STATE OF OHIO

CASINO CONTROL COMMISSION

OHIO SUPPLEMENTAL FORM

TO MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

FOR KEY EMPLOYEES

OHIO SUPPLEMENTAL FORM

TO MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

This form is a supplement to the MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. Both the Ohio Supplemental Form and the Multi Jurisdictional Personal History Disclosure Form must be filed with the Ohio Casino Control Commission (Commission) as parts of an application for a Key Employee License. Copies of the forms used in Ohio are available on the Internet at: http://casinocontrol.ohio.gov/. You may also request the forms be mailed to you by calling (855) 800-0058.

INSTRUCTIONS

I. COMPLETING THIS FORM:

A. You are to complete this form and a Multi Jurisdictional Personal History Disclosure Form if you are:

   1. Required to obtain a Key Employee License pursuant to Ohio Adm. Code 3772-5-1; or

   2. Directed to do so by the Commission.

B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.

C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form will result in the rejection of your application.

D. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.

E. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

II. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:

A. All attachments required in this form and in the Multi Jurisdictional Personal History Disclosure Form are labeled with an exhibit number and included in both the original and the photocopies filed with the Commission.

B. You have signed and notarized the Statement of Truth and Release Authorization forms included with the Ohio Supplemental Form and the Statement of Truth form included with the Multi Jurisdictional Personal History Disclosure Form.

C. You have answered every question completely.

D. You initial and date each page of this form in the spaces provided.

E. You retain a completed copy of this form for your own records.

III. FILING THIS FORM WITH THE COMMISSION

A. A complete application for a Key Employee License consists of this form, the Multi Jurisdictional Personal History Disclosure Form, all attachments and the application fee.

Initials/Date: _____

B. The fees relating to a Key Employee License are as follows:

1. A nonrefundable application fee of $2,000 must accompany an application for a Key Employee License;

2. In the event that the costs incurred by the Commission in the course of investigating an applicant's background exceed the upfront application fees set forth above, the Commission may, upon written notice, charge an additional fee to cover the actual costs of investigation;

3. Upon the Commission's approval of an applicant for a Key Employee License, a nonrefundable license fee of $500 must be paid in order for the Commission to issue the license.

C. If you are seeking a Key Employee License in connection with your employment with a Casino Operator, Management Company, or Holding Company:

1. You must file your complete application and all attachments electronically. Please consult with your employer for specific instructions on how to file your application.

2. You do not need to enclose payment at this time. Your employer has agreed to pay the application fee on your behalf. However, depending upon company policies that are wholly outside the control of the Commission, your employer may choose to seek reimbursement from you for the amount of the fee paid on your behalf.

D. If you are seeking a Key Employee License in connection with your employment with a Gaming Related Vendor, you must file your complete application and all attachments and pay the application fee electronically through the Commission's website at http://www.casinocontrol.ohio.gov/. Please consult the Commission's website for filing and payment instructions.

IV. BACKGROUND INVESTIGATIONS

Pursuant to R.C. 3772.07, the Commission must obtain criminal records checks for each individual applying for a Key Employee License. In order to initiate a criminal records check, you must be fingerprinted. If you would like to be fingerprinted in Ohio, please call the Commission at (855) 800-0058 to set an appointment. However, if you must be fingerprinted in another state, you must request that the Commission mail an out-of-state fingerprinting packet to you. For information on how to do so, please visit the Commission's website at the following address: http://www.casinocontrol.ohio.gov/FingerprintInstructions.aspx

V. IMPORTANT NOTICES

A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.

B. All notices regarding your application will be sent to the address that you provide on this form. You must immediately notify the Commission of any change of address.

C. The Commission shall not issue a Key Employee License to an applicant if the applicant:

1. Has been convicted of or has pleaded guilty to or no contest to a disqualifying offense;
(A "disqualifying offense" means any gambling offense, any theft offense, any offense having an element of fraud or misrepresentation, any offense having an element of moral turpitude, and any felony not otherwise included in the foregoing list.)

2. Has submitted an application that contains false information;

3. Owns an ownership interest that is unlawful under R.C. Chapter 3772, unless waived by the Commission;

4. Violates specific rules adopted by the Commission related to denial of licensure;

5. Is a member of or employed by a gaming regulatory body of a governmental unit in Ohio, another state, or the federal government, or is an employee of a governmental unit of Ohio and in that capacity has significant influence or control, as determined by the Commission, over the ability of a casino operator,

Initials/Date: _____

management company, holding company, institutional investor, or gaming-related vendor to conduct business in Ohio;

6. Is not at least twenty-one years of age; or

7. Is otherwise ineligible for licensure as determined by the Commission.

D. Pursuant to R.C. 3772.16, certain information submitted, collected, or gathered as part of an application to the Commission for a Key Employee License is confidential and not subject to disclosure as a record under R.C.149.43.

E. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, the Commission will use your social security number to obtain and verify information in your application. The absence of a social security number on the application may delay the final determination of your application.

F. A Key Employee License expires three years after the date of licensure.

G. A Key Employee License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Key Employee License issued by the Commission.

[Remainder of page intentionally left blank.]

Initials/Date: _____

OHIO SUPPLEMENTAL FORM

TO MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT #) (CITY) (COUNTY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (APT #) (CITY) (COUNTY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT:

DATE OF BIRTH: (MO)(DAY)(YEAR) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER*

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY.

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? Yes ☐ No ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.)

1. Provide the following information about the entity with which you are, or are seeking to be, associated:

Name of Entity

Address of Entity NUMBER AND STREET CITY STATE ZIP CODE

Title of Position held or will hold

2. Provide the following information about your compensation:

A. The total amount of compensation you earned last year: _____

B. The total amount of compensation you expect to earn this year: _____

C. The structure of your compensation (i.e., salary, wages, bonus, fees, commissions, options, etc.)

Initials/Date: _____

3. Check all appropriate areas below and fill in the appropriate blanks indicating the reason for submitting this application.

A. I am applying in association with:
☐ A casino operator applicant or licensee
☐ A management company applicant or licensee
☐ A holding company
☐ A gaming-related vendor applicant or licensee

B. I am applying for a(n):
☐ Initial License
☐ Provisional License
☐ Renewal License

C. I am a Key Employee because I am a(n):
☐ Managerial Employee ☐ Officer
☐ Owner ☐ Director
☐ Shareholder ☐ Trustee
☐ Partner ☐ Other (Specify)_____

D. Applicants seeking a provisional license must demonstrate exigent circumstances necessitating the immediate issuance of a provisional Key Employee License pending the Commission's review of the Applicant's application. If you are seeking a provisional license, please describe your exigent circumstances below:

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4. Do you have any ownership interest, financial interest, or financial investment in any business entity applying to, or presently licensed by, the Ohio Casino Control Commission? Yes ☐ No ☐

If yes, complete the following chart:

Name of Business Entity	Nature and Amount of Your Interest	% of Ownership in the Business Entity	Gaming Agency

Initials/Date: _____

5. Are you a citizen of the United States? Yes ☐ No ☐

6. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization and label as Exhibit 6OH.

7. If you are not a citizen of the United States, please provide:

A. The country of which you are a citizen: _____

B. Place of birth: _____

C. Port of entry to the United States: _____

D. Name and address of sponsor upon your arrival:

_____
_____
_____
_____

E. A copy of your criminal records report issued in the last 90 days by a duly authorized entity in the country of which you are a citizen. If you are unable to provide such a report, please provide a written explanation as to the circumstances preventing you from doing so. Label responsive information as Exhibit 7eOH.

8. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your INS "A" number or other INS authorization in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS document that conditions or restricts your employment labeled as Exhibit 8OH.

INS "A" number: _____

9. During the last ten year period, have you held a 5% or greater interest in or been a director, officer, or principal employee of any entity that:

A. Has made or has been charged with (either itself or through third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage? Yes ☐ No ☐

B. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account? Yes ☐ No ☐

C. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business? Yes ☐ No ☐

D. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? Yes ☐ No ☐

E. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign? Yes ☐ No ☐

F. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party domestic or foreign? Yes ☐ No ☐

G. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions? Yes ☐ No ☐

Initials/Date: _____

10. With respect to Question 24 of the Multi Jurisdictional Personal History Disclosure Form, have any of the applications, licenses, permits, registration, findings of suitability, qualifications or other authorizations you identified ever been denied, suspended, revoked, or subject to any conditions in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

Type of License, Permit, or Authorization	Name & Address of Government Agency	Date of Denial, Suspension, Revocation	Reasons for Action Taken

11. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

Date Filed: _____ Period Covered:_____

IRS Office Location: _____

Attach to this application and label as Exhibit 11OH a copy of each IRS Form 1040 and 1040X (Amended Return) and all appropriate schedules field by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

12. Has your Federal Income Tax Return ever been audited or adjusted? Yes ☐ No ☐

If yes, for what year(s)? _____

13. Have you ever failed to file Federal or State Income Tax returns? Yes ☐ No ☐

If yes, for what year(s)? _____

14. Have you or your spouse ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years? Yes ☐ No ☐

If yes, complete the following chart:

TAX YEARS(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to this application and label as Exhibit 14OH a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

Initials/Date: _____

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 and local, without exception, both foreign and domestic,

I, _____, have authorized
(Print Name)

the Ohio Casino Control Commission 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 Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee or provisional licensee.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _____ _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, _____

_____ _____
NOTARY PUBLIC STATE

Initials/Date: _____

OHIO CASINO CONTROL COMMISSION

AUTHORIZATION TO RELEASE CRIMINAL RECORD

The undersigned Applicant hereby agrees to the release of criminal record information to the Ohio Casino Control Commission in order for the Executive Director of the Ohio Casino Control Commission to conduct all necessary and required background checks. The Executive Director of the Commission may request the Bureau of Criminal Investigation, the Ohio State Highway Patrol, or any other state, local, or federal agency to supply the criminal records of any Applicant. The Applicant is required to be fingerprinted. FAILURE TO COMPLY WILL RESULT IN A LICENSE NOT BEING ISSUED TO THE APPLICANT.

The Applicant further agrees that the Executive Director may make investigations in order to satisfy the conditions for licensure. These investigations may include, without limitation, credit reviews, inspections of applicant's premises and inspection of law enforcement and other official records. Applicant acknowledges reading and understanding the conditions set forth in this authorization and agrees to observe and be bound by them. Applicant acknowledges that the Ohio Casino Control Commission is not obligated to issue a license and can suspend or revoke the license in accordance with R.C. 3772.14. Each holder of a license agrees to be bound by and observe the terms and conditions on the application and in R.C. Chapter 3772 and Ohio Adm. Code 3772.

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Home Address, City, Zip Code: _____

All Previous Addresses since age 18: _____

_____

Applicant Signature	Date	Date of Birth	Social Security Number

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

Initials/Date: _____

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

_____, being duly sworn according to law deposes and says:

1. I hereby swear (or affirm) that the information contained herein and accompanying this application is true.

2. I personally supplied and reviewed the information contained in this form.

3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.

4. Any document accompanying this Ohio Supplemental Form that is not an original document is a true copy of the original document.

5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, this Application for a Key Employee License may be denied.

_____
(SIGNATURE)

_____
(TYPE, STAMP OR PRINT NAME)

_____
(DATE)

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

Initials/Date: _____