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# Virginia Lottery

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600 East Main Street, Richmond VA 23219

## SUPPLIER PERMIT PRINCIPAL/KEY MANAGER APPLICATION

**Applicant:** \_\_\_\_\_

First, Middle, Last Name

**Affiliation:** \_\_\_\_\_

## DEFINITIONS

An applicant for a Principal/Key Manager Supplier Permit in the Commonwealth of Virginia must file this form **electronically** through the Department's online application portal. **This document is to be used for reference purposes only.**

### **11VAC5-90-10 defines a Principal as:**

An individual who, solely or together with the individual's immediate family members, (i) owns or controls, directly or indirectly, five percent or more of the pecuniary interest in any entity that is a licensee, or (ii) has the power to vote or cause the vote of 5 percent or more of the voting securities or other ownership interests of such entity, and any person who manages a gaming operation on behalf of a licensee.

### **11 VAC5-90-10 defines Key Manager as:**

- (a) An individual who owns, controls, or manages a licensee or otherwise exercises control over the gaming functions of a licensee;
- (b) An employee of a permit holder who manages, operates the facility, supervises the security of the facility, or is otherwise considered by the Department to be a Key Manager and,
- (c) Is not a gaming employee.

This application begins the process by which a person may be licensed by the Department as a Principal/Key Manager.

## DURATION, FEES AND COSTS

**Initial:**

|   |                 |
|---|-----------------|
| Initial Non-Refundable Application fee          | \$ 5,000.00     |
| Non-refundable Background Investigation Deposit | \$50,000.00     |
| Fingerprint Fees                                | <u>\$ 35.72</u> |
| *Total  | \$55,035.72     |

**Yearly Fee:** \$5,000.00 a year for the first four years.

**Year Five – Renewal**

|   |                 |
|---|-----------------|
| Initial Application Fee                         | \$ 5,000.00     |
| Non-Refundable Background Investigation Deposit | \$50,000.00     |
| Fingerprint Fee                                 | <u>\$ 35.72</u> |
| Total   | \$55,035.72     |

**\*Background investigation costs:**

The above Non-refundable Background Investigation Deposit is required at the time an Applicant files a Principal/Key Manager Supplier Permit Application. Should the deposit be exhausted prior to the completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Department

## TERM OF PERMIT, RENEWALS

### Term:

A Virginia Principal/Key Manager Supplier permit is valid for one year, with four automatic renewals. A \$5,000 non-refundable application fee is due each year during the automatic renewal process.

### Renewal process:

The Department may renew the Principal/Key Manager Supplier Permit if the licensee:

- a. Submits an application for renewal to the Department at least 90 days before the employee's permit expires;
- b. Continues to comply with all licensing requirements;
- c. Submits to a background investigation; and
- d. Pays the permit renewal costs.

## REMITTANCE OF FEES AND COSTS

Permit and application fees, as well as any subsequent background investigations fees, should be remitted as follows:

### Wire Payment to:

1. Virginia Lottery Account Number: 435029087446
2. Name of the Account – Gaming License Fees
3. Transit Routing - 026009593

### ACH Payment to:

1. Virginia Lottery Account Number: 435029087446
2. Name of Account – Gaming License Fees
3. Transit Routing - 051000017

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## SECTION A - IMPORTANT NOTICES

- A.1 This form is an official document of the Department. Failure to complete the application in its entirety may cause your license to be delayed or denied.**
- A.2** A Virginia Principal/Key Manager Supplier Permit is a privilege. The burden of proving qualifications to receive and hold a supplier permit is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s expense.
- A.3** Applicant **must** make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties.

- A.4 The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the law and regulations and the posting of a bond that may be required by the Department. The application will not be processed until the fees have been submitted.
- A.5 The Applicant is under a continuing duty to **promptly** disclose any changes in the information provided in the application, as well as all changes to any of the materials submitted at the request of the Department. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the Department.
- A.6 The Applicant shall **promptly** provide written notification to the Department of any corrections or changes to this application once submitted or to any of the materials submitted at the request of the Department.
- A.7 All notices regarding the application will be sent to the email address provided by the Applicant on this form. The Applicant must immediately notify the Department of any change of address.
- A.8 All submissions with and for this application become the property of the Department and **will not** be returned.
- A.9 Once the application has been submitted to the Department, the Applicant **may not** withdraw its application without permission of the Department.

## SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Virginia Principal/Key Manager Supplier Permit (“Permit”). If a business entity that applies for a permit is a subsidiary or if a business entity holding a license is to become a subsidiary, each holding company and each intermediary company with respect to the Applicant shall, as a condition of the subsidiary acquiring or retaining a license, provide all the information requested by the Department.

- B1** Read each question carefully. Answer each and every question completely. If a question does not apply, check “NO”.
- B2** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Department to deny the application, or to suspend or revoke the license.
- B3** All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a license, as listed above, must be submitted to the Account Representative representing your employer to upload into the gaming licensing system.
- B4** In the event the Department receives a request under the Virginia Freedom of Information Act, the applicant will be contacted and requested to identify those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the Commonwealth of Virginia Freedom of Information Act (“FOIA”) (Va. Code § 2.2-3700 *et seq.*) and the Virginia Public Procurement Act (Va. Code § 2.2-4300 *et seq.*). Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the FOIA. Applicant is advised that, upon request for this information from a third party, the Department will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the Commonwealth of Virginia, and its employees and agents, the Board, and the Virginia Lottery for any damages resulting from any disclosure or publication in any manner.

When the Department receives a FOIA request, Staff retrieves and compiles all public records that are responsive to the request. “Public records” means all writings, recordings or other form of data compilation, prepared or owned by, or in the possession of a public body or its officers, employees or agents in the transaction of public business. After Staff compiles all responsive records, Department counsel reviews the request and the records, and makes a legal determination as to whether the records may be released.

- B5** Additionally, when the Department receives a request for records of an entity that holds a gaming-related license, or a vendor registration, Department staff or Department counsel typically advise the entity of the request and our anticipated response. The entity may seek a court order preventing the Department from releasing records it wants kept confidential.
- B6** The Department may request additional financial and other information as needed.
- B7** The license and application fees described in the “Fees and Costs” section on Page 3 of this form are non-refundable. Additional costs and expenses may be incurred by the Department in its investigation of the Applicant. Background investigation costs will be assessed by the Department and shall be reimbursed to the Department promptly upon receipt of an invoice. The failure to reimburse the Department for background investigation costs is a basis for disqualification of the Applicant.

### **SECTION C - DEFINITIONS**

Please refer to the list of Consolidated Definitions applicable to all casino applications, which is available on the website of the Virginia Lottery :  
<https://www.valottery.com/aboutus/casinosandsportsbetting>

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**SECTION D**  
**EXHIBITS**

**Principal/Key Manager Permit**

## APPLICATION CHECKLIST

Use the following list to indicate with an “X” the exhibits that are attached with this application. All attachments are **Mandatory** and need to be submitted. If a question, exhibit or addendum is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. If any item is missing or not filed according to these directions, the application will be considered incomplete and will not be processed.

| EXHIBIT NUMBER | EXHIBIT DESCRIPTION   | PLACE “X” WHEN COMPLETED |
|----------------|---|--------------------------|
| 1              | Applicant Information   |                          |
| 2              | Photograph  |                          |
| 3(a)           | Family/Social Data – Marriage(s)  |                          |
| 3(b)           | Family/Social Data – Domestic Partner(s)  |                          |
| 3(c)           | Family/Social Data – Civil Union(s)   |                          |
| 3(d)           | Family/Social Data – Children & In-Laws   |                          |
| 3(e)           | Family/Social Data – Sibling(s)   |                          |
| 4              | Educational Data  |                          |
| 5              | Military Service Data   |                          |
| 6              | Offices and Positions   |                          |
| 7              | Business Entity Information   |                          |
| 8              | Employment and Licensing Data   |                          |
| 9              | Civil, Criminal and Investigatory Proceedings   |                          |
| 10             | Financial Data  |                          |
| 11             | Miscellaneous Questions   |                          |
| 12             | Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling |                          |
| 13             | References  |                          |
| 14             | Federal, State and Foreign Tax Returns  |                          |
| 15             | Authorization for Release of Information  |                          |
| 16             | Affidavit of Individual Applicant   |                          |
| 17             | Acknowledgement and Disclosure  |                          |
| 18             | Military Records Form   |                          |
| 19             | List of Required Documents  |                          |
|                |   |                          |

**Note:** Please remember to provide this information to your Account Representative to upload the Exhibits listed on this checklist when submitting your completed application. If any appendices are necessary they must be provided by the Applicant.

**Exhibit 1**  
**Applicant Information**

|  |                        |  |             |   |                         |
|--|------------------------|--|-------------|---|-------------------------|
| Last Name  |                        | First Name   |             | Middle Name   | Suffix (Jr., Sr., etc.) |
| Mailing Address Line 1                           |                        | Mailing Address Line 2   |             |   |                         |
| City   |                        | State/Province   | Postal Code |   |                         |
| Home Address Line 1 (If Different than Mailing ) |                        | Home Address Line 2  |             |   |                         |
| City   |                        | State/Province   | Postal Code |   |                         |
| Home Phone                                       |                        | Business Phone   | Cell Phone  | E-mail Address  |                         |
| Date of Birth                                    | Social Security Number | U.S. Citizen<br><input type="checkbox"/> YES <input type="checkbox"/> NO |             | *If "NO", attach details and indicate Alien Registration Number here: |                         |

**List Other Name(s)**

Have you been known by any other name(s)?  YES  NO. If "YES", list all other names below and state dates of use for each. Include Maiden Names, Aliases, Nicknames, other name changes, legal or otherwise.

| Last Name (Nickname) | First Name | Middle Name | Suffix (Jr., Sr. etc.) | From Date/To Date |
|----------------------|------------|-------------|------------------------|-------------------|
|                      |            |             |                        |                   |
|                      |            |             |                        |                   |
|                      |            |             |                        |                   |

**List all addresses where you have lived during the last 15 years. (Attach separate sheet if necessary)**

| Street and Number | City/State/Zip | From: Mo/Yr | To: Mo/Yr |
|-------------------|----------------|-------------|-----------|
|                   |                |             |           |
|                   |                |             |           |
|                   |                |             |           |
|                   |                |             |           |
|                   |                |             |           |

**Applicant Descriptive Information**

|  |               |  |  |               |              |
|--|---------------|--|--|---------------|--------------|
| Sex  | Color of Eyes | Color of Hair  | Height   | Feet (Inches) | Weight (lbs) |
| Driver License Number                                    |               | State Issued   | Marital Status (Single, Married, Separated, Divorced, Widowed) |               |              |
| Tattoos, Scars or Distinguishing Marks (Please Describe) |               | Race*<br>Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____<br>*Multiracial respondents may select all applicable racial categories. |  |               |              |

**Have you ever been issued a passport?**  YES  NO **If, yes please complete the following:**

| Passport Number | Country of Issue | Place Issued | Date Issued | Expiration Date |
|-----------------|------------------|--------------|-------------|-----------------|
|                 |                  |              |             |                 |
|                 |                  |              |             |                 |
|                 |                  |              |             |                 |

**Exhibit 2  
Photograph**

Please upload a **Passport** quality color photograph of you alone that is recent (taken within the last six months), presents a good likeness of you, and is 2x2 (max. 3 x 3) inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1-3/8 inches. The photographs must be color, clear, with a full front view of your face. The photographs must be taken in street attire, without a hat, head covering, or dark glasses. Photographs retouched so that your appearance is changed are unacceptable.

**Exhibit 3(a)  
Family/Social Data – Marriage(s)**

What is your current marital status:    **Single**    **Married**    **Separated**    **Divorced**    **Widow/Widower**  
 How many times have you been married? \_\_\_\_\_

**CURRENT MARRIAGE**

|                            |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Name (Last, First, Middle) |                          | Date of Birth            | Date of Marriage         |
| Address                    |                          |                          |                          |
| City                       |                          | State                    | Postal Code              |
| Where Married:             |                          | Place of Birth:          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maiden Name:               |                          | Phone Number             |                          |

**PREVIOUS MARRIAGE (S)**

| Name of Former Spouse<br>(include Maiden name) | Date & Place of<br>Marriage | Date of<br>Birth | Jurisdiction of Marriage<br>and Divorce/Annulment | Present address of former spouse |
|--|-----------------------------|------------------|---|----------------------------------|
|  |                             |                  |   |                                  |

**Exhibit 3(b)**  
**Family/Social Data – Domestic Partner(s)**

**Present and former domestic partner(s) – Provide names, date of birth, phone number and occupation of each domestic partner, beginning with the most recent.**

|                            |               |  |
|----------------------------|---------------|--|
| Name (Last, First, Middle) | Date of Birth | Present or Former Partner (indicate one) |
| Address 1                  |               |  |
| Address 2                  |               |  |
| City                       | State         | Postal Code                              |
| Occupation                 | Phone Number  |  |
|                            |               |  |
| Name (Last, First, Middle) | Date of Birth | Present or Former Partner (indicate one) |
| Address 1                  |               |  |
| Address 2                  |               |  |
| City                       | State         | Postal Code                              |
| Occupation                 | Phone Number  |  |

**Exhibit 3(c)**  
**Family/Social Data – Civil Union(s)**

**Present and former civil union(s) – Provide civil union date, jurisdiction where civil union occurred, and partner's name, date of birth, place of birth, home address, phone number and occupation.**

|  |   |                             |
|--|---|-----------------------------|
| Date of Civil Union  | Date of dissolution   | Where Civil Union Occurred: |
| Name of Partner (Last, First, Middle, Pre-union)                       | Partner's Occupation  |                             |
| Date of Birth (Month, Day, Year)                                       | Place of Birth (City/Town, County, State/Province, Country) |                             |
| Home Address (City/Town, County, State/Province, Country, Postal Code) | Telephone Number  |                             |
|  |   |                             |
| Date of Civil Union  | Date of dissolution   | Where Civil Union Occurred: |
| Name of Partner (Last, First, Middle, Pre-union)                       | Partner Occupation  |                             |
| Date of Birth (Month, Day, Year)                                       | Place of Birth (City/Town, County, State/Province, Country) |                             |
| Home Address (City/Town, County, State/Province, Country, Postal Code) | Telephone Number  |                             |

**Exhibit 3(d)**

**Family/Social Data – Children & In-Laws**

**List the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.**

| Name | Date of Birth | Birth Place | Address (No., Street, Apt., City, State, Country, Zip Code) | Amt. of Support (If a Dependent) |
|------|---------------|-------------|---|----------------------------------|
|      |               |             |   |                                  |
|      |               |             |   |                                  |
|      |               |             |   |                                  |
|      |               |             |   |                                  |

**Please mark the appropriate response regarding your child support obligations:**

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in section above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

**Identify the public agency/court responsible for enforcing the child support order (if applicable):**

| Name | Address | Contact Person and Phone |
|------|---------|--------------------------|
|      |         |                          |
|      |         |                          |

**List names, residence addresses, dates of birth, and most recent occupation of parent, parents-in-law, former parents-in-law, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:**

| Name (Include Maiden)  | Date Of Birth | Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code) | Phone Number | Occupation |
|--|---------------|--|--------------|------------|
| Father:<br>Mother:<br>Father-in-law:<br>Mother-in-law:<br>Former<br>Parents-in-law*: |               |  |              |            |

\* For former parents-in-law, only provide names

**Exhibit 3(e)**

**Family/Social Data – Sibling(s)**

**List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and their respective spouses:**

| Name (Include Maiden)   | Date of Birth | Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code) | Phone Number | Occupation |
|---|---------------|--|--------------|------------|
| Sibling:<br>Spouse:<br>Sibling:<br>Spouse:<br>Sibling:<br>Spouse: |               |  |              |            |

**Exhibit 4**  
**Educational Data**

Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

| Dates         |             | Name and Address of School, Training Program, Etc. | Description of Education Program | List Any Degree or Certification Attained | Graduated Yes or No |
|---------------|-------------|--|----------------------------------|---|---------------------|
| From: (Mo/Yr) | To: (Mo/Yr) |  |                                  |   |                     |
|               |             |  |                                  |   |                     |
|               |             |  |                                  |   |                     |
|               |             |  |                                  |   |                     |
|               |             |  |                                  |   |                     |
|               |             |  |                                  |   |                     |
|               |             |  |                                  |   |                     |
|               |             |  |                                  |   |                     |

**Exhibit 5**  
**Military Service Data**

1. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?  YES  NO

If "YES", provide the following information:

|                              |     |                    |  |
|------------------------------|-----|--------------------|--|
| Country of Service:          |     | Branch of Service: |  |
| Service Serial #:            |     | Highest Rank Held: |  |
| Period(s) of Active Service: | To: | From:              |  |
|                              |     |                    |  |
|                              |     |                    |  |

2. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s). Upload a copy of your military records. If in reserves, please attach a copy of your discharge papers.

|                              |                      |
|------------------------------|----------------------|
| Date of discharge/separation | Type of discharge(s) |
|                              |                      |

3. Have you ever been tried by military court martial or have you had charges\*\* filed against you?  YES  NO

If "YES", complete the following:

| Nature of Charge or Arrest | Date and Location of Charge or Arrest | Name of Military Organization Filing Charges | Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.) | Sentence |
|----------------------------|---------------------------------------|--|---|----------|
|                            |                                       |  |   |          |
|                            |                                       |  |   |          |

\*In the United States, a military record is called a DD214. If you have served in the U.S. Military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

\*\*Charges filed against you by the military authorities in any country would fall under the code of military justice applicable to that jurisdiction. In the United States, this includes any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

**Exhibit 6**  
**Offices and Positions**

**1. List all offices, trusteeships, directorships or fiduciary position (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward.**

| Dates            |                | Title of Office or Position Held | Name and Address of Firm, Corporation, Association, Partnership or Other Business Entity | Compensation Received |
|------------------|----------------|----------------------------------|--|-----------------------|
| From:<br>(Mo/Yr) | To:<br>(Mo/Yr) |                                  |  |                       |
|                  |                |                                  |  |                       |
|                  |                |                                  |  |                       |
|                  |                |                                  |  |                       |

**2. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward.**

| Dates            |                | Title of Office or Position Held | Name and Address of Government Agency/Organization | Compensation Received |
|------------------|----------------|----------------------------------|--|-----------------------|
| From:<br>(Mo/Yr) | To:<br>(Mo/Yr) |                                  |  |                       |
|                  |                |                                  |  |                       |
|                  |                |                                  |  |                       |
|                  |                |                                  |  |                       |

**Exhibit 7**  
**Business Entity Information**

(Information concerning the Business Entity with which you are a Principal)

**Business Name** - As it is written on the Article of Incorporation, by-laws or other official documents filed with the state or federal government. Supply all names such as "Trade Names" and "Doing Business As" ("DBA")

**Principal Address of Business**

Address line 1

Address line 2

City

State

Postal Code

Mailing Address line 3 (if different from above)

Address line 4

City

State

Postal Code

Telephone Number

Fax Number

Web Site Address

**Applicant's Association With Business Entity**

Name of Business in which I am a Principal

Explain Role within Business Entity: Job title and description of duties.



**Exhibit 8**  
**Employment and Licensing Data**

**1. Have you ever been employed by a casino or gaming/gambling related company in any jurisdiction?**  YES  NO  
 \*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

| Name of Gaming/Gambling Related Company and Country/State Where You Were Employed | Name. Mailing Address and Telephone Number of Employer(s) | Dates         |             | Title/Position Held and Description of Duties | Name of Supervisor | Reason for Leaving |
|---|---|---------------|-------------|---|--------------------|--------------------|
|   |   | From: (Mo/Yr) | To: (Mo/Yr) |   |                    |                    |
|   |   |               |             |   |                    |                    |
|   |   |               |             |   |                    |                    |
|   |   |               |             |   |                    |                    |
|   |   |               |             |   |                    |                    |

**2. Provide the information regarding your employment for the past twenty (20) years or from age 18, whichever is less. Begin with your present job and work backwards. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.**

| Dates         |             | Name, Mailing Address and Telephone Number of Employer(s) | Title/Position Held and Description of Duties | Name of Supervisor | Reason for Leaving/Compensation at Departure |
|---------------|-------------|---|---|--------------------|--|
| From: (Mo/Yr) | To: (Mo/Yr) |   |   |                    |  |
|               |             |   |   |                    |  |
|               |             |   |   |                    |  |
|               |             |   |   |                    |  |
|               |             |   |   |                    |  |
|               |             |   |   |                    |  |

**3. With regard to the employment listed in #2:**

- a. Were you ever discharged, suspended or asked to resign from employment?  YES  NO  
 b. During the last ten-year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?  YES  NO

**If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:**

| Date of Discharge, Suspension, Resignation or Disciplinary Action | Name and Address of Employer | Name of Supervisor | Reason for Discharge, Suspension, Resignation or Disciplinary Action |
|---|------------------------------|--------------------|--|
|   |                              |                    |  |
|   |                              |                    |  |
|   |                              |                    |  |

**4. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past twelve (12) month period. Begin with the current employer.**

| Dates            |                | Name, Address and Telephone Number of Employer | Title/Position Held |
|------------------|----------------|--|---------------------|
| From:<br>(Mo/Yr) | To:<br>(Mo/Yr) |  |                     |
|                  |                |  |                     |
|                  |                |  |                     |
|                  |                |  |                     |
|                  |                |  |                     |

**5. To the best of your knowledge, have you or has your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last twelve (12) month period?**  YES  NO

If "YES", complete the following chart:

| Dates            |                | Capacity | Nature Of Trust Or Other Fund | Income Received | For Whom Held |
|------------------|----------------|----------|-------------------------------|-----------------|---------------|
| From:<br>(Mo/Yr) | To:<br>(Yr/Mo) |          |                               |                 |               |
|                  |                |          |                               |                 |               |
|                  |                |          |                               |                 |               |
|                  |                |          |                               |                 |               |
|                  |                |          |                               |                 |               |

**6a. Have you, or your spouse or domestic partner, ever sought and been denied a position as a trustee or other fiduciary officer?**  YES  NO

**6b. Have you, or your spouse or domestic partner, ever been suspended or removed from a position as a trustee or other fiduciary officer?**  YES  NO

If yes to either question, complete the following chart:

| Date | Capacity | Nature of Trust or Other Office | Reason for Denial, Suspension or Removal |
|------|----------|---------------------------------|--|
|      |          |                                 |  |
|      |          |                                 |  |
|      |          |                                 |  |

**7. Have you, or your spouse or domestic partner, ever made application for, or held, any NON-GAMING professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you or your domestic partner ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.**  YES  NO

If "YES", complete the following chart:

| Name on License | Type of License | Dates            |                | Name and Address of Licensing Agency/Organization | Disposition of the Application |
|-----------------|-----------------|------------------|----------------|---|--------------------------------|
|                 |                 | From:<br>(Mo/Yr) | To:<br>(Mo/Yr) |   |                                |
|                 |                 |                  |                |   |                                |
|                 |                 |                  |                |   |                                |
|                 |                 |                  |                |   |                                |

**8. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any sanctions or conditions in any jurisdictions?**

YES  NO

**If “YES”, complete the following chart as to each denial, suspension, revocation or conditions:**

| Type of License, Permit or Certificate | Name & Address of Governmental Agency/Organization | Date of Denial, Suspension, Revocation, Sanction or Condition | Reason(s) for Denial, Suspension, or Revocation |
|--|--|---|---|
|  |  |   |   |
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**9. Has any entity in which you, your spouse, or your domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest ever had a license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?**

YES  NO

**If “YES”, complete the following chart as to each denial, suspension or revocation:**

| Name of Entity | Position Held by You, Spouse, domestic partner | Type of License, Permit or Certificate | Type of Action Taken | Name and Address of Government Agency/Organization Taking Action | Date of Action | Reason(s) for Action |
|----------------|--|--|----------------------|--|----------------|----------------------|
|                |  |  |                      |  |                |                      |
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**10. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past twenty (15) years, or since the age of 18, whichever is less. (Do not include publicly traded corporations in which you owned stock.)**

| Dates         |             | Name(s) & Address(es) of Business(es) | Current Status of Business(es) | % Interest Held by You | Name(s) of Other Owners | Address(es) of Other Owners | State/Province and Country of Organization or Incorporation |
|---------------|-------------|---------------------------------------|--------------------------------|------------------------|-------------------------|-----------------------------|---|
| From: (Mo/Yr) | To: (Mo/Yr) |                                       |                                |                        |                         |                             |   |
|               |             |                                       |                                |                        |                         |                             |   |
|               |             |                                       |                                |                        |                         |                             |   |
|               |             |                                       |                                |                        |                         |                             |   |
|               |             |                                       |                                |                        |                         |                             |   |
|               |             |                                       |                                |                        |                         |                             |   |

**11. Have you, your spouse, or domestic partner ever made application for, or held, a license, permit, registration, finding or suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer “YES” to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.**

YES  NO

**If “YES”, complete the following chart:**

| Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town) | Type of License, Permit, Approval or Registration | Date of Application | Disposition (Granted, Denied, Pending, etc.) | License, Permit, Approval or Registration Number |
|--|---|---------------------|--|--|
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**12. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding or suitability, qualification or other authorization identified in the previous question, were you, your spouse, or domestic partner ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?**  YES  NO

**If "YES", complete the following chart:**

| Name and Address of Licensing Agency or Commission | Date of Appearance(s) | Nature of Hearing | Was Testimony Given? |
|--|-----------------------|-------------------|----------------------|
|  |                       |                   |                      |
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**13. To the best of your knowledge, in the past twenty (20) years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding or suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)**  YES  NO

**If "YES" complete the following chart:**

| Name and Address of Business Entity | Nature of Your Interest | Date of Application | Name & Address of Licensing Agency to which Application was Made | Type of License Applied For | Disposition Of Application |
|-------------------------------------|-------------------------|---------------------|--|-----------------------------|----------------------------|
|                                     |                         |                     |  |                             |                            |
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14a. Are any members of your family (spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in the previous question in any jurisdiction?

YES  NO

14b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

YES  NO

If “YES” to either question, complete the following chart:

| Name of Person | Relationship | Name of Gaming/Gambling or Alcoholic Beverage Business and Address | Business Telephone |
|----------------|--------------|--|--------------------|
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**Exhibit 9  
Civil, Criminal and Investigatory Proceedings**

**IMPORTANT:**

The Department *will make inquiries* to establish whether the individuals and subsidiaries listed in this application have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant’s character, honesty and integrity.

This section asks about any arrests, offenses or charges against the Applicant, the Applicant’s Spouse or Domestic Partner and the Applicant’s Children.

**Prior to answering this question, carefully review the definitions and instructions which follow.**

**DEFINITIONS:** For purposes of this question:

- A. “**Arrest**” includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. “Arrest” also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a “crime or offense” as defined in subsection C.
- B. “**Charge**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. “**Offense**” includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. “Offense” also includes all driving-related charges or offense which carry any period of incarceration.

**INSTRUCTIONS:**

- 1) Answer "Yes" and provide **all** information to the best of your ability **EVEN IF:**
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or downgraded to a lesser charge;
  - C. You completed a pretrial intervention or other rehabilitation or diversionary program;
  - D. You were not convicted;
  - E. You did not serve any time in a correctional facility;
  - F. The charges or offenses happened a long time ago; or
  - G. You were not arrested for the charge.
- 2) Answer "No" if:
  - A. You have never been charged with or arrested for any crime or offense;
  - B. You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
  - C. The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

**Question:**

Has the Applicant;  
Has the Applicant’s Spouse;  
Has the Applicant’s domestic partner; or  
Have any of the Applicant’s children ever been indicted, arrested, charged with, or convicted of, a criminal offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?  Yes  No

If “Yes”, use the chart below to provide information concerning criminal history.

1. As defined above, has the Applicant; the Applicant's Spouse; the Applicant's domestic partner; or any of the Applicant's children ever been arrested or charged with any offense in any jurisdiction?  YES  NO

If "YES", complete the following chart:

| Nature of Charge or Offense/Location of Where Incident Occurred | Date of Charge or Offense | Name and Address of Law Enforcement Agency or Court Involved | Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.) | Sentence (if any) |
|---|---------------------------|--|--|-------------------|
|   |                           |  |  |                   |
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2. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, or named you as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?  YES  NO

If "YES", complete the following chart:

| Name and Address of Governmental Agency/Organization Involved | Nature of Proceeding | Outcome/Disposition | Date |
|---|----------------------|---------------------|------|
|   |                      |                     |      |
|   |                      |                     |      |
|   |                      |                     |      |
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3. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in connection with a traffic summons?  YES  NO

If "YES", complete the following chart:

| Name and Address of Court or Other Agency | Nature of Proceeding or Investigation | Was Testimony Given? | Date on which Testimony was Given | Approximate Time Period of Investigation |
|---|---------------------------------------|----------------------|-----------------------------------|--|
|   |                                       |                      |                                   |  |
|   |                                       |                      |                                   |  |
|   |                                       |                      |                                   |  |
|   |                                       |                      |                                   |  |

4a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam, by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in connection with a traffic summons?  YES  NO

4b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other civil or criminal investigatory agency, body, board or commission, at any civil, criminal or administrative proceeding or hearing?  YES  NO

If "YES" to either question, complete the following chart:

| Name and Address of Court or Other Agency/Organization | Nature of Proceeding or Investigation | Was Testimony Given? | Date on which Testimony was Given | Approximate Time Period of Investigation |
|--|---------------------------------------|----------------------|-----------------------------------|--|
|  |                                       |                      |                                   |  |
|  |                                       |                      |                                   |  |
|  |                                       |                      |                                   |  |

**5. Have you ever received a pardon, or has any government agency/organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense?**  YES  NO

**If "YES", complete the following chart:**

| Date of Pardon, Dismissal, Suspension or Deferral | Type of Action Taken | Name and Address of Government Agency/Organization Granting Pardon, Dismissal, Suspension or Deferral |
|---|----------------------|---|
|   |                      |   |
|   |                      |   |
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|   |                      |   |
|   |                      |   |

**6. Has your spouse, domestic partner, children, step-children or adopted children ever been arrested or charged with any offense in any jurisdiction?**  YES  NO

**If "YES", complete the following chart:**

| Name of Person | Relationship | Nature of Charge or Offense | Date of Charge or Offense | Name & Address of Law Enforcement Agency or Court Involved | Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.) | Sentence (if any) |
|----------------|--------------|-----------------------------|---------------------------|--|--|-------------------|
|                |              |                             |                           |  |  |                   |
|                |              |                             |                           |  |  |                   |
|                |              |                             |                           |  |  |                   |
|                |              |                             |                           |  |  |                   |

**7. In the past fifteen (15) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial, negligence, auto accident, contract, collection, debt, and bankruptcy matters)**

YES  NO

**If "YES", complete the following chart:**

| Date Filed | Name & Address of Court | Docket/Case Number | Other Parties to Suit | Nature of Suit | Disposition | Date of Disposition |
|------------|-------------------------|--------------------|-----------------------|----------------|-------------|---------------------|
|            |                         |                    |                       |                |             |                     |
|            |                         |                    |                       |                |             |                     |
|            |                         |                    |                       |                |             |                     |
|            |                         |                    |                       |                |             |                     |
|            |                         |                    |                       |                |             |                     |

**8. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?**  YES  NO

**If "YES", complete the following chart:**

| Name of Entity | Type of Entity | Approximate Date (s) of Lawsuit/Arbitration/Bankruptcy | Where Action Filed (City/Town, State/Province, County) |
|----------------|----------------|--|--|
|                |                |  |  |



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9. In the past ten (15) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense?  YES  NO

If "YES", complete the following chart:

| Governmental Agency/Organization | Nature of Charge | Date | Disposition |
|----------------------------------|------------------|------|-------------|
|                                  |                  |      |             |
|                                  |                  |      |             |
|                                  |                  |      |             |
|                                  |                  |      |             |
|                                  |                  |      |             |
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|                                  |                  |      |             |

10. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if you are no longer barred or excluded)  YES  NO

If "YES", complete the following chart:

| Gaming/Gambling Agency | Date of Exclusion | Reason for Exclusion |
|------------------------|-------------------|----------------------|
|                        |                   |                      |
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**Exhibit 10  
Financial Data**

**Applicant Ownership Interest**

1. Do you have an ownership interest, financial interest, or financial investment in the business entity for which you are a Principal employee?  YES  NO

If "YES", list all debt and equity holdings in the business entity. (If necessary, copy exhibit and attach to application.)

| List Number of Shares or Units held and Holding/Investment/Interest | Percentage of Interest in all Outstanding Shares in Business Entity |
|---|---|
|   |   |
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2. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?  YES  NO

**If "YES", complete the following chart:**

| Nature of Lien/Debt | When Filed | Where Filed | Current Status |
|---------------------|------------|-------------|----------------|
|                     |            |             |                |
|                     |            |             |                |
|                     |            |             |                |
|                     |            |             |                |
|                     |            |             |                |

**3. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?**  YES  NO

**If "YES", complete the following chart:**

| Date Adjudicated/Filed | Docket/Case Number | Name and Address of Court | Name and Address of Trustee |
|------------------------|--------------------|---------------------------|-----------------------------|
|                        |                    |                           |                             |
|                        |                    |                           |                             |
|                        |                    |                           |                             |
|                        |                    |                           |                             |
|                        |                    |                           |                             |

**4. In the past twenty (20) years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?**  YES  NO

**If "YES", complete the following chart:**

| Date Adjudicated/Filed | Docket/Case Number | Name and Address of Court | Name and Address of Filing Party | Name and Address of Trustee |
|------------------------|--------------------|---------------------------|----------------------------------|-----------------------------|
|                        |                    |                           |                                  |                             |
|                        |                    |                           |                                  |                             |
|                        |                    |                           |                                  |                             |
|                        |                    |                           |                                  |                             |
|                        |                    |                           |                                  |                             |

**5. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?**  YES  NO

**If "YES", complete the following chart:**

| Name and Address of Business Entity | Your Relationship to Business Entity | Date Placed Under Liquidation, Receivership, etc. | Reason Placed Under Liquidation, Receivership, etc. | Present Status |
|-------------------------------------|--------------------------------------|---|---|----------------|
|                                     |                                      |   |   |                |
|                                     |                                      |   |   |                |
|                                     |                                      |   |   |                |
|                                     |                                      |   |   |                |

**6. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten (10) year period?**  YES  NO

**If "YES", complete the following chart:**

| Date of order | Docket/Case Number | Name and Address of Court | Nature of Obligation | Amount of Obligation | Name and Address of Holder of Obligation |
|---------------|--------------------|---------------------------|----------------------|----------------------|--|
|               |                    |                           |                      |                      |  |
|               |                    |                           |                      |                      |  |
|               |                    |                           |                      |                      |  |

7. In the past ten (10) years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction?  YES  NO

If "YES", complete the following chart:

| Type of Property | Date Repossessed | Name and Address of Company Repossessing Property | Reason for Repossession |
|------------------|------------------|---|-------------------------|
|                  |                  |   |                         |
|                  |                  |   |                         |
|                  |                  |   |                         |

8. During the last ten (10) year period, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
- c. A settler/grantor, beneficiary or trustee of any trust?  YES  NO

If "YES", complete the following chart as to each estate and trust:

| Name and Location of Estate/Trust | Position/Interest Held | Date(s) on which Positions were Held or Interest was Received | Amount of Compensation or Nature and Value of Benefit Granted/Received |
|-----------------------------------|------------------------|---|--|
|                                   |                        |   |  |
|                                   |                        |   |  |

9. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to the previous question.)  YES  NO

If "YES", complete the following chart:

| Description of Trust | Location of Trust | Name of Trustee(s) | Names of Other (s) with Interests in Your Trust |
|----------------------|-------------------|--------------------|---|
|                      |                   |                    |   |
|                      |                   |                    |   |
|                      |                   |                    |   |

10. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in the previous questions.)  YES  NO

If "YES", complete the following chart:

| Description of Trust | Location of Trust | Names of Other (s) with Interest in Trust |
|----------------------|-------------------|---|
|                      |                   |   |
|                      |                   |   |
|                      |                   |   |

11a. Please state your country of residence \_\_\_\_\_.

11b. During the last ten (10) year period, have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in 11a. above?  YES  NO

If "YES", complete the following chart:

| Dates         |             | Name and Address of Institution Holding Account | Account Number | Name and Address of Each Person/Entity Appearing on the Account | Present Amount Held/Amount Held Before Closing Acct |
|---------------|-------------|---|----------------|---|---|
| From: (Mo/Yr) | To: (Mo/Yr) |   |                |   |   |
|               |             |   |                |   |   |
|               |             |   |                |   |   |
|               |             |   |                |   |   |

12. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in 11a. above (excluding foreign bank accounts identified in 11b. above)?  YES  NO

If "YES", complete the following chart:

| Description of Asset/Liability | Location of Asset/Liability |
|--------------------------------|-----------------------------|
|                                |                             |
|                                |                             |
|                                |                             |

13. During the last ten (10) year period, have you or has your spouse, domestic partner, or any of your children, while dependent, received a loan in excess of \$25,000?  YES  NO

If "YES", complete the following chart:

| Date Received Loan | Name and Address of Lender | Name of Borrower and all Co-Signers | Original Amount of Loan | Interest Rate (%) | Termination Date of Loan |
|--------------------|----------------------------|-------------------------------------|-------------------------|-------------------|--------------------------|
|                    |                            |                                     |                         |                   |                          |
|                    |                            |                                     |                         |                   |                          |

14. During the last ten (10) year period, have you or has your spouse, domestic partner, or any of your children, while dependent, made any loan in excess of \$10,000?  YES  NO

If "YES", complete the following chart:

| Date of Loan | Name and Address of Borrower | All Co-Parties to Loan | Name of Lender | Original Amount of Loan | Interest Rate (%) | Termination Date of Loan | Security Pledged |
|--------------|------------------------------|------------------------|----------------|-------------------------|-------------------|--------------------------|------------------|
|              |                              |                        |                |                         |                   |                          |                  |
|              |                              |                        |                |                         |                   |                          |                  |

15. Have you individually ever exchanged currency in an amount of more than \$10,000 within the past ten (10) years?  YES  NO

If "YES", complete the following chart:

| Date and Amount of Exchange | Location Where Exchange Made | Reason for Exchange | Did You Fill Out or File Any Governmental Reporting Document |
|-----------------------------|------------------------------|---------------------|--|
|                             |                              |                     |  |
|                             |                              |                     |  |

16. Do you maintain a brokerage or margin account with any securities or commodities dealer?  YES  NO

If "YES", complete the following chart:

| Type of Account | Name and Address of Dealer | Amount of Margin |
|-----------------|----------------------------|------------------|
|                 |                            |                  |
|                 |                            |                  |

17. Have you, your spouse, domestic partner, or dependent children filed any claims in excess of \$100,000 under any fire, theft, automobile or insurance policy within the past ten (10) year period?  YES  NO

If "YES", complete the following chart:

| Date of Claim | Nature of Claim | Name and Address of Insurance Carrier | Disposition |
|---------------|-----------------|---------------------------------------|-------------|
|               |                 |                                       |             |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**18. During the last five (5) year period, have you, your spouse, domestic partner or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value in any one year period?**

YES  NO

**If "YES", complete the following chart as to each gift:**

| Name of the Donor or Donee | Date Gift Given/Received | Description of Gift | Approximate Value |
|----------------------------|--------------------------|---------------------|-------------------|
|                            |                          |                     |                   |
|                            |                          |                     |                   |
|                            |                          |                     |                   |
|                            |                          |                     |                   |

**19a. Do you have any safe deposit boxes in your name in any jurisdiction?**

YES  NO

**19b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction?**

YES  NO

**If "YES" to either question, complete the following chart:**

| Name and Address of Bank or Other Institution/Business Where Located | Name(s) in which Account(s) or Safe Deposit Box(es) Held | Type of Account (Savings, Checking, Safe Deposit, etc.) | Account No. or Safe Deposit Box No. |
|--|--|---|-------------------------------------|
|  |  |   |                                     |
|  |  |   |                                     |
|  |  |   |                                     |
|  |  |   |                                     |

**20. In the past ten (10) years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000?**

YES  NO

**If "YES", complete the following chart:**

| Name and Address of All Parties Involved | Nature of Goods or Services Provided | Amount Received | Date Received |
|--|--------------------------------------|-----------------|---------------|
|  |                                      |                 |               |
|  |                                      |                 |               |

**21. Have you, in the past ten (10) years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?**

YES  NO

**If "YES", complete the following chart:**

| Nature of Obligation (Personal Guarantee, etc.) | Date Obligation Made | Name(s) of Person Responsible for Obligation | Status of Underlying Obligation |
|---|----------------------|--|---------------------------------|
|   |                      |  |                                 |
|   |                      |  |                                 |
|   |                      |  |                                 |

**NET WORTH STATEMENT – ASSETS AND LIABILITIES**

Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse, domestic partner or dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

Please list all liabilities of you, your spouse, domestic partner and dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

| ASSET   | Cost at Date Acquired or Purchased (A) | Current Market Value (B) | Special Valuation Date, If Any | LIABILITY  | Original Amount of Liability (C) | Amount Outstanding (D) |
|---|--|--------------------------|--------------------------------|--|----------------------------------|------------------------|
| 1. Cash<br>a) On Hand                               |  | a)                       |                                | 10. Notes Payable<br>(Schedule I)                        |                                  |                        |
| b) In bank (Schedule A)                             |  | b)                       | b)                             |  |                                  |                        |
| 2. Loans, Notes and Other Receivables (Schedule B)  |  |                          |                                | 11. Loans and Other Payables (Schedule J)                |                                  |                        |
| 3. Securities (Schedule C)                          |  |                          |                                | 12. Taxes Payable (Schedule K)                           |                                  |                        |
| 4. Real Estate Interests (Schedule D)               |  |                          |                                | 13. Mortgages or Liens on Real Estate (Schedule L)       |                                  |                        |
| 5. Cash Value Life Insurance (Schedule E)           |  |                          |                                | 14. Loans Against Insurance/Pensions (Schedule M)        |                                  |                        |
| 6. Cash Value Pension/Retirement Funds (Schedule F) |  |                          |                                | 15. Other Indebtedness (Schedule N)                      |                                  |                        |
| 7. Furniture and Clothing (Reasonable Estimate)     |  |                          |                                | <b>TOTAL LIABILITIES</b>                                 |                                  |                        |
| 8. Vehicles (Schedule G)                            |  |                          |                                | <b>NET WORTH</b><br>Total Assets<br>(From Column B) less |                                  |                        |
| 9. Other (Schedule H)                               |  |                          |                                | Total Liabilities<br>(From Column D)                     |                                  |                        |
| <b>TOTAL ASSETS</b>                                 |  |                          |                                | 16. Contingent Liabilities (Schedule O)                  |                                  |                        |

**NOTE:** Complete the financial statements on pages 31 through 38 and copy the totals in the appropriate space below.

Date of Statement:

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.

Name:

Address:

Phone:

**SCHEDULE "A" – CASH IN BANK**

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse, domestic partner, or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

| Name and Address of Institution | Name of Person (s) and Tax Identification Number(s) Appearing on Account | Account Number | Interest Rate (%) | General Nature of Account | Date of Balance | BALANCE   |
|---------------------------------|--|----------------|-------------------|---------------------------|-----------------|---|
|                                 |  |                |                   |                           |                 | \$  |
|                                 |  |                |                   |                           |                 | <b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 1a, column B on page 30.) |

**SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES**

List below all loans, notes and other receivables held by you, your spouse or domestic partner, or dependent children.

| Check If Held by Spouse, domestic partner, or Dependent Child | Name and Address of Debtor | Interest Rate (%) | ORIGINAL LOAN AMOUNT   | Original Date Of Loan/Note Receivable | Total Payments | Date Due | Nature of Advance and Nature of Security, If Any (Indicate If Unsecured) | CURRENT BALANCE  |
|---|----------------------------|-------------------|--|---------------------------------------|----------------|----------|--|--|
|   |                            |                   | \$   |                                       |                |          |  | \$   |
|   |                            |                   | <b>TOTAL ORIGINAL LOAN AMOUNT(S)</b> (Enter this figure in item 2, column A on page 30.) |                                       |                |          |  | <b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 2, column B on page 30.) |

**SCHEDULE "C" – SECURITIES**

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse, domestic partner or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse, domestic partner or dependent children have knowledge of what securities are so held. **INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (\*).**

| Check if Held by Spouse, domestic partner, or Dependent Child                   | Number of Securities or Contracts Held | Type of Security | Name of Issuing Company or Government Agency/Organization | Market Value at Time of Acquisition | DATE OF AND PRICE AT PURCHASE | % or Ownership if Greater Than 5% | Registered Owner | Date of Valuation | CURRENT MARKET VALUE  |
|---|--|------------------|---|-------------------------------------|-------------------------------|-----------------------------------|------------------|-------------------|---|
|   |  |                  |   |                                     |                               |                                   |                  |                   |   |
|   |  |                  |   |                                     | \$                            |                                   |                  |                   | \$  |
| <b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 3, column A on page 30.) |  |                  |   |                                     |                               |                                   |                  |                   | <b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B on page 30.) |

**SCHEDULE "D" – REAL ESTATE INTERESTS**

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse, domestic partner or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

| Check if Held by Spouse, domestic partner or Dependent Child                    | Address Parcel/Lot Number | Lot Size/Stand No./Square Footage of Building | Type of Property | Date Acquired/Down Payment | Individuals or Entities Sharing Interest (Include % of Ownership for Each) | PURCHASE PRICE OF % OWNED | Monthly Rental Income, If Any   | ESTIMATED MARKET VALUE OF % OWNED |
|---|---------------------------|---|------------------|----------------------------|--|---------------------------|---|-----------------------------------|
|   |                           |   |                  |                            |  |                           |   |                                   |
|   |                           |   |                  |                            |  | \$                        |   | \$                                |
| <b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 4, column A on page 30.) |                           |   |                  |                            |  |                           | <b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B on page 30.) |                                   |



**SCHEDULE "E" – CASH VALUE – LIFE INSURANCE**

Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse, domestic partner, or dependent children.

| Check If Held by Spouse, domestic partner or Dependent Child | Date Purchased | Insurance Carrier Policy Number | Beneficiary(ies) | Face Value | Annual Premium Payments | CASH SURRENDER VALUE   | Effective Date of Cash Surrender Value |
|--|----------------|---------------------------------|------------------|------------|-------------------------|--|--|
|  |                |                                 |                  |            |                         | \$   |  |
|  |                |                                 |                  |            |                         | <b>TOTAL CASH SURRENDER VALUE</b><br>(Enter this figure in item 5, column B on page 30.) |  |

**SCHEDULE "F" – CASH VALUE – PENSION/RETIREMENT FUNDS**

Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds\* held by you or your spouse or domestic partner.

| Check if Held by Spouse or domestic partner | Type of Fund | Type of Securities Held and Account Number, If Any | Employer/ Institution | CUMULATIVE EMPLOYEE CONTRIBUTION   | Cumulative Employer Distribution | CURRENT CASH VALUE | Effective Date of Cash Value   |
|---|--------------|--|-----------------------|--|----------------------------------|--------------------|--|
|   |              |  |                       | \$   |                                  | \$                 |  |
|   |              |  |                       | <b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b><br>(Enter this figure in item 6, column A on page 30.) |                                  |                    | <b>TOTAL CURRENT CASH VALUE</b><br>(Enter this figure in item 6, column B on page 30.) |

\*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

**SCHEDULE "G" – VEHICLES**

Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, domestic partner, or dependent children.

| Check if Held by Spouse, domestic partner or Dependent Child | Type of Vehicle | Specify if Owned or Leased* | Date of Purchase/ Lease | Model Year | Make/Model of Vehicle | COST**   | IF OWNED, CURRENT MARKET VALUE   |
|--|-----------------|-----------------------------|-------------------------|------------|-----------------------|--|--|
|  |                 |                             |                         |            |                       | \$   | \$   |
|  |                 |                             |                         |            |                       | <b>TOTAL COST OF VEHICLES</b><br>(Enter this figure in Item 8, column A on page 30.) | <b>TOTAL CURRENT CASH VALUE</b><br>(Enter this figure in item 8, column B on page 30.) |

\*If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

\*\*If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

**SCHEDULE "H" – OTHER ASSETS**

List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse, domestic partner, or dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

| Check if Held by Spouse, domestic partner or Dependent Child | Nature of Asset | Date of Acquisition | COST  | % of Ownership Interest | Date Of Valuation | CURRENT MARKET VALUE   |
|--|-----------------|---------------------|---|-------------------------|-------------------|--|
|  |                 |                     | \$  |                         |                   | \$   |
|  |                 |                     | <b>TOTAL COST(S) OF OTHER ASSETS</b><br>(Enter this figure in item 9, column A on page 30.) |                         |                   | <b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b><br>(Enter this figure in item 9, column B on page 30.) |

**SCHEDULE "I" – NOTES PAYABLE**

List below the information requested with regard to all notes payable for which you, your spouse, domestic partner or dependent children are obligated.

| Check if Held by Spouse, domestic partner or Dependent Child | Name and Address of Creditor | Account Number, If Any | Date Incurred | Due Date | Interest Rate (%) | Amount of Periodic Payment/Pay Period | ORIGINAL AMOUNT OF NOTE   | Nature of Security, If Any | Total Payments | OUTSTANDING AMOUNT OF LIABILITY  |
|--|------------------------------|------------------------|---------------|----------|-------------------|---------------------------------------|---|----------------------------|----------------|--|
|  |                              |                        |               |          |                   |                                       | \$  |                            |                | \$   |
|  |                              |                        |               |          |                   |                                       | <b>TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE</b><br>(Enter this figure in item 10, Column C on page 30.) |                            |                | <b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b><br>(Enter this figure in item 10, column D on page 30.) |

**SCHEDULE "J" – LOANS AND OTHER PAYABLES**

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse, domestic partner or your dependent children are obligated.

| Check if Held by Spouse, domestic partner or Dependent Child | Name & Address of Creditor | Account Number, If Any | Date Opened or Incurred | Due Date | Interest Rate (%) | Nature of Account | ORIGINAL AMOUNT OF LIABILITY  | Nature of Security, If Any | Total Payments | CURRENT AMOUNT OUTSTANDING  |
|--|----------------------------|------------------------|-------------------------|----------|-------------------|-------------------|---|----------------------------|----------------|---|
|  |                            |                        |                         |          |                   |                   | \$  |                            |                | \$  |
|  |                            |                        |                         |          |                   |                   | <b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b><br>(Enter this figure in item 11, column C on page 30.) |                            |                | <b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b><br>(Enter this figure in item 11, column D on page 30.) |

**SCHEDULE "K" – TAXES  
PAYABLE**

List below the information requested with regard to all taxes payable for which you, your spouse, domestic partner, or dependent children are obligated. Only real estate and income taxes need to be included.

| Check if Held by Spouse, domestic partner or Dependent Child | Taxing Authority | Nature of Tax | DATE AND AMOUNT OF ORIGINAL OBLIGATION   | Fines, Penalties and Interest If Any | TOTAL AMOUNT DUE   |
|--|------------------|---------------|--|--------------------------------------|--|
|  |                  |               |  |                                      | \$   |
|  |                  |               | <b>TOTAL ORIGINAL TAX OBLIGATION</b><br>(Enter this figure in item 12, column C on page 30.) |                                      | <b>TOTAL AMOUNT OF TAXES PAYABLE</b><br>(Enter this figure in item 12, column D on page 30.) |

**SCHEDULE "L" – MORTGAGES OR LIENS  
PAYABLE ON REAL ESTATE**

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse, domestic partner or dependent children are obligated.

| Check if Held by Spouse, domestic partner or Dependent Child | Name and Address of Mortgagee or Lien Holder | Account Number | Date Incurred | ORIGINAL AMOUNT OF LIABILITY  | Description/ Address of Real Estate | Term of Mortgage/Interest Rate (%) | Amount of Periodic Payment/ Pay Period | CURRENT MORTGAGE BALANCE   |
|--|--|----------------|---------------|---|-------------------------------------|------------------------------------|--|--|
|  |  |                |               |   |                                     |                                    |  | \$   |
|  |  |                |               | <b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b><br>(Enter this figure in item 13, column C on page 30.) |                                     |                                    |  | <b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b><br>(Enter this figure in item 13, column D on page 30.) |

**SCHEDULE "M" – LOANS AGAINST INSURANCE /  
PENSION PLANS**

List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse, domestic partner or dependent children.

| Check if Held by Spouse, domestic partner or Dependent Child | Insurance Carrier/ Pension Plan | Purpose of Loan | ORIGINAL AMOUNT OF LOAN  | Interest Rate (%) | Date of Loan   | Periodic Payment Amount / Pay Period | CURRENT LOAN BALANCE |
|--|---------------------------------|-----------------|--|-------------------|--|--------------------------------------|----------------------|
|  |                                 |                 | \$   |                   |  |                                      | \$                   |
|  |                                 |                 | <b>TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS</b><br>(Enter this figure in item 14, Column C on page 30.) |                   | <b>TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION ON LOANS</b><br>(Enter this figure in item 14, column D on page 30.) |                                      |                      |

**SCHEDULE "N" – ANY OTHER INDEBTEDNESS**

List below the information requested with regard to any other indebtedness for which you, your spouse, domestic partner or dependent children are obligated.

| Check if Held by Spouse, domestic partner or Dependent Child | Name and Address of Creditor | Interest Rate (%) | Description of Liability, Type of Obligation and Nature of Security, If Any | Due Date | Amount of Periodic Payment/ Pay Period | ORIGINAL AMOUNT OF LIABILITY  | OUTSTANDING AMOUNT OF INDEBTEDNESS   |
|--|------------------------------|-------------------|---|----------|--|---|--|
|  |                              |                   |   |          |  | \$  | \$   |
|  |                              |                   |   |          |  | <b>TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS</b><br>(Enter this figure in item 15, column C on page 30.) | <b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b><br>(Enter this figure in item 15, column D on page 30.) |

**SCHEDULE "O" – CONTINGENT  
LIABILITIES**

List below the information requested with regard to all contingent liabilities for which you, your spouse, domestic partner or dependent children are obligated.

| Check if Held by Spouse, domestic partner or Dependent Child | Name and Address of Contingent Creditor | Date Incurred | Account Number | Primary Debtor | Description of Obligation Including Nature of Security, If Any | ORIGINAL AMOUNT OF CONTINGENT OBLIGATION   | CURRENT AMOUNT OF CONTINGENT OBLIGATION   |
|--|---|---------------|----------------|----------------|--|--|---|
|  |   |               |                |                |  | \$   | \$  |
|  |   |               |                |                |  | <b>TOTAL ORIGINAL CONTINGENT LIABILITIES</b><br>(Enter this figure in item 16, column C on page 30.) | <b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b><br>(Enter this figure in item 16, column D on page 30.) |

**Exhibit 11**  
**Miscellaneous Questions**

**1. Is Applicant currently in default on the payment of any student loan?**  YES  NO

**If "YES", complete the following chart:**

|                      |       |                                  |        |      |
|----------------------|-------|----------------------------------|--------|------|
| Name of Creditor:    |       |                                  |        |      |
| Address of Creditor: | City: | County:                          | State: | Zip: |
| Account/Loan Number: |       | Outstanding Amount of Liability: |        |      |

**2. Is Applicant currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal?**  YES  NO

**If "YES", complete the following chart:**

|                                  |       |         |        |      |
|----------------------------------|-------|---------|--------|------|
| Name of Taxing Authority:        |       |         |        |      |
| Address of Taxing Authority:     | City: | County: | State: | Zip: |
| Outstanding Amount of Liability: |       |         |        |      |

**3. Has your gaming/gambling related operation license, permit, certification, registration, finding of suitability, qualification or other authorization ever been subject to any specific regulatory enforcement action in any jurisdiction?**  YES  NO

**If "YES", complete the following chart:**

|                                 |       |         |        |                 |
|---------------------------------|-------|---------|--------|-----------------|
| Name of Licensing Authority:    |       |         |        | License Number: |
| Address of Licensing Authority: | City: | County: | State: | Zip:            |
| Details of regulatory action:   |       |         |        |                 |

**4. Does the Applicant have any personal or business relationship with any member, agent or employee of the Virginia Lottery, the Virginia State Police or Office of the Virginia Attorney General?**  YES  NO

**If "YES", provide the following information about the individual with whom you have a personal or business relationship.**

|   |       |           |        |      |
|---|-------|-----------|--------|------|
| Name:                                   |       | Employer: |        |      |
| Address:                                | City: | County:   | State: | Zip: |
| Details of relationship with Applicant: |       |           |        |      |

**5. Has the Applicant ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino or gaming/gambling related operation, including any referral, finder's or consulting fee? (Exclude employment)**  YES  NO

**If "YES", complete the following chart:**

|                             |       |           |        |      |
|-----------------------------|-------|-----------|--------|------|
| Name of Persons involved:   |       |           |        |      |
| Address of Person involved: | City: | County:   | State: | Zip: |
| Dates received:             |       | Amount(s) |        |      |

Reasons for remuneration:

**Exhibit 12**  
**Illegal Use of Controlled Dangerous Substances;  
Use of Alcohol in the Workplace; Problem Gambling**  
**(Answer all questions and provide information to any question you answer If “YES”).**

1. Do you currently engage in the illegal use of drugs, or have you ever been arrested for such use?  YES  NO

If yes, please explain below.

2. The use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of licensee and the revocation or suspension of a license. Does this present a problem for you?  YES  NO

If yes explain below.

3. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?  YES  NO

If yes, please explain listing the jurisdiction, if applicable.

| Item # | Detailed Explanation (dates, jurisdictions, etc., as applicable for full explanation) |
|--------|---|
|        |   |
|        |   |
|        |   |
|        |   |
|        |   |
|        |   |
|        |   |
|        |   |

\* If necessary, copy Exhibit and attach to application

**Exhibit 13**  
**References**

Provide the name, address, etc., of three (3) references. Each reference must be at least 18 years of age, have known you for at least one year, and can attest to your good character and reputation. Family members may not be listed as a reference. For the purpose of this form “family member” means spouse, domestic partner, parent, grandparent, child, grandchild, sibling, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law, or any other individual related by blood, marriage, or adoption.



**Reference # 1 Information**

|                          |  |              |                        |
|--------------------------|--|--------------|------------------------|
| Reference Name: Last     | First  | Middle       | Suffix (i.e. Jr., Sr.) |
| Reference Email Address: |  |              |                        |
| Reference Home Address   |  |              |                        |
| City                     | State  |              | Postal Code            |
| Occupation               | Home Phone #   | Cell Phone # |                        |
| Years Known              | Explain Relationship (ex: friend, neighbor, co-worker, etc.) |              |                        |

**Reference # 2 Information**

|                          |  |              |                        |
|--------------------------|--|--------------|------------------------|
| Reference Name: Last     | First  | Middle       | Suffix (i.e. Jr., Sr.) |
| Reference Email Address: |  |              |                        |
| Reference Home Address   |  |              |                        |
| City                     | State  |              | Postal Code            |
| Occupation               | Home Phone #   | Cell Phone # |                        |
| Years Known              | Explain Relationship (ex: friend, neighbor, co-worker, etc.) |              |                        |

**Reference # 3 Information**

|                          |  |              |                        |
|--------------------------|--|--------------|------------------------|
| Reference Name: Last     | First  | Middle       | Suffix (i.e. Jr., Sr.) |
| Reference Email Address: |  |              |                        |
| Reference Home Address   |  |              |                        |
| City                     | State  |              | Postal Code            |
| Occupation               | Home Phone #   | Cell Phone # |                        |
| Years Known              | Explain Relationship (ex: friend, neighbor, co-worker, etc.) |              |                        |

**Exhibit 14**  
**Federal, State and Foreign Tax Returns**

**Applicant Tax History**

|                                       |                |
|---------------------------------------|----------------|
| Year of Last Federal Tax Return Filed | Period Covered |
|---------------------------------------|----------------|

|                                     |                |                 |
|-------------------------------------|----------------|-----------------|
| Year of Last State Tax Return Filed | Period Covered | State of Filing |
|-------------------------------------|----------------|-----------------|

**Included with this application, provide a copy of each tax return, each IRS form filed with or concerning that tax return and all IRS schedules filed by you in the last five (5) years. If you and your spouse or domestic partner did not file joint returns at any time in the last five (5) years, please provide and attach your spouse's or partner's tax returns.**

**1. Have your tax returns ever been audited or adjusted?**  YES  NO

If "YES", for which tax year did it occur and describe the outcome.

**2. Have you ever failed to file a federal, state or foreign tax return?**  YES  NO

If "YES", for which tax year did it occur and describe the reason for your failure to file.

**3. Have you or your spouse ever filed any type of tax return or the equivalent in a jurisdiction outside the United States in the last five (5) years?**  YES  NO

If "YES", provide the information requested below. Attach a copy of each tax return filed; include all documentation required by the jurisdiction's tax authority.

| Jurisdiction where Filed | Tax Year | Amount of Tax |
|--------------------------|----------|---------------|
|                          |          |               |
|                          |          |               |
|                          |          |               |
|                          |          |               |
|                          |          |               |



**EXHIBIT 16**  
**Affidavit of Individual Applicant**

I, \_\_\_\_\_ (printed name) am an applicant for a Principal/Key Manager Supplier Permit in the Commonwealth of Virginia. I have read, and understand, every page of this Application.

To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a Principal/Key Manager Supplier Permit and may subject me to civil or criminal liability. I also understand that providing the Department with false or misleading information is grounds for the Department to reject the application, or to suspend or revoke a license. I also understand that if I am issued a license, I have an ongoing obligation to comply with all licensing requirements and to promptly notify the Department if any information that I provided to the Department changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Department, its employees, agents, and vendors (collectively, "the Department"), for purposes of its investigation of the application for a casino permit.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth Virginia may take related to the collection of information from the any individual or person and the use of that information in connection with investigating and processing the application for a Principal/Key Manager Supplier Permit.

|   |       |
|---|-------|
| Signature of Individual Completing Form | Date  |
| Printed Name                            | Title |

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**NOTARY PUBLIC**

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The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
 Notary Public

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

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_

## **Exhibit 18**

### **Military Records Form**

#### Instructions for completing SF 180, Request Pertaining to Military Records

1. If you served in the U.S. Military, complete, sign and date the SF 180, Request Pertaining to Military Records. The form can be found at <https://www.archives.gov/files/research/order/standard-form-180.pdf>

Include the following information in the appropriate space:

#### Section I – Information Needed to Locate Records

- Complete all blanks and answer all questions.

#### Section II – Information and/or Documents Requested

- Item 1 – Check the box DD Form 214 or equivalent. Do not check the box requesting a DELETED Report of Separation for the years you indicated in Dates of Service of Section I, Item 5.
- Check the “Other” box and insert the phrase “Info related to military court martial or other charges.”
- Item 2 Purpose- Check the “Other” box – Insert the phrase “This information is necessary in order for the Virginia Lottery to complete my background investigation.”

#### Section III – Return Address and Signature

- Item 1 – State your name.
- Item 2- Check the box that you are the Service Member or Veteran identified in 1 above.
- Item 3 -Send Information and documents to:  
Nathan Warfield  
Director of Licensing and Investigations  
Virginia Lottery  
600 East Main Street  
Richmond, VA 23219
- Item 4 – Complete and sign with your information

2. Submit the form to the appropriate Processing Center and submit a copy of the form to your Account Representative for uploading into the gaming system.

## Exhibit 19 - REQUIRED DOCUMENTS

**All documentation / information provided is confidential and will become the property of the Virginia Lottery. No document will be returned so please make certain you retain the original document unless otherwise specified.**

1. Copy of your Birth Certificate:  Attached  Not Applicable
2. Copy of your Social Security card:  Attached  Not Applicable
3. Copy of your Naturalization Certificate (if applicable):  Attached  Not Applicable
4. Copy (front & back) of your Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.) (if applicable):  
 Attached  Not Applicable
5. Copy of your Passport (if applicable):  Attached  Not Applicable
6. Copy (front & back) of your Driver's License or State ID card:  Attached  Not Applicable
7. Official copy of your Driving Record(s) from any State in which you were licensed:  Attached  Not Applicable
8. Copy of your High School Diploma, an official High School transcript, or copy of your G.E.D. certificate:  
 Attached  Not Applicable
9. Certified copy of college transcripts from all colleges and universities where you have attended.  
**Virginia Lottery does accept unofficial college transcripts which should be uploaded with the application.**  
 Attached  Not Applicable
10. Copy of your military DD214 or National Guard NGB 22 (if applicable):  Attached  Not Applicable
11. Request for Military Records, Form 180, completed & signed (if applicable) **(Original document, mail only)**  
 Attached  Not Applicable
12. Copy of any professional license(s) held and documents relative to any sanctions:  Attached  Not Applicable
13. Copy of any gaming licenses you hold now or have held in the past and documents relative to any sanctions, fines or suspension:  
 Attached  Not Applicable
14. Copy of registration for any vehicles, aircraft, or boats:  Attached  Not Applicable
15. Copy of each tax return (Federal, State & Local), each Internal Revenue Service form filed with or concerning that tax return and all Internal Revenue Service schedules filed by you in the last five (5) years. If you and your spouse did not file joint returns at any time in the last five (5) years, **please provide and attach your spouses' tax returns:**  Attached  Not Applicable
16. Letter from each bank on their stationary relative to attesting to all accounts you have signatory authority:  
**(Original document, mail only)**  Attached  Not Applicable
17. Copy of the last bank statement on all bank accounts for which you have signatory authority listed on the net worth statement, schedule (A), and the last brokerage statement for all securities listed on the net worth statement, schedule (C). (We reserve the right to examine all cancelled checks for an approximate two (2) year period for a selected time frame, if necessary):  
 Attached  Not Applicable

18. Copy of any Notes Receivable (including receivables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, schedule (B):  Attached  Not Applicable
19. Copies of mortgage statements for the last three (3) months. Documents and settlement sheets for all real estate properties in which you have an interest. Documentation supporting the fair market value of all real estate listed on the net worth statement, schedule (D), and outstanding amounts owed on mortgages and lien amounts on real estate listed on the net worth statement, schedule(L):  Attached  Not Applicable
20. Copy of any Life Insurance Policies that have a cash value and the name(s) of all beneficiaries, reference schedule (E) on the net worth statement:  Attached  Not Applicable
21. Copy of the last statement relative to all retirement/investment/pension funds including, but not limited to, 401K retirement programs listed on the net worth statement, schedule (F):  Attached  Not Applicable
22. Copy of any documents indicating ownership of any assets not listed above, such as ownership documents for aircraft, vehicles or boats listed on the net worth statement, schedule (G & H):  Attached  Not Applicable
23. Copy of any Notes, Loans, or Taxes Payable (including payables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, schedules (I), (J), (K), (M) or (N):  Attached  Not Applicable
24. Copy of any documents relative to any Contingent Liabilities listed on the net worth statement, schedule(O):  Attached  Not Applicable
25. Copy of last three (3) months Credit Card Statement(s):  Attached  Not Applicable
26. Documentation (i.e. partnership papers, stock registry-stock certificates) of any company you currently hold 5%:  Attached  Not Applicable
27. Copy of any documents indicating any other indebtedness not listed above:  Attached  Not Applicable
28. Copy of any liens, judgments or taxes payable under your name:  Attached  Not Applicable
29. One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending:  Attached  Not Applicable