

Video Gaming Facility: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_ Video Gaming Lic#: \_\_\_\_\_  
(Last Name) (First Name)

**NEW YORK STATE GAMING COMMISSION  
VIDEO LOTTERY EMPLOYEE  
RENEWAL APPLICATION FORM**

**RENEWAL INSTRUCTIONS**

**I. COMPLETING THIS FORM:**

- a. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, will result in the denial of your renewal 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 will result in the rejection of your renewal application.
- c. All entries on this form must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- e. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the New York State Gaming Commission with which it has been filed and will not be returned.

**II. BEFORE YOU SUBMIT THIS FORM TO THE NEW YORK STATE GAMING COMMISSION, BE SURE THAT:**

- a. You have answered every question completely and included all required documentation requested in each question if applicable.
- b. You signed the **Statement and Authorization** at the end of this form in the presence of a notary public.
- c. You have included the Identity Verification Form (Attached). If not being live-scanned fingerprinted, include your fingerprint card along with the Identity Verification Form.
- d. If filing a Video Lottery Gaming Principal/Key Employee Renewal application, you have included the last three (3) years of tax returns.
- e. You have retained a completed copy of your renewal application package for your own records.

**III.** Video Lottery Gaming Service employees and Video Lottery Gaming employees must answer questions on pages 2, 3, 4 and complete page 7 Statement and Authorization Form and page 8 Identity Verification Form. Video Lottery Gaming Principal/Key employees must fill out all pages of this renewal application.

**IV.** 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.

<b>NEW YORK STATE GAMING COMMISSION VIDEO LOTTERY EMPLOYEE RENEWAL APPLICATION</b>	<b>VIDEO GAMING FACILITY:</b>
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<b>LICENSE NUMBER</b>		<b>POSITION HELD</b>	
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<b>NAME:</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>

If your name has been changed since you were initially licensed or since your last license renewal, include a copy of the applicable marriage license, divorce decree or court order.

<b>ADDRESS:</b>	<b>NUMBER AND STREET OR POST OFFICE BOX</b>	<b>APARTMENT NUMBER</b>

<b>CITY:</b>		<b>STATE:</b>		<b>ZIP CODE:</b>	
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<b>SSN:</b>		Under the Privacy Act, disclosure of your social security number is voluntary. Refer to Page 1, Item IV for additional information.
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<b>HOME TELEPHONE NUMBER:</b>	<b>CELLULAR TELEPHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>

**INSTRUCTIONS:** Read and answer each question carefully and completely. Leave no question unanswered. TYPE or PRINT (in ink) all entries except your signature. If you are filing a renewal of a Key Employee License you must complete the FINANCIAL STATEMENT, on Pages 5 and 6, and attach a copy of all tax returns filed with the Internal Revenue Service for the past three (3) years.

<b>1.</b>	<b>If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization in the space provided below.</b>
	USCIS "A" or other authorization number: _____

<b>2.</b>	<b>Indicate your present marital status and any changes since you were initially licensed or since your last license renewal. Check all that apply.</b>												
	<input type="checkbox"/> NO CHANGE <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED												
	If married, divorced or widowed since you were initially licensed or since your last license renewal, please complete the following:												
	<table border="1"> <thead> <tr> <th>Spouse's Name</th> <th>Marriage / Divorce / Widowed</th> <th>Date of Occurrence</th> <th>Court, if Applicable</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Spouse's Name	Marriage / Divorce / Widowed	Date of Occurrence	Court, if Applicable								
Spouse's Name	Marriage / Divorce / Widowed	Date of Occurrence	Court, if Applicable										

<b>3.</b>	<b>Are you now or have you been engaged in any employment other than by your current employer since you were initially licensed or since your last license renewal? If yes, please complete the following beginning with your current or most recent employment, listing all employment since you were initially licensed or since your last license renewal:</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>												
	<table border="1"> <thead> <tr> <th>Name / Address of Employer</th> <th>Positions Held</th> <th>From: Month/Year</th> <th>To: Month/Year</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name / Address of Employer	Positions Held	From: Month/Year	To: Month/Year									
Name / Address of Employer	Positions Held	From: Month/Year	To: Month/Year											

<b>4.</b>	<b>Have you been reprimanded, suspended, terminated, or asked to leave (for any reason) by an employer since you were initially licensed or since your last license renewal? If yes, please complete the following:</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>												
	<table border="1"> <thead> <tr> <th>Name / Address of Employer</th> <th>Nature of Action</th> <th>Reason</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name / Address of Employer	Nature of Action	Reason	Date									
Name / Address of Employer	Nature of Action	Reason	Date											

5.	Have you applied in any other jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation, including, but not limited to casino gaming, horse racing, greyhound racing, pari-mutuel operation, lottery, sports betting, or other legal gambling since you were initially licensed or since your last license renewal? If yes, please complete the following:				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of Lawful Gambling Operation	Position Sought	Licensing Authority	Type of License, Permit or Certificate	Status of Application

6.	<p>Have you been convicted of any crime or offense in any jurisdiction since you were initially licensed or since your last license renewal? The word "offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. If yes, complete the chart below:</p> <p>NOTE: 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.</p> <p>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 <a href="http://www.fbi.gov/about-us/cjis/background-checks">http://www.fbi.gov/about-us/cjis/background-checks</a>. 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 <a href="http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary">http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary</a></p> <p>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 <a href="http://www.criminaljustice.ny.gov/ojis/recordreview.html">http://www.criminaljustice.ny.gov/ojis/recordreview.html</a></p>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Nature of Charge or Offense	Name / Address of Law Enforcement Agency Involved	Date of Charge	Disposition	

7.	Have you ever been arrested or charged for any crime, offense or violation in which action is still pending? If yes, complete the following chart:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Nature of Pending Charge	Location Where Incident Occurred	Date of Incident	Name / Address of Law Enforcement Agency or Court Involved

8.	Have you been sued or named as a defendant or respondent (including matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.) since you were initially licensed or since your last license renewal? Or have you filed for bankruptcy, had any financial liens or judgments filed against you (including federal and state tax liens, delinquent child support obligations, defaulted student loans, unemployment judgments, etc.) since you were initially licensed or since your last license renewal? Petition and disposition papers must be attached.				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Nature of Suit	Name / Address of Court	Date Filed	Names of Other Parties	Disposition

9.	Have you developed an ownership interest in any entity that conducts business with your current employer since you were initially licensed or since your last license renewal? Do not include publicly traded corporations in which you own(ed) stock. If yes, please complete the following:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name / Address of Entity	Nature of Business	Facility	

**VIDEO LOTTERY GAMING PRINCIPAL/KEY EMPLOYEE LICENSE HOLDERS ONLY**

PLEASE CONTINUE TO THE FOLLOWING PAGES. PLEASE NOTE: YOUR RESPONSES ON PAGES 5 AND 6 SHOULD REFLECT ONLY UPDATES AND CHANGES SINCE YOU FILED YOUR LAST APPLICATION.

**ALL RENEWAL APPLICANTS**

PLEASE CONTINUE TO PAGE 7 AND COMPLETE THE 'STATEMENT AND AUTHORIZATION' FORM AND PAGE 8, 'IDENTITY VERIFICATION' FORM.

**NEW YORK STATE GAMING COMMISSION  
VIDEO LOTTERY GAMING PRINCIPAL/KEY EMPLOYEE RENEWAL  
APPLICATION  
FINANCIAL STATEMENT**

**INSTRUCTIONS.** Fill in all spaces; insert 'NONE' where applicable. If more space is needed, attach separate schedule that should be clearly identified as being part of this statement. Such schedules should be signed and dated in the same manner as this statement.

ASSETS	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY	LIABILITIES AND NET WORTH	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. CASH a. ON HAND		a.	b.	10. LOANS, NOTES & OTHER PAYABLES (SCHEDULE G)		
b. IN BANK (SCHEDULE A)		b.		11. TAXES PAYABLE (SCHEDULE H)		
2. LOANS, NOTES AND OTHER RECEIVABLES (SCHEDULE B)				12. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE I)		
3. SECURITIES (SCHEDULE C)				13. LOANS AGAINST INSURANCE/PENSION (SCHEDULE J)		
4. REAL ESTATE INTERESTS (SCHEDULE D)				14. OTHER INDEBTEDNESS (SCHEDULE K)		
5. CASH VALUE – LIFE INSURANCE (SCHEDULE E)				<b>TOTAL LIABILITIES</b>		
6. CASH VALUE – PENSION/RETIREMENT FUNDS (SCHEDULE F)				<b>NET WORTH</b>		
7. VEHICLES				Total Asset (from Column B) Less		
8. FURNITURE/CLOTHING				Total Liabilities (from Column D)		
9. OTHER ASSETS (ITEMIZE)				<b>CONTINGENT LIABILITIES (ITEMIZE)</b>		
<b>TOTAL ASSETS</b>						

**SUPPLEMENTARY SCHEDULES - INSTRUCTIONS:** Fill in all spaces; insert 'NONE' where applicable. Insert the totals from the bold outlined columns in these Supplementary Schedules in the appropriate space in the chart above.

**A. CASH IN BANK.** List 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) Appearing On Account	Account Number	Type of Account	Date of Balance	Balance, Enter as Item 1b, Column B

**B. LOANS, NOTES AND OTHER RECEIVABLES.** List all loans, notes, and other receivables held by you, your spouse or dependent children.

Self, Spouse or Dependent Child	Name and Address of Debtor	Interest Rate (%)	Original Loan Amount, Enter as Item 2 A	Original Date of Loan/ Receivable	Due Date	Nature of Security, if any. Indicate if Unsecured	Current Balance, Enter as Item 2 B

**C. SECURITIES.** List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. 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 (\*)**

Self, Spouse or Dependent Child	No. of Securities Or Contracts Held	Type of Security	Issuing Company or Government Agency	Date of and Price at Purchase, Enter as Item 3 A	Percentage of Ownership, if greater than 5%	Registered Owner	Date Of Valuation	Current Market Value, Enter as Item 3 B

**D. REAL ESTATE INTERESTS.** Indicate the location, size, general nature, and acquisition date of any real property 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.

Self, Spouse or Dependent Child	Address Parcel/Lot Number	Type of Property	Date Acquired	Individuals or Entities sharing Interest (Include % of Ownership for Each)	Purchase Price of % Owned, Enter as Item 4 A	Monthly Rental Income, if any	Estimated Market Value of % Owned, Enter as Item 4 B

**E. CASH VALUE – LIFE INSURANCE.** List the cash value of all life insurance policies held by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Date Purchased	Insurance Carrier	Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	Cash Surrender Value, Enter as Item 5 B

**F. CASH VALUES – PENSION/RETIREMENT FUNDS.** List the cash values of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

Self or Spouse	Type of Fund	Type of Securities Held	Employer/Institution	Account Number, if any	Total Employee Contribution, Enter as Item 6 A	Total Employer Contribution	Current Cash Value, Enter as Item 6 B

**G. LOANS, NOTES AND OTHER PAYABLES.** List 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.

Self, Spouse or Dependent Child	Name and Address of Creditor	Account Number, if any	Date Incurred	Due Date	Interest Rate (%)	Nature of Account	Original Amount of Liability, Enter as Item 10 C	Nature of Security, if any	Current Amount Outstanding, Enter as Item 10 D

**H. TAXES PAYABLE.** List all real estate and income taxes payable for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Taxing Authority	Nature of Tax	Date and Amount of Original Obligation, Enter as Item 11 C	Fines, Penalties and Interest, if any	Total Amount Due, Enter as Item 11 D

**I. MORTGAGES OR LIENS ON REAL ESTATE.** List below all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	Original Amount of Liability, Enter as Item 12 C	Description/ Address of Real Estate	Term of Mortgage/ Interest Rate (%)	Periodic Payment Amount/ Pay Period	Current Mortgage Balance, Enter as Item 12 D

**J. LOANS AGAINST INSURANCE/PENSION.** List all loans against life insurance policies, pension plans, 401K plans, etc. taken by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Insurance Carrier/Pension Plan	Purpose of Loan	Original Amount of Loan, Enter as Item 13 C	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	Current Loan Balance, Enter as Item 13 D

**K. OTHER INDEBTEDNESS.** List any other indebtedness for which you, your spouse or dependent children are obligated.

Self, 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	Periodic Payment Amount/Pay Period	Original Amount of Liability, Enter as Item 14C	Outstanding Amount of Indebtedness, Enter as Item 14 D

**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 State 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 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

# NEW YORK STATE GAMING COMMISSION

## IDENTITY VERIFICATION FOR VIDEO GAMING LICENSING

\_\_\_\_\_  
(Name of Person Being Fingerprinted)

The above person has been fingerprinted for video gaming licensing and has established his or her identity to a reasonable certainty for the purpose of fingerprint verification. To establish their identity, the above person has provided the following documents as noted by marking an "X" in the appropriate space.

**ACCEPTED FORMS OF IDENTIFICATION SECTION: NOTE: Applicant *MUST* present two (2) forms of ID, at least one (1) of which must have a photo (see Column A):**

**Column A - Valid Photo Identification:**

- Unexpired U.S. Passport;
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551);
- Unexpired foreign passport;
- Unexpired Employment Authorization Document that contains a photograph (Form I-766);
- Unexpired driver's license issued by a state or Territory of the U.S. provided it contains a photograph and information including the name, date of birth, gender, height, eye color and address;
- ID card issued by a federal, state, or local government agency or a government agency of a Territory of the U.S., provided it contains a photograph and information such as name, date of birth, gender, height, eye color and address;
- Uniformed Services Identification Card (Form DD-1172-2);
- U.S. Military Identification Card;
- U.S. Coastguard Merchant Mariner Card;
- Unexpired Canadian Driver's License;
- Federal Government Personal Identity Card (PIV);
- Department of Defense Common Access Card; or
- School Student ID card with a photograph (when accompanied by an original or certified copy of a birth certificate issued by a state, county, municipal authority or a Territory of the United States, bearing an official seal, a U.S. Social Security Card, or a Student Visa (F1/M1) issued by the U.S. Department of Consular Affairs).

**Column B - Acceptable supplementary identification documents include:**

- U.S. Military Service Record (Form DD-214);
- Military Dependent's Identification Card;
- Native American tribal document;
- U.S. Tribal or Bureau of Indian Affairs Identification Card;
- U.S. Social Security card;
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or Territory of the United States, bearing an official seal;
- Certification of Birth Abroad issued by the U.S. Department of State;
- Student Visa (F1/M1) issued by the U.S. Bureau of Consular Affairs;
- International Driving Permit;
- Unexpired Foreign Driver's License;
- Unexpired U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States (Examples: Temporary Worker Visa (B1/B2/H1B/H2B/L1/TN1), Permanent Employment Visa (EB 1-5), Visitor Visa (B2), Cultural Exchange Visa (J1), or Temporary Non-Immigrant Religious Worker Visa (R1));
- U.S. Citizen ID Card (Form I-197);
- Certificate of Citizenship (N-560);
- Replacement of Certificate of Citizenship (N-561);
- Certificate of Naturalization (N-550); or
- Replacement Certificate of Naturalization (N-570).

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**To be filled out by the individual verifying identity and/or taking fingerprints:**

Verified by: \_\_\_\_\_

**Print name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**