

STATE OF OHIO
CASINO CONTROL COMMISSION



GAMING-RELATED VENDOR
LICENSE APPLICATION
AND
HOLDING COMPANY FORM

GAMING-RELATED VENDOR LICENSE APPLICATION AND HOLDING COMPANY FORM

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You are to complete this form if you are:
1. Required to obtain a Gaming-Related Vendor License pursuant to Ohio Adm. Code 3772-6-01(A) or (B).
 2. A Holding Company of a person required to obtain a Gaming-Related Vendor License pursuant to Ohio Adm. Code 3772-6-01(A) or (B).
 3. Directed to do so by the Ohio Casino Control 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. **Note: The Commission will not review your application unless you provide a response to every question.**
- C. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. **Note: The Commission will not review your application if it is illegible or if you have modified any of the questions or pre-printed information in this form.**
- D. If the space available is insufficient to respond to a question, supply the required information on a separate page titled "Further Response Page" wherein the question being answered is clearly identified. The Further Response Page, if needed, should be attached to the back of this form and be placed in front of all requested exhibits and appendices that apply to the Applicant or Holding Company.
- E. Label all requested exhibits and appendices with the specified number and attach them, in the order that they are requested, to the back of this form. **Note: Only those exhibits and appendices that apply should be attached to this form.**
- F. All required documentation must be submitted and all authorizations, waivers, and releases must be signed at the time of filing this form.
- G. Any person who applies for or holds a Gaming-Related Vendor License or who is a Holding Company of a person who has applied for or holds a Gaming-Related Vendor License has a continuing duty to update the Commission of changes to any information that the person is required to provide or has provided to the Commission, including information contained in this form, as well as to any information required by Ohio Adm. Code 3772-6-04. The Commission must be notified of any such change in writing and within ten (10) days of the change.

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

- A. All attachments required in this form are labeled with the correct title or exhibit or appendix number and included in the filing with the Commission.
- B. You have signed and notarized the Statement of Truth, Notices & Waivers, and Release Authorization forms attached to this form.
- C. You have answered every question completely.
- D. 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 Gaming-Related Vendor License consists of this form, including all attachments, from the Applicant as well as each Holding Company of the Applicant, as applicable, and the application fee.
- B. The fees relating to a Gaming-Related Vendor License are as follow:
 - 1. A nonrefundable application fee of \$10,000 must accompany an initial, new, or renewal Gaming-Related Vendor License Application. Please note that in some instances the cost to investigate a Gaming-Related Vendor License Application may exceed the \$10,000 application fee referenced here. The Applicant will be notified of any additional costs pursuant to the procedure set forth in this section;
 - 2. In the event that the costs incurred by the Commission in the course of investigating the Applicant's background exceed the upfront application fees set forth above, the Commission may, upon written notice, charge the Applicant an additional fee to cover the actual costs of investigation;
 - 3. Upon the Commission's approval of an initial, new, or renewal Gaming-Related Vendor License Application, the Applicant must pay a nonrefundable license fee of \$15,000.
- C. A complete application must be submitted to the Commission in the manner and at the location prescribed by the agency as well as pay the application fee in the manner described in Ohio Adm. Code 3772-6-03(D). Once an application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.

IV. BACKGROUND INVESTIGATIONS

Pursuant to R.C. 3772.07, the Commission must obtain criminal records checks for each investor in a gaming-related vendor.

For purposes of the Gaming-Related Vendor License Application, an "investor" is: (1) any natural person who holds a direct or indirect ownership interest of more than one percent in the Applicant or a Holding Company of the Applicant, and who is or will be employed by the Applicant and licensed as a Key Employee pursuant to R.C. 3772.01(P) and

3772.13; or (2) any natural person who holds a direct or indirect ownership interest of more than five percent in the Applicant or a Holding Company of the Applicant.

All investors meeting these criteria must complete and return to the Applicant or Holding Company, for submission with this form, an Authorization to Release Criminal Record Form, which may be found in Exhibit 19b. If, however, an investor is required to be licensed as a Key Employee, the investor need not initiate two separate criminal records checks. The Commission will honor a criminal records check conducted on an investor in connection with the Applicant's or Holding Company's submission when that investor seeks licensure as a Key Employee.

To initiate a criminal records check, the investor must be fingerprinted. Contact the Commission's Division of Licensing and Investigations at (614) 387-5688 or toll free at (855) 800-0058 to schedule an appointment or to have an out-of-state fingerprinting packet mailed to you.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form in English, it is your responsibility to acquire adequate means of interpretation or translation, as applicable.
- B. All notices regarding a Gaming-Related Vendor License Application will be sent to the address provided on this form. You must notify the Commission of any change of address in accordance with Ohio Adm. Code 3772-6-04.
- C. Each Applicant and Holding Company of the Applicant must make accurate statements and include all material facts. Any omissions, material errors, misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set forth in law or rule may result in the denial of the Gaming-Related Vendor License Application, the suspension or revocation of any license issued by the Commission, or the imposition of fines or penalties.
- D. The Commission will not issue a Gaming-Related Vendor License to a person who:
 - 1. Has been convicted of or has pleaded guilty to or no contest to a disqualifying offense per R.C. 3772.07 and 3772.10 (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, 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.
- E. Pursuant to R.C. 3772.16, certain information submitted, collected, or gathered as part of a Gaming-Related Vendor License Application is confidential and not subject to disclosure as a record under R.C. 149.43. Each Applicant and Holding Company of the Applicant should clearly identify those portions that it deems to be confidential, proprietary commercial information, or trade secrets. Non-confidential information provided to the Commission is open to public inspection to the extent permitted by R.C. 149.43 and 3772.16.
- F. 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 a Gaming-Related Vendor License Application. If provided, the Commission will use the social security number to obtain and verify information in the Application. The absence of a social security number may, however, delay the final determination of the Application. **Note: If your social security number is provided, it will not be disclosed by the Commission as part of any public record.**
- G. Pursuant to Ohio Adm. Code 3772-5-01, certain individuals associated with the Applicant or a Holding Company of the Applicant will be required to apply for and obtain Key Employee Licenses, which is a separate and distinct process. Approval of a Key Employee License does not ensure approval of a Gaming-Related Vendor License, and vice versa.
- H. A Gaming-Related Vendor License expires three (3) years after the date of licensure. Renewal of a Gaming-Related Vendor License may be requested by submitting a completed Gaming-Related Vendor License Application no less than **one hundred twenty (120) days** before expiration of the License and paying the application fee, in the manner outlined under this form's Instructions.
- I. A Gaming-Related Vendor License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Gaming-Related Vendor License issued by the Commission.

[Remainder of page intentionally left blank.]

DEFINITIONS

The definitions provided in R.C. 3772.01 and the rules adopted thereunder apply to this form and control. In addition, the following definitions apply for purposes of this form:

- (A) "Affiliate," "affiliate of," or "person affiliated with" means a person that directly or indirectly, through one or more intermediaries, controls, is controlled by or is under common control with a specified person.
- (B) "Arrest" means any time an individual is stopped by a police officer or other law enforcement officer and advised that he or she is under 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.
- (C) "Beneficial ownership interest" means an ownership interest held by:
- (1) Any person who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise has or shares:
 - (a) Voting power that includes the power to vote, or to direct the voting of, a security of the Applicant or a Holding Company of the Applicant; and/or,
 - (b) Investment power that includes the power to dispose, or to direct the disposition of, such security;
 - (2) Any person who, directly or indirectly, creates or uses a trust, proxy, power of attorney, pooling arrangement, or any other contract, arrangement, or device with the purpose or effect of divesting such person of beneficial ownership of a security of the Applicant or a Holding Company of the Applicant or preventing the vesting of such beneficial ownership as part of a plan or scheme to evade the reporting requirements of section 13(d) or (g) of the Securities Exchange Act of 1934 or this form;
 - (3) Any person's immediate family; or
 - (4) Any two or more persons who agree to act together for the purpose of acquiring, holding, voting, or disposing of equity securities of those persons.
- (D) "Charge" means any indictment, complaint, bill of information, summons, citation, or other notice of an alleged commission of any crime or offense.
- (E) "Crime or offense" includes all felonies, crimes, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, violation of probation or any other court order, as well as summary offenses that may have required a person to appear before a law enforcement agency, state or federal grand jury, county court, municipal court, city court, military court, or any other court are included within the definition of "crime or offense." This includes juvenile offenses that occurred within the most recent ten (10) year period. But does **not** include minor misdemeanor traffic offenses.

- (F) "Immediate family" means any child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister in-law, and shall include adoptive relationships.
- (G) "Long-term debt" means all outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness issued or executed by the Applicant, Holding Company, or parent, intermediary, subsidiary, or affiliate that matures more than one (1) year from the date of issuance or that is renewable for a period of more than one (1) year from the date of issuance.
- (H) "Option" means any right, warrant, or option to subscribe to or purchase any securities issued by the Applicant or a Holding Company of the Applicant.
- (I) "Principal" means:
- (1) Any officer, director, trustee, partner or general partner, including:
 - (a) Any president, chief financial officer, chief accounting officer (or, if there is no such accounting officer, the controller), any vice-president in charge of a business unit (such as sales, administration or finance), any other officer who performs a policy-making function, or any other individual who performs similar policy-making functions for the Applicant or a Holding Company of the Applicant;
 - (b) Any officer, director, trustee, partner, or general partner of the Applicant's or a Holding Company's parent(s) or subsidiaries if they perform policy-making functions for or control the Applicant or the Holding Company; and
 - (c) Any officer, director, trustee, or employee of a general partner of the Applicant or a Holding Company of the Applicant who performs policy-making functions for a limited partnership;
 - (2) Any person who has a controlling interest in the Applicant or a Holding Company of the Applicant, or has the ability to elect a majority of the Board of Directors of the Applicant or a Holding Company of the Applicant.

[Remainder of page intentionally left blank.]

**GAMING-RELATED VENDOR
LICENSE APPLICATION AND HOLDING COMPANY FORM**

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

NAME OF APPLICANT OR HOLDING COMPANY*

*NAME AS APPEARS ON THE CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENT.

D/B/A OR TRADE NAME(S)

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*

*Under the Federal Privacy Act, Disclosure of your Social Security Number is voluntary. See Part V, Paragraph F of the Instructions for more information.

PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

NAME

TITLE

TELEPHONE: (AREA CODE) NUMBER

FAX NO. (IF AVAILABLE)

E-MAIL ADDRESS

THE PRINCIPAL BUSINESS ADDRESS OF THE APPLICANT OR HOLDING COMPANY

STREET LOCATION (NUMBER/STREET)

CITY

STATE

ZIP

COUNTRY

TELEPHONE: (AREA CODE) NUMBER

FAX NO. (IF AVAILABLE)

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

WEBSITE ADDRESS

Check the appropriate box:

- This is an initial Gaming-Related Vendor License Application or Holding Company Form
- This is a new Gaming-Related Vendor License Application or Holding Company Form
- This is a renewal Gaming-Related Vendor License Application or Holding Company Form

Check all that apply:

- Manufacture gaming-related equipment and/or goods
- Sell or lease gaming-related equipment and/or goods
- Provide gaming-related equipment and/or goods maintenance or repair
- Provide other services, including but not limited to services to be provided by a third-party gaming junket entity, that relate to casino gaming or gaming-related equipment or goods

Describe: _____

- Holding Company of Gaming-Related Vendor Applicant

Name of Applicant: _____

Have you been licensed as a Management Company to conduct casino gaming at an Ohio casino facility within the last twelve (12) months? Yes No

If yes, provide the date of the last submission filed and the date and license number of the last license issued: _____.

Further, only provide responses to requests and questions in sections 2, 14, and 17 of this form, provide information responsive to appendix requests 2, 8, 9, 10, and 11 of this form, and complete the Exhibit Schedule on pages 20 and 21 of this form.

Do you currently have a pending Management Company License Application to conduct casino gaming at an Ohio casino facility? Yes No

If yes, provide the date of the last submission filed: _____.

Further, only provide responses to requests and questions in sections 2, 14, and 17 of this form, provide information responsive to appendix requests 2, 8, 9, 10, and 11 of this form, and complete the Exhibit Schedule on pages 20 and 21 of this form.

If you answered no to both questions above, please complete the entire Gaming-Related Vendor License Application and Holding Company Form.

[Remainder of page intentionally left blank.]

1. ORGANIZATION AND OPERATION

Form of Organization (check one)

- Sole Proprietorship Partnership Limited Partnership LLC
 C-Corporation S-Corporation Trust Other*

*Describe: _____

Business name as it appears on formation documents: _____

Place of Incorporation or Formation: _____

Date of Incorporation or Formation: _____

Is the Applicant or Holding Company registered to do business in Ohio? Yes No

If yes, please provide registration number: _____

In Exhibit 1a, identify the Applicant's or Holding Company's Incorporators/Founders.

In Exhibit 1b, list all other names by which the Applicant or Holding Company has conducted business and give the approximate time periods during which these names were used.

In Exhibit 1c, provide all addresses at which the Applicant or Holding Company currently conducts business.

In Exhibit 1d, provide all addresses, other than those listed in Exhibit 1c, at which the Applicant or Holding Company has conducted business during the last ten (10) year period, and list the approximate dates during which the addresses were used to conduct business.

In Exhibit 1e, provide a description of all businesses operated by the Applicant or Holding Company during the last ten (10) year period.

In Exhibit 1f, provide a name and description of each of the Applicant's or Holding Company's parent companies, intermediaries, subsidiaries, affiliates or any other business entities conducting business in the last ten (10) year period. Do not provide those businesses already listed in Exhibit 1e.

In Exhibit 1g, list all other states in which the Applicant or Holding Company is currently registered, licensed, or otherwise authorized to conduct business and provide information about these registrations and licenses.

2. DESCRIPTION OF PRESENT BUSINESS

As an attachment labeled Exhibit 2, describe the business presently conducted and the business intended to be conducted by the Applicant or Holding Company and its parent companies, intermediaries, subsidiaries, affiliates, or any other business entities conducting business and the general development of such business during the past five (5) years. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the Applicant or Holding Company, if known.
- B. The principal products produced and services rendered by the Applicant or Holding Company and its parent companies, intermediaries, subsidiaries, affiliates or any other business entities conducting business, the principal markets for said products or services and the methods of distribution.
- C. If a significant part, defined as ten (10) percent or more, of the Applicant's or Holding Company's business is dependent upon a single customer, for each such customer state;
 - (1) Its name, business address, and telephone number; and
 - (2) Its relationship with and its importance to the Applicant's business.
- D. The sources and availability of raw materials essential to the business of the Applicant or Holding Company.
- E. The duration importance, effect and holders of all patents, trademarks, copyrights, licenses, franchises and concessions that are material to the Applicant's or Holding Company's business;
- F. A summary of warranties in effect on the Applicant's or Holding Company's products, including currently pending claims relating to such warranties;
- G. A summary of all currently pending litigation relating to the Applicant's or Holding Company's products;
- H. A list identifying by name, address, and telephone number of all distributors, sales representatives, or other individuals or business entities, doing business in Ohio and that formally or informally distribute, market, or represent any good produced or service rendered by the Applicant or Holding Company;
- I. A list identifying by name, address, and telephone number of all suppliers and/or vendors that supply to the Applicant or Holding Company any parts, components, hardware, or software integral to the gaming-related purpose of the good produced or service rendered by the Applicant or Holding Company;
- J. A detailed account and list of the gaming-related equipment, devices, goods, or services being provided or to be provided under the license for which the Gaming-Related Vendor License Application is being made.

3. PRINCIPALS

In Exhibit 3, provide information regarding each Principal of the Applicant or Holding Company.

4. FORMER PRINCIPALS

In Exhibit 4, provide information regarding all Principals who are no longer actively involved with the Applicant or Holding Company, but held the position in the last ten (10) year period.

5. EMPLOYEES EARNING OVER \$150,000

In Exhibit 5, identify all employees other than Principals who earn over one hundred fifty thousand dollars (\$150,000) in annual compensation from the Applicant or Holding Company. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses, or other monetary equivalent.

6. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION, & SIMILAR PLANS

In Exhibit 6, provide a description of all bonus, profit sharing, pension, retirement, deferred compensation, and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant or Holding Company may attach additional pages as necessary to describe each and every plan.

7. STOCK DESCRIPTION

In Exhibit 7, provide the nature, type and number of authorized and issued shares, warrants and units of every type and description issued by the Applicant or Holding Company. Provide the terms, conditions, rights, and privileges of all classes of voting, non-voting, and other stocks or units issued or to be issued by the Applicant or Holding Company or a holding, intermediary, subsidiary, affiliate, and any other type of business entity of the Applicant or Holding Company. This should include the number of shares of each class and kind of stock or units authorized or to be authorized and the number of shares of each class of stock or units outstanding as of this date. If any right of a shareholder is able to be modified by less than a majority of a particular class of outstanding shares, explain briefly. If the Applicant or Holding Company has used an underwriter in connection with a securities offering within the last ten (10) years, list the name and address of the underwriter and describe the nature of the offering.

8. SHAREHOLDERS/MEMBERS

In Exhibit 8, identify every natural person or entity having at least a five (5) percent direct or indirect beneficial ownership interest in the Applicant or Holding Company.

9. LONG TERM DEBT

In Exhibit 9, describe any long term debt issued or executed by the Applicant or Holding Company and identify its holder(s).

10. OTHER DEBT

In Exhibit 10, describe any debt other than long term debt (loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security interests, etc.) issued or executed by the Applicant or Holding Company and identify its holder(s).

[Remainder of page intentionally left blank.]

11. SECURITY OPTIONS

In Exhibit 11, provide a detailed description of any options existing or to be created with respect to securities issued by the Applicant or Holding Company. The 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.

12. BENEFICIAL OWNERS OF OPTIONS

In Exhibit 12, provide information regarding all persons holding the options described in Exhibit 11.

13. FINANCIAL INSTITUTIONS

In Exhibit 13, provide information with respect to each bank, savings and loan association, and any other financial institution, whether domestic or foreign, in which the Applicant or Holding Company has or has had an account over the last ten (10) year period, regardless of whether the Applicant or Holding Company held the account in its own name or in the name of a nominee, or any other person over whom the Applicant or Holding Company exercised direct or indirect control.

14. CONTRACTS

In Exhibit 14, provide information with respect to the top ten (10) dollar value contracts or agreements that the Applicant or Holding Company has entered into in the past twelve (12) months.

15. APPLICATIONS, LICENSES, FINES AND OTHER PENALTIES

Has the Applicant or Holding Company ever applied for or been granted any gaming license or certificate issued by a licensing authority in Ohio or any other jurisdiction, foreign or domestic, that has been denied, restricted, suspended, revoked, or not renewed? Yes No

If yes, use Exhibit 15a to provide a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.

Has the Applicant or Holding Company ever been granted any gaming license or certificate issued by a licensing authority in Ohio or any other jurisdiction, foreign or domestic, that has been fined, restricted, subjected to settlement, or otherwise penalized? Yes No

If yes, use Exhibit 15b to provide a statement describing the facts and circumstances concerning the fine, restriction, settlement, or other penalty, including the licensing authority, the date each action was taken, and the reason for each action.

[Remainder of page intentionally left blank.]

16. STOCK HOLDINGS

In Exhibit 16, identify any business, including, but not limited to, any casino operator, management company, holding company, or gaming-related vendor, in which the Applicant, the spouse or children of an Applicant, if applicable, or the Holding Company hold an equity interest of more than five (5) percent.

17. EXISTING AND PAST LITIGATION

If the Applicant or Holding Company has ever filed or had filed against it a civil or administrative action, the Applicant or Holding Company shall make available to the Commission at its request any and all information concerning the action or proceeding, including, but not limited to, the date of filing, the name and location of the court, the case caption, the docket number, and the disposition.

Is the Applicant, Holding Company, or any parent, affiliate, subsidiary, or principal presently a party to any litigation, or has the Applicant, Holding Company, or any parent, affiliate, subsidiary, or principal been party to any settled or closed legal action involving any civil demand for damages in the amount of \$100,000 or greater, for fraud, misrepresentation, falsification, conversion, racketeering, securities violation(s), or breach of fiduciary duty in the past ten (10) year period, whether in this state or in any other state, jurisdiction, or territory, foreign or domestic?

Yes No

If yes, use Exhibit 17 to describe all such litigation and legal actions, listing the most recent first.

18. ANTITRUST, TRADE REGULATION, AND SECURITIES JUDGMENT; STATUTORY AND REGULATORY VIOLATIONS

- A. Has the Applicant or Holding Company ever had a judgment, order, consent decree or consent order arising from a case brought by a state or federal governmental entity and 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 (10) year period, has the Applicant or Holding Company had one or more judgment, order, consent decree, or consent order arising from a case or cases brought by a state or federal governmental entity and pertaining to any state or federal statute, regulation, or code that resulted in a fine or penalty entered against the Applicant or Holding Company of \$10,000 or more when the fines or penalties aggregate to \$50,000 or more? Yes No

If yes to either question, use Exhibit 18 to provide information for each judgment, order, consent decree, or consent order.

[Remainder of page intentionally left blank.]

19. CRIMINAL HISTORY

Has the Applicant, Holding Company, or any parent, subsidiary, or principal 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 this state or any other jurisdiction? Yes No

Answer "Yes" even if:

- A. The person did not commit the offense charged;
- B. The arrest, charges, or offense happened a long time ago;
- C. The person was not convicted or found guilty;
- D. The arrest or charges were dismissed;
- E. The charges were downgraded to a lesser charge;
- F. The person pled nolo contendere to the charges;
- G. The person completed any type of rehabilitative or diversionary program;
- H. The person was not physically arrested, but did appear in court on the charges; or
- I. The person received a fine, but no time was served in any correctional facility.

Answer "No" if:

- A. The person has never been charged or arrested with any crime or offense; or
- B. All records relating to each charge, arrest, or conviction have been expunged or otherwise officially sealed by a court, government agency, or other regulatory authority.

If yes, use Exhibit 19a to provide information concerning criminal history.

In addition, each investor in the Applicant or Holding Company, as described in this form's Instructions, must complete and return the Authorization to Release Criminal Record Form provided in Exhibit 19b.

20. INVESTIGATION, TESTIMONY OR POLYGRAPHS

Has the Applicant, Holding Company, or any parent, subsidiary, or principal ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph examination by any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to minor misdemeanor traffic offenses? Yes No

If yes, use Exhibit 20 to provide information about any such testimony, investigation or polygraph examination.

21. FILINGS CONCERNING THE PAYMENT OF A TAX

Has the Applicant or Holding Company filed or been served with a complaint or notice concerning a delinquency in the payment of, or a dispute over a filing concerning the payment of, a tax required under federal, state or local law? Yes No

If yes, use Exhibit 21 to provide information concerning the complaint or notice.

22. BANKRUPTCY OR INSOLVENCY PROCEEDINGS

If the Applicant or Holding Company has ever filed or had filed against it a proceeding in bankruptcy, the Applicant or Holding Company shall make available to the Commission at its request any and all information concerning the action or proceeding, including, but not limited to, the date of filing, the name and location of the court, the case caption, the docket number, and the disposition.

- A. Has the Applicant, Holding Company, or any principal 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? Yes No
- B. Has the Applicant, Holding Company, or any principal sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten (10) year period? Yes No
- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten (10) year period by a court for the business or property of the Applicant, Holding Company, or any principal? Yes No

If yes to any question, use Exhibit 22 to provide information for each bankruptcy or insolvency proceeding.

23. CONTRIBUTIONS AND DISBURSEMENTS

- A. During the last ten (10) year period, has the Applicant, Holding Company, or any principal, employee, or third party acting for or on behalf of any of the foregoing 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? Yes No
- B. During the last ten (10) year period, has the Applicant, Holding Company, or any principal, employee, or third party acting for or on behalf of the foregoing 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? Yes No
- C. During the last ten (10) year period, has the Applicant or Holding Company maintained any bank account, domestic or foreign, not reflected on the Applicant's or Holding Company's books or records? Yes No
- D. During the last ten (10) year period, has the Applicant or Holding Company maintained any numbered accounts or any account in the name of a nominee for the Applicant or Holding Company? Yes No

If yes to any question, use Exhibit 23a to identify any and all present or former principals, employees, or third parties with knowledge or information concerning the information solicited above.

- E. Has the Applicant or Holding Company directly made a political contribution, loan, donation, or other payment of one hundred dollars (\$100) or more to a statewide office holder, a member of the general assembly, a local government official elected in an Ohio jurisdiction where a casino facility is located, or a ballot issue not more than one year before the date of filing of this form? Yes No

If yes, use Exhibit 23b to provide information on the date of the contribution, to whom the contribution was made, and the amount of the contribution.

[Remainder of page intentionally left blank.]

APPLICATION APPENDICES

In addition to the information requested in the questions and exhibits above, the Applicant or Holding Company must submit the following information as an appendix to this form:

As Appendix 1, submit copies of certified documents of all of the following, including any amendments or proposed amendments thereto, that apply to the Applicant or Holding Company: articles of incorporation, articles of organization, bylaws, charter, constitution, partnership agreement and operating agreement.

As Appendix 2, submit copies of the following documents, as applicable: Applicant's price list for equipment, goods, or services to be provided under the license for which application is being made; Applicant's Ohio lease agreement form; Applicant's Ohio purchase agreement form; Applicant's Ohio service agreement form; and any contract or agreement between the Applicant and holders of or applicants for an Ohio Casino Operator or Management Company License.

As Appendix 3, submit copies of any current security option plans and related proxy statements.

As Appendix 4, submit copies of all forms filed by the Applicant, Holding Company, or investors with the U.S. Securities and Exchange Commission pursuant to Sections 13(d) and 16(a) of the Securities Exchange Act of 1934 (i.e., Schedule D, Schedule G, Form 3, Form 4, and Form 5) in the last five (5) year period.

As Appendix 5, submit proof of Applicant's or Holding Company's financial responsibility, stability, and integrity. This proof must include:

- A. Copies of audited financial statements for each of the Applicant's or Holding Company's (and its parent corporation or parent entity, if applicable) three (3) most recently completed fiscal years. If the Applicant or Holding Company is a joint venture or a group of affiliated companies, the information requested shall be provided with respect to each member or affiliate of such joint venture or group, as applicable. If audited statements do not exist, then provide unaudited financial statements;
- B. Annual reports for the last three (3) years for the Applicant or Holding Company;
- C. Annual reports prepared on SEC form 10-K for the last three (3) years;
- D. A copy of the last quarterly unaudited financial statement for the Applicant or Holding Company;
- E. Copies of any interim reports for the Applicant or Holding Company;
- F. A copy of the last definitive proxy statement filed by the Applicant or Holding Company with the SEC;
- G. Copies of all registration statements filed in the last three (3) years by the Applicant or Holding Company in accordance with the Securities Act of 1933;
- H. Copies of all other reports prepared in the last three (3) years by independent auditors for the Applicant or Holding Company;

- I. Copies of annual and quarterly IRS income tax forms filed by the Applicant or Holding Company in the last five (5) years;
- J. Copies of IRS Annual Return/Report of Employee Benefit Plan (5500) forms filed by the Applicant or Holding Company in the last three (3) years;
- K. Copies of any tax return, form, or statement, including all appropriate schedules or other attachments, filed in any jurisdiction outside the United States in the last five (5) years;
- L. Details of planned, committed, and uncommitted future capital expenditures;
- M. Any additional documents demonstrating Applicant's or Holding Company's ability to fund the operating expenses necessary to operate (i.e., letters of credit, anticipated stock or bond offerings, venture capital sources, loans, cash on hand, etc.); and
- N. If the Applicant or Holding Company is a subsidiary of a parent corporation, a statement by a parent corporation attesting to the Applicant's or Holding Company's financial responsibility, stability, and integrity.

As Appendix 6, submit documents concerning the Applicant's or Holding Company's organizational structure. These documents shall include the following:

- A. A table or chart summarizing the organizational structure and copies of any operating agreement(s), venture agreement(s), and other organizing documents;
- B. A table or chart summarizing the organizational structure; and
- C. An organizational table or chart summarizing the job descriptions and names of employees of the Applicant or Holding Company earning more than \$150,000.

As Appendix 7, if the Applicant or Holding Company has been licensed to conduct or participate in casino gaming in another jurisdiction, submit proof of current licensure from an agency responsible for regulating casino gaming. In lieu of a copy of the current gaming-related license or other certification from the issuing jurisdiction, the Commission will accept as proof of current licensure a spreadsheet that contains the following information: 1) name of licensing jurisdiction; 2) name, physical address, website address, and telephone number of the licensing agency; 3) issue date of current license; 4) expiration date of current license; 5) name/type of license; and 6) license number.

As Appendix 8, complete and sign the attached "Applicant's Request to Release Information" form.

As Appendix 9, complete and sign the attached "Statement of Truth" form.

As Appendix 10, complete and sign the attached "Notices & Waivers" form.

As Appendix 11, complete and sign the "Request for Transcript of Tax Return" form.

**GAMING-RELATED VENDOR APPLICATION
SCHEDULE OF EXHIBITS AND APPENDICES**

| EXHIBIT NUMBER | EXHIBIT DESCRIPTION | NAME AND TITLE OF PERSON WHO MADE OR DIRECTED PREPARATION OF THE EXHIBIT OR APPENDIX (STATE WHICH) |
|-------------------|---|--|
| 1a | Incorporators/Founders | |
| 1b | Former Business Names | |
| 1c | Current Places Of Business | |
| 1d | Former Places Of Business | |
| 1e | Businesses Operated By The Applicant | |
| 1f | Parents, Intermediaries, Subsidiaries, And Affiliates | |
| 1g | States In Which Applicant Or Holding Company Is Currently Registered Or Licensed To Do Business | |
| 2 | Description Of Present Business | |
| 3 | Current Principals | |
| 4 | Former Principals | |
| 5 | Employees Earning Over \$150,000 | |
| 6 | Bonus, Profit Sharing, Pension, Retirement, Deferred Compensation, Etc. | |
| 7 | Stock/Underwriter Description | |
| 8 | Shareholders/Members | |
| 9 | Long Term Debt | |
| 10 | Other Debt | |
| 11 | Securities Options | |
| 12 | Beneficial Owners Of Securities Options | |
| 13 | Financial Institutions | |
| 14 | Contracts | |
| 15a | Applications And Licenses | |
| 15b | Fines, Restrictions, Settlements, Or Other Penalties | |
| 16 | Applicant's Stock Holdings | |
| 17 | Existing And Past Litigation | |
| 18 | Antitrust, Trade Regulations, And Securities Judgments; Statutory And Regulatory Violations | |
| 19a | Criminal History | |
| 19b | Authorization To Release Criminal Record | |

| EXHIBIT NUMBER (cont.) | EXHIBIT DESCRIPTION | NAME AND TITLE OF PERSON WHO MADE OR DIRECTED PREPARATION OF THE EXHIBIT OR APPENDIX (STATE WHICH) |
|-----------------------------------|---|---|
| 20 | Investigations, Testimony, Or Polygraphs | |
| 21 | Filings Concerning The Payment Of A Tax | |
| 22 | Bankruptcy Or Insolvency Proceedings | |
| 23a | Bribes, Kickbacks, And Accounts | |
| 23b | Political Contributions | |
| APPENDIX NUMBER | Appendix Description | NAME AND TITLE OF PERSON WHO MADE OR DIRECTED PREPARATION OF THE EXHIBIT OR APPENDIX (STATE WHICH) |
| 1 | Articles Of Incorporation, Bylaws, And Charters | |
| 2 | List of Equipment Goods and Services, Lease Agreement, Purchase Agreement, Service Agreement and Other Agreements and Contracts | |
| 3 | Security Option Plans And Related Proxy Statements | |
| 4 | SEC Beneficial Owner And Insider Transaction Filings | |
| 5 | Applicant's Financial Responsibility, Stability, And Integrity | |
| 6 | Organizational Structure | |
| 7 | Proof of Current Licensure | |
| 8 | Applicant's Request To Release Information | |
| 9 | Statement of Truth | |
| 10 | Notices & Waivers | |
| 11 | Request For Transcript Of Tax Return | |

[Remainder of page intentionally left blank.]

APPLICANT'S OR HOLDING COMPANY'S REQUEST TO RELEASE INFORMATION

(Applicant's or Holding Company's Printed Name)

The above-named entity is a Gaming-Related Vendor License Applicant or a Holding Company of the Applicant. This document provides the Ohio Casino Control Commission with the necessary authorization to conduct investigations of the Applicant or Holding Company. It also provides the issuing agency with the applicable request, consent, and release of information notifications (hereinafter referred to as "Authorization and Notification") in connection with the Applicant's Gaming-Related Vendor License Application, including any information provided by the Holding Company.

The Applicant or Holding Company hereby gives its authorization and consent to the Commission, including but not limited to, its commissioners, employees, agents, consultants and designees (hereinafter collectively referred to as "Agent"), to conduct full investigations into the background and records, whether financial, criminal, or otherwise of the Applicant or Holding Company in connection with the Applicant's License Application, and to make inquiries and request and obtain such information from other third parties as, in the sole discretion of the Commission or its Agent, is necessary to such investigation. The Applicant or Holding Company acknowledges and agrees that the Commission may conduct all or part of such investigations and reviews on its own accord or may enlist the services of other entities as its Agent to conduct these investigations. The Applicant or Holding Company further authorizes the use of any such information in the course of the Commission's investigation and evaluation of the Applicant's License Application in connection with casino gaming operations.

The Applicant or Holding Company hereby authorizes the release of any and all information pertaining to the Applicant or Holding Company, whether it is documentary or otherwise, as requested by the Commission or its Agent, provided that the Commission's representative certifies to the issuing entity that the Applicant has a License Application pending before the Commission. This Authorization and Notification requests any and all persons and every present or former firm, company, corporation, governmental entity, association, institution, or other third party to whom this request is presented having personal knowledge and opinions about the Applicant or Holding Company or knowledge or control of any information, documents, records, correspondence, or data (including, but not limited to, criminal and financial history and record information, i.e., account, note and general ledger), pertaining to the Applicant or Holding Company, to reveal, furnish copies, and release to the Commission or its Agent, any and all information, opinions, knowledge, documents, records or other data in their possession regarding the Applicant or Holding Company, whether of a privileged or confidential nature or whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege. Without limiting the previously described authorization, the Applicant or Holding Company specifically authorizes the release of information concerning casino gaming and gambling activities. The Applicant or Holding Company hereby authorizes all such persons to answer any inquiries, questions, or interrogatories concerning the Applicant or Holding Company, which may be submitted to them by or on behalf of the Commission.

In consideration for the issuing entity gathering and disclosing such information, the Applicant or Holding Company further specifically waives absolutely any privileges it may have and confidential relationship of privacy positions that may exist which may be applicable to any documents or information sought from the issuing entity pursuant to this Authorization and Notification.

The Applicant or Holding Company hereby releases the Commission and its Agent from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to the Applicant's License Application. Moreover, the Applicant or Holding Company hereby discharges, saves, and holds harmless the Commission and its Agent from any and all claims and damages, as well as any responsibility or liability of every nature and kind, resulting from or arising out of the

Commission's investigation. In addition, the Applicant or Holding Company hereby releases the issuing entity and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this Authorization and Notification and requesting and/or furnishing, inspecting, disclosing, and using such opinions, knowledge, documents, records, or other data.

The Applicant or Holding Company waives all right to inspect or review any information compiled in reference to its License Application. The Applicant or Holding Company authorizes the Commission and its Agent to release copies of any and all information to any agency or entity regulating the Applicant, Licensee, or Holding Company to include, but not limited to: Ohio State Patrol, and other law enforcement offices (police department or sheriff's office) in the State of Ohio, Ohio Attorney General's Office, agencies of other states, the federal government and any foreign government or any foreign or domestic entities.

The Applicant or Holding Company authorizes that a photocopy or facsimile copy of this Authorization and Notification, or any other copy, be effective and accepted with the same authority, validity, and legality as the original instrument bearing the signature of an Applicant's or Holding Company's officer or director, and the Applicant or Holding Company specifically waives any requirement for a written authorized request. The Applicant or Holding Company acknowledges and understands that this Authorization and Notification consists of a two (2) page document that will become part of the Applicant's License Application.

This Authorization and Notification is limited to the Applicant's License Application with this Commission and shall supersede and countermand any prior request or notification to the contrary by the Applicant or Holding Company. This Authorization and Notification shall be valid for this Application and any future investigations, reports, or updates that may be requested by the Commission, and if a License is issued to Applicant, this Authorization Notification shall extend and be effective during the term of any issued License.

The Applicant or Holding Company has read and fully understands the above consents and authorizations. By affixing a signature below, the Applicant or Holding Company authorizes any representative of the Commission or its Agent to request information about the Applicant or Holding Company from entities for the purpose of determining the Applicant's eligibility to obtain and retain a License issued by the Commission.

Printed Name of Authorized Representative

Title or Position

Signature

Date

Notarization Required:

State of: _____ County of: _____

Sworn to me and subscribed in my presence, this _____ day of _____, 20____

Notary Public _____

My Commission Expires _____

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, swear (or affirm) that:
(Printed Name of Authorized Representative)

1. I am a duly authorized representative of the Applicant or Holding Company.
2. I personally supplied and reviewed the information contained in this form, including all attachments, exhibits, appendices, and other information requested by or provided to the Commission.
3. I understand and read the English language, or I have had an interpreter or translator (as applicable) read, explain, or record the answer to each question on this form, including all attachments, exhibits, appendices, and other information requested by or provided to the Commission.
4. Any document accompanying this form that is not an original document is a true copy of the original document.
5. I am aware that if any of the information contained in this form, including all attachments, exhibits, appendices, and other information requested by or provided to the Commission, or in the foregoing statements made by me, is false, the Applicant's Gaming-Related Vendor Application may be denied.
6. The information contained in this form, including all attachments, exhibits, appendices, and other information requested by or provided to the Commission, as well as in the foregoing statements made by me, is true.

Signature

Title or Position

Date

Notarization Required:

State of: _____ County of: _____

Sworn to me and subscribed in my presence, this _____ day of _____, 20____

Notary Public _____

My Commission Expires _____

NOTICES & WAIVERS

Please read this document carefully, then sign and date it in ink. Please print the following information:

APPLICANT'S OR HOLDING COMPANY'S FULL NAME

STREET ADDRESS

CITY

STATE

ZIP

- A. The Applicant or Holding Company acknowledges and agrees that Applicants for a Gaming-Related Vendor License are seeking a privilege. The burden of proving qualifications to receive such a license is at all times borne by the Applicant. The Applicant or Holding Company acknowledges and agrees that the Applicant or Holding Company must accept any risk of adverse public notice, embarrassment, criticism, other action or financial loss that may result from action or inaction by the Commission with respect to any application, and that the Applicant or Holding Company expressly waives any claim for damages resulting thereof. The Commission may further request information not requested in this form or in addition to that which is provided in response to this form. The Applicant or Holding Company acknowledges and agrees that the Applicant or Holding Company shall provide all information, documents, materials, and certifications at the Applicant's or Holding Company's sole expense and cost.
- B. The Applicant or Holding Company acknowledges and agrees that the Applicant or Holding Company must make accurate statements and include all material facts and that any omissions, material errors, misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set forth in law, rule, or regulation may result in the denial of the Application, suspension or revocation of any license issued by the Commission, or issuance of fines or penalties.
- C. The Applicant or Holding Company acknowledges and agrees that the Commission shall not issue a Gaming-Related Vendor License to a person who:
1. Has been convicted of or has pleaded guilty to or no contest to a disqualifying offense per R.C. 3772.07 and 3772.10 (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, 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. The Applicant or Holding Company acknowledges and agrees that pursuant to R.C. 3772.16, certain information submitted, collected, or gathered as part of a Gaming-Related Vendor License Application is confidential and not subject to disclosure as a record under R.C. 149.43. Further, each Applicant and Holding Company of the Applicant should clearly identify those portions that it deems to be confidential, proprietary commercial information, or trade secrets. The Applicant and Holding Company is aware that non-confidential information provided to the Commission is open to public inspection to the extent permitted by R.C. 149.43 and 3772.16.
- E. The Applicant is advised that in accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of a social security number is voluntary. Failure to disclose your social security number is not grounds for denial of a Gaming-Related Vendor License Application. If provided, the Commission will use the social security number to obtain and verify information in the Application. The absence of a social security number may, however, delay the final determination of the Application.
- F. The Applicant or Holding Company (and in the event a license is issued, the Licensee) acknowledges and agrees that pursuant to Ohio Adm. Code 3772-5-01, certain individuals associated with the Applicant or a Holding Company of the Applicant will be required to apply for and obtain Key Employee Licenses, which is a separate and distinct process. Further, approval of a Key Employee License does not ensure approval of a Gaming-Related Vendor License, and vice versa.
- G. The Applicant or Holding Company (and in the event a license is issued, the Licensee) acknowledges and agrees that a Gaming-Related Vendor License expires three (3) years after the date of licensure. Further, renewal of a Gaming-Related Vendor License may be requested by submitting a completed Gaming-Related Vendor License Application no less than **one hundred twenty (120) days** before expiration of the License and paying the application fee, in the manner outlined under this form's Instructions.
- H. The Applicant or Holding Company (and in the event a license is issued, the Licensee) acknowledges and agrees that any license issued by the Commission is a revocable privilege and is not transferable. Further, no licensee has a vested right in or under any such license.
- I. The Applicant or Holding Company acknowledges and agrees that the filing fee that must accompany the submission of Gaming-Related Vendor License Application is not refundable once the Application is filed.
- I. The Applicant or Holding Company (and in the event a License is issued, the Licensee) acknowledges and agrees to be bound by and to comply with the applicable portions of the Casino Control Law (R.C. Chapter 3772) and any amendments thereto and all

applicable current or future rules, conditions, standards, directives, and orders adopted, promulgated, or issued by the Commission.

Printed Name of Authorized Representative

Title or Position

Signature

Date

Notarization Required:

State of: _____ County of: _____

Sworn to me and subscribed in my presence, this _____ day of _____, 20____

Notary Public _____

My Commission Expires _____

[Remainder of page intentionally left blank.]

EXHIBITS

EXHIBIT 1a: INCORPORATORS/FOUNDERS

| | | | |
|----------------|----------------|----------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) |
| OCCUPATION | | TITLE | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | |
| CITY | STATE/PROVINCE | ZIP | |
| COUNTRY | EMAIL ADDRESS | PHONE NUMBER | |

| | | | |
|----------------|----------------|----------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) |
| OCCUPATION | | TITLE | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | |
| CITY | STATE/PROVINCE | ZIP | |
| COUNTRY | EMAIL ADDRESS | PHONE NUMBER | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 1b: FORMER BUSINESS NAMES

| NAME | ADDRESS | DATES USED |
|------|---------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 1c: CURRENT PLACES OF BUSINESS

| | | |
|---|-----------------------|--------------|
| BUSINESS NAME, IF DIFFERENT FROM APPLICANT'S NAME | | |
| ADDRESS LINE 1 | ADDRESS LINE 2 | |
| CITY | STATE/PROVINCE | ZIP |
| COUNTRY | EMAIL ADDRESS/WEBSITE | PHONE NUMBER |

| | | |
|---|-----------------------|--------------|
| BUSINESS NAME, IF DIFFERENT FROM APPLICANT'S NAME | | |
| ADDRESS LINE 1 | ADDRESS LINE 2 | |
| CITY | STATE/PROVINCE | ZIP |
| COUNTRY | EMAIL ADDRESS/WEBSITE | PHONE NUMBER |

| | | |
|---|-----------------------|--------------|
| BUSINESS NAME, IF DIFFERENT FROM APPLICANT'S NAME | | |
| ADDRESS LINE 1 | ADDRESS LINE 2 | |
| CITY | STATE/PROVINCE | ZIP |
| COUNTRY | EMAIL ADDRESS/WEBSITE | PHONE NUMBER |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 1d: FORMER PLACES OF BUSINESS

| | | | |
|----------------------------|--|----------------|-----|
| OTHER NAME (IF APPLICABLE) | | DATES USED | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | | ADDRESS LINE 2 | |
| CITY | | STATE/PROVINCE | ZIP |
| COUNTRY | | PHONE NUMBER | |

| | | | |
|----------------------------|--|----------------|-----|
| OTHER NAME (IF APPLICABLE) | | DATES USED | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | | ADDRESS LINE 2 | |
| CITY | | STATE/PROVINCE | ZIP |
| COUNTRY | | PHONE NUMBER | |

| | | | |
|----------------------------|--|----------------|-----|
| OTHER NAME (IF APPLICABLE) | | DATES USED | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | | ADDRESS LINE 2 | |
| CITY | | STATE/PROVINCE | ZIP |
| COUNTRY | | PHONE NUMBER | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 1e: ALL BUSINESSES OPERATED BY THE APPLICANT OR HOLDING COMPANY

| | | | | |
|--|----------------------------------|-------------------------------|---|--|
| NAME OF BUSINESS | | OPERATED FROM DATE/TO DATE | FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER/TAX IDENTIFICATION NUMBER | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | ZIP | |
| COUNTRY | EMAIL ADDRESS (IF APPLICABLE) | CONTACT PERSON | CONTACT PHONE NUMBER | |
| DESCRIPTION OF THE BUSINESS AND ITS ACTIVITIES | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 1f: PARENTS, INTERMEDIARIES, SUBSIDIARIES, AND AFFILIATES

| | | | | |
|---|------|-------|----------------------------|--------------|
| NAME OF BUSINESS | | | OPERATED FROM DATE/TO DATE | |
| PARENT, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER? | | | FEDERAL ID#/SSN/TAX ID# | |
| ADDRESS | | | | |
| STREET ADDRESS | CITY | STATE | ZIP | PHONE NUMBER |
| | | | | |
| DESCRIPTION OF BUSINESS AND ITS ACTIVITIES | | | | |
| | | | | |
| 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 type="checkbox"/> LLC <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER (DESCRIBE) _____ | | | | |
| | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 1g: OTHER STATES IN WHICH APPLICANT OR HOLDING COMPANY IS CURRENTLY REGISTERED OR LICENSED TO CONDUCT BUSINESS

| NAME OF STATE | LICENSE OR REGISTRATION NUMBER | TYPE OF BUSINESS | DESCRIPTION OF BUSINESS AND ITS ACTIVITIES |
|---------------|--------------------------------|------------------|--|
| | | | |
| | | | |
| | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 3: CURRENT PRINCIPALS

| NAME, HOME ADDRESS & BUSINESS ADDRESS | | | | |
|---------------------------------------|------------------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| TITLE/POSITION/PARTNER TYPE | | | | |
| HOME ADDRESS LINE 1 | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1 | | BUSINESS ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | BUSINESS EMAIL ADDRESS | | BUSINESS PHONE NUMBER | |

| NAME, HOME ADDRESS & BUSINESS ADDRESS | | | | |
|---------------------------------------|------------------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| TITLE/POSITION/PARTNER TYPE | | | | |
| HOME ADDRESS LINE 1 | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1 | | BUSINESS ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | BUSINESS EMAIL ADDRESS | | BUSINESS PHONE NUMBER | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 4: FORMER PRINCIPALS

| NAME, HOME ADDRESS & BUSINESS ADDRESS | | | | |
|---------------------------------------|------------------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| HOME ADDRESS LINE 1* | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1* | | BUSINESS ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | BUSINESS EMAIL ADDRESS | | BUSINESS PHONE NUMBER | |

| TITLE/POSITION HELD, DATES, REASON FOR LEAVING | | | |
|--|-------------------|--|--------------------|
| TITLE/POSITION | FROM DATE/TO DATE | COMPENSATION FOR LAST CALENDAR YEAR PRIOR TO DEPARTURE | REASON FOR LEAVING |
| | | | |

* Please provide the last known address, if available. If an address is not available or the Applicant or Holding Company is not authorized to disclose the address, please indicate above in the space provided for the disclosure of the home and business address.

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 5: EMPLOYEES OTHER THAN PRINCIPALS COMPENSATED OVER \$150,000

| NAME, HOME ADDRESS & BUSINESS ADDRESS OF EMPLOYEES | | | | |
|--|------------------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| TITLE/POSITION | | | | |
| HOME ADDRESS LINE 1 | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1 | | BUSINESS ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | BUSINESS EMAIL ADDRESS | | BUSINESS PHONE NUMBER | |

| NAME, HOME ADDRESS & BUSINESS ADDRESS OF EMPLOYEES | | | | |
|--|------------------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| TITLE/POSITION | | | | |
| HOME ADDRESS LINE 1 | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1 | | BUSINESS ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | BUSINESS EMAIL ADDRESS | | BUSINESS PHONE NUMBER | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

**EXHIBIT 6: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION
& SIMILAR PLANS**

| | | |
|---------------------------------|-------------------------------------|---|
| PLAN | | |
| NAME OF PLAN | | |
| TRUSTEE NAME | | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 |
| CITY | STATE | ZIP |
| COUNTRY | EMAIL ADDRESS | PHONE NUMBER |
| PLAN SPECIFICATIONS | | |
| MATERIAL SPECIFICATIONS OF PLAN | | |
| METHOD OF FINANCING PLAN | | |
| CLASS OF PERSON IN PLAN | NUMBER OF INDIVIDUALS IN EACH CLASS | AMOUNT DISTRIBUTED TO EACH CLASS DURING THE LAST FISCAL YEAR PLAN WAS IN EFFECT |
| | | |
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 7: STOCK OR UNIT/UNDERWRITER DESCRIPTION

| STOCK TYPES/CLASSES | | | | | |
|--|-----------------------------------|-------------------------------|------------------------------|---|--|
| STOCK TYPE/CLASS | NUMBER OF SHARES/UNITS AUTHORIZED | NUMBER OF SHARES/UNITS ISSUED | NUMBER OF SHARES OUTSTANDING | VOTING/NON-VOTING? (LIST ALL VOTING STOCKS FIRST AND THEN NON-VOTING STOCK) | TERM, CONDITIONS, RIGHTS ETC. OF STOCK/UNITS |
| | | | | | |
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| IS ANY RIGHT OF A SHAREHOLDER ABLE TO BE MODIFIED BY LESS THEN A MAJORITY VOTE OF A PARTICULAR CLASS? IF SO, EXPLAIN BELOW. | | | | | |
| | | | | | |
| HAS THE APPLICANT OR HOLDING COMPANY USED AN UNDERWRITER IN CONNECTION WITH A SECURITIES OFFERING WITHIN THE LAST TEN (10) YEARS? IF SO, LIST THE NAME AND ADDRESS OF THE UNDERWRITER AND DESCRIBE THE NATURE OF THE OFFERING. | | | | | |
| | | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 8: SHAREHOLDERS/MEMBERS

| NAME, HOME ADDRESS & BUSINESS ADDRESS | | | | |
|---------------------------------------|------------------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| HOME ADDRESS LINE 1 | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1 | | BUSINESS ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | ZIP | |
| COUNTRY | BUSINESS EMAIL ADDRESS | | BUSINESS PHONE NUMBER | |

| STOCK TYPES/CLASSES | | | | |
|---------------------|-----------------------|------------------|------------------------------|--|
| STOCK TYPE/CLASS | NUMBER OF SHARES HELD | ACQUISITION DATE | % OF OUTSTANDING SHARES HELD | TERM, CONDITIONS, RIGHTS ETC. OF STOCK |
| | | | | |
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 9: LONG TERM DEBT

| TYPE OF INSTRUMENT (CHECK ONE) | DATED ISSUED | REPAYMENT DUE DATE | PRINCIPAL AMOUNT | INTEREST RATE | RENEWABLE OR NON-RENEWABLE? |
|--|--------------|-----------------------|---------------------------|------------------|--------------------------------|
| <input type="checkbox"/> BOND <input type="checkbox"/> NOTE <input type="checkbox"/> LOAN <input type="checkbox"/> CREDIT LINE <input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST DEED <input type="checkbox"/> DEBENTURE <input type="checkbox"/> SHAREHOLDER/ PARTNER LOAN <input type="checkbox"/> OTHER _____ | | | | | |
| EXPLAIN TYPE, CLASS, TERMS, CONDITIONS AND PRIORITIES ETC. FOR THE DEBT INSTRUMENT | | | | | |
| NAME AND ADDRESS OF PERSON HOLDING DEBT | | | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH | |
| HOME ADDRESS LINE 1 | | | HOME ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | | ZIP | |
| COUNTRY | | EMAIL ADDRESS | | PHONE NUMBER | |
| CURRENT DEBT BALANCE: | | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 10: OTHER DEBT

| TYPE OF INSTRUMENT | DATED ISSUED | REPAYMENT DUE DATE | PRINCIPAL AMOUNT | INTEREST RATE | RENEWABLE OR NON-RENEWABLE? |
|--|----------------|--------------------|------------------------|---------------|-----------------------------|
| | | | | | |
| EXPLAIN TYPE, CLASS, TERMS, CONDITIONS AND PRIORITIES ETC. FOR THE DEBT INSTRUMENT | | | | | |
| NAME AND ADDRESS OF PERSON HOLDING DEBT | | | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH | |
| HOME ADDRESS LINE 1 | | | HOME ADDRESS LINE 2 | | |
| CITY | STATE/PROVINCE | | | ZIP | |
| COUNTRY | EMAIL ADDRESS | | PHONE NUMBER | | |
| CURRENT DEBT BALANCE | | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 11: SECURITIES OPTIONS

| OPTION NAME | SECURITY TYPE | OPTION GRANT YEARS | OPTION EXPIRATION DATE |
|--|---------------|--------------------|------------------------|
| EXPLAIN HOW THE OPTION HOLDER WILL OR MAY BECOME ENTITLED TO EXERCISE OPTION | | | |

| OPTION NAME | SECURITY TYPE | OPTION GRANT YEARS | OPTION EXPIRATION DATE |
|--|---------------|--------------------|------------------------|
| EXPLAIN HOW THE OPTION HOLDER WILL OR MAY BECOME ENTITLED TO EXERCISE OPTION | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 12: BENEFICIAL OWNERS OF SECURITY OPTIONS

| NAME, HOME ADDRESS & BUSINESS ADDRESS | | | | |
|---------------------------------------|------------|-------------------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| HOME ADDRESS LINE 1 | | HOME ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | ZIP | |
| COUNTRY | | EMAIL ADDRESS | PHONE NUMBER | |
| BUSINESS ADDRESS LINE 1 | | BUSINESS ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | ZIP | |
| COUNTRY | | BUSINESS EMAIL ADDRESS | BUSINESS PHONE NUMBER | |

| BENEFICIAL OWNER LIST OF OPTIONS | | | | | | |
|----------------------------------|---------------|--------------------|------------------------|---------------------------------|-------------------------------------|-------------------|
| SECURITY OPTION NAME | SECURITY TYPE | OPTION GRANT YEARS | OPTION EXPIRATION DATE | NUMBER OF VOTING SHARES GRANTED | NUMBER OF NON-VOTING SHARES GRANTED | VALUE AT ISSUANCE |
| | | | | | | |
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 14: CONTRACTS

| | | | |
|---|---------------|------------------------------------|--------------|
| NAME OF BUSINESS OR VENDOR | | FEDERAL ID#/SSN/TAX ID# | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | |
| CITY | | STATE/PROVINCE | ZIP |
| COUNTRY | EMAIL ADDRESS | CONTACT PERSON | PHONE NUMBER |
| DESCRIPTION OF CONTRACT AND GOODS AND SERVICES TO BE PROVIDED | | COMPENSATION AND METHOD OF PAYMENT | |

| | | | |
|---|---------------|------------------------------------|--------------|
| NAME OF BUSINESS OR VENDOR | | FEDERAL ID#/SSN/TAX ID# | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | |
| CITY | | STATE/PROVINCE | ZIP |
| COUNTRY | EMAIL ADDRESS | CONTACT PERSON | PHONE NUMBER |
| DESCRIPTION OF CONTRACT AND GOODS AND SERVICES TO BE PROVIDED | | COMPENSATION AND METHOD OF PAYMENT | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 15a: APPLICATIONS AND LICENSES

| TYPE OF LICENSE OR PERMIT APPLIED FOR | NAME AND LOCATION OF GOVERNMENTAL AGENCY | APPLICATION AND/OR LICENSE OR PERMIT NUMBER | DISPOSITION: APPLICATION ACCEPTED, REJECTED, OR WITHDRAWN? LICENSE DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED? | DISPOSITION DATE | REASONS FOR DISPOSITION |
|---------------------------------------|--|---|--|------------------|-------------------------|
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 15b: FINES, RESTRICTIONS, SETTLEMENTS, OR OTHER PENALTIES

| TYPE OF LICENSE OR PERMIT | NAME AND LOCATION OF GOVERNMENTAL AGENCY | LICENSE OR PERMIT NUMBER | DISPOSITION: FINED, LICENSE RESTRICTED, SETTLEMENT, OR OTHER PENALTY APPLIED? | DISPOSITION DATE | REASONS FOR DISPOSITION |
|---------------------------|--|--------------------------|---|------------------|-------------------------|
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 16: STOCK HOLDINGS

| NAME AND ADDRESS OF COMPANY | TYPE OF STOCK HELD | PURCHASE PRICE PER SHARE | NUMBER OF SHARES HELD | % OF OWNERSHIP | VOTING OR NON-VOTING STOCK (LIST VOTING STOCK FIRST) | STATE OF INCORPORATION OR REGISTRATION | CASINO OPERATOR, MANAGEMENT COMPANY OR HOLDING COMPANY OR GAMING-RELATED VENDOR? IF YES, LIST WHICH TYPE) |
|-----------------------------|--------------------|--------------------------|-----------------------|----------------|--|--|---|
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 17: EXISTING AND PAST LITIGATION

| CASE NAME AND DOCKET NUMBER | COURT NAME AND ADDRESS | NAME OF ALL PARTIES INVOLVED IN LITIGATION | NATURE OF CLAIM(S) AND JUDGMENT OR DISPOSITION (IF RENDERED) |
|--------------------------------|---------------------------|---|--|
| | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 18: ANTITRUST, TRADE REGULATION, AND SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

| | | |
|-------------------------------------|-------------------------------------|-----------------|
| TITLE OR CASE AND DOCKET NUMBER | NAME AND ADDRESS OF COURT OR AGENCY | DATE OF OFFENSE |
| NATURE OF OFFENSE | | |
| DISPOSITION OF ACTION | | |
| NATURE OF JUDGMENT, DECREE OR ORDER | | |

| | | |
|-------------------------------------|-------------------------------------|-----------------|
| TITLE OR CASE AND DOCKET NUMBER | NAME AND ADDRESS OF COURT OR AGENCY | DATE OF OFFENSE |
| NATURE OF OFFENSE | | |
| DISPOSITION | | |
| NATURE OF JUDGMENT, DECREE OR ORDER | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 19a: CRIMINAL HISTORY

| NAME OF CASE AND DOCKET NUMBER | NATURE OF CHARGE OR COMPLAINT | DATE OF CHARGE OR COMPLAINT | NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED | DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.) | SENTENCE | NAME OF APPLICANT, HOLDING COMPANY, SUBSIDIARY, OR PRINCIPAL |
|--------------------------------|-------------------------------|-----------------------------|--|--|----------|--|
| | | | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 19b:

OHIO CASINO CONTROL COMMISSION

AUTHORIZATION TO RELEASE CRIMINAL RECORD

The undersigned individual hereby agrees to the release of criminal record information to the Ohio Casino Control Commission, a law enforcement agency, in order for the Executive Director of the Commission to conduct all necessary and required background checks.

The Executive Director 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 the individual. The individual is required to be fingerprinted. **Failure to comply will result in a license not being issued to the Applicant.**

The individual 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 the Applicant's or individual's premises, and inspection of law enforcement and other official records. The individual has read and understands the conditions in this authorization, agrees to observe and be bound by them, and acknowledges that the Commission is not obligated to issue a license and can suspend or revoke the license in accordance with R.C. 3772.04 and the rules adopted thereunder. The individual 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.

THIS FORM MUST BE COMPLETED AND NOTARIZED

Printed Name of Applicant

Date

Date of Birth

Social Security Number*

Signature of Applicant

*Under the Federal Privacy Act, Disclosure of your Social Security Number is voluntary. See Part VI, Paragraph E of the Instructions for more information.

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

EXHIBIT 20: INVESTIGATIONS, TESTIMONY, OR POLYGRAPHS

| NAME AND ADDRESS OF COURT OR OTHER AGENCY | NATURE OF PROCEEDINGS OR INVESTIGATION | WAS TESTIMONY GIVEN? (YES OR NO) | DATES ON WHICH TESTIMONY WAS GIVEN | APPROXIMATE TIME PERIOD OF INVESTIGATION | NAME OF APPLICANT, HOLDING COMPANY, SUBSIDIARY OR PRINCIPAL |
|---|--|----------------------------------|------------------------------------|--|---|
| | | | | | |
| TYPE OF PROCEEDING OR INVESTIGATION | | | | | |

| NAME AND ADDRESS OF COURT OR OTHER AGENCY | NATURE OF PROCEEDINGS OR INVESTIGATION | WAS TESTIMONY GIVEN? (YES OR NO) | DATES ON WHICH TESTIMONY WAS GIVEN | APPROXIMATE TIME PERIOD OF INVESTIGATION | NAME OF APPLICANT, HOLDING COMPANY, SUBSIDIARY OR PRINCIPAL |
|---|--|----------------------------------|------------------------------------|--|---|
| | | | | | |
| TYPE OF PROCEEDING OR INVESTIGATION | | | | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 21: FILINGS CONCERNING THE PAYMENT OF A TAX

| TAXING AGENCY | TYPE OF TAX | AMOUNT OF TAX | DATES AND TIMES INVOLVED | DESCRIPTION OF NATURE OF DISPUTE, COMPLAINT, OR NOTICE |
|---------------|-------------|---------------|--------------------------|--|
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 22: BANKRUPTCY OR INSOLVENCY PROCEEDINGS

| | | |
|---|-----------------------------------|--|
| DATE PETITION FILED OR RELIEF SOUGHT | CASE CAPTION AND DOCKET NUMBER | NAME AND ADDRESS OF COURT OR AGENCY |
| DATE JUDGMENT ENTERED | | NAME AND DATE APPOINTED OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE |
| NATURE OF JUDGMENT OR RELIEF | | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 23a: BRIBES, KICKBACKS, AND ACCOUNTS

(CHECK RESPONSIVE TO QUESTION: 23(A) 23(B) 23(C) 23(D))

| | | | | |
|----------------|------------|----------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| ENTITY NAME | | | | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | ZIP | |
| COUNTRY | | EMAIL ADDRESS | PHONE NUMBER | |

| | | | | |
|----------------|------------|----------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| ENTITY NAME | | | | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | ZIP | |
| COUNTRY | | EMAIL ADDRESS | PHONE NUMBER | |

| | | | | |
|----------------|------------|----------------|------------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR, ETC.) | DATE OF BIRTH |
| ENTITY NAME | | | | |
| ADDRESS LINE 1 | | ADDRESS LINE 2 | | |
| CITY | | STATE/PROVINCE | ZIP | |
| COUNTRY | | EMAIL ADDRESS | PHONE NUMBER | |

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

EXHIBIT 23b: POLITICAL CONTRIBUTIONS

| NAME AND TITLE OR POSITION OF CONTRIBUTOR | DATE OF CONTRIBUTION | AMOUNT OF CONTRIBUTION | RECIPIENT OF CONTRIBUTION (I.E., STATEWIDE OFFICE HOLDER, MEMBER OF THE GENERAL ASSEMBLY, LOCAL GOVERNMENT OFFICIAL ELECTED IN A JURISDICTION WHERE A CASINO FACILITY IS LOCATED, OR BALLOT ISSUE) |
|---|----------------------|------------------------|--|
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IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

Request may be rejected if the form is incomplete or

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

| | |
|--|---|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ^a _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . .

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

| | | |
|---|---------------------------|---|
| <p>Sign Here</p> <p>▶ Signature (see instructions)</p> <p>▶ Title (if line 1a above is a corporation, partnership, estate, or trust)</p> | <p>_____</p> <p>_____</p> | <p>Telephone number of taxpayer on line 1a or 2a</p> <p>_____</p> |
| | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> |

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self-help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

| If you filed an individual return and lived in: | Mail or fax to the "Internal Revenue Service" at: |
|---|---|
| Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO) | RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335 |
| Alabama, Kentucky, | RAIVS Team |
| Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Stop 6716 AUSC Austin, TX 73301 512-460-2272 |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876 |
| Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102 |

Chart for all other transcripts

| If you lived in or your business was in: | Mail or fax to the "Internal Revenue Service" at: |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address | RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, | |
| Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592 |

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to

bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to

properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and

criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.