLICANT ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 8, PROVIDE THE FOLLOWING:

| <b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b><br>NAME AND ADDRESS OF AGENCY OR COURT INVOLVED |                                      |                                 |   |
|---|--------------------------------------|---------------------------------|---|
| NAME OF CASE & DOCKET NUMBER  | DATE PETITION FILED OR RELIEF SOUGHT | DATE JUDGMENT OR RELIEF ENTERED | DATE RECEIVER, AGENT OR TRUSTEE APPOINTED |
| DOES NOT APPLY  |                                      |                                 |   |
| NATURE OF JUDGMENT OR RELIEF  |                                      |                                 |   |
|   |                                      |                                 |   |



**SCHEDULE 28: NON-GAMING LICENSES AND PERMITS**

IF APPLICANT ANSWERED YES TO QUESTION 8 ON PAGE 8, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

| APPLICANT PERMITS (GOVERNMENT ISSUED, NON-GAMING) |  |                    |   |                     |  |
|---|--|--------------------|---|---------------------|--|
| TYPE OF LICENSE OR PERMIT                         | NAME AND LOCATION OF GOVERNMENT AGENCY | APPLICATION NUMBER | DISPOSITION   | DATE OF DISPOSITION | IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS. |
|   | DOES NOT APPLY                         |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|   |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |



**SCHEDULE 29: GAMING LICENSES AND PERMITS**

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 9 PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

| APPLICANT LICENSING (GOVERNMENT ISSUED GAMING) |  |                    |   |                     |  |
|--|--|--------------------|---|---------------------|--|
| TYPE OF LICENSE OR PERMIT                      | NAME AND LOCATION OF GOVERNMENT AGENCY | APPLICATION NUMBER | DISPOSITION   | DATE OF DISPOSITION | IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS. |
|  | DOES NOT APPLY                         |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|  |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|  |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |
|  |  |                    | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> EXPIRED<br><input type="checkbox"/> SUSPENDED<br><input type="checkbox"/> CONDITIONED<br><input type="checkbox"/> WITHDRAWN<br><input type="checkbox"/> REVOKED |                     |  |



**SCHEDULE 30: APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS**

IF APPLICANT ANSWERED YES TO ANY OF QUESTIONS 10 THROUGH 16 ON PAGES 9 AND 10, PROVIDE THE FOLLOWING INFORMATION FOR ANY PRESENT OR FORMER DIRECTORS, OFFICERS, EMPLOYEES OR THIRD PARTIES WHO WOULD HAVE KNOWLEDGE OR INFORMATION OF THE CONTRIBUTIONS AND/OR DISBURSEMENTS DURING THE LAST TEN (10) YEAR PERIOD:

ALSO PROVIDE THE NAME, ADDRESS, DATE FORMED AND OFFICERS OF ANY POLITICAL ACTION COMMITTEE DURING THE LAST TEN (10) YEAR PERIOD. PROVIDE COPIES OF ANY REPORTS FILED BY THE COMMITTEE DURING THE LAST FIVE (5) YEARS, WHETHER FEDERAL OR STATE.

IF "INDEPENDENT EXPENDITURES" HAVE BEEN MADE, PROVIDE A DETAILED LIST SHOWING: 1-DATE MADE, 2-RECIPIENT OF THE EXPENDITURE, 3-AMOUNT OF THE EXPENDITURE 4-THE ELECTION IT WAS INTENDED TO INFLUENCE.

|                         |             |           |
|-------------------------|-------------|-----------|
| NAME AND ADDRESS        |             |           |
| FIRST NAME              | MIDDLE NAME | LAST NAME |
| SUFFIX (JR., SR., ETC.) |             |           |



Initials













**Pennsylvania Gaming Control Board  
Licensed Entity Representation Registration**

A Licensed Entity Representative includes any person acting on behalf of or representing the interest of any applicant, licensee, permittee or registrant, including but not limited to an attorney (outside counsel representing the applicant/licensee), agent or lobbyist regarding any matter which may reasonably be expected to come before the Pennsylvania Gaming Control Board ("PGCB"). Please include representatives from law firms, public relations firms, representatives from government relations firms and traffic experts. If any law firms were sub-contracted, individuals from these firms who directly represented the applicant/licensee must also complete this form.

**NAME:** SEE REGISTERED REPRESENTATIVES  
**FIRM:** LISTED IN STADIUM CASINO, LLC'S  
**ADDRESS:** APPLICATION AND DISCLOSURE  
INFORMATION FORM.  
**CITY:** \_\_\_\_\_  
**STATE AND ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**ENTITY REPRESENTED:** \_\_\_\_\_

Pursuant to 4 Pa.C.S., §1202.1(b), I am required to register as a licensed entity representative with the PGCB. I have an ongoing duty to regularly update this information and failure to do so could subject my firm and me to a penalty. I also acknowledge that by signing this document, all information contained herein will be made available for review by the public and that such information will be posted on the PGCB website pursuant to 4 Pa.C.S., §1202.1(3).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM

IN THE CHART BELOW, PROVIDE THE REQUIRED INFORMATION FOR ALL POLITICAL CONTRIBUTIONS, MONETARY OR IN-KIND, TO A 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 ON OR AFTER THE DATE YOUR ENTITY'S APPLICATION WAS SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD (BOARD). THE APPLICANT OR LICENSEE MUST LIST POLITICAL CONTRIBUTIONS BY ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS. DO NOT INCLUDE CONTRIBUTIONS TO CANDIDATES FOR FEDERAL OFFICES OR TO COMMITTEES OR GROUPS ORGANIZED SOLELY IN SUPPORT OF FEDERAL CANDIDATES.

IF THERE IS MORE THAN ONE CONTRIBUTION TO THE SAME CANDIDATE, POLITICAL COMMITTEE, STATE PARTY, ETC., SEPARATE ENTRIES MUST BE LISTED FOR EACH CONTRIBUTION.

NOTE: IF YOU NEED SPACE FOR ADDITIONAL ENTRIES, PLEASE MAKE ADDITIONAL COPIES OF THIS FORM.

| DATE OF CONTRIBUTION | NAME AND ADDRESS OF THE 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 |
|----------------------|--|---------------------------------|
|                      | DOES NOT APPLY   |                                 |
|                      |  |                                 |
|                      |  |                                 |
|                      |  |                                 |

\_\_\_\_\_  
SIGNATURE OF CEO/AUTHORIZED SIGNATORY

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINTED NAME OF CEO/AUTHORIZED SIGNATORY – TITLE

\*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, AUTHORIZING THAT INDIVIDUAL TO EXECUTE THE DOCUMENT ON BEHALF OF BOTH THE ENTITY AND THE CEO.



## APPENDIX 1

DESCRIPTION OF THE BUSINESS CURRENTLY PERFORMED AND THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH. THIS INFORMATION MUST BE SPECIFIC AND MUST BE ORGANIZED AROUND THE TOPICS SHOWN IN SCHEDULES 31 AND 32. ADDITIONALLY, APPLICANT MUST INDICATE THE RELATIONSHIP BETWEEN IT AND ITS AFFILIATED ENTITIES AS IT RELATES TO THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH IN THE FORM OF AN ORGANIZATION CHART WITH A NARRATIVE DESCRIPTION.

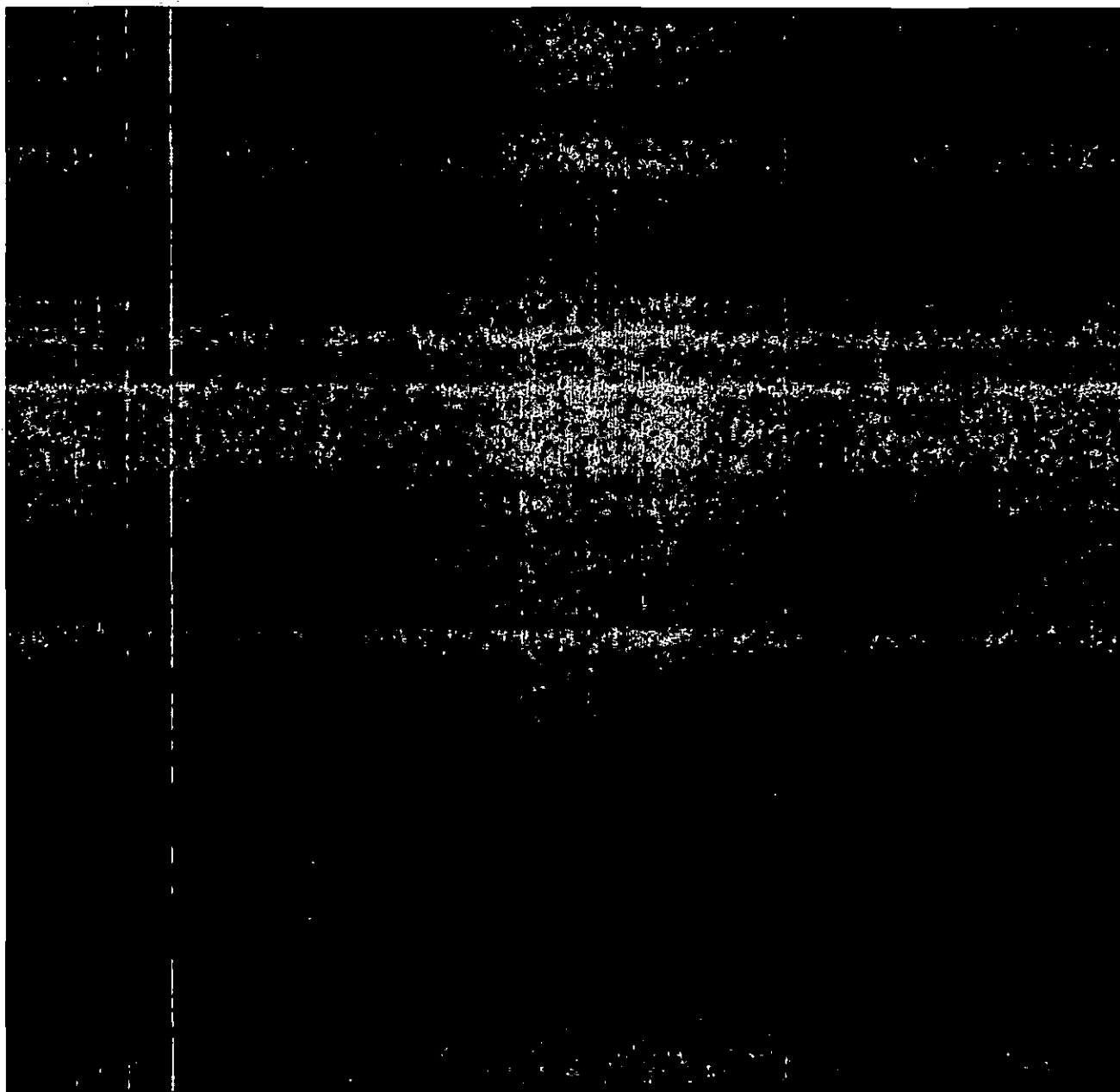
**STADIUM CASINO INVESTORS, LLC WAS FORMED AS AN INTERMEDIARY/HOLDING COMPANY OF STADIUM CASINO, LLC TO PROVIDE FINANCIAL SUPPORT FOR STADIUM CASINO, LLC TO MEET ITS FINANCIAL OBLIGATIONS.**





## APPENDIX 2

DESCRIPTION OF ANY FORMER BUSINESS ENGAGED IN DURING THE LAST TEN (10) YEARS AND THE REASON FOR CESSATION OF THE BUSINESS.

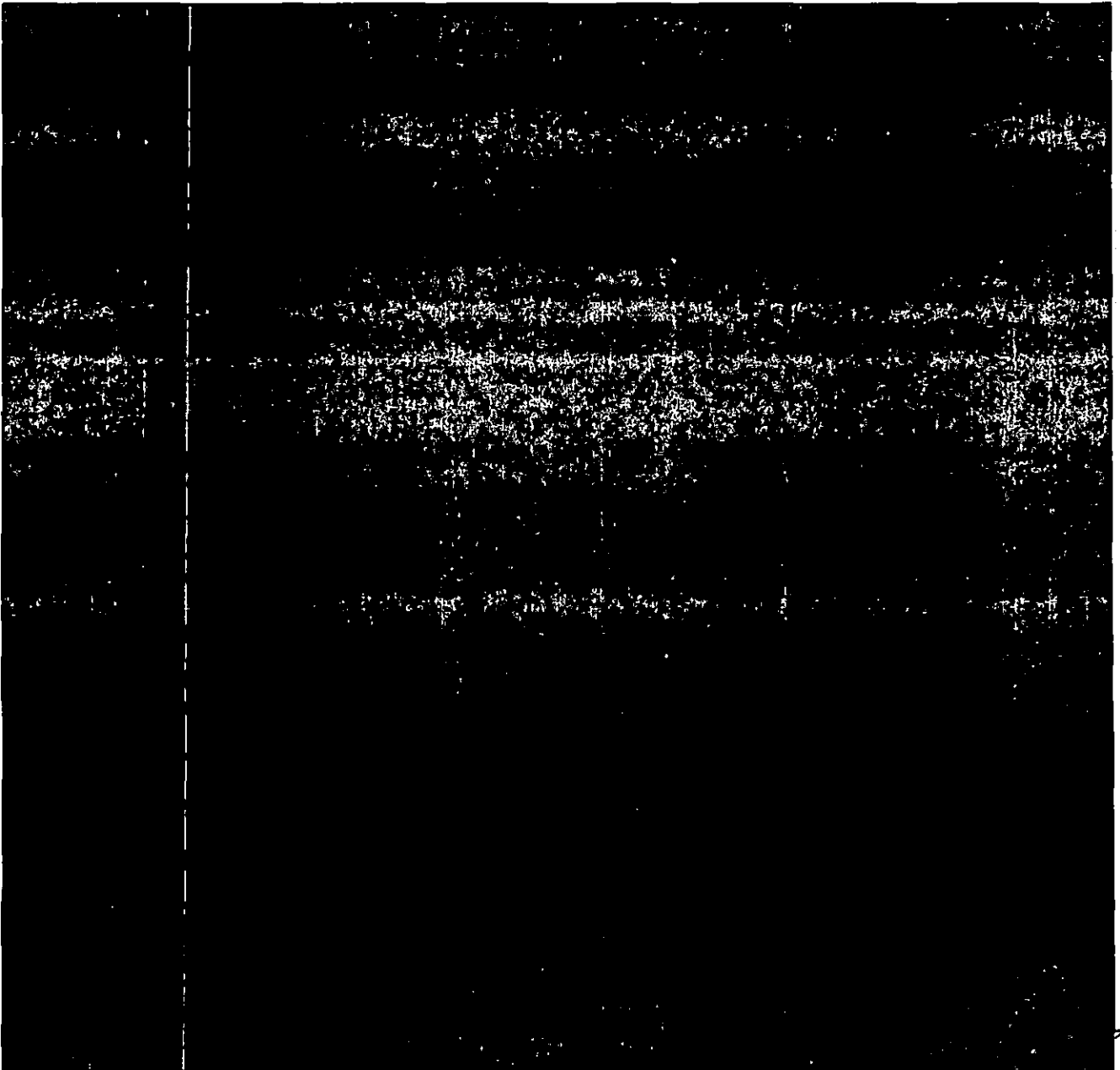


A



## APPENDIX 3

DESCRIPTION OF ALL BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULE 8.



**CONFIDENTIAL**

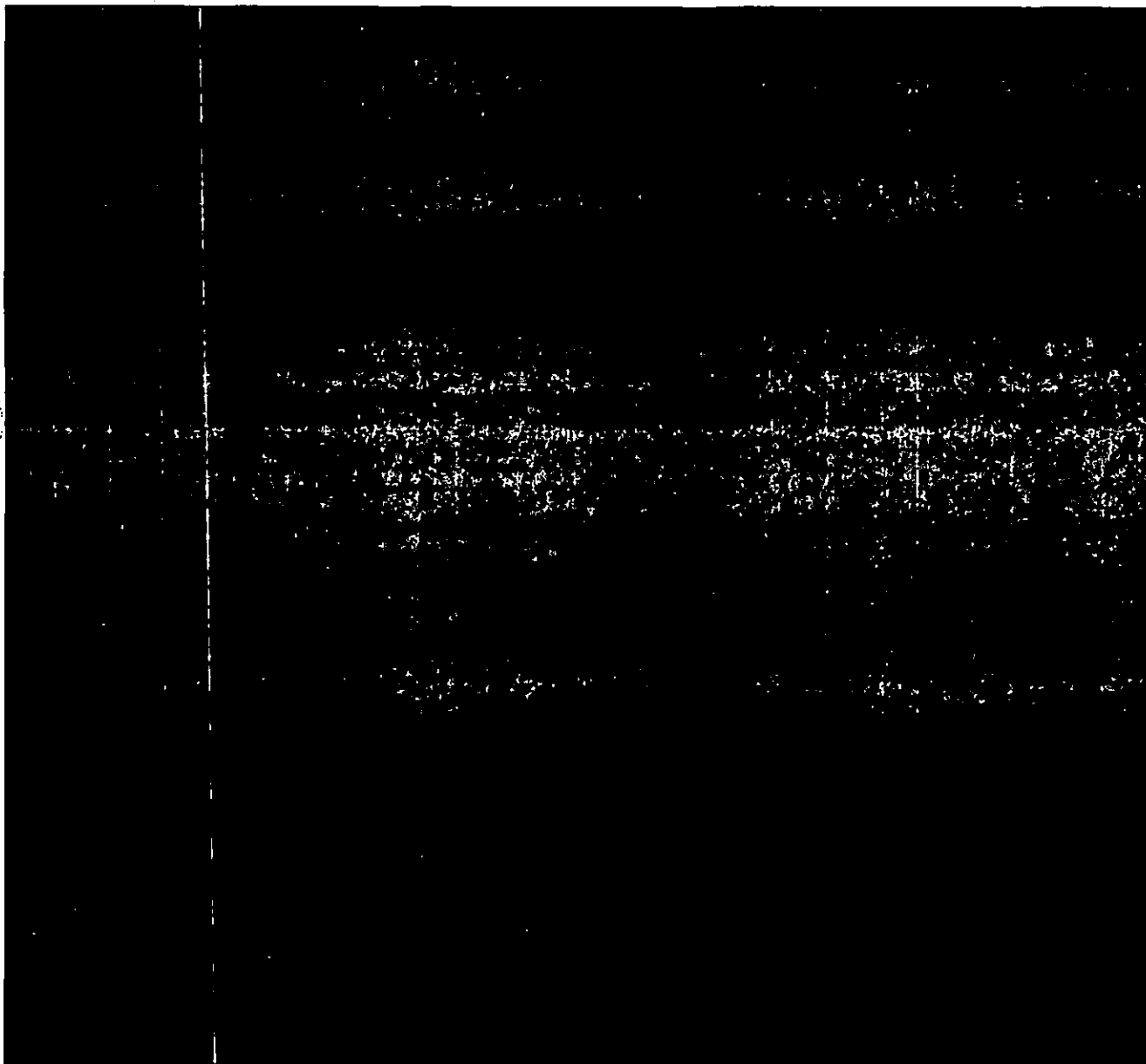


2



## APPENDIX 4

DESCRIPTION OF LONG TERM DEBT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULES 12 AND 13.

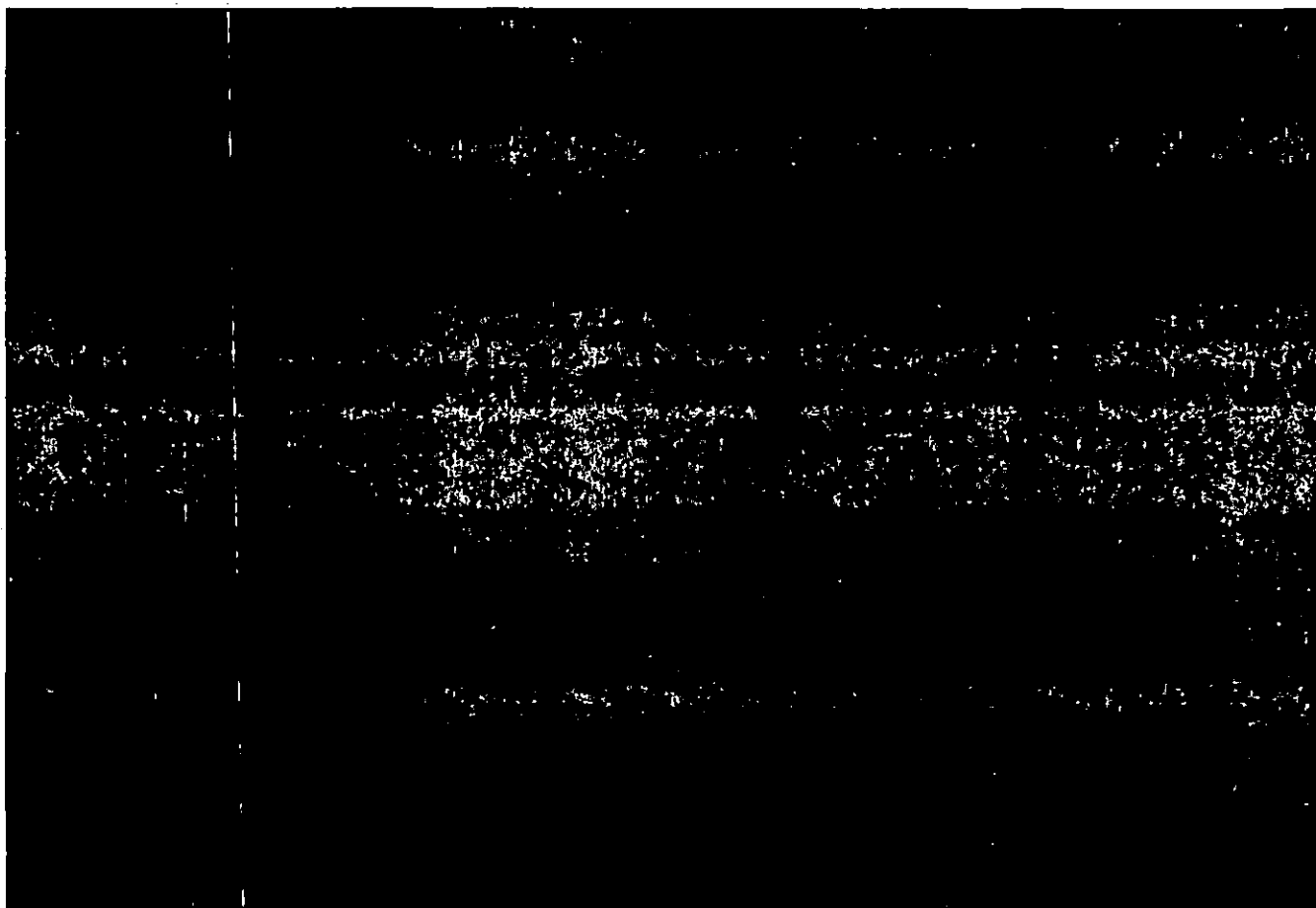


A handwritten signature or mark, possibly a stylized letter 'A' or a similar symbol, is located in the bottom right corner of the page.



## APPENDIX 5

DESCRIPTION OF OTHER INDEBTEDNESS AND SECURITY DEVICES.  
THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE  
INFORMATION PROVIDED IN SCHEDULES 14 AND 15.

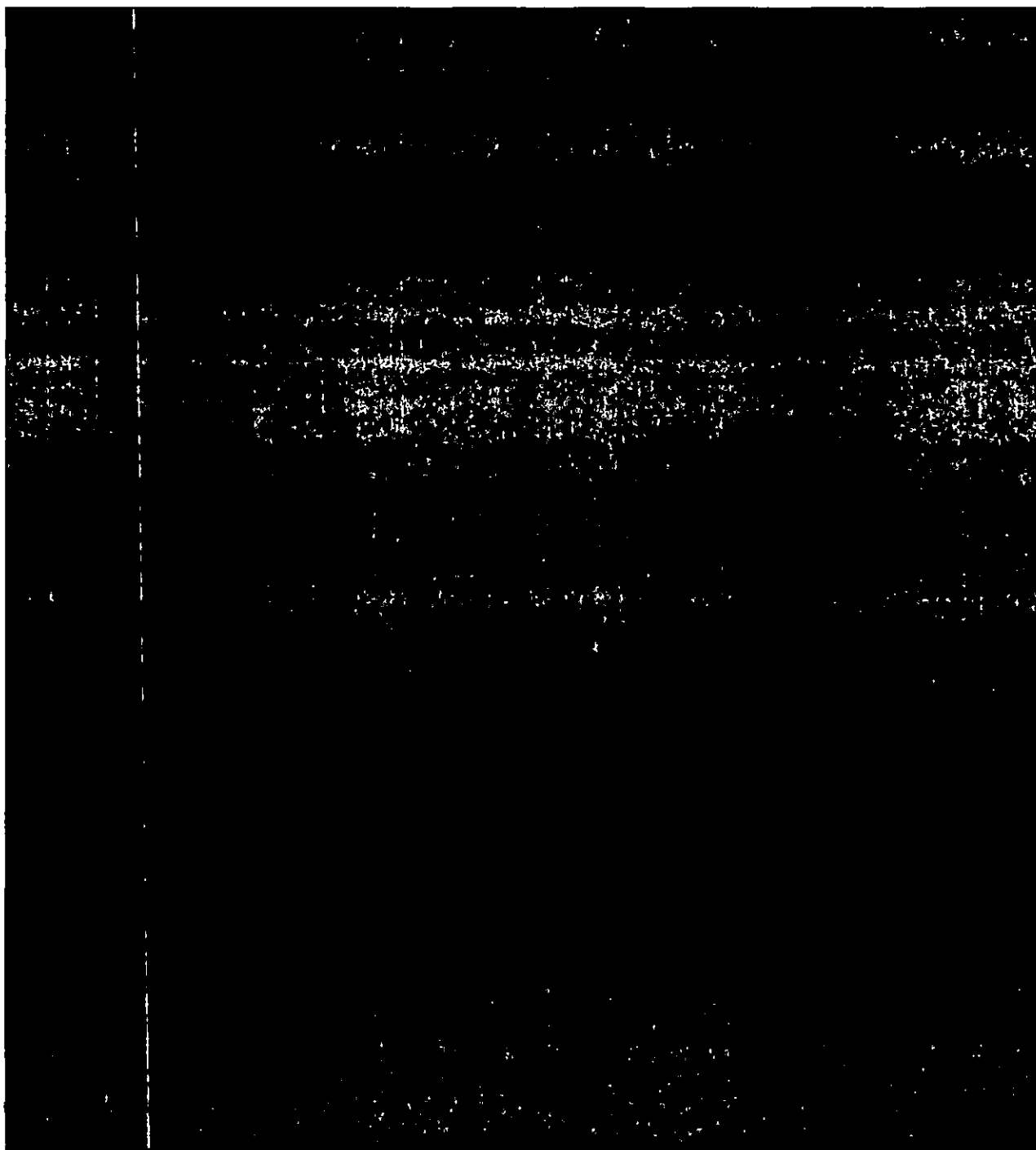






## APPENDIX 6

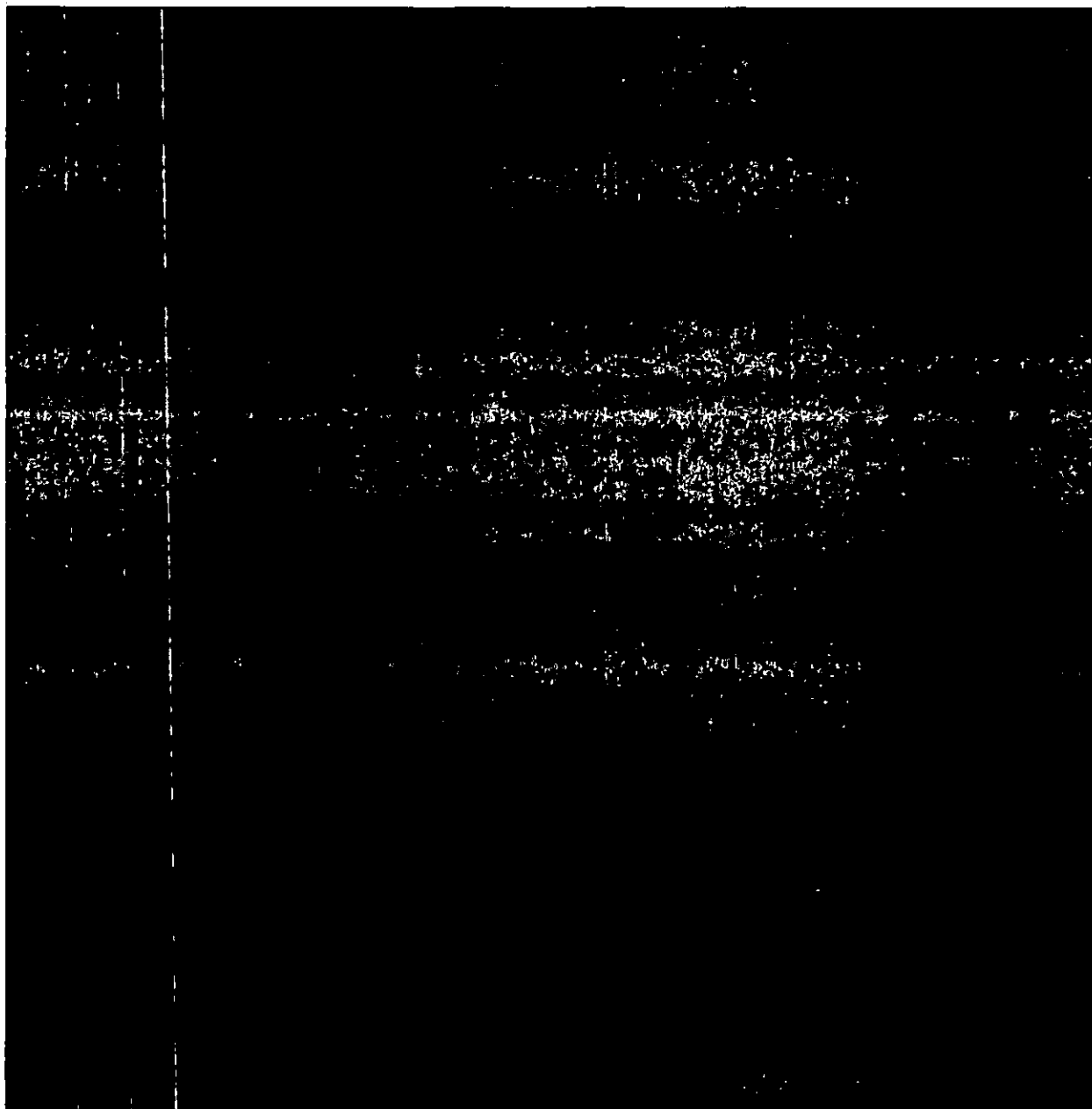
DESCRIPTION OF SECURITIES OPTIONS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULES 16 AND 17.





## APPENDIX 7

DESCRIPTION OF EXISTING LITIGATION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULE 25.



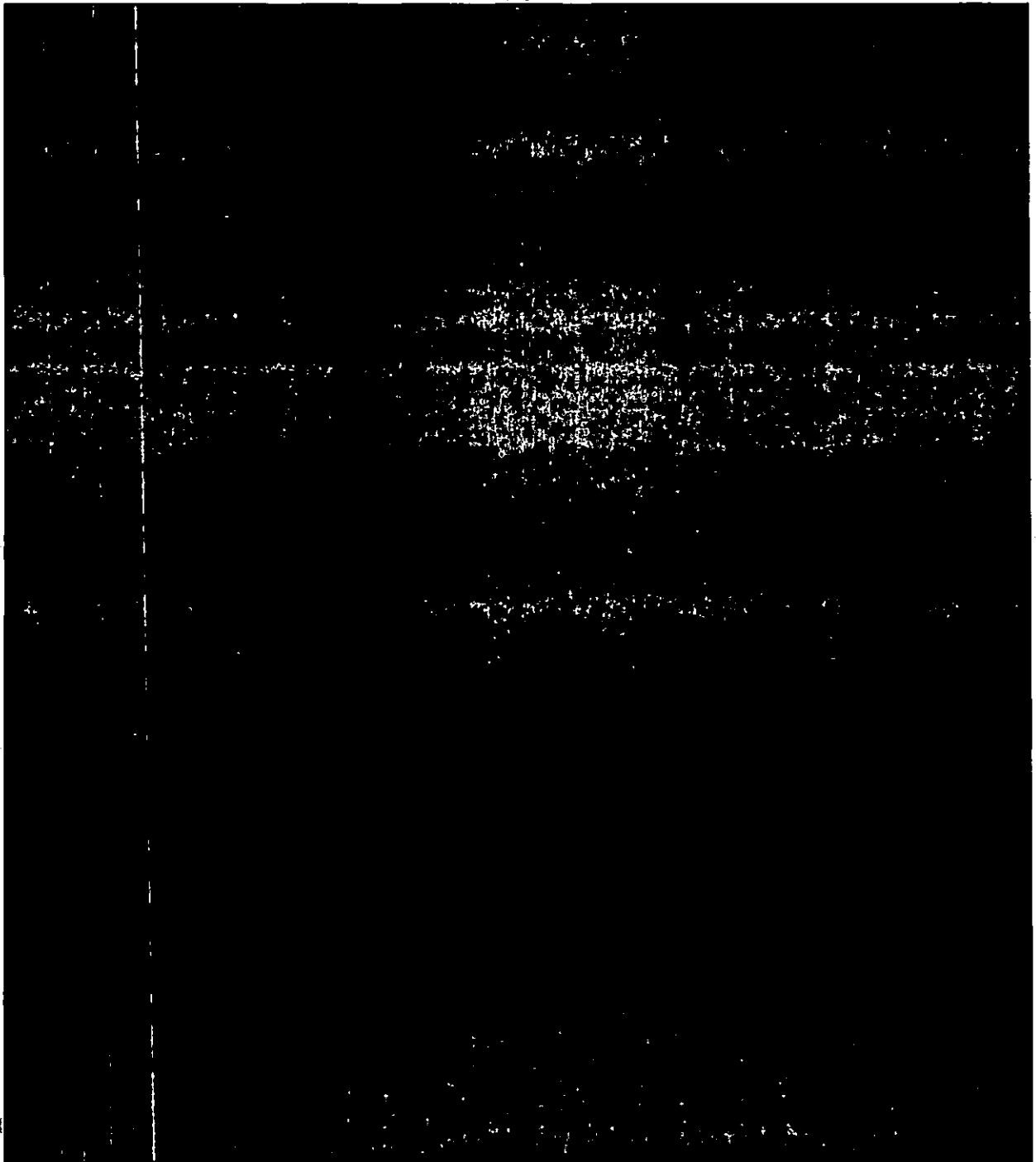


8



## APPENDIX 8

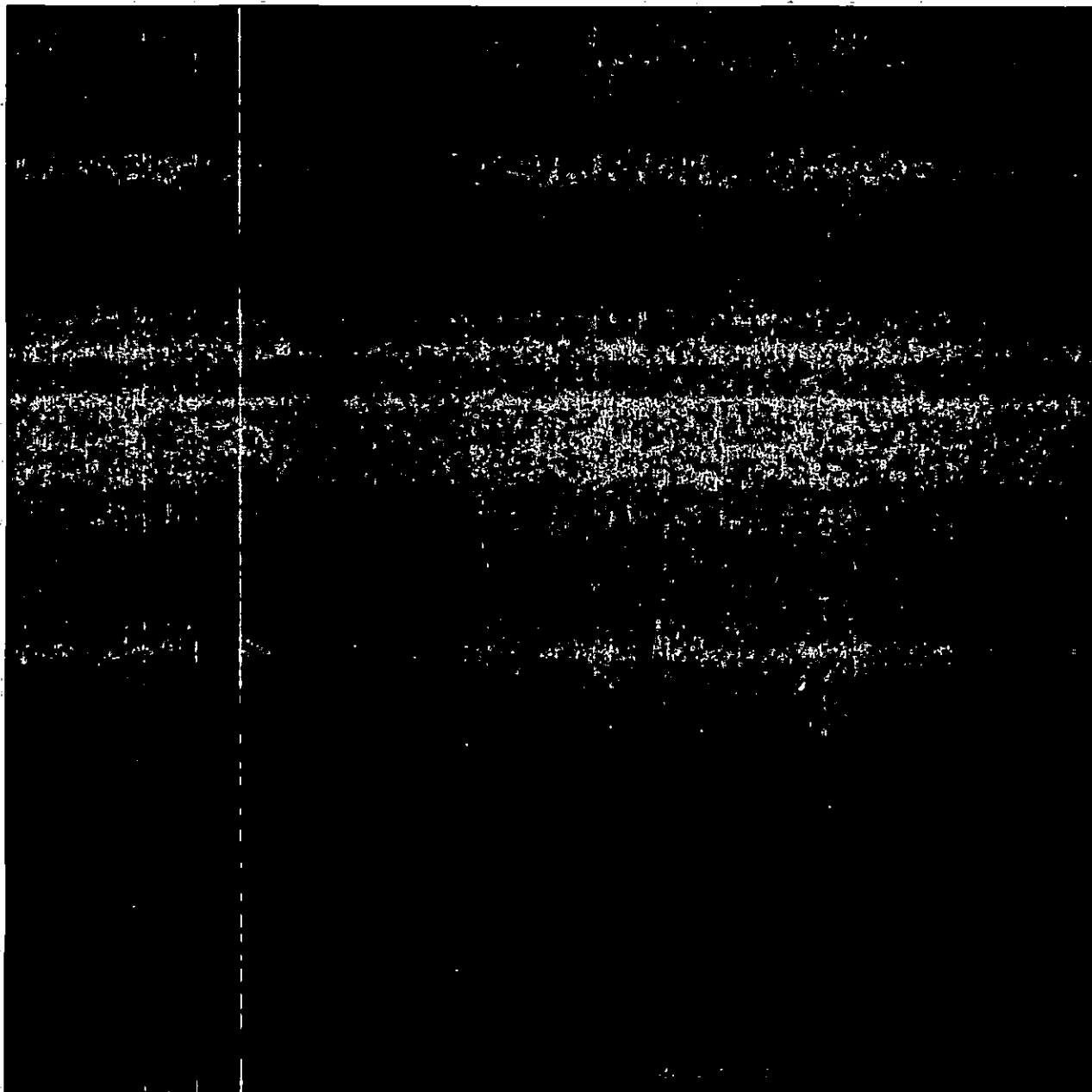
AUDITED FINANCIAL STATEMENT FOR THE LAST FISCAL YEAR. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.





## APPENDIX 9

AUDITED FINANCIAL STATEMENTS FOR THE LAST FIVE (5) YEARS. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.



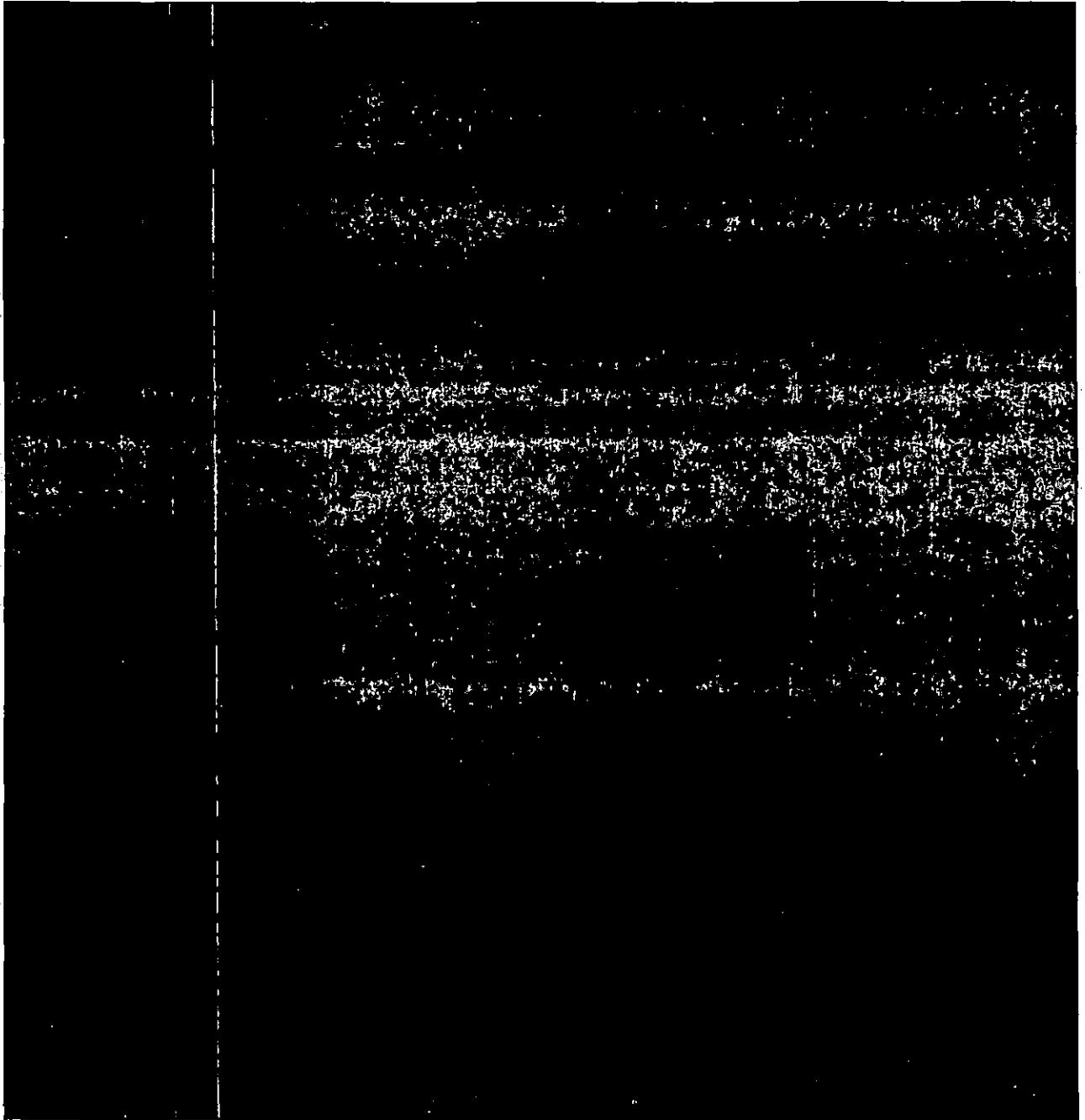
A handwritten signature or mark, possibly a stylized 'A' or 'I', located in the bottom right corner of the page.





# APPENDIX 10

ANNUAL REPORTS FOR THE LAST FIVE (5) YEARS.



A handwritten mark or signature, possibly a stylized letter 'A' or a similar symbol, located in the bottom right corner of the page.



## **APPENDIX 11**

APPENDIX 11A: ANNUAL REPORTS PREPARED ON THE SEC'S 10K FOR THE LAST FIVE (5) YEARS.

APPENDIX 11B: COPIES OF ANNUAL OR QUARTERLY FILINGS FOR THE LAST FIVE (5) YEARS REQUIRED UNDER THE LAWS OF A REGULATORY AGENCY OF ANOTHER COUNTRY.

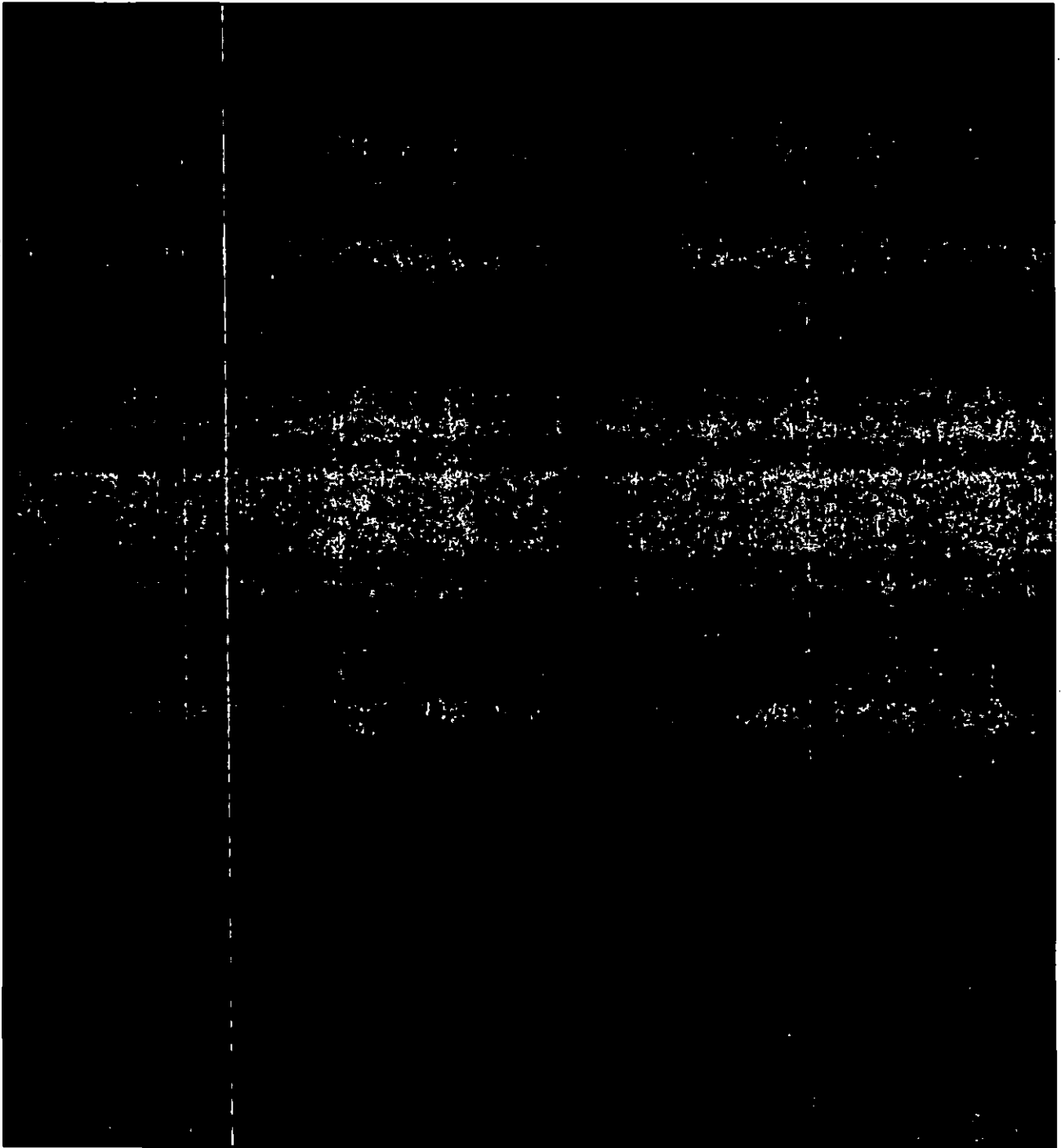
**Does Not Apply**





## APPENDIX 12

A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT

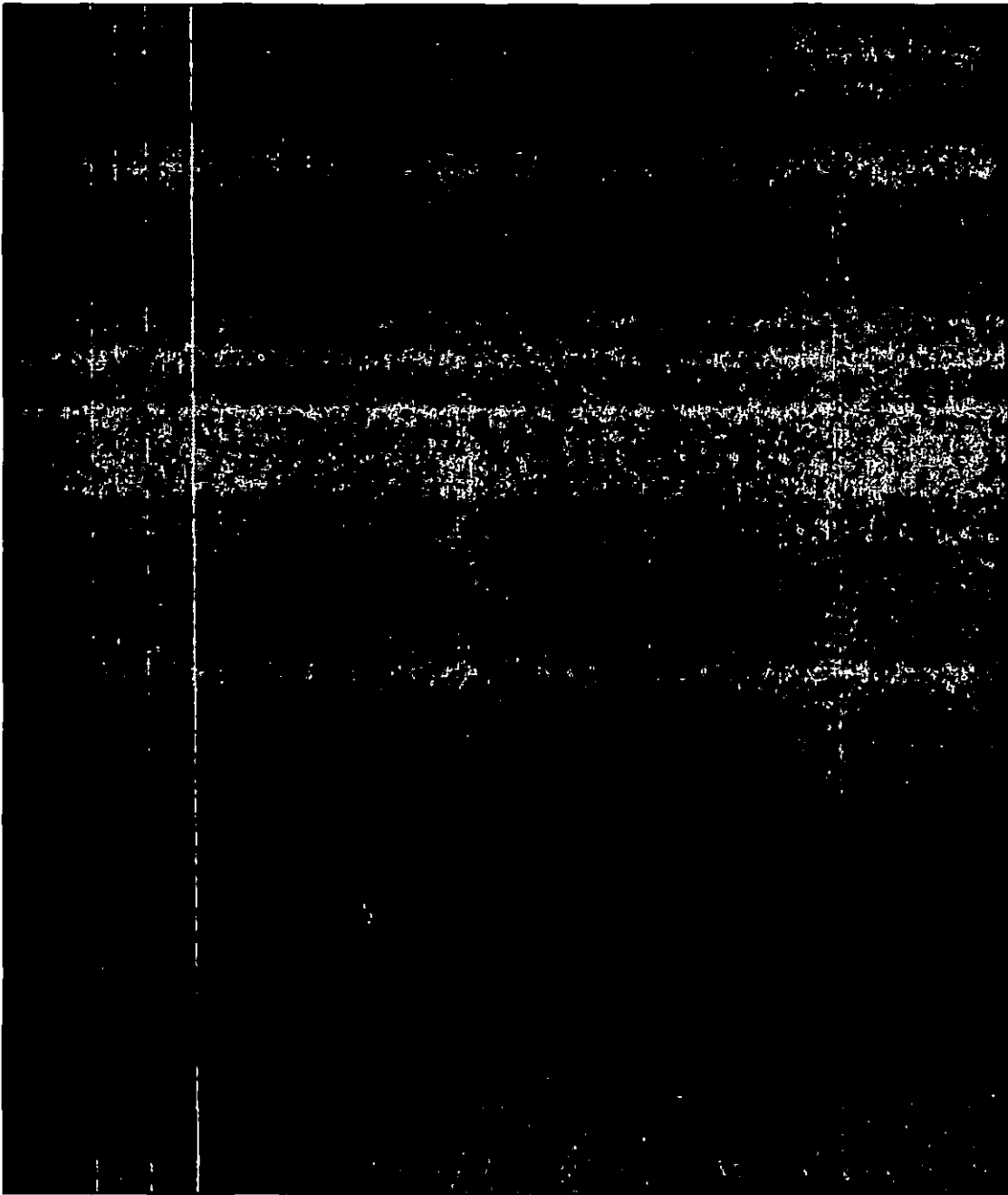


A handwritten signature or mark, possibly a stylized letter 'A' or a similar symbol, is located in the bottom right corner of the page.



# APPENDIX 13

A COPY OR COPIES OF ANY INTERIM REPORTS.



CONFIDENTIAL





## **APPENDIX 14**

A COPY OF THE LAST DEFINITIVE PROXY OR INFORMATION STATEMENT (SEC).

**Does Not Apply**

A handwritten mark, possibly a signature or initials, consisting of a long horizontal stroke followed by a vertical stroke that curves back to the right.



## APPENDIX 15

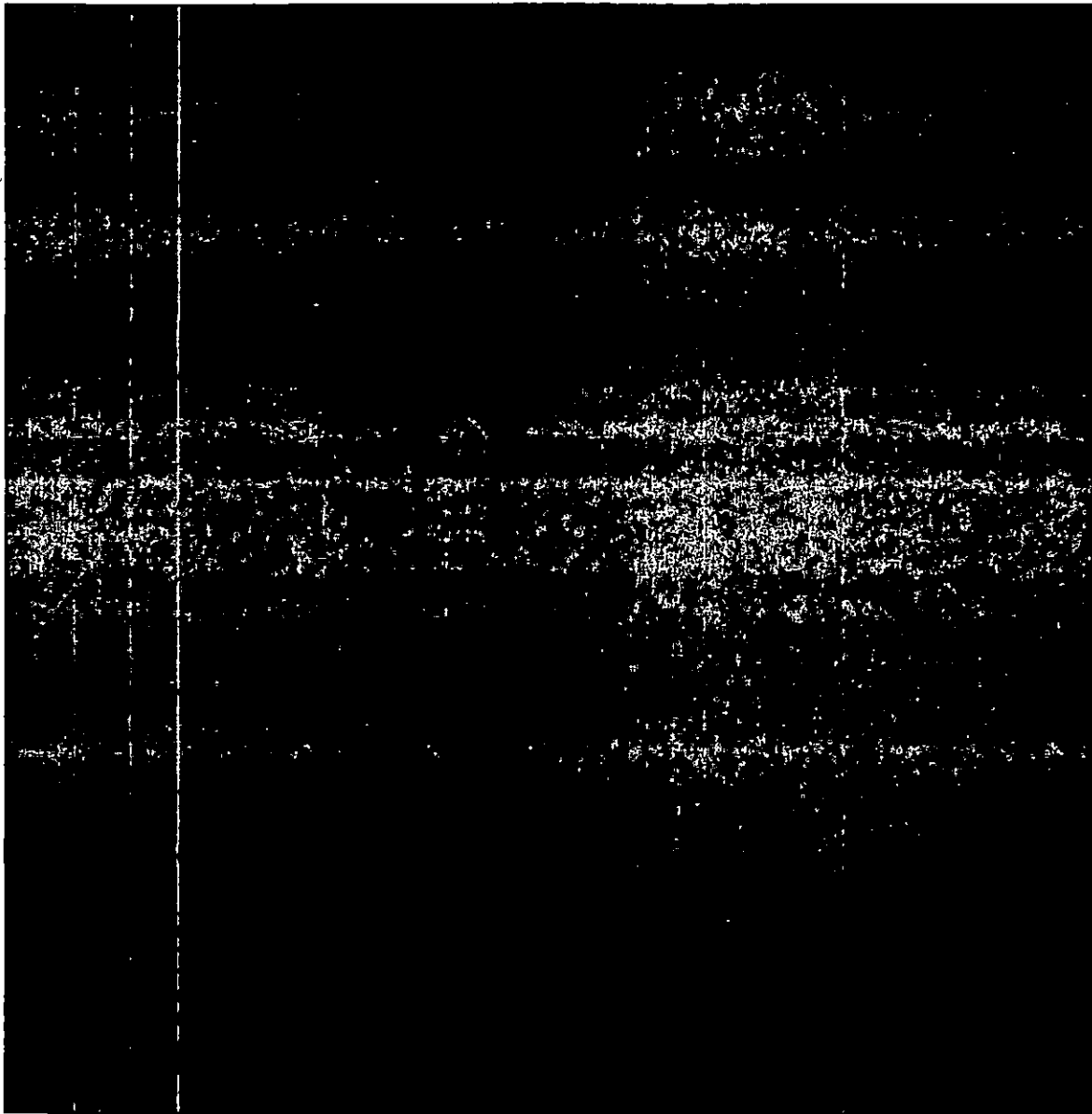
A COPY OF ALL REGISTRATION STATEMENTS FOR THE LAST FIVE (5) YEARS  
FILED IN ACCORDANCE WITH THE SECURITIES ACT OF 1933.

**Does Not Apply**



## APPENDIX 16

COPIES OF ALL OTHER REPORTS PREPARED IN THE LAST FIVE (5) YEARS BY  
INDEPENDENT AUDITORS OF THE APPLICANT.



A handwritten signature or mark, possibly a stylized letter 'A' or a similar symbol, located in the bottom right corner of the page.



## APPENDIX 17

CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.

**See Attached**



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

Stadium Casino Investors, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4142720

Eckert Seamans Cherin & Mellott LLC  
COUNTER,  
PA



Entity #: 4142720  
Date Filed: 10/25/2012  
Carol Alchele  
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Application for Registration - Foreign  
(15 Pa.C.S.)

- Registered Limited Liability General Partnership (§ 8211)
- Registered Limited Liability Limited Partnership (§ 8211)
- Limited Partnership (§ 8582)
- Limited Liability Company (§ 8981)

|  |       |          |
|--|-------|----------|
| Name<br>Eckert Seamans Cherin & Mellott, LLC |       |          |
| Address<br>COUNTER/DO NOT MAIL               |       |          |
| City   | State | Zip Code |

Document will be returned to the name and address you enter to the left.  
←

Commonwealth of Pennsylvania  
APPLICATION FOR REGISTRATION 3 Page(s)

Fee: \$250



T1230547082

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name to be registered is:  
Stadium Casino Investors, LLC

2. (If the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following):  
The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:  
Jurisdiction: Delaware Date of Formation: 10/23/2012

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

|   |      |       |     |         |
|---|------|-------|-----|---------|
| (a) Number and street                             | City | State | Zip | County  |
| (b) Name of Commercial Registered Office Provider |      |       |     | County  |
| CT Corporation System                             |      |       |     | Dauphin |

2012 OCT 25 AM 10: 51  
PA DEPT OF STATE

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5. Check and complete one of the following:

The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

|                    |            |       |       |
|--------------------|------------|-------|-------|
| 1209 Orange Street | Wilmington | DE    | 19801 |
| Number and street  | City       | State | Zip   |

It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

|                   |      |       |     |
|-------------------|------|-------|-----|
| Number and street | City | State | Zip |
|-------------------|------|-------|-----|

6. For Restricted Professional Limited Liability Company Only. Strike out if inapplicable: The company is a ~~restricted professional company organized to render the following professional service(s):~~

Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8

7. The name and business address of each general partner.

|      |                  |
|------|------------------|
| Name | Business Address |
|      |                  |
|      |                  |

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contribution is:

|                   |      |       |     |        |
|-------------------|------|-------|-----|--------|
| Number and street | City | State | Zip | County |
|-------------------|------|-------|-----|--------|

The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

24th day of October, 2012

STADIUM CASINO INVESTORS, LLC

Name of Partnership/Company

*Cynthia L. Woolheater*  
Cynthia L. Woolheater Signature

Organizer

Title

A

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "STADIUM CASINO INVESTORS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2012, AT 11:13 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "WHIPCORD INVESTORS, LLC" TO "STADIUM CASINO INVESTORS, LLC", FILED THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2012, AT 9:20 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "STADIUM CASINO INVESTORS, LLC".

5231501 8100H

121178062

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9950880

DATE: 10-31-12

A

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:32 AM 10/23/2012  
FILED 11:13 AM 10/23/2012  
SRV 121155228 - 5231501 FILE

CERTIFICATE OF FORMATION  
OF  
WHIPCORD INVESTORS, LLC

The undersigned authorized person hereby forms a limited liability company under the Delaware Limited Liability Company Act and adopts as the Certificate of Formation of such limited liability company the following:

1. The name of the Company:

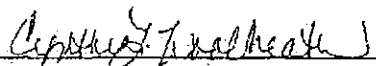
Whipcord Investors, LLC

2. The name and address of the registered agent and office of the Company

in Delaware: c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801, County of New Castle.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation on this 23rd day of October, 2012.

ORGANIZER:

  
Cynthia L. Woolheater, Authorized  
Person

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
WHIPCORD INVESTORS, LLC

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "Company") is Whipcord Investors, LLC.

2. The Certificate of Formation of the Company is hereby amended by striking out Article FIRST thereof and by substituting in lieu of said Article the following new Article FIRST:


"The name of the limited liability company (hereinafter called the "Company") is Stadium Casino Investors, LLC."

3. The amendment of the Certificate of Formation herein certified has been duly adopted in accordance with the provisions of Section 18-202 of the Delaware Limited Liability Company Act.

Executed as of the 23<sup>rd</sup> day of October, 2012.

WHIPCORD INVESTORS, LLC

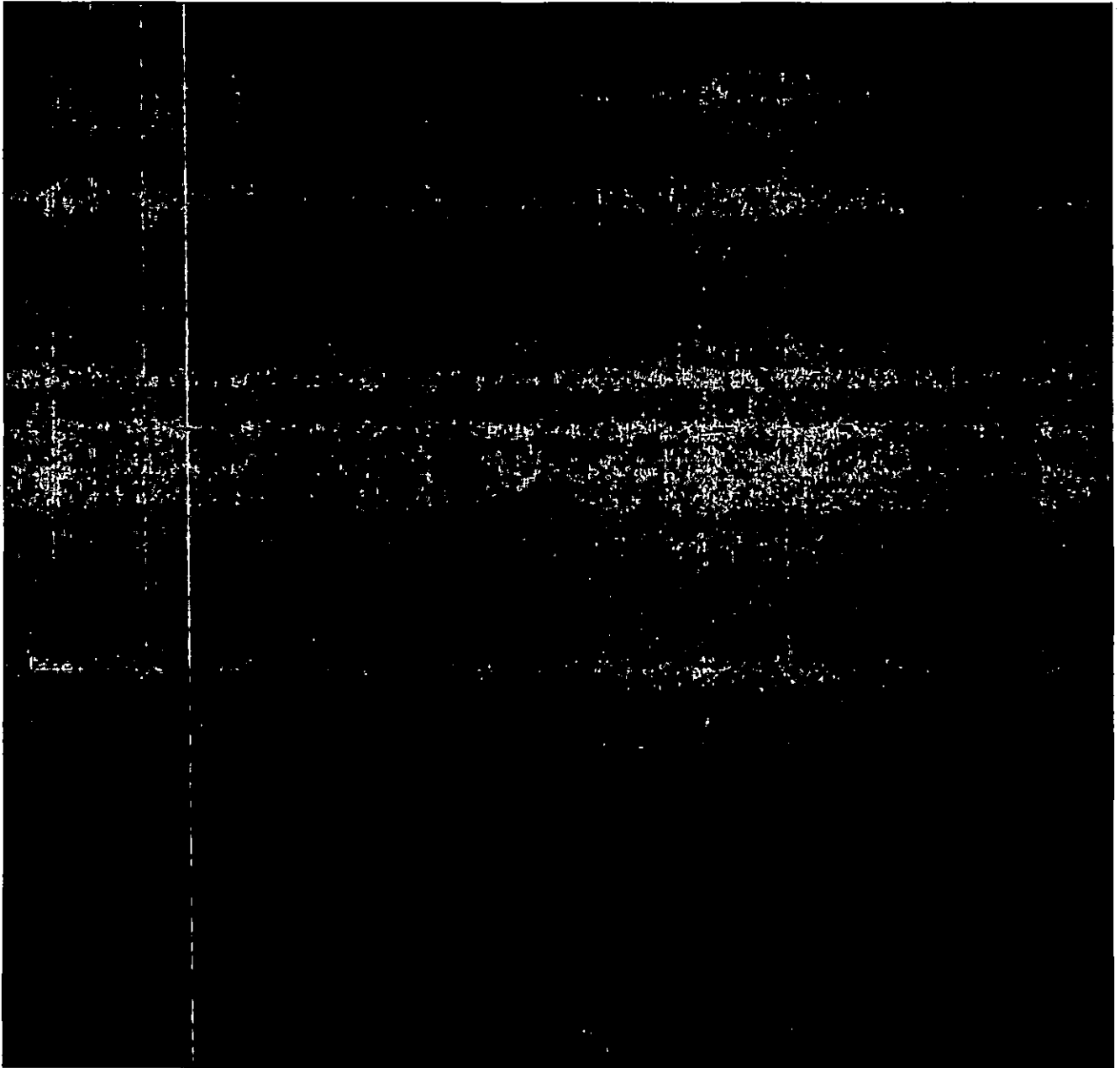
By:

  
Cynthia L. Woolheater, Organizer

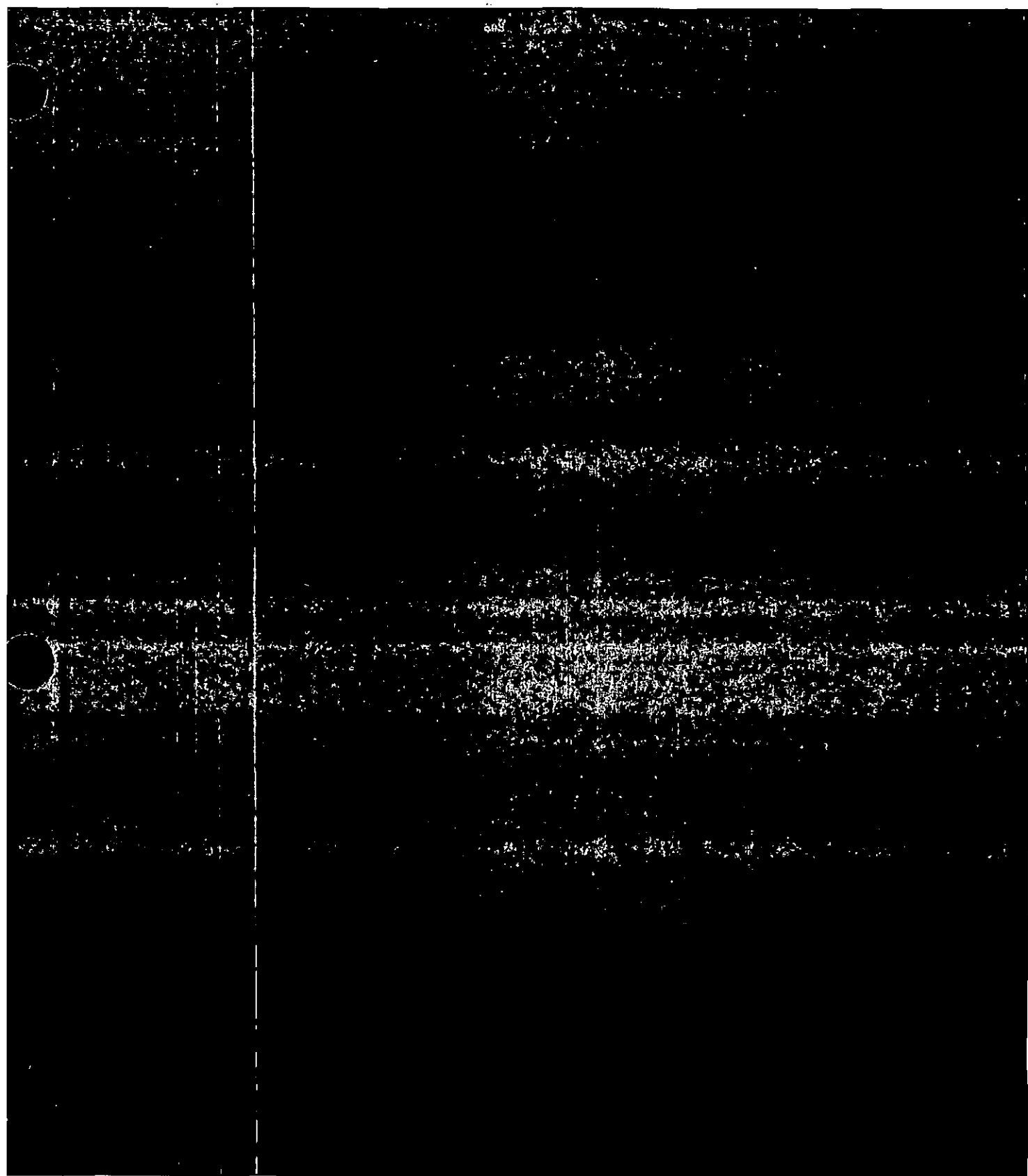


# APPENDIX 18

CURRENT OWNERSHIP TABLE OF ORGANIZATION.





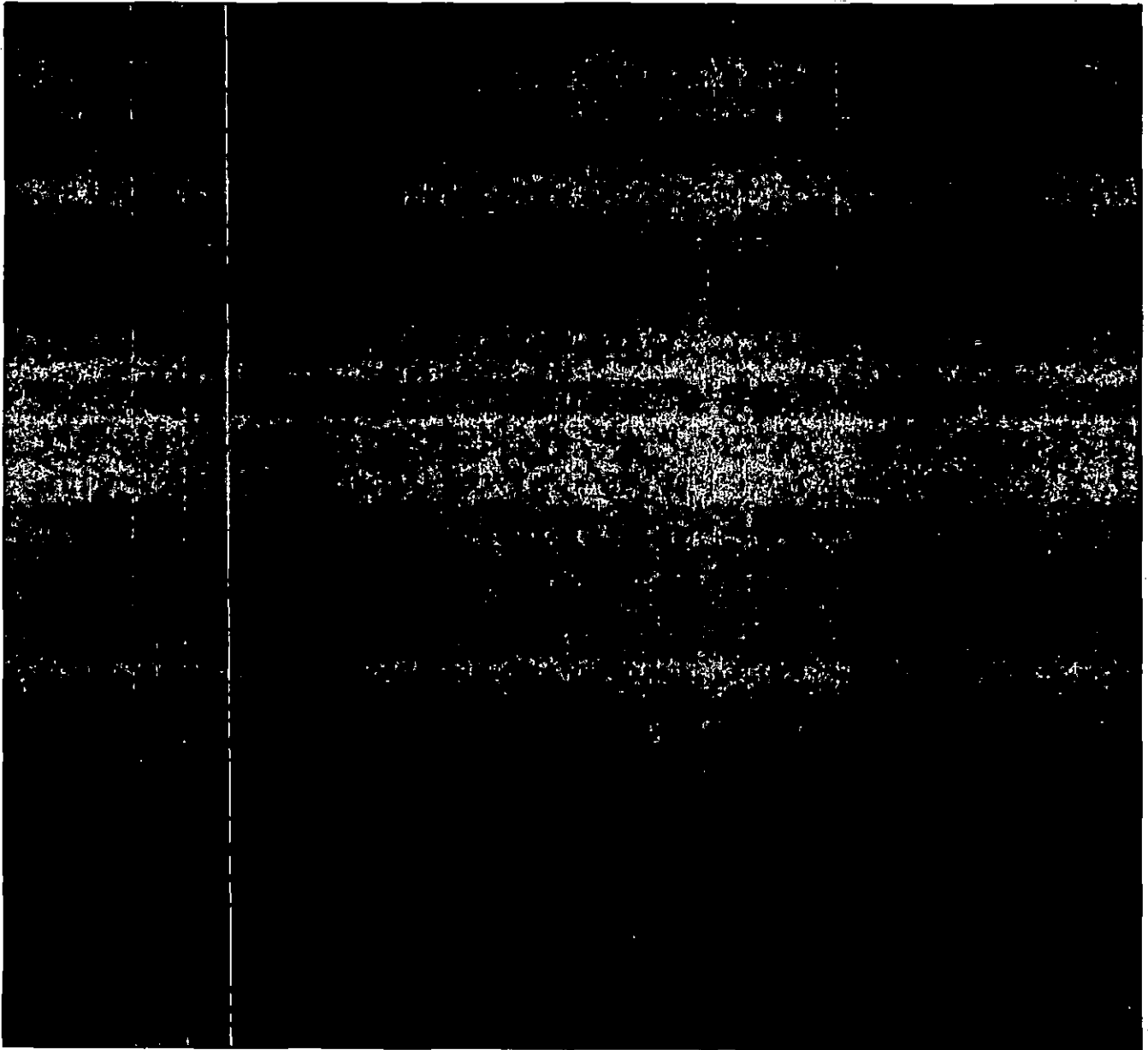


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## APPENDIX 19

FUNCTIONAL TABLE OF ORGANIZATION FOR APPLICANT WITH, JOB DESCRIPTIONS, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$250,000 IN ANNUAL COMPENSATION.

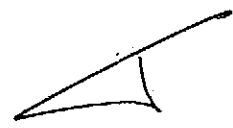
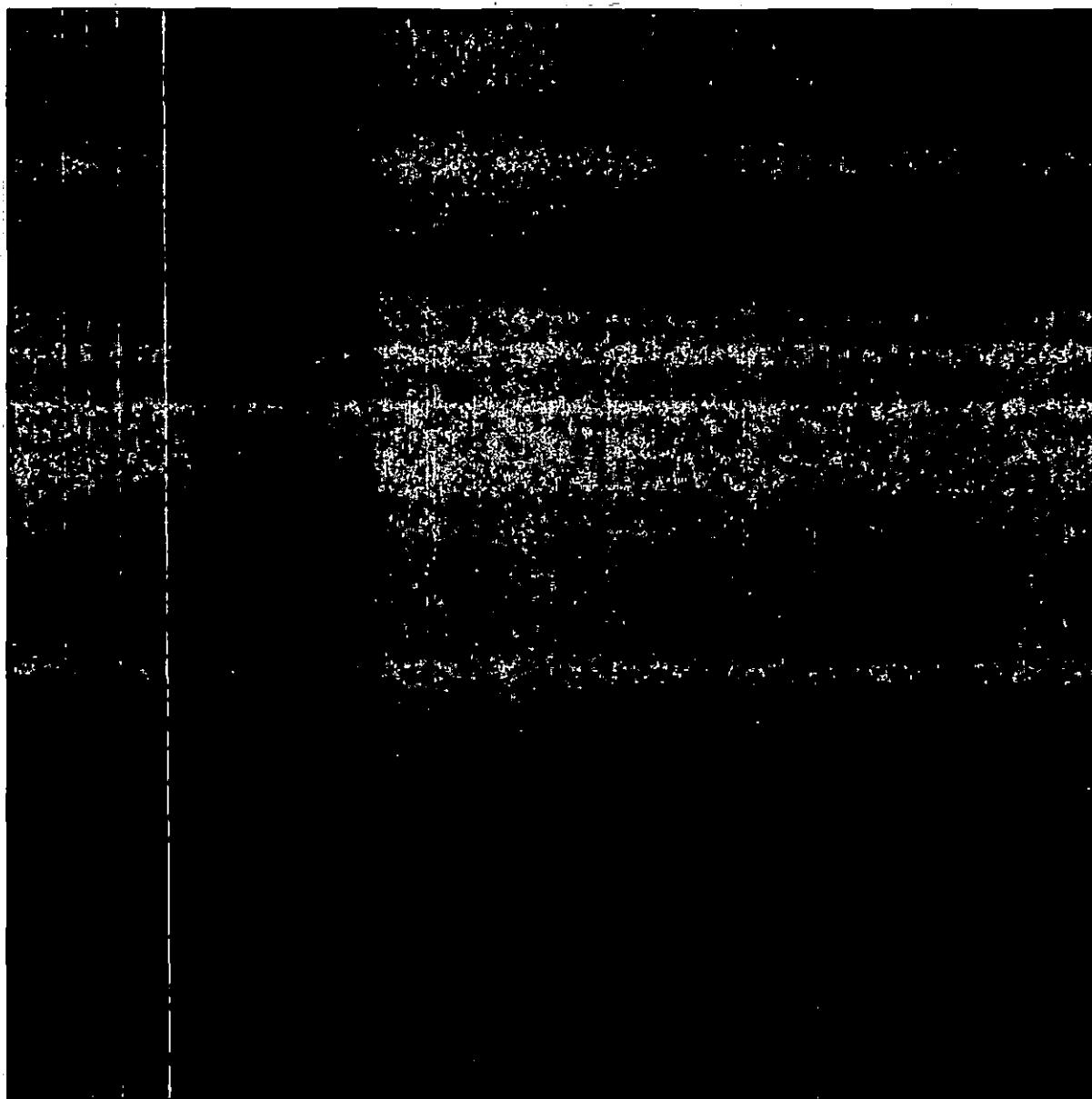


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## APPENDIX 20

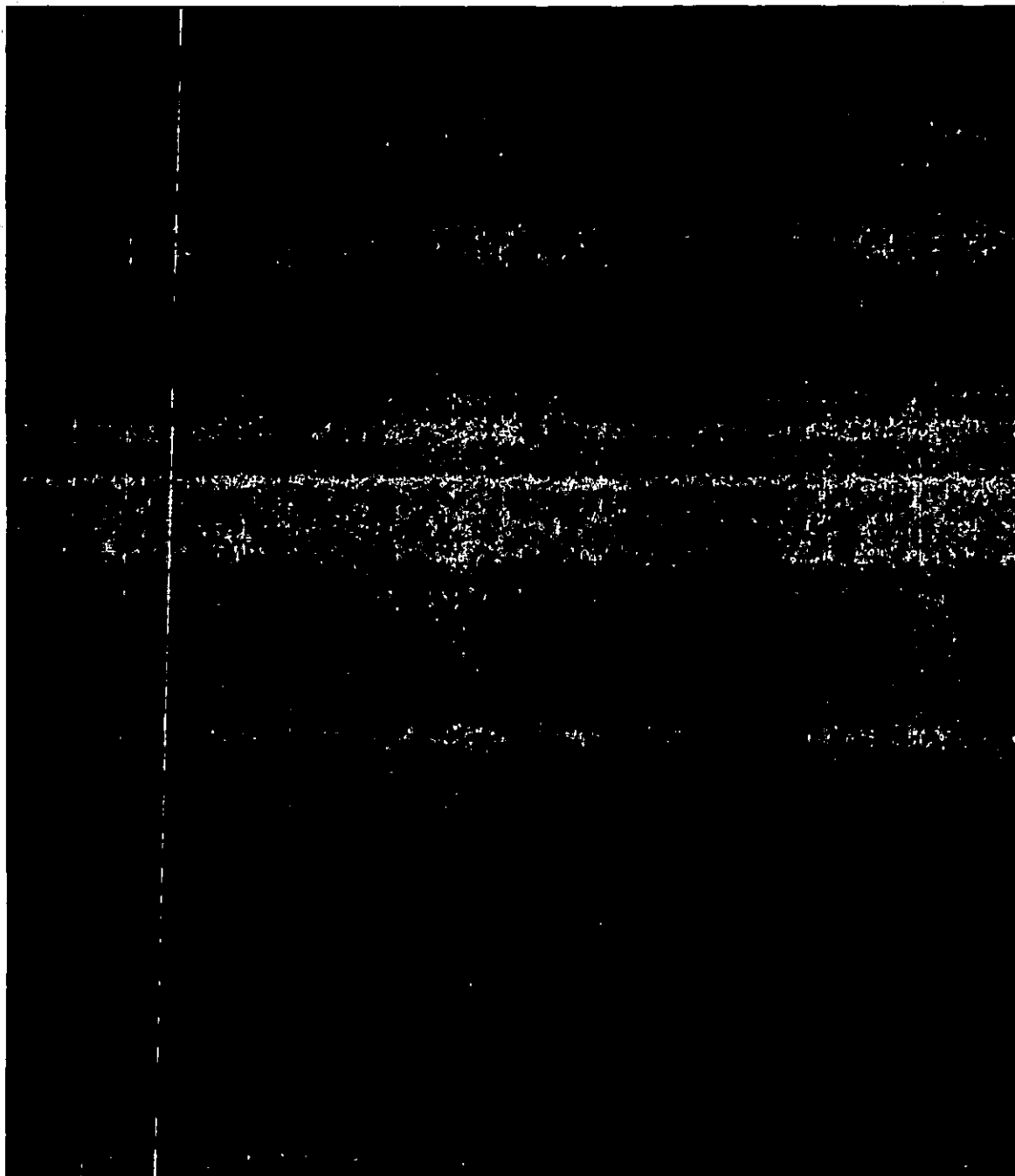
COPIES OF FEDERAL ENTITY TAX FILINGS, INCLUDING FORMS 1120, 1120-S, 1120-F, 1065, 941 AND ALL OTHER BUSINESS RELATED TAX FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.





## APPENDIX 21

COPIES OF 5500 FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.



A handwritten signature or mark, possibly a stylized 'A' or similar character, located in the bottom right corner of the page.





## APPENDIX 22

DESCRIBE CRIMINAL HISTORY OF APPLICANT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULE 23. NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.

**Does Not Apply**



## APPENDIX 23

PURSUANT TO §1312 OF THE GAMING ACT, THE BOARD MAY NOT APPROVE AN APPLICATION FOR LICENSURE IF ANY OF ITS PRINCIPALS DO NOT MEET THE CHARACTER REQUIREMENTS OF §1310, ELIGIBILITY REQUIREMENTS, OR PURCHASES A CONTROLLING INTEREST IN A LICENSED GAMING ENTITY IN VIOLATION OF §1328.

HAS THE APPLICANT DIVESTED ALL INTERESTS THAT WOULD PROHIBIT LICENSURE AND ELIMINATED ANY PRINCIPAL WHO DOES NOT MEET THE CHARACTER OR ELIGIBILITY REQUIREMENTS? IF NOT, PROVIDE AN EXPLANATION. IF IT DOES NOT APPLY, WRITE DOES NOT APPLY IN RESPONSE TO THIS APPENDIX.

Yes.



## APPENDIX 24

PURSUANT TO §1330 OF THE GAMING ACT, NO LICENSEE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY MAY POSSESS AN OWNERSHIP OR FINANCIAL INTEREST THAT IS GREATER THAN 33.3% OF ANOTHER SLOT MACHINE LICENSEE OR PERSON ELIGIBLE TO APPLY FOR A CATEGORY 1 LICENSE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY.

DOES THE APPLICANT POSSESS AN OWNERSHIP OR FINANCIAL INTEREST THAT IS GREATER THAN 33.3% OF ANOTHER SLOT MACHINE LICENSEE OR PERSON ELIGIBLE TO APPLY FOR A CATEGORY 1 LICENSE, ITS AFFILIATE, INTERMEDIARY, SUBSIDIARY OR HOLDING COMPANY? PROVIDE AN EXPLANATION OR WRITE "DOES NOT APPLY".

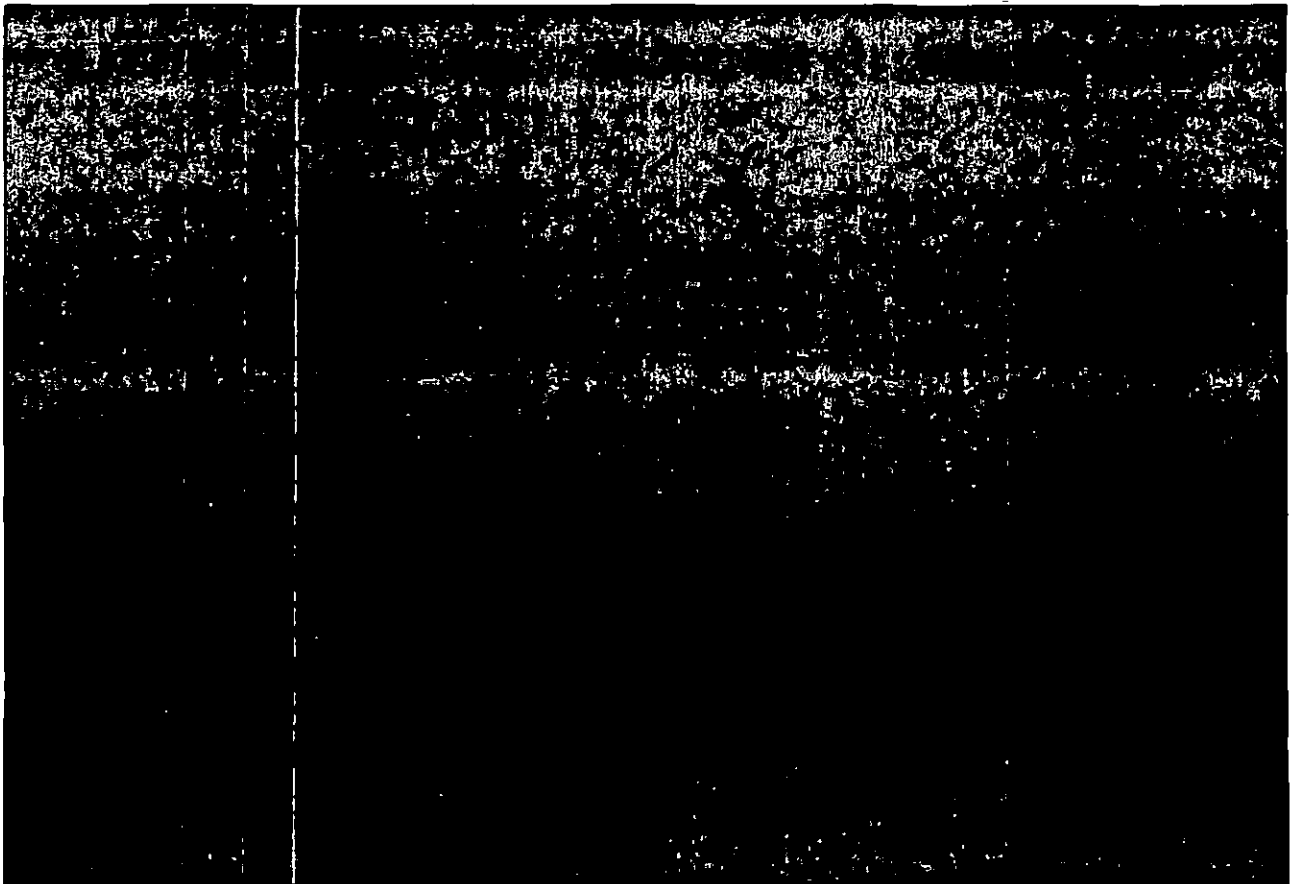
**See the Application and Disclosure Information form of Stadium Casino, LLC at Appendix 24.**



## APPENDIX 25

PURSUANT TO §1512 OF THE GAMING ACT, NO EXECUTIVE-LEVEL STATE EMPLOYEE, PUBLIC OFFICIAL, PARTY OFFICER OR IMMEDIATE FAMILY MEMBER THEREOF SHALL HAVE A FINANCIAL INTEREST IN OR BE EMPLOYED, DIRECTLY OR INDIRECTLY, BY ANY LICENSED RACING ENTITY OR LICENSED GAMING ENTITY, OR ANY HOLDING, AFFILIATE, INTERMEDIARY OR SUBSIDIARY COMPANY, THEREOF, OR ANY SUCH APPLICANT.

HAS ANY PUBLIC OFFICIAL OR OTHER PROHIBITED PERSON POSSESSED A FINANCIAL INTEREST IN OR BEEN EMPLOYED DIRECTLY OR INDIRECTLY BY THE APPLICANT OR RELATED ENTITY AT OR FOLLOWING THE EFFECTIVE DATE OF THE PA GAMING ACT?



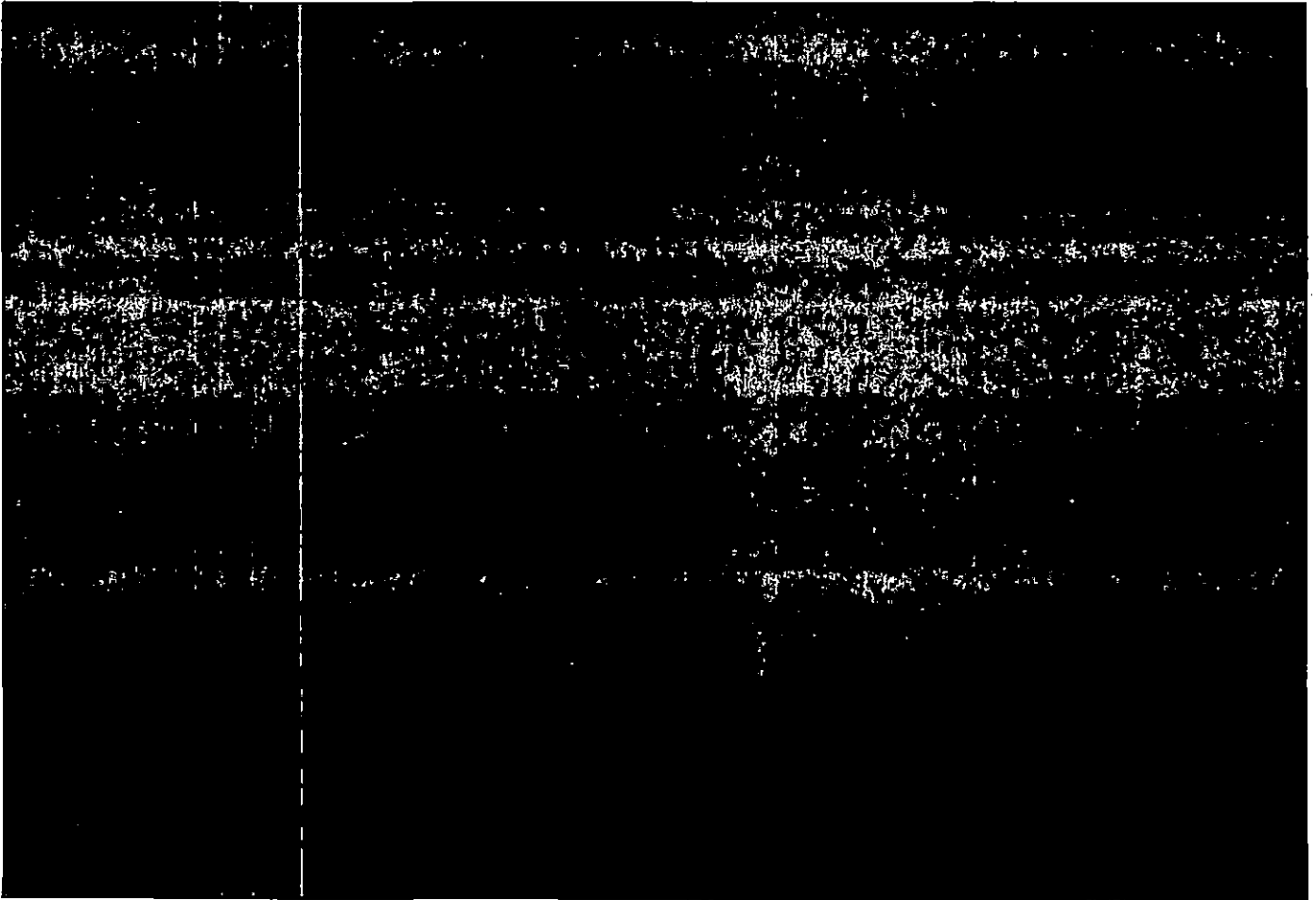
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## APPENDIX 26

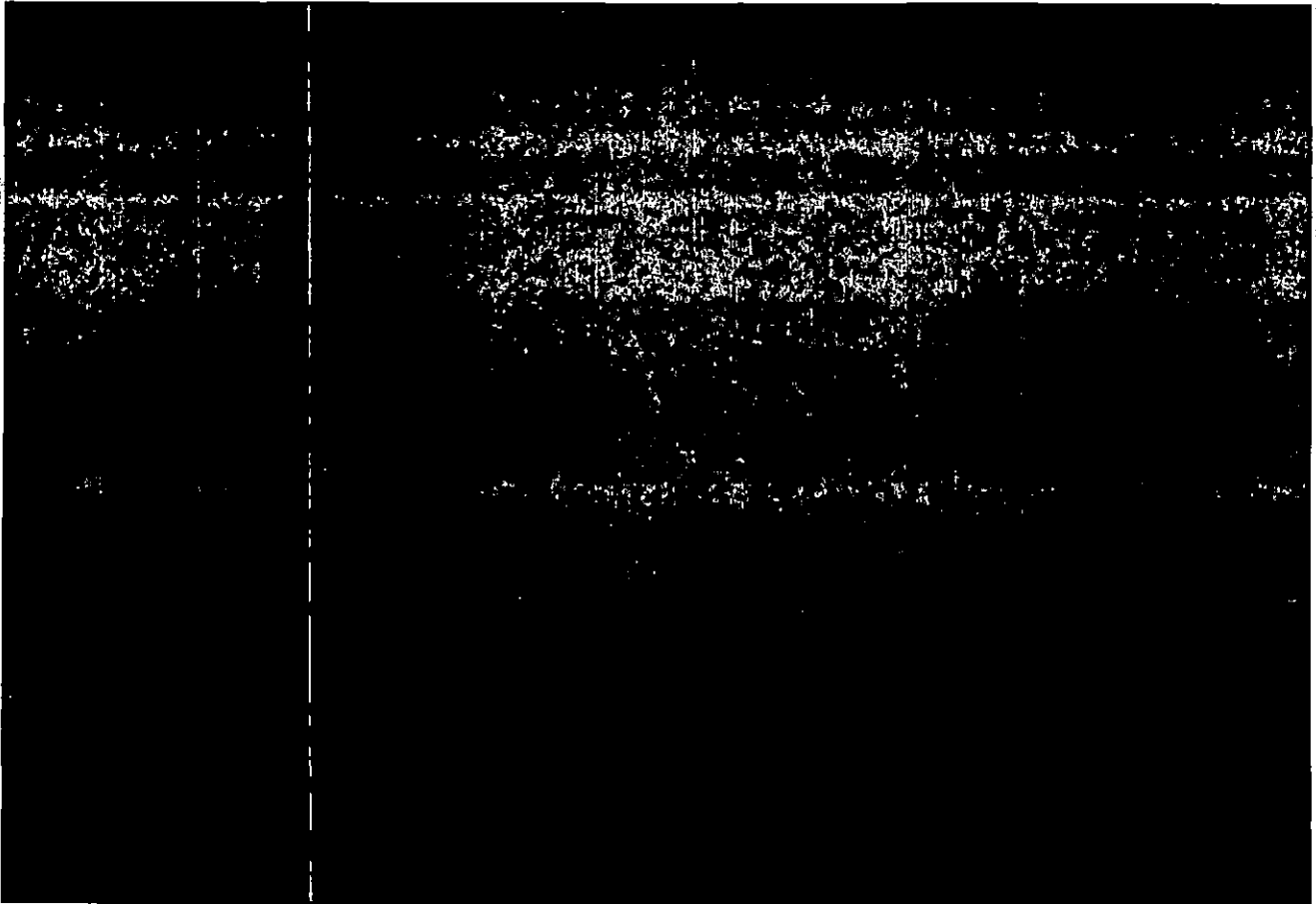
PURSUANT TO §1313 OF THE GAMING ACT, PROVIDE INFORMATION, DOCUMENTATION AND ASSURANCES DEMONSTRATING THAT THE APPLICANT HAS SUFFICIENT BUSINESS ABILITY AND EXPERIENCE TO CREATE AND MAINTAIN A SUCCESSFUL, EFFICIENT OPERATION. ALSO PROVIDE BIOGRAPHIES OF THE KNOWN INDIVIDUALS WHO WILL PERFORM EXECUTIVE MANAGEMENT DUTIES AND PROVIDE NAMES OF ALL PROPOSED KEY EMPLOYEES AND A DESCRIPTION OF THEIR RESPECTIVE OR PROPOSED RESPONSIBILITIES AS THEY BECOME KNOWN.





## APPENDIX 27

PURSUANT TO §1207(16) OF THE GAMING ACT, THE LICENSEE MUST SELL PENNSYLVANIA STATE LOTTERY TICKETS AT ITS FACILITY AS NEAR AS PRACTICABLE TO THE PAY WINDOWS. PROVIDE A PROPOSED FLOOR PLAN SPECIFYING THE LOCATIONS WHERE STATE LOTTERY TICKETS WILL BE SOLD AND THE PROXIMITY OF THOSE LOCATIONS TO PAY WINDOWS. (NOTE: THIS SUBMISSION MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).





## APPENDIX 28

PROVIDE A LIST OF ANY HOSPITAL, PLACE OF WORSHIP, SCHOOL, CHARITABLE INSTITUTION, PARK, ZOO OR ANY SIMILAR PLACE FREQUENTED BY THE PUBLIC WITHIN 1500 FEET OF THE PROPOSED FACILITY.

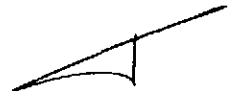
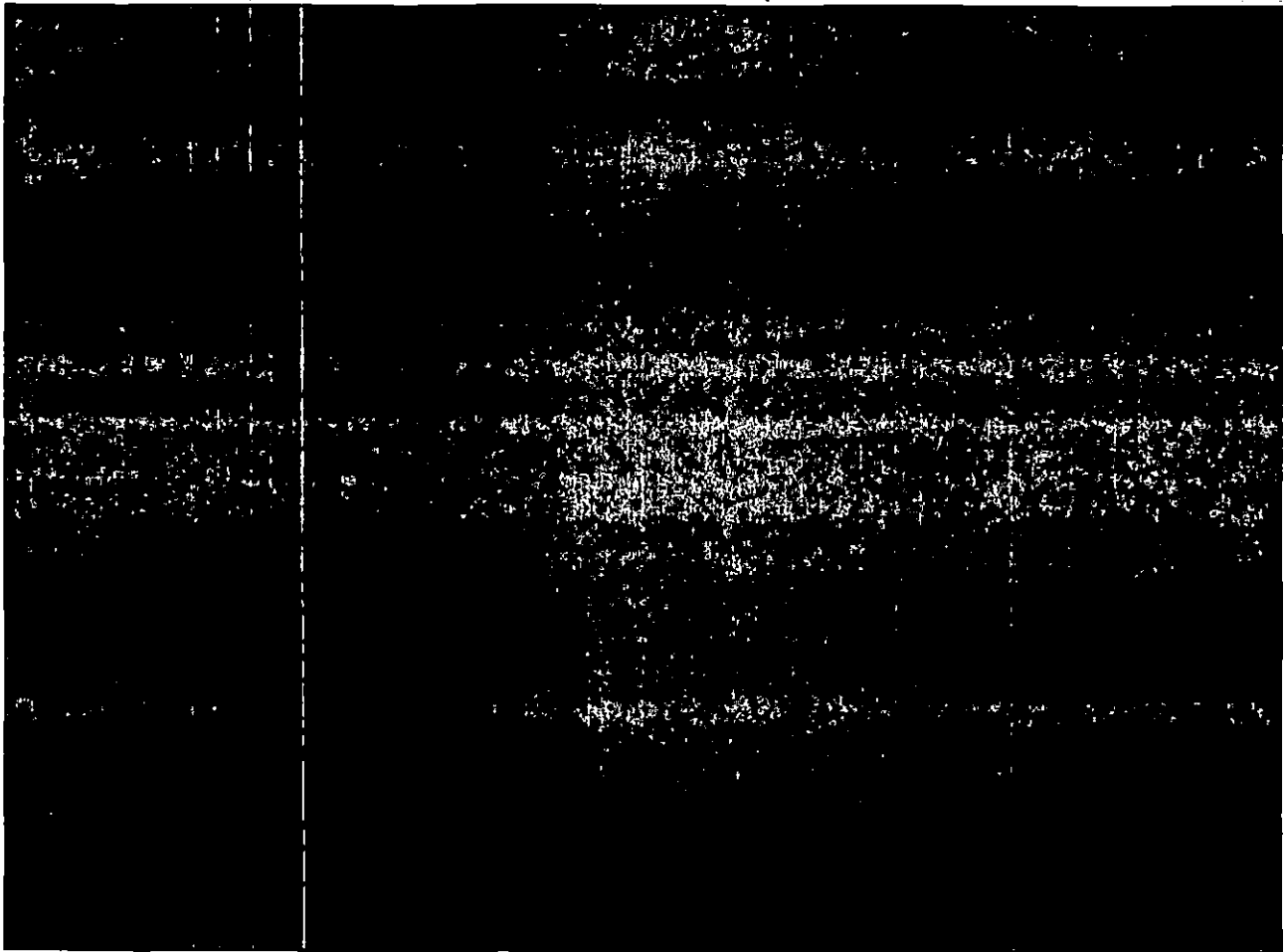
PROVIDE A LIST OF ANY HOSPITAL, PLACE OF WORSHIP, SCHOOL, CHARITABLE INSTITUTION, PARK, ZOO OR ANY SIMILAR PLACE FREQUENTED BY THE PUBLIC WITHIN 1500 FEET OF THE PROPOSED FACILITY.

**Applicant interprets this appendix as being directed to the operating applicant, Stadium Casino, LLC, and therefore the information requested Does Not Apply.**



## APPENDIX 29

SUBMIT AN INITIAL NARRATIVE DESCRIPTION OF PROPOSED ADMINISTRATIVE AND ACCOUNTING PROCEDURES, INCLUDING A WRITTEN SYSTEM OF INTERNAL CONTROL, PURSUANT TO §1322 OF THE GAMING ACT (NOTE: THIS SUBMISSION MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).

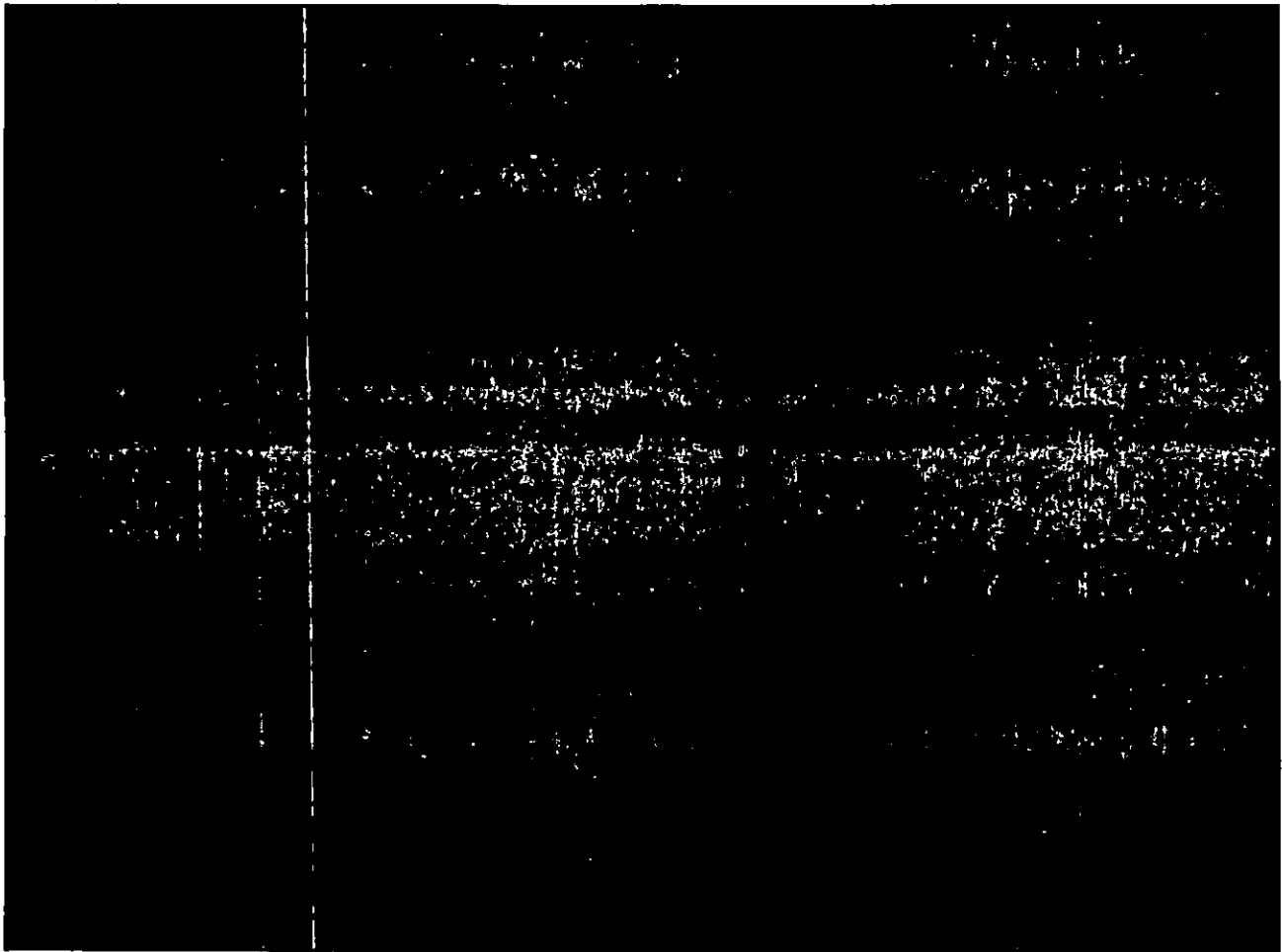






## APPENDIX 30

PROVIDE MARKETING PLANS AND PROPOSALS AND DETAILS OF THE PROXIMITY OF THE FACILITY TO ITS MARKETING SERVICE AREA.





## APPENDIX 31

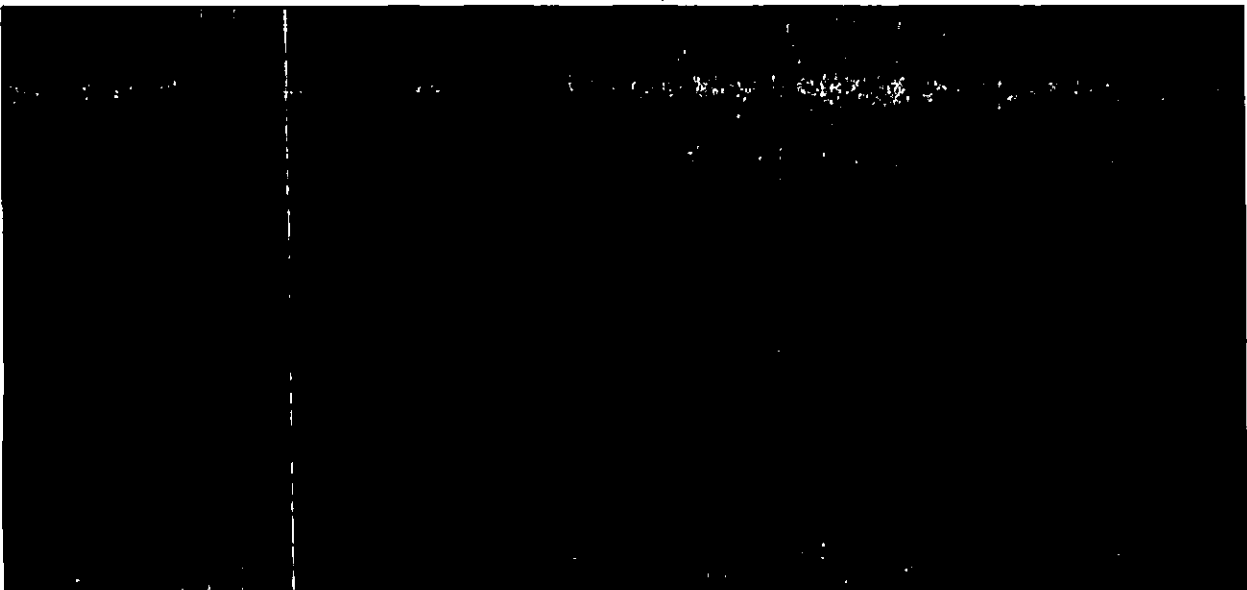
PROVIDE COPIES OF LOCAL ZONING AND LAND USE APPROVALS OR A DETAILED EXPLANATION OF THE STATUS OF THE REQUEST WITH COPIES OF ALL FILINGS.

**Applicant interprets this appendix as being directed to the operating applicant, Stadium Casino, LLC, and therefore the information requested Does Not Apply.**



## APPENDIX 32

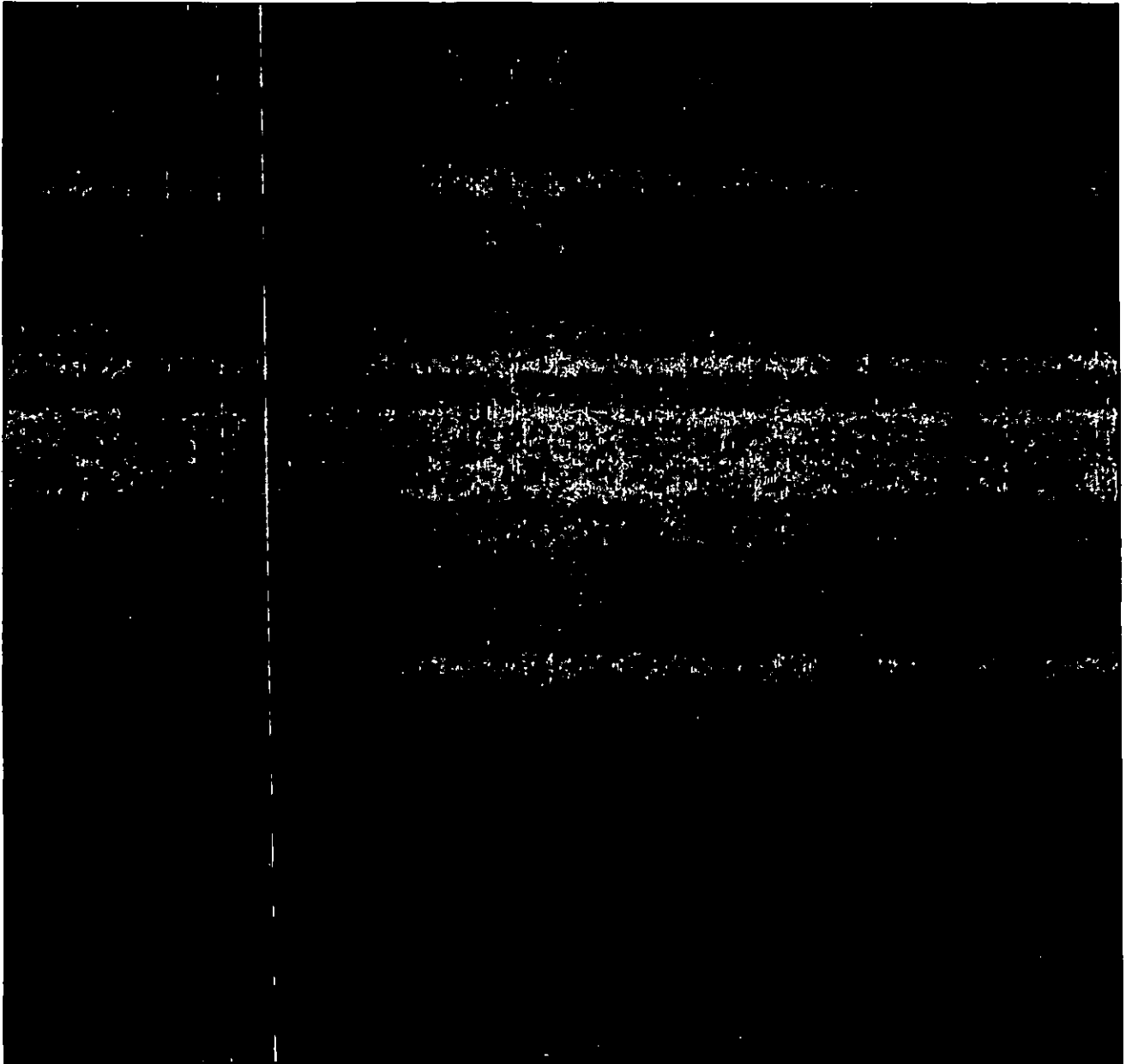
PURSUANT TO §1322 OF THE GAMING ACT AND/OR BOARD REGULATIONS, SUBMIT A COMPLETE PROPOSED SITE PLAN OF THE PROPOSED LICENSED FACILITY, INCLUSIVE OF TRAFFIC STUDIES AND THE PARKING PLAN, INCLUDING THE NUMBER OF PARKING SPACES, ACCOMPANIED BY ARCHITECTURAL DRAWINGS AND A PROPOSED GAMING FLOOR LAYOUT. THE GAMING FLOOR LAYOUT SHOULD CLEARLY DELINEATE THE SQUARE FOOTAGE OF THE AREA TO BE USED FOR THE PLACEMENT OF SLOT MACHINES AND TABLE GAMES AS WELL AS THE SQUARE FOOTAGE OF THE AREA THAT WILL NOT BE USED FOR THE PLACEMENT OF SLOT MACHINES AND TABLE GAMES. FURTHER, THE GAMING FLOOR LAYOUT SHOULD DELINEATE THE SQUARE FOOTAGE RESERVED FOR ADDITIONAL SLOT MACHINES AND TABLE GAMES PERMITTED PURSUANT TO §1210 AND §13A11 OF THE GAMING ACT. PURSUANT TO §1210, PROVIDE DETAILS OF THE PROPOSED LOCATION OF SLOT MACHINES AND TABLE GAMES AT THE FACILITY AND THE NUMBER OF SLOT MACHINES AND TABLE GAMES REQUESTED. PURSUANT TO §1207 OF THE GAMING ACT, PROPOSED SURVEILLANCE CAMERA LOCATIONS BOTH WITHIN AND OUTSIDE THE PROPOSED LICENSED FACILITY SHOULD ALSO BE CLEARLY DELINEATED ON THE GAMING FLOOR LAYOUT AS WELL AS PROPOSED SECURITY ZONES ON THE GAMING FLOOR AND WITHIN AND OUTSIDE THE LICENSED FACILITY. (NOTE: THE SITE PLAN, GAMING FLOOR LAYOUT AND RELATED SURVEILLANCE AND SECURITY PROPOSALS MUST BE FINALIZED AND APPROVED BY THE BOARD PRIOR TO OPERATION).





## APPENDIX 33

PROVIDE DETAILS OF PLANNED RETAIL AND FOOD VENUES FOR THE FACILITY AND THE IDENTIFICATION OF THE OPERATORS OF EACH RETAIL FOOD VENUE.







## APPENDIX 34

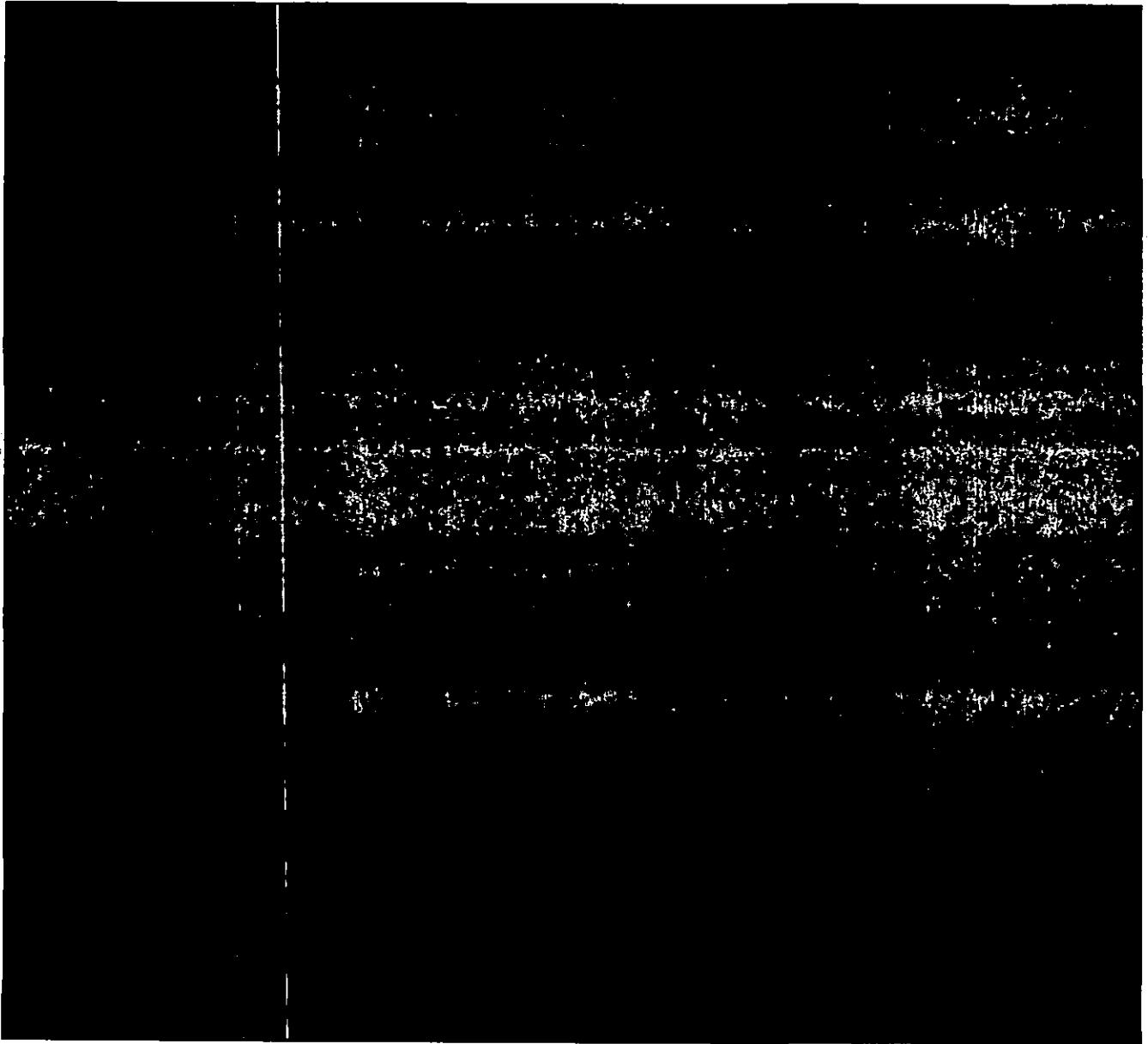
PROVIDE A LOCAL IMPACT REPORT, ENGINEERING REPORTS AND TRAFFIC STUDIES, INCLUDING DETAILS OF ANY ADVERSE IMPACT ON TRANSPORTATION, TRANSIT ACCESS, HOUSING, WATER AND SEWER SYSTEMS, LOCAL POLICE AND EMERGENCY SERVICE CAPABILITIES, EXISTING TOURISM, INCLUDING HISTORICAL AND CULTURAL RESOURCES OR OTHER MUNICIPAL SERVICE OR RESOURCE. A COPY OF THE LOCAL IMPACT REPORT SHALL BE PROVIDED TO EACH POLITICAL SUBDIVISION IN WHICH THE LICENSED FACILITY WILL BE LOCATED AT LEAST SEVEN (7) DAYS PRIOR TO THE FILING OF THE APPLICATION FOR A SLOT MACHINE LICENSE. THE APPLICANT SHALL FILE A PROOF OF SERVICE WITH THE BOARD.

**Applicant interprets this appendix as being directed to the operating applicant, Stadium Casino, LLC, and therefore the information requested Does Not Apply.**



# APPENDIX 35

PROVIDE DETAILS OF LAND ACQUISITION COSTS.





## APPENDIX 36

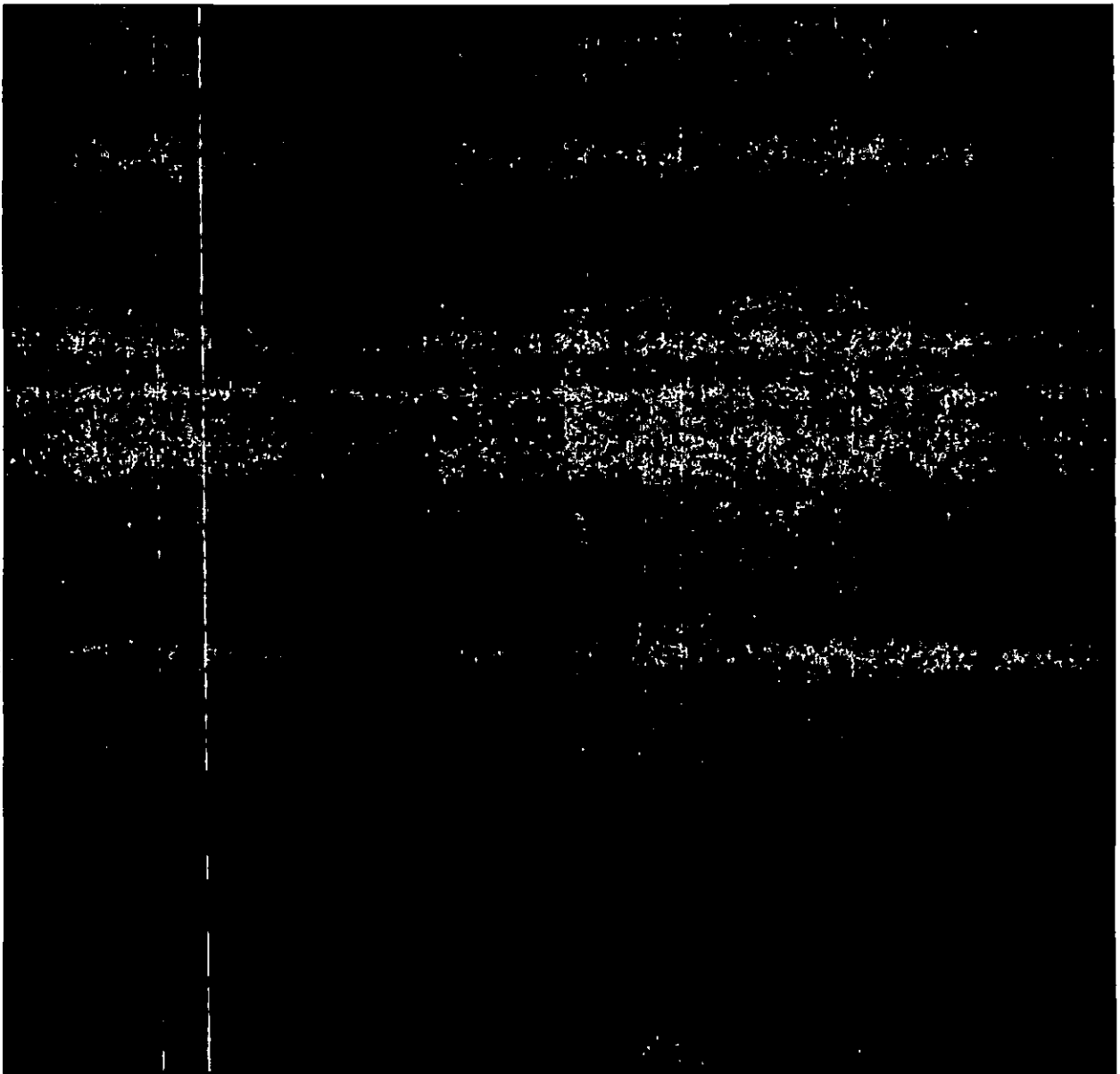
PROVIDE DETAILS OF A COMPULSIVE OR PROBLEM GAMBLING PLAN.

**Applicant interprets this appendix as being directed to the operating applicant, Stadium Casino, LLC, and therefore the information requested Does Not Apply.**



## APPENDIX 37

IF A TEMPORARY FACILITY IS TO BE LICENSED, PROVIDE DETAILS OF THE TEMPORARY FACILITY AS WELL AS A PLAN FOR HOW THE LICENSEE WILL TRANSITION TO A PERMANENT FACILITY, INCLUDING A DATE FOR THE COMPLETION OF THE PERMANENT FACILITY.



A handwritten signature or mark consisting of a long, thin diagonal line that curves downwards and to the right, ending in a small loop or hook.





## APPENDIX 38

AS REQUIRED BY §1325 OF THE GAMING ACT, APPLICANT MUST ADDRESS EACH ITEM LISTED IN THIS SECTION. IF AN ITEM DOES NOT APPLY, THE APPLICANT MUST STATE THAT IN RESPONSE TO EACH ITEM LISTED. PROVIDE A PLAN, WITH DETAILS, FOR THE FOLLOWING:

(1) THE LOCATION AND QUALITY OF THE PROPOSED FACILITY, INCLUDING, BUT NOT LIMITED TO, ROAD AND TRANSIT ACCESS, PARKING AND CENTRALITY TO MARKET SERVICE AREA;

(2) THE POTENTIAL FOR NEW JOB CREATION AND ECONOMIC DEVELOPMENT WHICH WILL RESULT FROM GRANTING A LICENSE TO THE APPLICANT;

(3) THE APPLICANT'S GOOD FAITH PLAN TO RECRUIT, TRAIN AND UPGRADE DIVERSITY IN ALL EMPLOYMENT CLASSIFICATIONS IN THE FACILITY;

(4) THE APPLICANT'S GOOD FAITH PLAN FOR ENHANCING THE REPRESENTATION OF DIVERSE GROUPS IN THE OPERATION OF ITS FACILITY THROUGH THE OWNERSHIP AND OPERATION OF BUSINESS ENTERPRISES ASSOCIATED WITH OR UTILIZED BY ITS FACILITY OR THROUGH THE PROVISION OF GOODS OR SERVICES UTILIZED BY ITS FACILITY AND THROUGH THE PARTICIPATION IN THE OWNERSHIP OF THE APPLICANT. PROVIDE SPECIFIC INFORMATION REGARDING THE DIVERSITY IN OWNERSHIP OF THE APPLICANT, I.E. MINORITIES, WOMEN;

(5) THE APPLICANT'S GOOD FAITH EFFORT TO ASSURE THAT ALL PERSONS ARE ACCORDED EQUALITY OF OPPORTUNITY IN EMPLOYMENT AND CONTRACTING BY IT AND ANY CONTRACTORS, SUBCONTRACTORS, ASSIGNEES, LESSEES, AGENTS, GAMING SERVICE PROVIDERS AND SUPPLIERS IT MAY EMPLOY DIRECTLY OR INDIRECTLY;

(6) THE HISTORY AND SUCCESS OF THE APPLICANT IN DEVELOPING TOURISM FACILITIES ANCILLARY TO GAMING DEVELOPMENT, IF APPLICABLE TO THE APPLICANT;

(7) THE DEGREE TO WHICH THE APPLICANT PRESENTS A PLAN FOR THE PROJECT WHICH WILL LIKELY LEAD TO THE CREATION OF QUALITY, LIVING-WAGE JOBS AND FULL-TIME PERMANENT JOBS FOR RESIDENTS OF THIS COMMONWEALTH GENERALLY AND FOR RESIDENTS OF THE HOST POLITICAL SUBDIVISION IN PARTICULAR;

(8) THE RECORD OF THE APPLICANT AND ITS DEVELOPER IN MEETING COMMITMENTS TO LOCAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS AND EMPLOYEES IN OTHER LOCATIONS;

(9) THE DEGREE TO WHICH POTENTIAL ADVERSE EFFECTS WHICH MIGHT RESULT FROM THE PROJECT, INCLUDING COSTS OF MEETING THE INCREASED DEMAND FOR PUBLIC HEALTH CARE, CHILD CARE, PUBLIC TRANSPORTATION, AFFORDABLE HOUSING AND SOCIAL SERVICES, WILL BE MITIGATED;

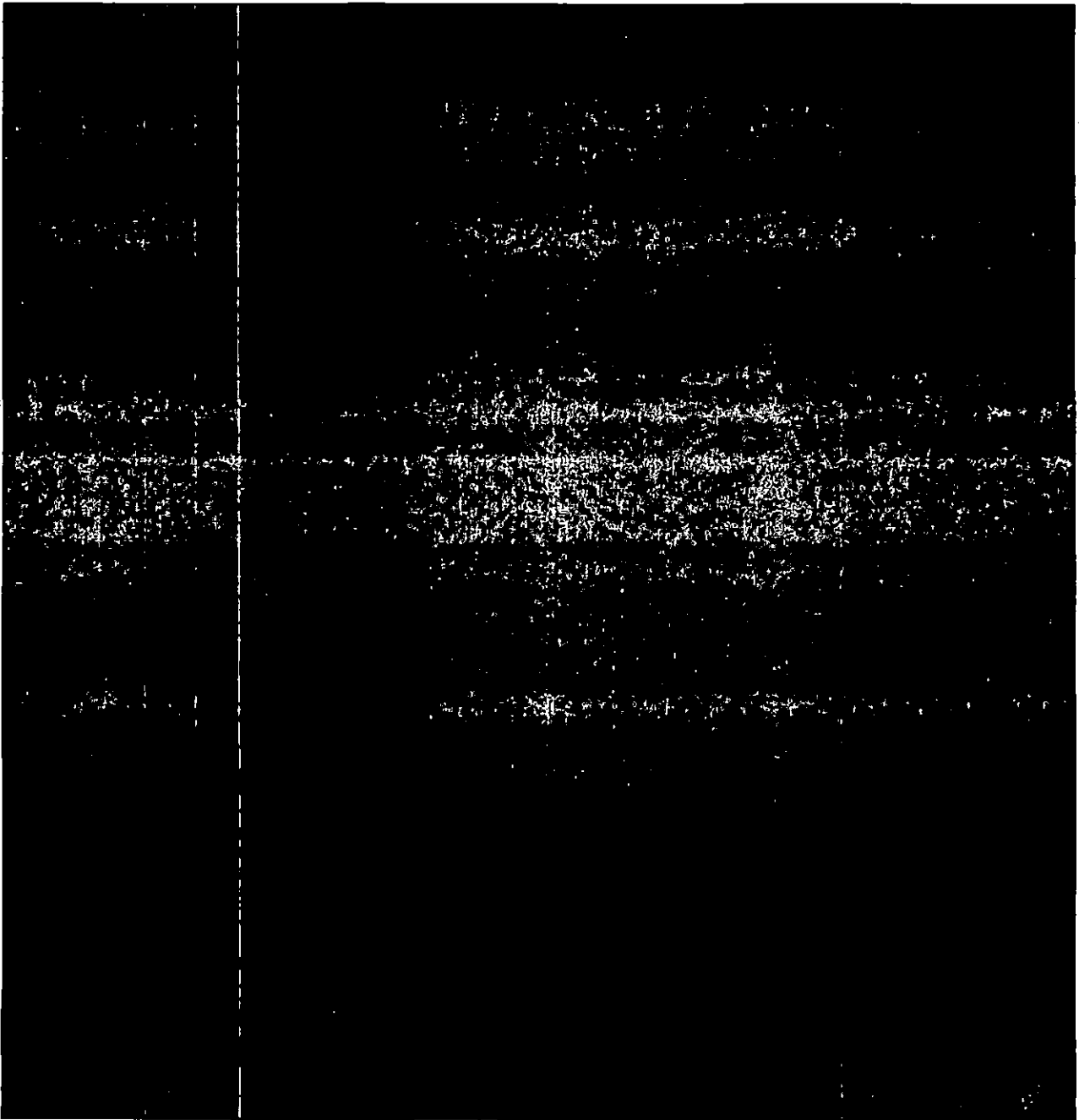
(10) THE RECORD OF THE APPLICANT AND ITS DEVELOPER REGARDING COMPLIANCE WITH (I) FEDERAL, STATE AND LOCAL DISCRIMINATION, WAGE AND HOUR, DISABILITY AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS AS WELL AS (II) STATE AND LOCAL LABOR RELATIONS AND EMPLOYMENT LAWS; (III) THE APPLICANT'S RECORD IN DEALING WITH ITS EMPLOYEES AND THEIR REPRESENTATIVES AT OTHER LOCATIONS.

**Applicant interprets this appendix as being directed to the operating applicant, Stadium Casino, LLC, and therefore the information requested Does Not Apply.**



## APPENDIX 39

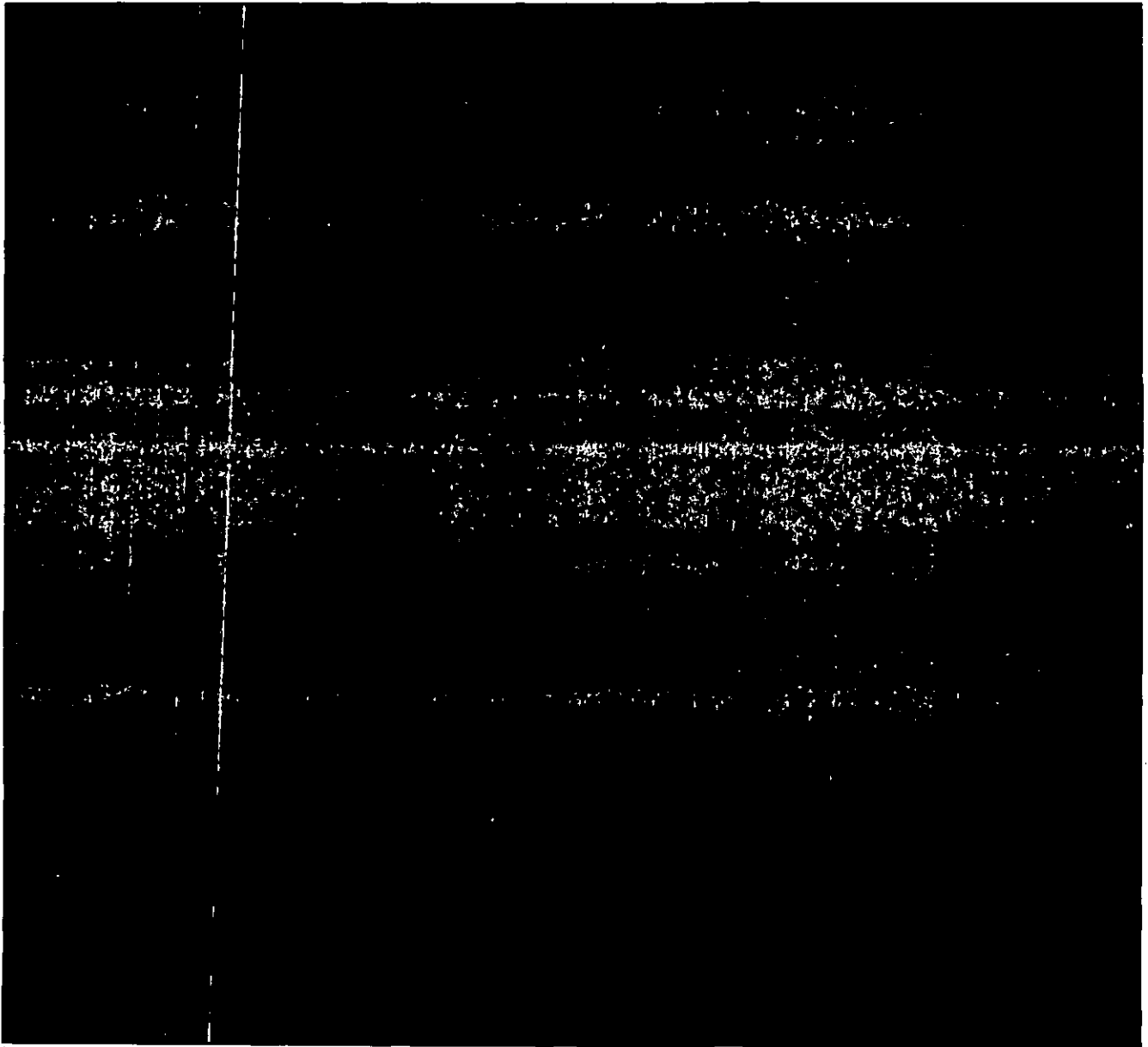
PROVIDE INFORMATION DEMONSTRATING ADEQUATE FINANCING FOR THE PROPOSED FACILITY AND TERMS OF FINANCING INCLUDING PAYBACK PERIOD.





## APPENDIX 40

PROVIDE BUSINESS AND ECONOMIC DEVELOPMENT PLANS AND TIMETABLES, PROJECTED DEBT SERVICE EXPENSES, PROJECTED EBITDA AND INTERNAL RATE OF RETURN, PROJECTED ANNUAL GROSS TERMINAL REVENUE, PROJECTED OPERATING AND CAPITAL EXPENSES AND DEFINED GAMING MARKET AND PROJECTED VISITATION.

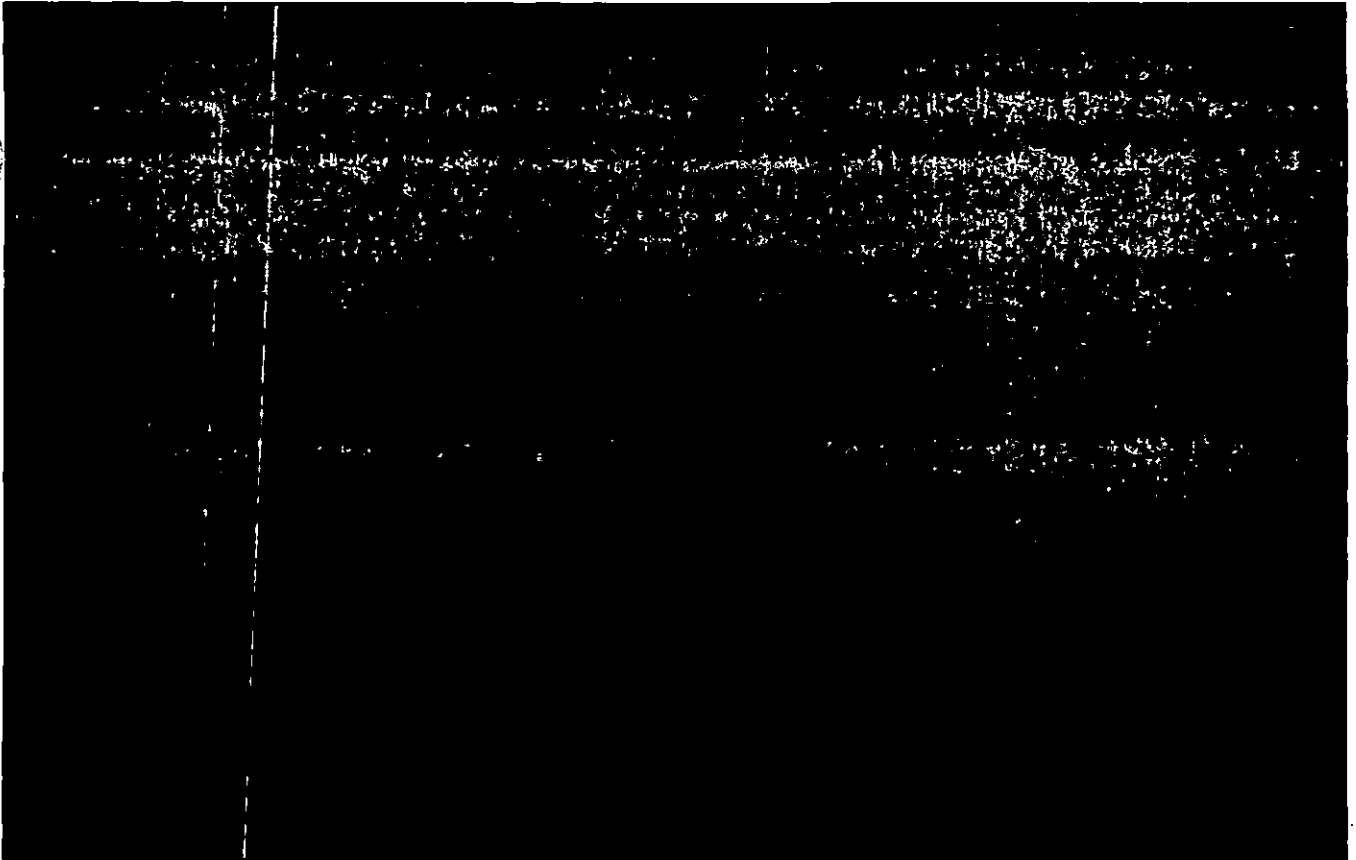




## APPENDIX 41

PROVIDE LETTERS OF REFERENCE FROM LAW ENFORCEMENT AGENCIES HAVING JURISDICTION IN THE APPLICANT'S AND PRINCIPAL'S MAIN PLACE OF RESIDENCE AND PLACE OF BUSINESS INDICATING THAT THE AGENCY DOES NOT HAVE ANY PERTINENT INFORMATION RELATING TO THE APPLICANT OR ITS PRINCIPALS. IF THE LAW ENFORCEMENT AGENCY HAS INFORMATION PERTAINING TO THE APPLICANT OR ITS PRINCIPALS, THE LETTER SHALL SPECIFY THE DETAILS OF THE INFORMATION.

IF NO LETTERS ARE RECEIVED WITHIN 30 DAYS OF THE REQUEST, THE APPLICANT OR PRINCIPAL MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT OR PRINCIPAL IS A CITIZEN IN GOOD STANDING IN HIS JURISDICTION OF RESIDENCE AND PRIMARY PLACE OF BUSINESS.



A handwritten signature or mark consisting of a single, sweeping line that forms a loop and ends in a tail, located in the bottom right corner of the page.

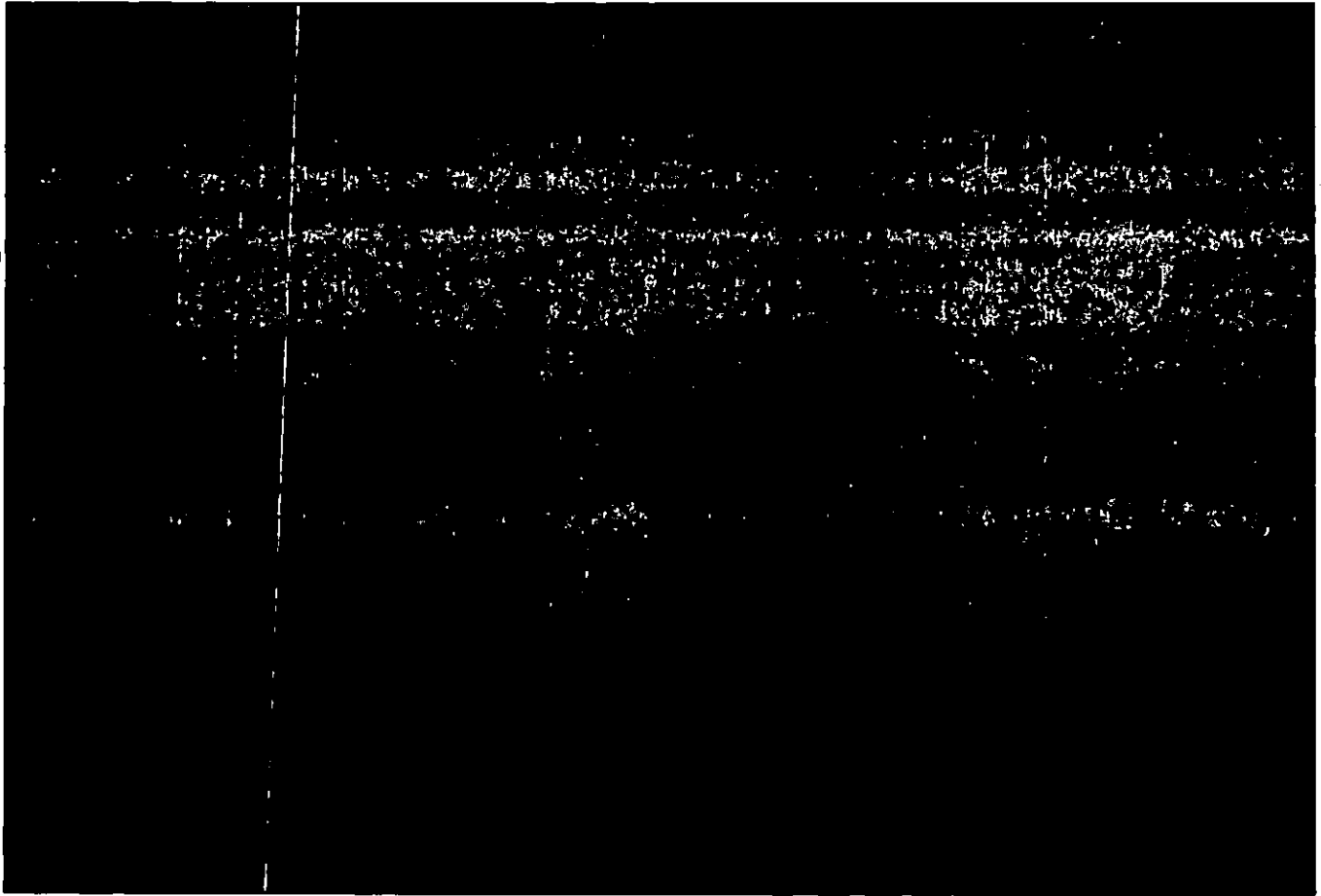




## APPENDIX 42

IF THE APPLICANT HAS HELD A GAMING LICENSE IN ANY JURISDICTION, PROVIDE A LETTER OF REFERENCE FROM THE GAMING OR CASINO ENFORCEMENT OR REGULATORY AGENCY IN THE OTHER JURISDICTION, SPECIFYING THE EXPERIENCES OF THE AGENCY WITH THE APPLICANT, THE APPLICANT'S ASSOCIATES AND THE APPLICANT'S GAMING OPERATION.

IF NO LETTER IS RECEIVED WITHIN 30 DAYS OF REQUEST BY THE APPLICANT, THE APPLICANT MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT'S OPERATION IS IN GOOD STANDING WITH THE REGULATORY AGENCY.

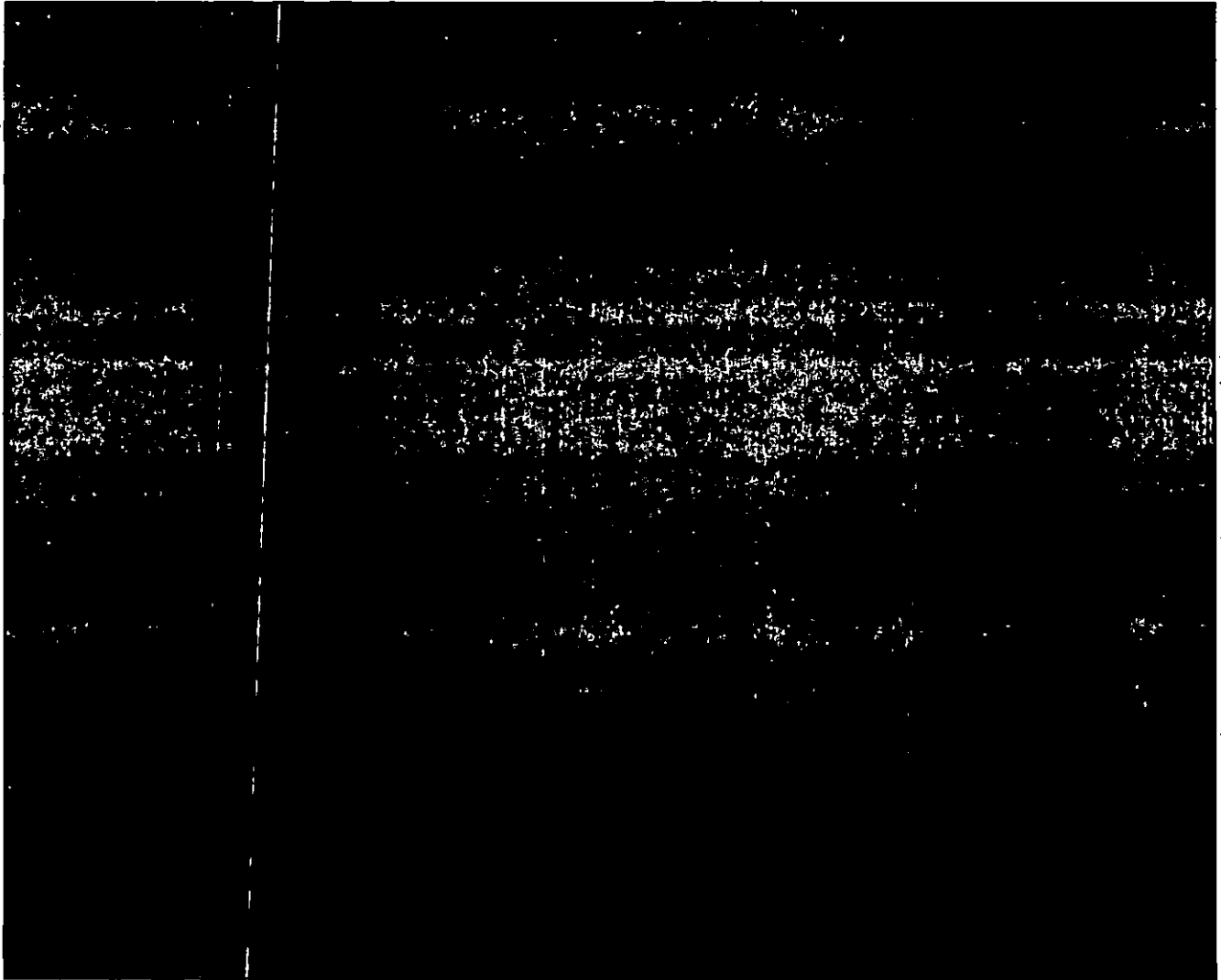


A handwritten signature or mark, possibly a stylized 'V' or a similar symbol, is located in the bottom right corner of the page.



## APPENDIX 43

PROVIDE AN ORIGINAL PAYMENT BOND OR AN ORIGINAL IRREVOCABLE LETTER OF CREDIT THAT INCLUDES A DRAW CERTIFICATE, AT THE APPLICANT'S OPTION, GUARANTEEING THE APPLICANT'S PAYMENT OF THE SLOT MACHINE LICENSE FEE REQUIRED BY §1209 (FOR CATEGORY 1 AND 2) AND §1305 (CATEGORY 3) OF THE GAMING ACT.



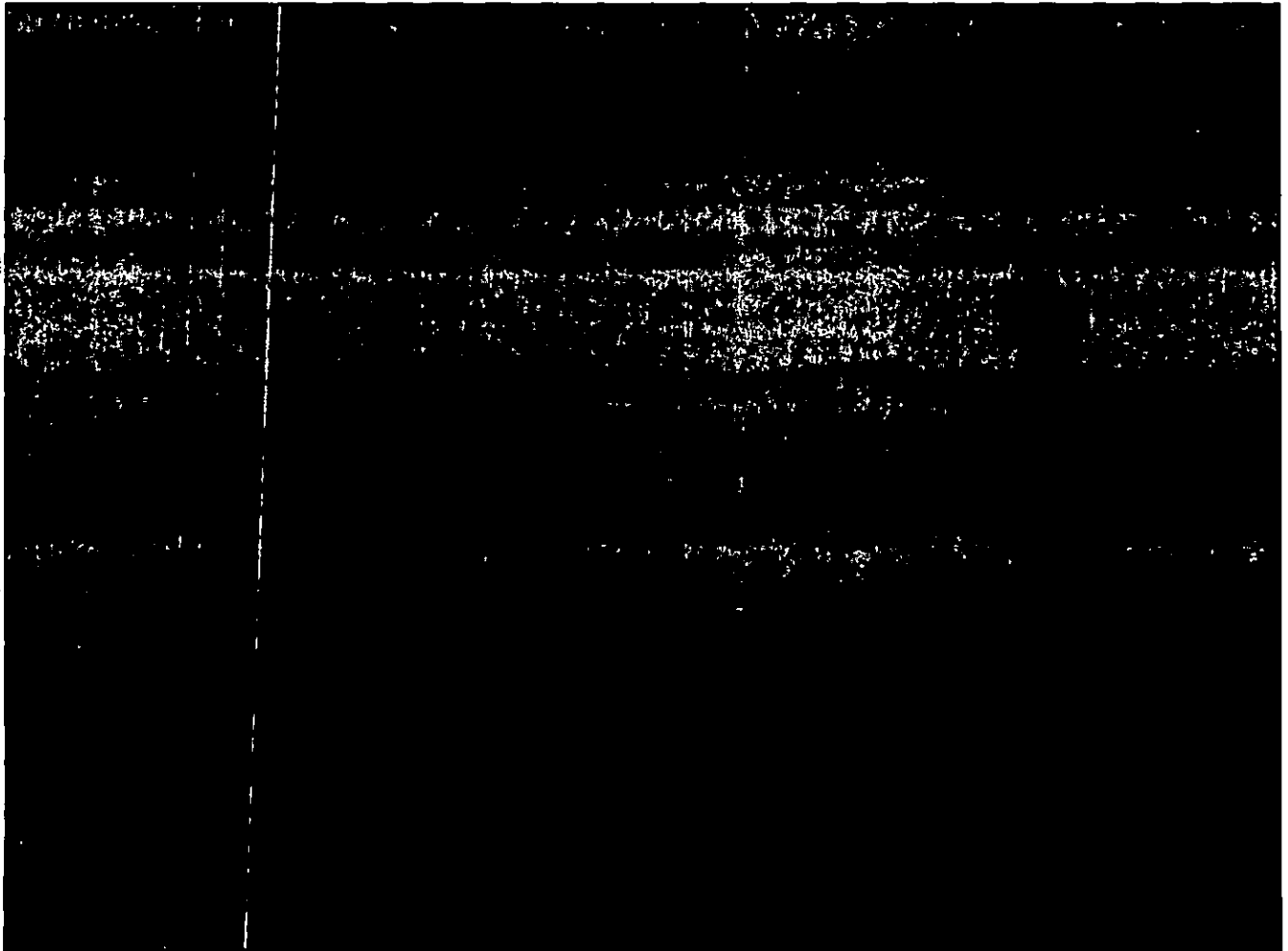
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## APPENDIX 44

PROVIDE A CHART OF EXISTING GAMING SERVICE PROVIDERS INCLUDING THE NAME, ADDRESS, PHONE AND TAX IDENTIFICATION NUMBER OF THE GAMING SERVICE PROVIDERS, TYPES OF GOODS AND/OR SERVICES PROVIDED BY THE GAMING SERVICE PROVIDERS, TOTAL DOLLAR AMOUNT OF BUSINESS WITH GAMING SERVICE PROVIDERS IN THE PAST TWELVE (12) MONTHS AND TOTAL DOLLAR AMOUNT OF BUSINESS EXPECTED TO BE CONDUCTED WITH GAMING SERVICE PROVIDERS IN THE NEXT TWELVE (12) MONTHS.

\* GAMING SERVICE PROVIDERS IS DEFINED IN 58 PA. CODE §401A.3.





## APPENDIX 45

PROVIDE A SUMMARY OF ALL PERSONS WHO HOLD AN OWNERSHIP OR OTHER BENEFICIAL INTEREST IN THE APPLICANT AND ANY SUCH INTEREST IN ANY OF ITS PRINCIPAL AFFILIATES OR PRINCIPAL ENTITIES REQUIRED TO BE LICENSED OR PERMITTED IN PENNSYLVANIA; PROVIDED HOWEVER, IF ANY OF THE ENTITIES ARE PUBLICLY TRADED, ONLY INTERESTS EQUAL TO OR EXCEEDING FIVE PERCENT MUST BE DISCLOSED. OWNERSHIP INTEREST SHOULD BE PROVIDED IN A MANNER CONSISTENT WITH THE OWNERSHIP INTEREST REPORT FOUND ON THE BOARD'S WEBSITE UNDER LICENSURE/REPORTS AND GENERAL INFORMATION.

**See the Application and Disclosure Information form of Stadium Casino, LLC at Appendix 45.**