

STATE OF OHIO

CASINO CONTROL COMMISSION



**GAMING-RELATED VENDOR
LICENSE APPLICATION**

APPLICATION 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 Section 3772:6-1 (A) or (B) of the Ohio Administrative Code.
 2. Directed to do so by the Commission.
 3. Pursuant to section 3772:5-1-1 of the Ohio Administrative Code, certain individuals employed by the Applicant will be required to be licensed as a Key Employee. Key Employee licensure is a separate and distinct process from Gaming-Related Vendor licensure and Key Employee licensure is subject to a separate review process and additional fees. For additional information on Key Employee licensure, please access the Commission website at <http://casinocontrol.ohio.gov/> or contact the Commission by calling (855) 800-0058.
- 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 application, except initials and 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 application.**
- D. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- E. All attachments requested in this form are to be labeled with an exhibit or appendix number and attached to the back of the form.
- F. All required documentation must be submitted at the time of filing this form. The Applicant is under a continuing duty to notify the Commission within ten (10) days if there is a change in the information provided to the Commission.
- G. All authorizations, waivers, and releases must be signed by the Applicant or its designated representative or signatory.

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

- A. All attachments required in this form are labeled with an exhibit or appendix number and included in both the original and the photocopies filed 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, and all attachments and the application fee.
- B. The fees relating to a Gaming-Related Vendor License are as follows:
 - 1. A nonrefundable application fee of \$10,000, must accompany an application for a Gaming-Related Vendor License. Please note that in some instances the cost to investigate a Gaming-Related Vendor license application may far exceed the \$10,000 application fee referenced in this paragraph. The applicant will be provided notification of these additional costs pursuant to the procedure set forth in paragraph 2 below;
 - 2. In the event that the costs incurred by the Commission in the course of investigating an applicant's background exceed the upfront application fees set forth above, the Commission may, upon written notice, charge the Applicant an additional fee to cover the actual costs of investigation;
 - 3. Upon the Commission's approval of an applicant for a Gaming-Related Vendor License, the Applicant must pay a nonrefundable license fee of \$15,000.
- C. You must file your complete application and all attachments and pay the application fee electronically through the Commission's website at <http://www.casinocontrol.ohio.gov/>. Please consult the Commission's website for filing and payment instructions. Once your 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 Section 3772.07 of the Revised Code, the Commission must obtain criminal records checks for each investor in a gaming-related vendor.

For purposes of this application, the Commission considers an "investor" to be: (1) any natural person who holds a direct or indirect ownership interest of more than one percent in the Applicant or a holding company that has control of the Applicant, and who is or will be employed by the Applicant and licensed as a Key Employee pursuant to sections 3772.01(N) and 3772.13 of the Revised Code; 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 that has control of the Applicant.

All investors meeting these criteria must complete and return to the Applicant, for submission with this application, an Authorization to Release Criminal Record Form, which may be found in Exhibit 19b.

In order to initiate a criminal records check, the investor must be fingerprinted. If the investor would like to be fingerprinted in Ohio, please have the investor call the Commission at (855) 800-0058 to set an appointment. However, if the investor must be fingerprinted in another state, the investor must request that the Commission mail an out-of-state fingerprinting packet to them. To request this packet electronically, please visit the Commission's website at the following address: <http://www.casinocontrol.ohio.gov/FingerprintInstructions.aspx>.

Pursuant to Sections 3772.01(N)(2) and 3772.13 of the Revised Code, if an investor is also employed by the Applicant, that investor is required to be licensed as a Key Employee. However, investors need not initiate two separate criminal records checks. The Commission will honor a criminal records check conducted on an investor in connection with this application when that investor seeks licensure as a Key Employee.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. 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 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 Applicant expressly waives any claim for damages resulting thereof. The Commission may further request information not requested in this application or in addition to that which is provided in response to this Application. The Applicant shall provide all information, documents, materials and certifications at the Applicant's sole expense and cost.
- C. All notices regarding your application will be sent to the address that you provide on this form. You must immediately notify the Commission of any change of address.
- D. 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 Application or the imposition of fines, or the suspension or revocation of any license issued by the Commission.
- E. The Commission shall not issue a Gaming-Related Vendor License to an Applicant if the Applicant:
 - 1. Has been convicted of or has pleaded guilty to or no contest to a disqualifying offense; (A "disqualifying offense" means any gambling offense, any theft offense, any offense having an element of fraud or misrepresentation, any offense having an element of moral turpitude, and any felony not otherwise included in the foregoing list.)

2. Has submitted an application that contains false information;
 3. 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 employed by a governmental unit of Ohio;
 4. The Applicant owns an ownership interest that is unlawful under Chapter 3772 of the Ohio Revised Code;
 5. The Applicant violates specific rules adopted by the Commission related to denial of licensure;
 6. The Commission otherwise determines that the Applicant is ineligible for the license.
- F. Pursuant to section 3772.16 of the Revised Code, certain information submitted, collected, or gathered as part of an application to the Commission for a Gaming-Related Vendor license is confidential and not subject to disclosure as a record under section 149.43 of the Revised Code. The Applicant should clearly identify those portions of the application that it deems to be confidential, proprietary commercial information or trade secrets. Applications shall be open to public inspection to the extent permitted by sections 149.43 and 3772.16 of the Ohio Revised Code. An Applicant is advised that, upon request by a third party for information that the Applicant has clearly identified as protected from disclosure per the Ohio Revised Code, the Commission will notify the Applicant and, following such notification, will make a determination whether the information must be disclosed. If it is determined by the Commission that the information is to be disclosed to a third party, the Commission shall notify the Applicant of its decision. Following that notification, the information shall be provided to the third party within a reasonable period of time unless otherwise prohibited from being released. An Applicant waives any liability of the State of Ohio, the Commission, the employees of the Commission and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner.
- G. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of a social security number is voluntary. Failure to disclose a social security number is not grounds for denial of the 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 on the application may delay the final determination of the application.
- H. Pursuant to section 3772:5-1-1 of the Ohio Administrative Code, certain individuals employed by the Applicant will be required to be licensed as a Key Employee. Key Employee licensure is a separate and distinct process from Gaming-Related Vendor licensure and Key Employee licensure is subject to a separate review process and additional fees. Approval of a Key Employee license does not insure approval of Gaming-Related Vendor License. Similarly, approval of a Gaming-Related Vendor License does not insure approval of a Key Employee license.
- I. A Gaming-Related Vendor license expires three years after the date of licensure.

- J. 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.

DEFINITIONS

The definitions provided in Section 3772.01 of the Ohio Revised Code and the rules promulgated thereunder apply to this Application and shall control. In addition, the following definitions shall apply for the purposes of this Application:

(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 which includes the power to vote, or to direct the voting of, a security of the Applicant; and/or,

b. Investment power which 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 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 application;

(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 and misdemeanors, including gambling offenses and DUI/DWI offenses but excluding minor traffic offenses, as well as summary offenses that may have required an individual to appear before a law enforcement agency, state or federal grand jury, county court, municipal court, city court, military court or any other court except juvenile court.

(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 or by the Applicant's parent holding company, intermediary, subsidiary, or affiliate which matures more than one (1) year from the date of issuance or which 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.

(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;
- b. Any officer, director, trustee, partner or general partner of the Applicant's parent(s) or subsidiaries if they perform policy-making functions for or control the Applicant; and
- c. Any officer, director, trustee, or employee of a general partner of the Applicant who performs policy-making functions for a limited partnership;

(2) Any person who has a controlling interest in the Applicant, or has the ability to elect a majority of the Board of directors of the Applicant.

**APPLICATION FOR GAMING RELATED VENDOR LICENSE
OHIO CASINO CONTROL COMMISSION**

NAME OF APPLICANT*

(DO NOT ABBREVIATE)

*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

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

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 application for a Gaming-Related Vendor license.

This is a renewal application for a Gaming-Related Vendor license. If this is an application for renewal of a Gaming-Related Vendor license, provide the date of the last submission filed and the date and license number of the last license issued:

_____.

Applicant requests a Gaming-Related Vendor license to do the following:

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 and/or goods.

If you checked "other services" above, please explain in the space provided below.

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 application, provide information responsive to appendix requests 2, 8, 9, 10, and 11 of this application, and complete the Exhibit Schedule on pages 20 and 21 of this application.

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 application, provide information responsive to appendix requests 2, 8, 9, 10, and 11 of this application, and complete the Exhibit Schedule on pages 20 and 21 of this application.

If you answered no to both questions above, please complete the entire Gaming-Related Vendor license application.

1. ORGANIZATION AND OPERATION

Form of Organization (check one)

- Sole Proprietorship Partnership Limited Partnership C-Corporation
- LLC 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 registered to do business in Ohio? Yes No

If yes, please provide registration number: _____

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

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

In Exhibit 1c, provide all addresses at which Applicant currently conducts business.

In Exhibit 1d, provide all addresses, other than those listed in Exhibit 1c, at which Applicant 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 during the last ten (10) year period.

In Exhibit 1f, provide a name and description of each of the Applicant'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 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 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, if known.
- B. The principal products produced and services rendered by the Applicant 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 10% or more, of the Applicant'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.

- E. The duration importance, effect and holders of all patents, trademarks, copyrights, licenses, franchises and concessions that are material to the applicant's business;
- F. A summary of warranties in effect on the Applicant's products, including currently pending claims relating to such warranties;
- G. A summary of all currently pending litigation relating to the Applicant's products;
- H. A list identifying by name, address and telephone number 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;
- I. A list identifying by name, address and telephone number all suppliers and/or vendors that supply to the Applicant any parts, components, hardware or software integral to the gaming-related purpose of the good produced or service rendered by the Applicant;
- 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 this application is being made.

3. PRINCIPALS

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

4. FORMER PRINCIPALS

In Exhibit 4, provide information regarding all Principals who are no longer actively involved with the Applicant 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 \$150,000 in annual compensation from the Applicant. 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 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. 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 a Holding, Intermediary, Subsidiary, Affiliate and any other type of business entity of the Applicant. 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 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 per cent direct or indirect beneficial ownership interest in the Applicant.

9. LONG TERM DEBT

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

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. 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 has or has had an account over the last ten (10) year period, regardless of whether the Applicant held the account in its own name or in the name of a nominee, or any other person over whom the Applicant exercised direct or indirect control.

14. CONTRACTS

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

15. APPLICATIONS, LICENSES, FINES AND OTHER PENALTIES

Has the Applicant 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 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.

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, or the spouse or children of an applicant, if applicable, hold an equity interest of more than five percent (5%).

17. EXISTING AND PAST LITIGATION

If an Applicant has ever filed or had filed against it a civil or administrative action, Applicant 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 or any of its parents, affiliates, subsidiaries or principals presently a party to any litigation, or has Applicant or any of its parents, affiliates, subsidiaries or principals been party to any settled or closed legal action involving any civil demand for damages in the amount of \$100,000 or greater, 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, territory, or other foreign jurisdiction?

Yes No

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

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

A. Has the Applicant 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 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 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.

19. CRIMINAL HISTORY

Has the Applicant or any of its subsidiaries or Principals 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:

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

Answer "No" if:

- The person has never been charged or arrested with any crime or offense; The arrest happened when the person (if an individual) was under eighteen (18) years of age and the person's court appearance and any resulting disposition occurred in Juvenile Court; or

The records relating to a conviction or arrest have been sealed by court order pursuant to Sections 2953.32 or 2953.52 of the Revised Code or the equivalent in any other state jurisdiction, territory, or any other U.S. or foreign jurisdiction.

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

In addition, each investor in the Applicant, as described in the application directions, must complete and return the Authorization to Release Criminal Record Form provided in Exhibit 19b.

20. INVESTIGATION, TESTIMONY OR POLYGRAPHS

Has the Applicant or any of its subsidiaries or Principals 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 traffic related 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 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 an Applicant has ever filed or had filed against it a proceeding in bankruptcy, Applicant 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, 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 year period?

Yes No

B. Has the Applicant, or any Principal sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?

Yes No

- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, 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 or any Principal or employee or any 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 or any Principal or employee or any 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 maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?

Yes No

- D. During the last ten (10) year period, has the Applicant maintained any numbered accounts or any account in the name of a nominee for the Applicant?

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 directly made a political contribution, loan, donation or other payment of one hundred dollars 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 Application?

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.

APPLICATION APPENDICES

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

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 and its parent, intermediaries, subsidiaries, and affiliates: 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 or its 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 financial responsibility, stability, and integrity. This proof must include:

- A. Copies of audited financial statements for each of the Applicant's (and its parent corporation or parent entity, if applicable) three (3) most recently completed fiscal years. If the Applicant 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 years for Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;
- C. Annual reports prepared on SEC form 10-K for the last three years;
- D. A copy of the last quarterly unaudited financial statement for Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;
- E. Copies of any interim reports for Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;
- F. A copy of the last definitive proxy statement filed by the Applicant with the SEC;
- G. Copies of all registration statements filed in the last three years by Applicant in accordance with the Securities Act of 1933;
- H. Copies of all other reports prepared in the last three years by independent auditors for the Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;

- I. Copies of annual and quarterly IRS income tax forms filed by Applicant or its parent company, in the case of consolidated filing, in the last five years;
- J. Copies of IRS Annual Return/Report of Employee Benefit Plan (5500) forms filed by Applicant in the last three 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 years;
- L. Details of planned, committed and uncommitted future capital expenditures;
- M. Any additional documents demonstrating Applicant'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 is a subsidiary of a parent corporation, a statement by a parent corporation attesting to Applicant's financial responsibility, stability, and integrity.

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

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

As Appendix 7, if Applicant 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 "Applicant's Request to Release Information" form attached to this Application.

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

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

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

**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 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	

APPLICANT'S REQUEST TO RELEASE INFORMATION

(Applicant's Printed Name)

The above-named entity is an Applicant (hereinafter referred to as "Applicant") for a License with the Ohio Casino Control Commission ("Commission"). This document provides the Commission with the necessary authorization to conduct investigations of the Applicant. 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 License Application with the Commission.

The Applicant 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 in connection with its 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 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 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 hereby authorizes the release of any and all information pertaining to the Applicant, 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 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, 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, 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 specifically authorizes the release of information concerning casino gaming and gambling activities. The Applicant hereby authorizes all such persons to answer any inquiries, questions, or interrogatories concerning the Applicant, 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 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 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 hereby discharges, saves, and holds harmless the Commission and its Agent from any and all claims and damages,

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

_____, being duly sworn according to law

deposes and says:

- 1. I hereby swear (or affirm) that the information contained herein and accompanying this application is true and that that I have the authority to swear (or affirm) on behalf of the Applicant.
- 2. I personally supplied and reviewed the information contained in this form.
- 3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
- 4. Any document accompanying this Gaming-Related Vendor Application that is not an original document is a true copy of the original document.
- 5. I hereby swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, this Application for a Gaming Related Vendor License may be denied.

(SIGNATURE)

(DATE)

(TYPE, STAMP OR PRINT NAME)

(TITLE OR POSITION)

Notarization Required:

STATE OF: _____

COUNTY: _____

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 FULL NAME

STREET ADDRESS

CITY

STATE

ZIP

- A. The Applicant 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 acknowledges and agrees that the Applicant 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 expressly waives any claim for damages resulting thereof. The Commission may further request information not requested in this application or in addition to that which is provided in response to this Application. The Applicant acknowledges and agrees that that the Applicant shall provide all information, documents, materials and certifications at the Applicant's sole expense and cost.
- B. The Applicant must make accurate statements and include all material facts. The Applicant acknowledges and agrees 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 or subsequent fines, suspension or revocation of any license issued by the Commission.
- C. The Applicant acknowledges that the Commission shall not issue a Gaming-Related Vendor license to an Applicant if:
1. The Applicant has been convicted of or has pleaded guilty to or no contest to a disqualifying offense; (A "disqualifying offense" means any gambling offense, any theft offense, any offense having an element of fraud or misrepresentation, any offense having an element of moral turpitude, and any felony not otherwise included in the foregoing list.)
 2. The Applicant has submitted an application that contains false information;
 3. The Applicant 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 employed by a governmental unit of Ohio;
 4. The Applicant owns an ownership interest that is unlawful under Chapter 3772 of the Ohio Revised Code;
 5. The Applicant violates specific rules adopted by the Commission related to denial of licensure; or

6. The Commission otherwise determines that the Applicant is ineligible for the license.
-
- D. Pursuant to section 3772.16 of the Revised Code, certain information submitted, collected, or gathered as part of an application to the Commission for a Gaming-Related Vendor license is confidential and not subject to disclosure as a record under section 149.43 of the Revised Code. The Applicant should clearly identify those portions of the application that it deems to be confidential, proprietary commercial information or trade secrets. Applications shall be open to public inspection to the extent permitted by sections 149.43 and 3772.16 of the Ohio Revised Code. An Applicant is advised that, upon request by a third party for information that the Applicant has clearly identified as protected from disclosure per the Ohio Revised Code, the Commission will notify the Applicant and, following such notification, will make a determination whether the information must be disclosed. If it is determined by the Commission that the information is to be disclosed to a third party, the Commission shall notify the Applicant of its decision. Following that notification, the information shall be provided to the third party within a reasonable period of time unless otherwise prohibited from being released. An Applicant waives any liability of the State of Ohio, the Commission, the employees of the Commission and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner.
 - 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 a social security number is not grounds for denial of the 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 on the application may delay the final determination of the application.
 - F. The Applicant and, in the event a License is issued, the licensee acknowledges and agrees that pursuant to section 3772:5-1-1 of the Ohio Administrative Code, certain individuals employed by the Applicant will be required to be licensed as a Key Employee. Further the Applicant and, in the event a License is issued, the licensee acknowledges and agrees that Key Employee licensure is a separate and distinct process from Gaming-Related Vendor licensure and that Key Employee licensure is subject to a separate review process and additional fees. Approval of a Key Employee license does not insure approval of Gaming-Related Vendor License. Similarly, approval of a Gaming-Related Vendor License does not insure approval of a Key Employee license.
 - G. The Applicant and, in the event a License is issued, the licensee acknowledges and agrees that a Gaming-Related Vendor license expires three years after the date of licensure.
 - H. The Applicant acknowledges and agrees that the filing fee which must accompany the submission of Gaming Related Vendor license application is not refundable once the application is filed.
 - I. The Applicant and, in the event a License is issued, the licensee acknowledges and agrees to be bound and to comply with the applicable portions of the Casino Gaming Act (Chapter 3772 of the Ohio Revised Code) and any amendments thereto and all

applicable current or future rules, conditions, standards, directives and orders adopted, promulgated or issued by the Ohio Casino Control Commission pursuant to Chapter 3772 of the Ohio Revised Code and the rules promulgated thereunder.

- J. The Applicant and, in the event a License is issued, the licensee acknowledges and agrees that 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.

DATE

SIGNATURE OF APPLICANT

WITNESS' SIGNATURE

PRINT NAME OF APPLICANT OR DESIGNATED REPRESENTATIVE OR SIGNATORY AND TITLE

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC

STATE

My commission expires _____, 20____

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

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 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 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

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
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 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

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 _____ <hr/>					
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

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

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: APPLICANT FINED, LICENSE RESTRICTED, SETTLEMENT, OR OTHER PENALTY APPLIED?	DISPOSITION DATE	REASONS FOR DISPOSITION

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)

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, SUBSIDIARY OR PRINCIPAL

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

OHIO CASINO CONTROL COMMISSION

AUTHORIZATION TO RELEASE CRIMINAL RECORD

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

The Executive Director of the Commission may request the Bureau of Criminal Investigation, the Ohio State Highway Patrol, or any other state, local, or federal agency to supply the criminal records of any Applicant. The Applicant is required to be fingerprinted. FAILURE TO COMPLY WILL RESULT IN A LICENSE NOT BEING ISSUED TO THE APPLICANT.

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

THIS FORM MUST BE COMPLETED AND NOTARIZED

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Home Address, City, Zip Code: _____

All Previous Addresses since age 18: _____

Applicant Signature

Date

Date of Birth

Social Security Number

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, 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, 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

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)

IF NECESSARY, COPY EXHIBIT AND ATTACH TO APPLICATION

Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

► **Request may be rejected if the form is incomplete or illegible.**

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 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.

Telephone number of taxpayer on line 1a or 2a

Sign Here		Date	
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	