



# Pennsylvania Gaming Control Board

## Manufacturer Application and Disclosure Information Form

REVISED 7/18/2005

<b>Slot Machine Manufacturer License Fee</b>	
<b>Check ONE of the following blocks to designate this as an initial or renewal application.</b>	
<input type="checkbox"/>	The <b>initial license fee</b> for a slot machine Manufacturer's license is \$50,000.00 and must be paid upon approval of this application prior to issuance of the license.
<input type="checkbox"/>	The <b>renewal license fee</b> for a slot machine Manufacturer's license is \$25,000.00 and must be paid upon approval of this application prior to issuance of the license.
<b>Background Investigation Processing Fee</b>	
<p>The applicant must remit with this form a separate, non-refundable amount of \$5,000 as a deposit for the background investigation. The \$5,000 non-refundable remittance accompanying the business entity application is a deposit paid toward the fully billable cost of completing the background investigation for the business entity. Additionally, a \$2,500 non-refundable deposit is required for each accompanying key employee/qualifier application. The business entity shall be billed for all background investigation expenses incurred by the Board and/or its designated agents that are in excess of these amounts. Background investigation expenses shall include all costs incurred for the business entity itself and each key employee/qualifier submitted with the Manufacturer Application and Disclosure Information Form. The payment of all unpaid background investigation costs shall be a condition that must be satisfied before a license for the business entity and accompanying key employees will be granted.</p>	
<b>Tax Lien/Tax Clearance Certificates</b>	
<p>Section 1308 (B) of the Race Horse Development and Gaming Act requires submission of a Tax Lien Certificate issued by the Department <i>at the time of filing this application</i>. The purpose of this provision is to ensure that all applicants are fully compliant with the Pennsylvania tax laws.</p> <p>If the applicant is fully compliant with Pennsylvania tax laws and does NOT have an outstanding Tax Lien Certificate issued by the Department of Revenue or the Department of Labor and Industry, it must file Tax Clearance Certificates <i>at the time of filing this application</i>. To secure a Tax Clearance Certificate, applicant must file the Application for Tax Clearance Certificate with the Pennsylvania Department of Revenue. See page 45 of this application to authorize the Pennsylvania Department of Revenue and the Department of Labor and Industry to review the applicant's tax records.</p>	
<b>Controlling Interest</b>	
<p>Include within this application any person or persons deemed to have a controlling interest in the applicant. The identification and data for shareholders who are NOT officers and directors should be limited to individuals with a CONTROLLING INTEREST in the business entity. CONTROLLING INTEREST is defined as follows in Section 1103 of the Act:</p> <p>"CONTROLLING INTEREST." A PERSON SHALL BE DEEMED TO HAVE THE ABILITY TO CONTROL A PUBLICLY TRADED CORPORATION, OR TO ELECT ONE OR MORE OF THE MEMBERS OF ITS BOARD OF DIRECTORS, IF SUCH HOLDER OWNS OR BENEFICIALLY HOLDS 5% OR MORE OF THE SECURITIES OF SUCH PUBLICLY TRADED DOMESTIC OR FOREIGN CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR ANY OTHER FORM OF LEGAL ENTITY, UNLESS SUCH PRESUMPTION OF CONTROL OR ABILITY TO ELECT IS REBUTTED BY CLEAR AND CONVINCING EVIDENCE. A PERSON WHO IS A HOLDER OF SECURITIES OF A PRIVATELY HELD DOMESTIC OR FOREIGN CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR ANY OTHER FORM OF LEGAL ENTITY SHALL BE DEEMED TO POSSESS A CONTROLLING INTEREST UNLESS SUCH PRESUMPTION OF CONTROL IS REBUTTED BY CLEAR AND CONVINCING EVIDENCE.</p> <p>"Securities" refer to voting as well as non-voting shares of stock. [Controlling Interest shall refer to general partners (active in the operation of the business entity) and to limited partners (participate in ownership but not in the operation of the business entity).]</p>	
<b>Request Alternative Licensing Standard</b>	
<p>Per Section 1319 of the Act the applicant may request that the Board apply alternative Manufacturer Licensing Standards to this application. The applicant must submit their request in writing to the Board for determination. If the requested jurisdiction's application is approved for submission to the Board, this application with all information updated since the date of the other jurisdiction's application must be submitted for review. In addition, the requested jurisdiction's approved application will be subject to review by the Board.</p>	

## Applicant Business Entity Disclosure Information

Business Entity Name			
BUSINESS NAME AS IT APPEARS ON THE BUSINESS ENTITY'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)			
TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES			
Business Entity Principal Address			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY(IES)	TOWNSHIP(S)	WEB URL	
PHONE NUMBER (     ) -     -		FAX NUMBER (     ) -     -	
Business Entity Location In Pennsylvania			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY(IES)	TOWNSHIP(S)	WEB URL	
PHONE NUMBER (     ) -     -		FAX NUMBER (     ) -     -	
Contact Name for this Application			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER (     ) -     -		FAX NUMBER (     ) -     -	
Business Entity Legal Organization			
BUSINESS ORGANIZATION			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (describe)			

<b>Incorporation/Registration of Business Entity</b>	
STATE OF INCORPORATION OF BUSINESS ENTITY	INCORPORATION DATE
LEGAL NAME OF BUSINESS ENTITY AS IT APPEARS ON BUSINESS REGISTRATION DOCUMENTS	
LIST ALL STATES WHERE THE BUSINESS ENTITY IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS	
ATTACH <b>PENNSYLVANIA GAMING CONTROL BOARD (“PGCB”) SCHEDULE 1: BUSINESS ENTITY INCORPORATORS/FOUNDERS</b>	
HAS THE APPLICANT REGISTERED WITH THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Pennsylvania Business Entity Identification Numbers</b>	
FEDERAL EMPLOYER IDENTIFICATION NUMBER	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER	PA LIQUOR CONTROL BOARD LICENSE NUMBER
DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Criminal History</b>	
The next section asks about any charges or offenses the corporation or any of its directors, trustees or officers may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.	
<b>DEFINITIONS</b>	For purposes of this section: A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any offense. B. “Criminal Offense” includes all felonies, misdemeanors, and summary offenses.
<b>INSTRUCTIONS</b>	1. Answer “yes” and provide all information to the best of your ability EVEN IF: A. The corporation, its directors, trustees, or officers did not commit the offense charged; B. The charges were dismissed; C. The corporation, its directors, trustees, or officers were not convicted; D. The charges or offenses happened a long time ago. 2. Answer “no” if the records relating to the charges have been expunged or sealed by court order.
Has the corporation or any of its subsidiaries, affiliates, directors, trustees or officers ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an un-indicted co-conspirator in any criminal proceeding in this state or any other jurisdiction? If you answer YES, you must complete and attach <u>Schedule 24: Criminal History</u> to this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Testimony, Investigations or Polygraphs</b>	
Has any of the directors, trustees or officers of the business entity or its subsidiaries or affiliates ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to minor traffic related offenses?  If you answer YES, you must complete and attach <u>Schedule 25</u> to this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Antitrust, Trade Regulation &amp; Securities Judgments; Statutory and Regulatory Violations</b>	
Has the business entity 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past ten years, has the business entity 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answer YES to either question, you must complete and attach <u>Schedule 27</u> to this form.	
<b>Bankruptcy or Insolvency Proceedings &amp; Appointed Receiver, Agent or Trustee</b>	
Has the business entity, its parent, subsidiary, holding, or any intermediary company 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-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the business entity, its parent, subsidiary or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answer YES to either question, you must complete and attach <u>Schedule 28</u> to provide information for each bankruptcy or insolvency proceeding.	
Has a court appointed any receiver, fiscal agent, trustee, reorganization trustee, or similar officer in the last ten years of the business or property of the business entity or its parent, holding, intermediary or subsidiary companies?  If "yes" to this question, you must complete and attach <u>Schedule 28</u> to provide information about court-appointed individual.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Business Entity Licenses and Permits</b>	
Is the business entity licensed 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 means any subordinate creature of federal, state or local government created to carry out a governmental function or to implement a statute or statutes. If the business entity is licensed by a governmental agency, you must complete and attach <u>Schedule 29</u> to this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the business entity licensed by, applying for a license by, or has been denied a license by a government agency charged with regulating games of chance, including but not limited to slot machines, video lottery terminals, table games, horse racing, etc? If the business entity has an active license, is applying for a license, or has been denied a license by any government agency charged with regulating games of chance, you must complete and attach <u>Schedule 30</u> to this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Application Checklist

Place a checkmark in each box next to the PGCB Business Disclosure Schedule attached to this application.

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 form contains information that is not applicable to the business entity, you must write "NOT APPLICABLE" in each field on the schedule or form and submit same.

<input type="checkbox"/>	Schedule 1: Incorporators/Founders	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 2: Other Names of the Business Entity	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 3: Other Addresses Currently Used by the Business Entity	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 4: Other Addresses Previously Used by the Business Entity over the last 10 years	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 5: Current Partners/Directors and Trustees	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 6: Former (no longer active) Partners/Directors and Trustees	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 7: Current Officers	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 8: Former Officers	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 9: Employees Earning Over \$100,000 in Annual Compensation	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 10: Bonus, Profit Sharing, Pension Retirement, Deferred Compensation & Similar Plans	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 11: Stock Description (for C corporations, S-corporations, LLC's)	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 12: Voting Shareholders (for C corporations, S-corporations, LLC's)	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 12A: Interest of Current Partners (for Partnerships, LLP's, Limited Partnerships)	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 12B: Interest of Former Partners (for Partnerships, LLP's, Limited Partnerships)	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 13: NON-Voting Shareholders (for C corporations, S-corporations, LLC's)	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 14: Long Term Debt	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 15: Holders of Long Term Debt	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 16: Other Indebtedness and Security Devices	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 17: Holder of Other Indebtedness	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 18: Securities Options	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 19: Beneficial Owner of Options	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 20: Financial Institutions	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 21: Contracts & Suppliers	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 22: Stock Held by the Business Entity	<b>MANDATORY</b>

**Application Checklist (cont.)**

Place a checkmark in each box next to the PGCB Business Disclosure Schedule attached to this application.

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 form contains information that is not applicable to the business entity, you must write "NOT APPLICABLE" in each field on the schedule or form and submit same.

<input type="checkbox"/>	Schedule 23: Insider Transactions	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 24: Business Entity Criminal History	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 25: Testimony, Investigations or Polygraphs	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 26: Existing Litigation	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 27: Antitrust, Trade Regulation and Security Judgments; Statutory and Regulatory Violations	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 28: Bankruptcy or Insolvency Proceeding	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 29: Licensing (Non-Gaming, Government)	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 30: Licensing Gaming	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 31: Contributions and Disbursements of Business Entity	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 32: Business Background Narrative Part 1	<b>MANDATORY</b>
<input type="checkbox"/>	Schedule 33: Business Background Part 2	<b>MANDATORY</b>
<input type="checkbox"/>	Application for Tax Clearance Review	<b>MANDATORY</b>
<input type="checkbox"/>	Affidavit	<b>MANDATORY</b>
<input type="checkbox"/>	Release Authorization	<b>MANDATORY</b>
<input type="checkbox"/>	Waiver of Liability	<b>MANDATORY</b>
<input type="checkbox"/>	Diversity Plan Statement	<b>MANDATORY</b>
<input type="checkbox"/>	Key Employee/Qualifier Form Pennsylvania Supplement to the Multi Jurisdictional Personal History Disclosure Form (one for each KEY EMPLOYEE or QUALIFIER)	<b>MANDATORY</b>
<input type="checkbox"/>	Multi Jurisdictional Personal History Disclosure Form (one for each KEY EMPLOYEE or QUALIFIER)	<b>MANDATORY</b>
<input type="checkbox"/>	IRS Form 8821 Tax Information Authorization (for 5 years)	<b>MANDATORY</b>

**Appendices: The appendices are documents the business entity must provide or create and are not represented in any of the schedules and form pages identified hereinabove. Each appendix shall be clearly labeled with the corresponding Appendix Number listed next to the documentation requested here.**

**Application Checklist (cont.)**

<p>Place a checkmark in each box next to the PGCB Business Disclosure Schedule attached to this application.</p> <p>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 form contains information that is not applicable to the business entity, you must write "NOT APPLICABLE" in each field on the schedule or form and submit same.</p>		
<input type="checkbox"/>	<b>Appendix 1:</b> Description of the business performed and intended to be performed. This information must be organized around the topics shown in Schedules 32 and 33. This information may be provided in Appendix 1 in lieu of providing it in Schedules 32 and 33 provided all topics are explicitly addressed. The applicant must indicate that a topic does not apply by writing "NOT APPLICABLE" under the topic heading.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 2:</b> Description of any former business engaged in during the last 10 years and the reason for cessation of the business.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 3:</b> Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plan. This information must be provided in addition to the information provided in <u>Schedule 10</u> .	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 4:</b> Description of long term debt. This information must be provided in addition to the information provided in <u>Schedules 14 and 15</u> .	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 5:</b> Description of other indebtedness and security devices. This information must be provided in addition to the information provided in <u>Schedules 16 and 17</u> .	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 6:</b> Description of securities options. This information must be provided in addition to the information provided in <u>Schedules 18 and 19</u> .	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 7:</b> Description of existing litigation. This information must be provided in addition to the information provided in <u>Schedule 26</u> .	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 8:</b> Audited financial statement for the last fiscal year.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 9:</b> Audited financial statements for the last five years.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 10:</b> Annual reports for the last five years.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 11:</b> Annual reports prepared on the SEC's 10K for the last five years.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 12:</b> A copy of the last quarterly unaudited financial statement.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 13:</b> A copy or copies of any interim reports.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 14:</b> A copy of the last definitive Proxy or information statement (SEC).	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 15:</b> A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 16:</b> Copies of all other reports prepared in the last five years by independent auditors of the business entity.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 17:</b> Certified copies of the Articles of Incorporation, Charter, Partnership Agreement, Bylaws and all amendments and proposed amendments.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 18:</b> Current ownership table of organization.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 19:</b> Functional table of organization for corporation filing this form, job descriptions, and names of employees.	<b>MANDATORY</b>



**Application Checklist (cont.)**

Place a checkmark in each box next to the PGCB Business Disclosure Schedule attached to this application.

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 form contains information that is not applicable to the business entity, you must write "NOT APPLICABLE" in each field on the schedule or form and submit same.

<input type="checkbox"/>	<b>Appendix 20:</b> Copies of 1120 forms, 941 forms and all other business related tax forms filed with the IRS in the last five years.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 21:</b> Copies of 5500 forms filed with the IRS in the last five years.	<b>MANDATORY</b>
<input type="checkbox"/>	<b>Appendix 22:</b> Describe criminal history of the business entity. This information must be provided in addition to the information provided in <u>Schedule 24</u> . Narrative information about the nature of charge or complaint and the sentence (both fields on Schedule 24) must be presented in Appendix 21 if the text will not fit into the blocks provided.	<b>MANDATORY</b>

### Schedule 1: Incorporators/Founders

Name and Address							
FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX (JR., SR., ETC.)	
OCCUPATION				TITLE			
ADDRESS LINE 1			ADDRESS LINE 2				
ADDRESS LINE 3			CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		KEY EMPLOYEE/QUALIFIER FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )		FAX NUMBER (     )
Name and Address							
FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX (JR., SR., ETC.)	
OCCUPATION				TITLE			
ADDRESS LINE 1			ADDRESS LINE 2				
ADDRESS LINE 3			CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		KEY EMPLOYEE/QUALIFIER FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )		FAX NUMBER (     )
Name and Address							
FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX (JR., SR., ETC.)	
OCCUPATION				TITLE			
ADDRESS LINE 1			ADDRESS LINE 2				
ADDRESS LINE 3			CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		KEY EMPLOYEE/QUALIFIER FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )		FAX NUMBER (     )
ADDRESS LINE 1			ADDRESS LINE 2				
ADDRESS LINE 3			CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		KEY EMPLOYEE/QUALIFIER FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )		FAX NUMBER (     )
ADDRESS LINE 1			ADDRESS LINE 2				
ADDRESS LINE 3			CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		KEY EMPLOYEE/QUALIFIER FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )		FAX NUMBER (     )
SCHEDULE 1						PAGE	OF

**Schedule 2: Other Names of the Business Entity**

<b>Entity Trade &amp; DBA Names</b>					
ENTITY LEGAL NAME	ENTITY TRADE/DOING BUSINESS AS (DBA NAMES)	EFFECTIVE DATE	EXPIRATION DATE	FEDERAL EMPLOYER ID NUMBER	
SCHEDULE 2				PAGE	OF

List all other names under which the enterprise has done business and give approximate time periods during which such names were being used.

**Schedule 3: Other Addresses Currently Used by the Business Entity**

Additional Addresses For Business Entity				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
Additional Addresses For Business Entity				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
Additional Addresses For Business Entity				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
Additional Addresses For Business Entity				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )

SCHEDULE 3 PAGE    OF

State all other addresses presently held by the enterprise and all addresses from which the enterprise is presently doing business.

**Schedule 4: Other Addresses Previously Used by the Business Entity Over The Last 10 Years**

<b>Additional Addresses For Business Entity</b>				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )		FAX NUMBER (    )
<b>Additional Addresses For Business Entity</b>				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )		FAX NUMBER (    )
<b>Additional Addresses For Business Entity</b>				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )		FAX NUMBER (    )
<b>Additional Addresses For Business Entity</b>				
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )		FAX NUMBER (    )
				SCHEDULE 4
				PAGE    OF

State all addresses, other than those listed above, which the enterprise held or from which it was conducting business during the last ten-year period, and give the approximate time periods during which such addresses were held.

## Schedule 5: Current Partners/Directors and Trustees

EACH PARTNER/DIRECTOR MUST COMPLETE A KEY EMPLOYEE/QUALIFIER APPLICATION. EACH APPLICATION MUST BE FILED WITH THIS BUSINESS ENTITY APPLICATION.

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (    )	FAX NUMBER (    )
Business Address				
BUSINESS NAME:		CURRENT TITLE OR POSITION		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )
Dates Partner/Directorship/Trusteeship Positions Held				
FROM DATE	TO DATE	COMMITTEE(S) SERVED ON		
Each Partner/Director/Trustee must complete a Key Employee/Qualifier Application. Each application must be filed with this business entity application.				
SCHEDULE 5			PAGE	OF

### Schedule 6: Former (no longer active) Partners/Directors and Trustees

PREPARE THIS FORM FOR EACH PERSON NOT LISTED UNDER SCHEDULE 5 WHO HELD THE POSITION OF PARTNER/DIRECTOR/TRUSTEE DURING THE LAST TEN (10) YEARS.

Name and Home Address					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )	
Business Address					
BUSINESS NAME:			CURRENT TITLE OR POSITION		
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )	
Dates Partner/Directorship/Trusteeship Positions Held					
FROM DATE	TO DATE	COMMITTEE(S) SERVED ON		REASON FOR LEAVING	
Prepare this form for each person not listed under Schedule 5 who held the position of Partner/Director/Trustee during the last ten (10) years.					
SCHEDULE 6				PAGE	OF

## Schedule 7: Current Officers

EACH OFFICER MUST COMPLETE A KEY EMPLOYEE/QUALIFIER APPLICATION. OFFICERS INCLUDE ALL PERSONS SERVING AS PRESIDENT, SECRETARY, TREASURER, CHAIRMAN OF THE BOARD, VICE PRESIDENT, GENERAL/CORPORATE COUNSEL, OR ANY OTHER SUCH OFFICERS AS MAY BE PRESCRIBED BY CORPORATE BY-LAWS. EACH APPLICATION MUST BE FILED WITH THIS BUSINESS ENTITY APPLICATION.

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )	FAX NUMBER (     )
Business Address				
BUSINESS NAME:		CURRENT TITLE OR POSITION		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (     )	FAX NUMBER (     )
Dates Officer Held Position With Business Entity (starting with current position and working backwards)				
FROM DATE	TO DATE	POSITION	ANNUAL COMPENSATION \$ VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)
Each officer must complete a Key Employee/Qualifier Application. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice president, general/corporate counsel, or any other such officers as may be prescribed by corporate by-laws. Each application must be filed with this business entity application.				
SCHEDULE 7			PAGE	OF



### Schedule 8: Former Officers

EACH FORMER OFFICER THAT SERVED DURING THE LAST TEN (10) YEAR PERIOD MUST BE DOCUMENTED. OFFICERS INCLUDE ALL PERSONS SERVING AS PRESIDENT, SECRETARY, TREASURER, CHAIRMAN OF THE BOARD, VICE PRESIDENT, GENERAL/CORPORATE COUNSEL, OR ANY OTHER SUCH OFFICERS AS MAY BE PRESCRIBED BY CORPORATE BY-LAWS.

Name and Home Address					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (     )	FAX NUMBER (     )	
Present Occupation & Business Address					
BUSINESS NAME:			CURRENT TITLE OR POSITION		
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (     )	FAX NUMBER (     )	
Dates Officer Held Position With Business Entity (starting with most recent position and working backwards)					
FROM DATE	TO DATE	POSITION	ANNUAL COMPENSATION \$ VALUE	REASON FOR LEAVING BUSINESS ENTITY	
Each former officer that served during the last ten (10) year period must be documented. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice president, general/corporate counsel, or any other such officers as may be prescribed by corporate by-laws.					
SCHEDULE 8				PAGE	OF

## Schedule 9: Employees Earning Over \$100,000 in Annual Compensation

EACH OFFICER MUST COMPLETE A KEY EMPLOYEE/QUALIFIER APPLICATION AS DISCLOSED ON SCHEDULE 7. OFFICERS INCLUDE ALL PERSONS SERVING AS PRESIDENT, SECRETARY, TREASURER, CHAIRMAN OF THE BOARD, VICE PRESIDENT, GENERAL/CORPORATE COUNSEL, OR ANY OTHER SUCH OFFICERS AS MAY BE PRESCRIBED BY CORPORATE BY-LAWS. EACH APPLICATION MUST BE FILED WITH THIS BUSINESS ENTITY APPLICATION.

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )	
Business Address				
BUSINESS NAME:		CURRENT TITLE OR POSITION		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )	
Dates Officer Held Position With Business Entity (starting with current position and working backwards)				
FROM DATE	TO DATE	POSITION	ANNUAL COMPENSATION \$ VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)
Each officer must complete a Key Employee/Qualifier Application. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice president, general/corporate counsel, or any other such officers as may be prescribed by corporate by-laws. Each application must be filed with this business entity application.				
SCHEDULE 9			PAGE	OF

**Schedule 10: Bonus, Profit Sharing, Pension Retirement, Deferred Compensation & Similar Plans**

Attach copies of the business entity's 5500 forms filed with the IRS for the past five years as **Appendix 21**

Plan Title or Name				
TITLE OR NAME OF PLAN				
Trustee or Plan Name & Address				
TRUSTEE NAME				
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (    )	FAX NUMBER (    )	
Plan Specifications				
MATERIAL FEATURES OF THE PLAN				
METHODS OF FINANCING PLAN				
CLASS OF PERSONS IN PLAN	COUNT OF INDIVIDUALS IN EACH CLASS	AMOUNT DISTRIBUTED TO EACH CLASS OF PERSONS DURING THE LAST FISCAL YEAR THE PLAN WAS IN EFFECT		
SCHEDULE 10		PAGE	OF	

**Schedule 11: Stock Description (for C corporations, S-corporations, LLC's)**

Stock Types/Classes Inventory					
STOCK TYPE OR CLASS	NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED	NUMBER OF SHARES OUTSTANDING	VOTING?	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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.					

### Schedule 12: Voting Shareholders (for C corporations, S-corporations, LLC's)

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )	FAX NUMBER (     )

Voting Stock/Shares Held Schedule		
STOCK TYPE OR CLASS	NUMBER OF SHARES HELD	PERCENTAGE OF OUTSANDING VOTING STOCK HELD

**Schedule 12A: Interest of Current Partners (for Partnerships, LLP's, Limited Partnerships)**

Partner Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )	FAX NUMBER (     )
Partnership Interest				
PARTNER TYPE	OWNERSHIP PERCENTAGE OF BUSINESS ENTITY	FROM DATE OF PARTNERSHIP PARTICIPATION	PARTICIPATION IN THE OPERATION OF THE BUSINESS ENTITY	
<input type="checkbox"/> GENERAL/FULL PARTNER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER <input type="checkbox"/> NOMINAL PARTNER <input type="checkbox"/> OTHER: _____				
			SCHEDULE 12A	PAGE
				OF

## Schedule 12B: Interest of Former Partners (for Partnerships, LLP's, Limited Partnerships)

EACH FORMER PARTNER OF THE BUSINESS ENTITY PARTNERSHIP DURING THE LAST 10 YEARS MUST BE DOCUMENTED.

Former Partner Name and Home Address					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (     )	FAX NUMBER (     )		
Partnership Interest					
PARTNER TYPE	OWNERSHIP PERCENTAGE OF BUSINESS ENTITY	FROM DATE OF PARTNERSHIP PARTICIPATION	PARTICIPATION IN THE OPERATION OF THE BUSINESS ENTITY	DATE OF PARTNERSHIP PARTICIPATION	
<input type="checkbox"/> GENERAL/FULL PARTNER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER <input type="checkbox"/> NOMINAL PARTNER <input type="checkbox"/> OTHER: _____					
SCHEDULE 12B				PAGE	OF

### Schedule 13: NON-Voting Shareholders (for C corporations, S-corporations, LLC's)

Name and Home Address					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (    )	FAX NUMBER (    )	
Voting Stock / Shares Held Schedule					
STOCK TYPE OR CLASS	NUMBER OF SHARES HELD	PERCENTAGE OF OUTSANDING VOTING STOCK HELD			
SCHEDULE 13				PAGE	OF



### Schedule 14: 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 enterprise, which mature more than one year from the date of issuance or which, by their term, are renewable for a period of more than one year from the date of issuance.

Long Term Debt Instrument							
LINE	LONG TERM DEBT INSTRUMENT TYPE	ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE?	DOCUMENTATION ATTACHED?
	<input type="checkbox"/> Bond <input type="checkbox"/> Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed	<input type="checkbox"/> Note <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder Loan <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT							
Long Term Debt Instrument							
LINE	LONG TERM DEBT INSTRUMENT TYPE	ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE?	DOCUMENTATION ATTACHED?
	<input type="checkbox"/> Bond <input type="checkbox"/> Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed	<input type="checkbox"/> Note <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder Loan <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT							

SCHEDULE 14	PAGE	OF
-------------	------	----

## PGCB Business Entity Disclosure Schedule 15: Holders of Long Term Debt

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )	FAX NUMBER (     )
Schedule 16 Long Term Debt Held by Individual Named Above				
PAGE	LINE	TYPE AND CLASS OF DEBT	DOLLAR AMOUNT OF DEBT HELD	
SCHEDULE 15			PAGE	OF

Furnish the information called for in the table above as to each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the enterprise, 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 year from the date of issuance.



### Schedule 17: Holder of Other Indebtedness

Furnish the information called for in the table below with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to item 16.

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (    )	FAX NUMBER (    )
<b>Type of Debt Instrument Held</b>		<b>Dollar Amount of Debt Held (Both Original and Current Balance)</b>		

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (    )	FAX NUMBER (    )
<b>Type of Debt Instrument Held</b>		<b>Dollar Amount of Debt Held (Both Original and Current Balance)</b>		

### Schedule 18: Securities Options

Security Option				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED TO THIS SCHEDULE?  <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
Security Option				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED TO THIS SCHEDULE?  <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
Security Option				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED TO THIS SCHEDULE?  <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
Provide as <u>Schedule 18</u> a detailed description of any options existing or to be created with respect to securities issued by the business entity which description shall include, but not be limited to, the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (OR include as Schedule 18A copies of any outstanding option plans or proxy statements that provide the requested information.) NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.				
			SCHEDULE 18	PAGE
				OF

### Schedule 19: Beneficial Owner of Options

Option Beneficial Owner Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )	FAX NUMBER (     )

List of Options Beneficially Owned by Individual				
OPTION NAME (FROM SCHEDULE 19)	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	MARKET VALUE AT ISSUANCE

Use Schedule 19 to provide the following information regarding all persons holding the options described in Schedule 18.		
SCHEDULE 19	PAGE	OF

### Schedule 20: Financial Institutions

Financial Institution Name & Address					
FINANCIAL INSTITUTION NAME			FEDERAL EMPLOYER IDENTIFICATION NUMBER		
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (     )	FAX NUMBER (     )	
Business Entity Accounts At This Financial Institution					
ACCOUNT NUMBER		ACCOUNT TYPE		OPEN DATE	CLOSE DATE
Use Schedule 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the business entity has or has had an account over the last ten-year period regardless of whether such account was held in the name of the business entity, a nominee of the business entity or was otherwise under the direct or indirect control of the business entity.					
SCHEDULE 20			PAGE	OF	

### Schedule 21: Contracts & Suppliers

Financial Institution Name & Address				
CONTRACTOR/SUPPLIER NAME			FEDERAL EMPLOYER IDENTIFICATION NUMBER	
ADDRESS PURPOSE		ADDRESS FROM DATE		ADDRESS TO DATE
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (     )	FAX NUMBER (     )
NATURE OF CONTRACT OR GOODS OR SERVICES PROVIDED				
<p>Use <a href="#">Schedule 21</a> to provide the following information with respect to all persons with whom the business entity has contracts or agreements of \$100,000 or more in value or from whom the business entity has received \$100,000 or more in goods or services in the past six months. Employment contracts need only be listed if, by their terms, they exceed one year in duration.</p>				
SCHEDULE 21			PAGE	OF



### Schedule 22: Stock Held by the Business Entity

Furnish the information called for in the table below with respect to each company in which the enterprise holds stock.

NAME & ADDRESS OF COMPANY	TYPE OF STOCK HELD	EXCHANGE	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP MORE THAN 5%

### Schedule 23: Insider Transactions

Name and Home Address				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER (     )	FAX NUMBER (     )
POSITION				
Insider Transaction Description				
DATE OF TRANSACTION	NATURE OF TRANSACTION	NUMBER OF SECURITIES INVOLVED	DOLLAR VALUE OF TRANSACTION	OTHER PARTIES (NAMES & POSITIONS)
<p>Use <u>Schedule 23</u> to provide the following information for each change in the beneficial ownership of the equity securities of the corporation 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 the corporation or who is or was within that period a director or officer of the corporation 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.]</p>				
SCHEDULE 23			PAGE	OF

### Schedule 24: Business Entity Criminal History

The next question asks about any charges or offenses the enterprise may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

- DEFINITION:** For the purpose of this question:
- A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
  - B. "Offense" includes all felonies and or misdemeanors as defined in the Pennsylvania Crimes Code.
- INSTRUCTIONS:**
1. Answer "yes" and provide all information to the best of your ability EVEN IF:
    - A. The enterprise did not commit the offense charged;
    - B. The charges were dismissed;
    - C. The enterprise was not convicted;
    - D. The charges or offenses happened a long time ago.
  2. Answer "no" IF the records relating to the charges have been expunged or sealed by court order.

"Has the enterprise or any of its subsidiaries ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an un-indicted co-conspirator in any criminal proceeding in this State or any other jurisdiction?"

If yes, complete the chart below:

Criminal History Incident					
NAME OF CASE & DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE

SCHEDULE 24	PAGE	OF

Should you require additional space, attach a separate sheet in the same tabular format and label it SCHEDULE 24.

## Schedule 25: Testimony, Investigations or Polygraphs

Complete the following information for each and every incident.

<b>Testimony, Investigation or Polygraph Incident</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN?  <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION			
<b>Testimony, Investigation or Polygraph Incident</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN?  <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION			
<b>Testimony, Investigation or Polygraph Incident</b>			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN?  <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION			
SCHEDULE 25			PAGE
			OF

## Schedule 26: Existing Litigation

Existing Litigation				
TITLE AND DOCKET NUMBER OF CASE	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING			
NAMES OF ALL PARTIES TO LITIGATION				
NATURE OF THE CLAIMS				
Existing Litigation				
TITLE AND DOCKET NUMBER OF LITIGATION	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING			
NAMES OF ALL PARTIES TO LITIGATION				
NATURE OF THE CLAIMS				
<p>Provide as <u>Schedule 26</u> a description of all existing civil litigation to which the business entity, its parent, affiliate, or subsidiary is presently a party, whether in this State 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 involve claims against the corporation which are fully and completely covered under an insurance policy held by the corporation 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>				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">SCHEDULE 26</td> <td style="padding: 2px 10px;">PAGE</td> <td style="padding: 2px 10px;">OF</td> </tr> </table>		SCHEDULE 26	PAGE	OF
SCHEDULE 26	PAGE	OF		

**Schedule 27: Antitrust, Trade Regulation and Security Judgments; Statutory and Regulatory Violations**

- A. Has the enterprise ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?  YES  NO
- B. In the past ten years has the enterprise 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 \$50,000 or more entered against it?  YES  NO

If yes to either question, provide the following information for each judgment, order, consent decree or consent order:

<b>Regulatory Violation Incident History</b>		
NAME OF CASE & DOCKET NUMBER	DATE OF OFFENSE	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		
<b>Regulatory Violation Incident History</b>		
NAME OF CASE & DOCKET NUMBER	DATE OF OFFENSE	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		PAGE
		OF

**Schedule 28: Bankruptcy or Insolvency Proceeding**

- A. Has the enterprise, its parent or any intermediary company had any petition under any provision of the Federal Bankruptcy Act or under any state insolvency law filed by or against it in the last ten-year period?  YES  NO
- B. Has the enterprise, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Act or under any state insolvency law in the last ten-year period?  YES  NO
- C. Has the receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed, in the last ten-year period, by a court for the business or property of the enterprise or its parent, holding, intermediary or subsidiary companies?  YES  NO

If any of the responses above is yes, complete the chart below:

<b>Bankruptcy or Insolvency Proceedings</b>			
NAME OF CASE & DOCKET NUMBER	DATE PETITION FILED OR RELIEF SOUGHT	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
	DATE JUDGMENT OR RELIEF ENTERED	NAME OF COURT APPOINTED RECEIVER	DATE RECEIVER APPOINTED
NATURE OF JUDGMENT OR RELIEF			
		SCHEDULE 28	PAGE
			OF

### Schedule 29: Licensing (Non-gaming, Government)

During the last ten-year period, list any license or certificate issued to the enterprise by a government agency in this State or any other jurisdiction, granted, denied, pending, revoked or expired.

<b>Applicant Licensing (Government Issued – Non-gaming)</b>						
TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER		DISPOSITION	DATE	IF ISSUED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED OR REVOKED, EXPLAIN WHY
			<input type="checkbox"/>	Granted		
			<input type="checkbox"/>	Denied		
			<input type="checkbox"/>	Pending		
			<input type="checkbox"/>	Expired		
			<input type="checkbox"/>	Granted		
			<input type="checkbox"/>	Denied		
			<input type="checkbox"/>	Pending		
			<input type="checkbox"/>	Expired		
			<input type="checkbox"/>	Granted		
			<input type="checkbox"/>	Denied		
			<input type="checkbox"/>	Pending		
			<input type="checkbox"/>	Expired		
			<input type="checkbox"/>	Granted		
			<input type="checkbox"/>	Denied		
			<input type="checkbox"/>	Pending		
			<input type="checkbox"/>	Expired		



### Schedule 30: Licensing (Gaming)

List any license, permit, or other authorization the enterprise has ever applied for to participate in lawful gaming operations (including casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, sports betting, etc.).

Applicant Licensing (Government Issued – non-gaming)					
TYPE OF GAMING LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE	IF ISSUED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, EXPLAIN WHY
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired		

SCHEDULE 30	PAGE	OF

### Schedule 31: Contributions and Disbursements of Business Entity

Applicant Licensing (Government Issued – Non-gaming)					
A	During the last ten-year period, has the business entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the business entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
B	During the last ten-year period, has the business entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the business entity 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
C	During the last ten-year period, has the business entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D	During the last ten-year period, has the business entity, its parent company, any subsidiary or related entity or individual donated or loaned property or any other thing of value for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
E	During the last ten-year period, did the business entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions either foreign or domestic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
F	During the last ten-year period, has the business entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the business entity's books or records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
G	During the last ten-year period, has the business entity, its parent or any subsidiary, maintained any numbered account or any account in the name of a nominee for the business entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
H	List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.				
Name and Address					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (      )		FAX NUMBER (      )
Name and Address					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER (      )		FAX NUMBER (      )
SCHEDULE 31				PAGE	OF

### Schedule 32: Business Background Narrative Part 1

Description of Present Business			
Description of Competitive Conditions			
Principal Products Produced and/or Services Rendered			
Availability of Raw Materials, Critical Technology & Employees			
Intellectual Property Owned by Applicant & Importance to Business			
SCHEDULE 31		PAGE	OF

### Schedule 33: Business Background Part 2

<b>Narrative of Business Developments Including Bankruptcy, Receivership or Similar Proceedings</b>			
<b>Narrative of Any Other Material Reorganization, Readjustment or Succession of Applicant or Any of its Subsidiaries OR Acquisitions</b>			
<b>Narrative History of Previous Business Conducted by Applicant</b>			
SCHEDULE 32		PAGE	OF

**APPLICATION FOR TAX CLEARANCE REVIEW**

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue (“DOR”) and the Department of Labor and Industry (“DLI”) to review the tax records of the person(s) and or entity(s) as part of the licensing evaluation by the Pennsylvania Gaming Control Board (“Board”). Your signature on this form also represents a waiver of confidentiality of tax information. Your signature allows the DOR and DLI to provide tax information to the Pennsylvania State Police (“PSP”) and the Board. It allows the PSP to provide the information to the DOR and Board. Pennsylvania tax records are confidential information. Unauthorized disclosure of tax records is a criminal offense.

*Please print or type the following information:*

\_\_\_\_\_

**Full Name as Listed on Personal Tax Return**

\_\_\_\_\_

**Social Security Number**

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Zip code**

Please provide the following tax numbers for any entity doing business in Pennsylvania in which you have a controlling interest and/or a five percent interest, which ever is less. Also list any entity (including non-profit or for profit organizations) in which you are a responsible corporate officer:

Name of Business	Employer Identification Number (EIN)	Labor and Industry Tax Number

*(If you have additional businesses, please attach a separate sheet with the names, EINs and Labor and Industry Tax Numbers)*

**I certify that I am the individual whose tax records are to be reviewed.**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Telephone Number**

\_\_\_\_\_

**Date**

<p>One form is required for each officer.</p>
---

# AFFIDAVIT

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

ss:

The Chief Executive Officer (“CEO”)/ Applicant hereby certifies that the information contained herein is true and correct and that there is no misrepresentation or falsification in this application. Further, the CEO/Applicant is aware that any false or misleading statement will be cause for rejection or revocation of a license and will be subject to criminal penalties under 18 Pa. C.S.A. Sec. 4903.

The applicant hereby agrees and affirms the following:

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

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

The provisions of Paragraph 1 shall be deemed to limit warrantless inspection except in accordance with constitutional requirements.

To further effectuate the purposes of this part, the BIE and the PSP may obtain administrative warrants for the inspection and seizure of property possessed, controlled, bailed or otherwise held by an applicant, licensee, permittee, intermediary, subsidiary, affiliate or holding company.

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

1. Provide any assistance or information required by the Pennsylvania Gaming Control Board (“Board”), or the PSP and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspection, searches and seizures;
3. Inform the Board of any actions which they believe would constitute a violation of this part; and

Inform the Board of any arrests for any violations of offenses enumerated under 18 Pa.C.S.A. (Relating to Crimes and Offenses).

Furthermore, by signing below, the CEO/Applicant certifies that the applicant has developed and implemented internal safeguards and policies intended to prevent a violation of Section 1513 of the Act and that the applicant has conducted a good faith investigation that has not revealed any violation of this provision during the past year.

Applicant Certification (Required)    Date: ____/____/20__	Subscribed and sworn to me this _____ day of _____ of, 20__.
NAME OF CEO/APPLICANT _____	_____
TITLE _____	NOTARY PUBLIC _____
SIGNATURE OF APPLICANT _____	MY COMMISSION EXPIRES ON ____/____/20__
INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT _____	
(NAME, TITLE AND SIGNATURE)	

**One form is required for each officer.**

**RELEASE AUTHORIZATION**

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state, local, without exception, both foreign and domestic: I, \_\_\_\_\_, the undersigned, have authorized the Pennsylvania Gaming Control Board (“Board”) and its investigatory agents (including but not limited to the Pennsylvania State Police (“PSP”), Bureau of Investigations and Enforcement (“BIE”), and/or vendor agents) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Board or PSP. A photocopy of this authorization will be considered as effective and valid as the original. I am aware that false or misleading statements will be cause for rejection or revocation of the license and will be subject to criminal penalties under 18 Pa C.S.A. Section 4903.

By signing this form, I am knowingly, willingly and voluntarily waiving any and all present or future claims or causes of action that could be asserted against the Board, the PSP or the BIE relative to the obtaining and/or disseminating of information referenced by this release.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Legal Signature)

\_\_\_\_\_  
Printed Name of Applicant

( )  
\_\_\_\_\_  
Daytime Telephone Number

Subscribed and sworn to me this \_\_\_\_\_ day of  
\_\_\_\_\_ of, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires on: \_\_\_\_/\_\_\_\_/20\_\_

One form is  
required for  
each officer,  
key employee  
and qualifier.

**WAIVER OF LIABILITY**

On behalf of \_\_\_\_\_, (NAME OF CORPORATION) I, \_\_\_\_\_ (NAME OF OFFICER SIGNING THIS FORM), hereby waive liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the said applicant from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings related thereto.

I/we am/are aware that false or misleading statements will be cause for rejection or revocation of the License and will be subject to criminal penalties under 18 Pa C.S.A. Section 4903.

\_\_\_\_\_  
Corporation

\_\_\_\_\_  
Date

\_\_\_\_\_  
By: Signature of Officer (Legal Signature)

\_\_\_\_\_  
Printed Name of President or Chief Executive Officer

( ) \_\_\_\_\_  
Daytime Telephone Number

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_ of, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires on: \_\_\_\_/\_\_\_\_/20\_\_

One form is required for each officer.



DIVERSITY PLAN STATEMENT

Manufacturer Name	_____
Manufacturer Mailing Address	_____ _____ _____
Manufacturer Phone Number	_____
Equal Employment Officer	_____
Date Submitted	____ / ____ / ____

Pursuant to Section 1325(B)(1) of the Pennsylvania Race Horse Development and Gaming Act:

**Applicant has developed and implemented a diversity plan.**

**A Copy of this plan is attached.**

\_\_\_\_\_  
Signature of CEO

\_\_\_\_\_  
Name Printed

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date