

**FOR FACILITY USE ONLY:**

**Applicant Name (Last, First, Middle):** \_\_\_\_\_

**Applicant is an EMPLOYEE OF GAMING VENDOR:** \_\_\_\_\_

Batavia 002                       Monticello 005                       Tioga 019

Buffalo/Fairgrounds 003                       Saratoga 006                       Vernon 023

Finger Lakes 004                       Yonkers 008                       Resorts World Casino New York City 046

**Other (specify):** \_\_\_\_\_

**NEW YORK STATE GAMING COMMISSION  
VIDEO LOTTERY GAMING PRINCIPAL/KEY EMPLOYEE**

**PERSONS REQUIRED TO OBTAIN A VIDEO LOTTERY GAMING KEY EMPLOYEE LICENSE:**

Any person who will be employed by a video lottery gaming agent in a position that includes any responsibility, authority to develop or administer policy or long-range plans or to make discretionary decisions regarding video lottery gaming facility operations, regardless of job title, and who is not a principal, shall be required to hold, prior to such employment, a current and valid video lottery gaming key employee license issued by the Division. This will include persons serving the following job duties:

- a. Function as a Principal/Officer/Director of the video lottery gaming agent;
- b. Function as a video lottery gaming Director/Manager/Assistant Manager/Supervisor;
- c. Supervise the operation of the video lottery gaming cashiers' cage/drop team/count team;
- d. All other persons employed by the video lottery gaming agent to perform services.

**I. COMPLETING THIS FORM:**

- a. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.**
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate "**Does Not Apply**" in response to that question. Failure to provide a response to every question could result in the denial of your application.
- c. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.
- d. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the New York State Gaming Commission and will not be returned.

**II. BE SURE:**

- a. You sign the **Statement and Authorization** at the end of this form in the presence of a notary public or other person authorized to authenticate your signature.
- b. You have included your fingerprint card along with the Identification Verification Form.
- c. You have included the last five (5) years of federal tax returns.
- d. You retain a completed copy of your application for your own records.

**Please print or type the answers to the following questions in the spaces provided.**

1. I am applying for qualification in connection with:  
 A Video Lottery Gaming Agent Key Employee Application  
 A Vendor Key Employee Application  
 A Video Lottery Gaming Principal Application  
 Other (Specify) \_\_\_\_\_

2. If Principal, I am a:  
 Owner     Stockholder     Officer  
 Investor     Director     Partner  
 Trustee     Member     Other (Specify): \_\_\_\_\_

If Key Employee, I am:

- Key Employee /Job Title (Specify): \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

3. The name of the Video Lottery Gaming Agent of which I am applying:

4. Company Employed by: (Gaming Vendor)

**5. Personal Data**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)	FIRST	Middle	Social Security # See (A) Below

MAILING ADDRESS/POSTAL ADDRESS:				
NUMBER AND STREET	APT #/FLAT #	CITY/TOWN	STATE/PROVINCE	ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)				
NUMBER AND STREET	APT #/FLAT #	CITY/TOWN	STATE/PROVINCE	ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:				
NUMBER AND STREET	APT #/FLAT #	CITY/TOWN	STATE/PROVINCE	ZIP/POSTAL CODE

HOME TELEPHONE NUMBER:		CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT		
(AREA CODE)	(NUMBER)	(AREA CODE)	(NUMBER)	(EXTENSION)

FAX NUMBER:		E-MAIL ADDRESS (OPTIONAL):
(AREA CODE)	(NUMBER)	

(A) In accordance with Privacy Act of 1974 (Title 5 U.S.C. §522a As Amended), disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, your social security number will be used by the New York State Gaming Commission to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the determination of your application.

**Personal Data con't.**

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES?

YES\_\_\_ NO\_\_\_

IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

NAME	DATE

SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT		WEIGHT
			FT	IN	

DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

\_\_\_\_\_

\_\_\_\_\_

A COLOR PHOTOGRAPH (MINIMUM 1¾" x 2" – MAXIMUM 5" X 7") OF THE APPLICANT IS REQUIRED.

DATE OF BIRTH:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

PLACE OF BIRTH:

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_  
STATE/  
PROVINCE

\_\_\_\_\_  
COUNTRY

6. Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If no, please indicate the following:

1. Country of Citizenship: \_\_\_\_\_
2. Name and address of sponsor upon your arrival: \_\_\_\_\_

b. If you are a naturalized citizen, provide the following information:

PETITION NUMBER	DATE GRANTED	COURT	CITY/STATE OF COURT	CERTIFICATE NUMBER

c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration card.

Card # \_\_\_\_\_

d. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization.

Authorization # \_\_\_\_\_

7. Have you ever been issued a passport? Yes \_\_\_\_\_ No \_\_\_\_\_

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

Please attach your color photograph to this page  
Size: Minimum – 1 3/4" x 2" – Maximum 5" x 7"

## RESIDENCE DATA

8. Beginning with your current residence(s) and working backward provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past ten (10) years or since the age of 18, whichever is less.

DATES		ADDRESS <small>(NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY &amp; ZIP/POSTAL CODE)</small>	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>			

## FAMILY/SOCIAL DATA

9. What is your current marital status:      Single \_\_\_ Married \_\_\_ Legally Separated \_\_\_ Widowed \_\_\_ Widower \_\_\_ Engaged \_\_\_

How many times have you been married? \_\_\_\_\_

### CURRENT MARRIAGE

Provide the information below regarding your current marriage and spouse:

Date of Marriage: \_\_\_\_\_ Where Married: \_\_\_\_\_  
DAY MONTH YEAR CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name of Spouse: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_  
FIRST MIDDLE MAIDEN

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
DAY MONTH YEAR CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

### PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages: (Do **NOT** include current spouse.)

NAME OF FORMER SPOUSE(S) <small>(INCLUDE MAIDEN NAME, IF APPLICABLE)</small>	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE # OF DIVORCE ACTION (IF KNOWN)	PRESENT ADDRESSES OF FORMER SPOUSE(S) <small>(NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)</small>

10a. In the chart below, list the names of all your children, stepchildren 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)

10b. 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 9a. 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:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

11. List names, residence addresses, dates of birth, and most recent occupations of parents, 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: Mother: Father-in-law: Mother-in-law: Former Parents-in-law*: Legal Guardians:				

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

12. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and of 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:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

**MILITARY SERVICE DATA**

13. 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 Services: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_  
 Highest Rank Held: \_\_\_\_\_ Period(s) of Active Services: \_\_\_\_\_  
 FROM TO

14. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation \_\_\_\_\_  
 Type of discharge(s): \_\_\_\_\_

Attach a copy of your DD Form 214 if you served in the United States armed forces.

## EDUCATIONAL DATA

16. Beginning with your highest level of education and working backward to your 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)				

## OFFICES AND POSITIONS

17. List all offices, trusteeships, directorships or fiduciary positions (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: (MO/YR)	TO: (MO/YR)			

18. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten (10) year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		



## EMPLOYMENT AND LICENSING DATA

19. 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, 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)			

20. In the chart below, provide the information regarding your employment for the past ten (10) years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. 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)				

21. With regard to the previously listed employment:

- a. Were you ever discharged, suspended or asked to resign from employment? Yes\_\_\_\_ No\_\_\_\_
- b. During the last ten (10) year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?

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

22. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve-month period. Begin with your spouse's current employer.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	TITLE/POSITION HELD
FROM: (MO/YR)	TO: (MO/YR)		

23. To the best of your knowledge, have you or has your spouse 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: (MO/YR)	TO: (MO/YR)				

24. a. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer?  
Yes \_\_\_ No \_\_\_
- b. Have you or your spouse 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

25. Have you or has your spouse 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 or matchmaker, 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 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: (MO/YR)	TO: (MO/YR)		

26. Have you ever applied in New York or any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?  
Yes \_\_\_ No \_\_\_

NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

27. Do you have any ownership interest or financial investment in any business entity applying to, or licensed by, the New York State Gaming Commission? Yes \_\_\_ No \_\_\_

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NAME AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN TH BUSINESS ENTITY

28. 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 conditions in New York or any other jurisdiction? Yes \_\_\_ No \_\_\_

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 OR CONDITION	REASON(S) FOR DENIAL SUSPENSION OR REVOCATION

29. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions? Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	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

30. 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 ten (10) 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)						

31. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of 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, 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 & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

32. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse 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?

33. To the best of your knowledge, in the past ten (10) years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in or been employed by 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 of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, 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 & ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE	DISPOSITION OF APPLICATION

34a. Are 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) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 26 in any jurisdiction? Yes\_\_\_\_ No\_\_\_\_

b. 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

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

**IMPORTANT**

**The New York State Gaming Commission or its designee will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.**

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity. The New York State Gaming Commission will compare the information you provide with criminal records maintained by federal and state law enforcement agencies.

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>. Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, CFR, Section 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary>

An applicant may obtain, review and, if necessary, seek correction of his/her criminal history pursuant to New York State DCJS regulation (9NYCRR Part 6050). To obtain further information through procedures established by DCJS, visit <http://www.criminaljustice.ny.gov/ojis/recordreview.html>

35. Have you or your spouse ever been convicted of any crime, offense or violation of law?

Yes\_\_\_\_ No\_\_\_\_

If yes, complete the following chart:

NATURE OF CONVICTION LOCATION WHERE INCIDENT OCCURRED	DATE OF CONVICTION	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION	SENTENCE

36. Have you or your spouse ever been arrested or charged for any crime, offense or violation in which action is still pending?

Yes\_\_\_\_ No\_\_\_\_

If yes, complete the following chart:

NATURE OF PENDING CHARGE	LOCATION WHERE INCIDENT OCCURRED	DATE OF INCIDENT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED



37. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named 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	DATE

38. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named 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	DATE

39. 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 response to 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

40a. 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 response to a traffic summons?

Yes\_\_\_ No\_\_\_

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or 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

41. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer 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 DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERAL

42. Has your spouse or any of your children or stepchildren ever been arrested or charged with any crime or offense (as defined at the beginning of this section) 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

43. In the past ten (10) 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 matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

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

44. In the past ten (10) 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)

45. In the past ten (10) 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, disorderly persons, petty disorderly person or motor vehicle violation?

Yes \_\_\_\_ No \_\_\_\_

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

46. 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 the disbarment or exclusion is no longer in effect or has been lifted.)

Yes \_\_\_\_ No \_\_\_\_

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

### VEHICLE OPERATOR DATA

47. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

## FINANCIAL DATA

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

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_  
 IRS Office \_\_\_\_\_  
 Location: \_\_\_\_\_

Attach to the back of this form and label as Exhibit 35, a copy of each IRS Form 1040 and Form 1040X (Amended Return) and all appropriate schedules filed by you in the last five (5) years. If you and your spouse filed separate tax returns for any year in the last five (5) years, also attach a copy of your spouse's tax returns.

49. 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

50. 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 FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

51. In the past ten (10) 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 FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

52. 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

53. 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 FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

54. 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

55. During the last ten 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 any thing of value under an intestacy statute; or  
 c. A settlor/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

56. 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 question 52). 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 TRUST

57. 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 your answer to question 52). Yes \_\_\_ No \_\_\_

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

58a. Please state your country of residence \_\_\_\_\_

58b. 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 a. 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
FROM: (MO/YR)	TO: (MO/YR)				

58c. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in a. above (excluding any foreign bank accounts identified in b. above)?

Yes \_\_\_ No \_\_\_

If yes, complete the following chart:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

59. During the last ten (10) year period, have you or has your spouse or any of your children, while dependent, received a loan in excess of \$25,000USD?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent to \$25,000USD in the national currency of the jurisdiction where you will be filing this application.)

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



60. During the last ten-year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000USD?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)  
 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

61. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten (10) years?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)  
 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

62. 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

63. Have you or has your spouse or children, while dependent, filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy within the past ten year period?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)  
 Yes\_\_\_\_ No\_\_\_\_

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

64. During the last five (5) year period, have you, your spouse 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?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)  
 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

65. a. Do you have any safe deposit boxes in your name in any jurisdiction? Yes\_\_\_\_ No\_\_\_\_

b. 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.

66. 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 \$10,000USD?  
 (The amount you are required to report is the equivalent of \$10,000USD.)

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

67. 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

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

- a. Has made (either or through third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage? Yes \_\_\_ No \_\_\_
- b. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account? Yes \_\_\_ No \_\_\_
- c. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business? Yes \_\_\_ No \_\_\_
- d. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? Yes \_\_\_ No \_\_\_

# NET WORTH STATEMENT—ASSETS AND LIABILITIES

**NOTE:** Complete the financial statements on pages 29 through 43 and copy the totals in the appropriate space below.

69. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your 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.				70. Please list all liabilities of you, your spouse and your 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)	VALUATION SPECIAL DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. Cash a) On Hand		a)		10. Notes Payable (Schedule I)		
b) In bank (Schedule A)		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/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> Total Assets (From Column B) less		
9. Other (Schedule H)				Total Liabilities (From Column D)		
<b>TOTAL ASSETS</b>				16. Contingent Liabilities (Schedule O)		

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

71. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse 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 1b, column B on page 28)

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

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

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAY-MENTS	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 items 2, column A on page 28.)					<b>TOTAL CURRENT BALANCE</b> (Enter this figure in items 2, column B on page 28.)

# SCHEDULE "C" - SECURITIES

73. 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 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 or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK( \* ).

CHECK IF HELD BY SPOUSE 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	% OF 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 28.)				<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B on page 28.)

## SCHEDULE "D" - REAL ESTATE INTERESTS

74. 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 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 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 28.)		<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B on page 28.)



## SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

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

CHECK IF HELD BY SPOUSE 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> (Enter this figure in item 5, column B on page 28.)	

## SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

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

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$ _____		\$ _____	
				<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (Enter this figure in item 6, column A on page 28.)			<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 6, column B on page 28.)

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

## SCHEDULE "G" - VEHICLES

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

CHECK IF HELD BY SPOUSE 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
						\$ _____	\$ _____
<p>*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.</p> <p>**If leased, enter the sum of the down payment plus monthly payments to date as the total cost.</p>						<p><b>TOTAL COST OF VEHICLES</b> (Enter this figure in Item 8, column A on page 28.)</p>	<p><b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in Item 8, column B on page 28.)</p>

## SCHEDULE "H" - OTHER ASSETS

78. 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 or your 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 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> (Enter this figure in item 9, column A on page 28.)			<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (Enter this figure in item 9, column B on page 28.)

# SCHEDULE "I" - NOTES PAYABLE

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

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & 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> (Enter this figure in item 10, column C on page 28.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 10, column D on page 28.)

## SCHEDULE "J" - LOANS AND OTHER PAYABLES

80. 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 or your dependent children are obligated.

CHECK IF OWED BY SPOUSE 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> (Enter this figure in item 11, column C on page 28.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 11, column D on page 28.)

## SCHEDULE "K" - TAXES PAYABLE

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

Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			<p style="text-align: right;">\$ _____</p>		<p style="text-align: right;">\$ _____</p>
			<p style="text-align: center;"><b>TOTAL ORIGINAL TAX OBLIGATION(S)</b> (Enter this figure in item 12, column C on page 28.)</p>	<p style="text-align: center;"><b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 12, column D on page 28.)</p>	

## SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

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

CHECK IF OWED BY SPOUSE 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> (Enter this figure in item 13, column C on page 28.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column D on page 28.)



## SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

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

CHECK IF OWED BY SPOUSE 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> (Enter this figure in item 14, column C on page 28.)				<b>TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS</b> (Enter this figure in item 14, column D on page 28.)

## SCHEDULE "N" - ANY OTHER INDEBTEDNESS

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

CHECK IF OWED BY SPOUSE 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> (Enter this figure in item 15, column C on page 28.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column D on page 28.)

## SCHEDULE "O" - CONTINGENT LIABILITIES

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

CHECK IF OWNED BY SPOUSE 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> (Enter this figure in item 16, column C on page 28.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column D on page 28.)

86. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member 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.)

REFERENCE ONE

Name	_____	Business Address	_____
Address	_____	City, State, Zip	_____
City, State, Zip	_____	Occupation	_____
Telephone No.	_____	How long have you known the reference?	_____

REFERENCE TWO

Name	_____	Business Address	_____
Address	_____	City, State, Zip	_____
City, State, Zip	_____	Occupation	_____
Telephone No.	_____	How long have you known the reference?	_____

REFERENCE THREE

Name	_____	Business Address	_____
Address	_____	City, State, Zip	_____
City, State, Zip	_____	Occupation	_____
Telephone No.	_____	How long have you known the reference?	_____

**Statement and Authorization**

Statement

I am the applicant and I personally supplied the information contained in this application. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this form. Any document accompanying this application that is not an original document is a true copy of the original document. I swear that the foregoing statements are true.

Notification and Release Authorization

The New York State Gaming Commission is hereby authorized to provide information relative to my identity, including my name, social security number, date of birth, and video lottery gaming license to any other State agency for the purposes of obtaining a license.

To any person and all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state and local, including unemployment insurance agencies, without exception, both foreign and domestic: I have authorized the New York State Gaming Commission and the New York Division of Criminal Justice Services to conduct a full investigation into my background and activities.

I hereby authorize the New York State Gaming Commission to obtain a credit report on me through a credit agency of its choice and I further authorize the New York State Gaming Commission to check my credit record, as needed, on a continuing basis as it relates to my employment or my suitability for employment. If an adverse employment decision is made totally or partially due to the information on the Credit Report, the New York State Gaming Commission will provide me a copy of the Credit Report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact the credit agency, if I wish.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the New York State Gaming Commission, provided that he or she certifies to you that I have an application pending before the New York State Gaming Commission or that I am presently a licensee, registrant or other person required to be qualified under New York Tax Law Section 1617-a.

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

A copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security #)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City, State, Zip)

DATED: \_\_\_\_\_ (SIGNATURE OF APPLICANT)

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

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