



**The Commonwealth of Massachusetts**  
**Massachusetts Gaming Commission**

**NOTICE OF MEETING**  
**and**  
**AGENDA**

May 8, 2012 Meeting

Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, notice is hereby given of a meeting of the Massachusetts Gaming Commission. The meeting will take place:

Tuesday, May 8, 2012  
1:00 p.m.  
Division of Insurance  
1<sup>st</sup> Floor, Hearing Room E  
1000 Washington Street  
Boston, Massachusetts

**PUBLIC MEETING**

1. Call to order
2. Approval of minutes
  - a. April 24, 2012 Meeting
  - b. May 1, 2012 Meeting
3. Administration
  - a. Search for executive director; evaluation
  - b. Public information officer
  - c. Other hiring needs
  - d. Gaming consultants – status
  - e. Outside counsel – status
  - f. Permanent meeting date and location
4. Finance / Budget Update
5. Procurement Update
6. Public Education and Information
  - a. May 3 Forum – wrap up
  - b. June 14 Economic Development Forum
  - c. Discussion of other Forums
  - d. Responses to requests for information
7. Racing commission
  - a. Comprehensive takeover plan

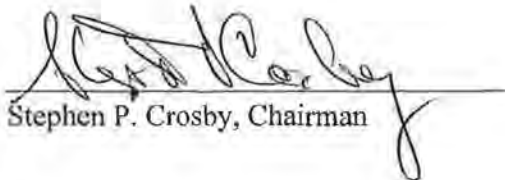
8. Interagency relations
  - a. Internet gaming
  - b. Tribal gaming
9. Strategic considerations
  - a. Issues that arose in the May 3 Forum
  - b. RFQ process
  - c. Community College follow-up
  - d. Schedule of Advisory Committees
  - e. Charitable gaming report
  - f. Assistance for municipalities
  - g. Research agenda
10. Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting

I certify that on this date, this Notice was posted as “Gaming Commission Meeting” at [www.mass.gov/gaming/meetings](http://www.mass.gov/gaming/meetings), and emailed to: [regs@sec.state.ma.us](mailto:regs@sec.state.ma.us), [melissa.andrade@state.ma.us](mailto:melissa.andrade@state.ma.us), [brian.gosselin@state.ma.us](mailto:brian.gosselin@state.ma.us) and copies were mailed, postage prepaid, to:

Secretary of State, Regulations Division  
One Ashburton Place, Room 2A  
Boston, MA 02108

Executive Office of Administration  
The State House, Room 373  
Boston, MA 02133

5/4/12  
(date)

  
Stephen P. Crosby, Chairman

**Date Posted to Website:** May 4, 2012 at 1:00 p.m.

**Massachusetts Gaming Commission**  
**Database of May 5, 2012**  
**Total Expended Amount \$196,013.72**

part	id	fiscal_yr	fiscal_period	appropriation	unit	unit_name	object_class	object_class_name	object	object_name	numbered_amt	total_expended_amount
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	AA	REGULAR EMPLOYEE COMPENSATION	A01	Salaries: Inclusive	\$0.00	\$45,849.97
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	DD	PENSION & INSURANCE RELATED EX.	D09	Fringe Benefit Cost Recoupment	\$0.00	\$16,010.81
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	EE	ADMINISTRATIVE EXPENSES	E01	Office & Administrative Supplies	\$0.00	\$15,413.38
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	EE	ADMINISTRATIVE EXPENSES	E22	Temp Use Space/Confer-Incidental Includes Reservation Fees	\$0.00	\$5,356.05
MGC		2012	11	10500001	1000	MA GAMING ADMINISTRATION	EE	ADMINISTRATIVE EXPENSES	E22	Temp Use Space/Confer-Incidental Includes Reservation Fees	\$0.00	\$0.00
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	GG	ENERGY COSTS AND SPACE RENTAL	G01	Space Rental	\$42,623.34	\$21,311.67
MGC		2012	11	10500001	1000	MA GAMING ADMINISTRATION	GG	ENERGY COSTS AND SPACE RENTAL	G01	Space Rental	(\$21,311.67)	\$21,311.67
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	HH	CONSULTANT SVCS (TO DEPTS)	H23	Program Coordinators	\$25,862.50	\$14,137.50
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	HH	CONSULTANT SVCS (TO DEPTS)	HH3	Media Design, Editorial and Communication	\$0.00	\$11,325.00
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	JJ	OPERATIONAL SERVICES	J33	Photographic & Micrographic Services	\$0.00	\$2,421.00
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	JJ	OPERATIONAL SERVICES	JJ1	Legal Support Services	\$0.00	\$662.40
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	KK	EQUIPMENT PURCHASE	K03	Programmatic Facility Equipment	\$0.00	\$650.00
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	KK	EQUIPMENT PURCHASE	K05	Office Equipment	\$0.00	\$498.75
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	KK	EQUIPMENT PURCHASE	K07	Office Furnishings	\$0.00	\$720.58
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	NN	INFRASTRUCTURE:	N51	Property Management	\$40,311.34	\$0.00
MGC		2012	11	10500001	1000	MA GAMING ADMINISTRATION	NN	INFRASTRUCTURE:	N51	Property Management-Property Management-modified this encumbrance to reflect the correct object code.	(\$40,311.34)	\$0.00
MGC		2012	11	10500001	1000	MA GAMING ADMINISTRATION	NN	INFRASTRUCTURE:	N98	Reimbursement for Travel/Other Expense Infrs Projects	\$0.00	\$40,311.34
MGC		2012	10	10500001	1000	MA GAMING ADMINISTRATION	UU	IT Non-Payroll Expenses	U02	Telecommunications Services - Voice	\$0.00	\$33.60
MGC												<b>\$196,013.72</b>

**MULTI JURISDICTIONAL**

**PERSONAL HISTORY DISCLOSURE FORM**

## **MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM**

This application is designed to allow applicants for casino/gaming qualification to complete one form that is acceptable to several jurisdictions. The questions contained in this form have been designed to satisfy the variety of filing and informational requirements of the different jurisdictions that have agreed to accept this form as an application for qualification.

Each jurisdiction accepting this form may require unique information and documentation that is not requested in this standardized form. Prior to completing this form, you should contact the appropriate agency in the jurisdictions where you are seeking qualification, licensure or approval and obtain copies of any documentation or forms that are supplemental to this standardized form. In addition, copies of this multi jurisdictional form and all supplemental forms used by the jurisdictions accepting this form may be found on the Internet at [www.iaqr.org](http://www.iaqr.org)

### **APPLICATION INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

#### **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, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted in the space provided on the bottom of each page of the form.
- e. 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. The blank page on page 65 may be used to provide this additional information. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of each of these attachment pages.
- f. 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 gaming agency with which it has been filed and will not be returned.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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**II. BE SURE TO:**

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- b. Sign the Statement of Truth form on page 66 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials, the date, and identified the gaming agency to which you are applying, on the bottom of each page of this form in the space provided and on any attachment pages.

**III. BEFORE YOU SUBMIT THIS FORM TO THE GAMING AGENCY TO WHICH YOU ARE APPLYING, BE SURE THAT:**

- a. You have reviewed the particular gaming agency's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of Truth form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.
- f. You have completed any ancillary forms for the individual jurisdictions.

**IV. TIPS FOR COMPLETING THIS FORM:**

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Once all questions have been answered, make sufficient copies for all jurisdictions where you will file your application. Note that you should do this BEFORE the form is signed, dated and notarized. Since each jurisdiction must receive an application containing original signatures, it is advisable to make copies before signing the form.
- c. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- d. Be sure to use blue ink where you sign, initial, date and identify the gaming agency where you are filing your application. Using blue ink will make it clear to the jurisdiction where you are filing that your application is to be considered an original and not a photocopy.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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**MULTI JURISDICTIONAL  
PERSONAL HISTORY DISCLOSURE FORM**

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

**PERSONAL DATA**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

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

DATE OF BIRTH: (MO)(DAY)(YEAR) E-MAIL ADDRESS (OPTIONAL):

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT ____ FT ____ IN/ ____ CM	WEIGHT ____ LBS/ ____ KG
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DO YOU HAVE ANY SCARS, TATOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_ Page 4

# IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION.**

AFFIX A COLOR PHOTOGRAPH  
HERE THAT WAS TAKEN WITHIN  
THE PAST SIX MONTHS.

PRINT YOUR NAME ON THE FRONT  
BOTTOM BORDER OF THE  
PHOTOGRAPH BEFORE  
ATTACHING IT.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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1. Of what country are you a citizen? \_\_\_\_\_

A. Please indicate:

1. Date of birth: \_\_\_\_\_  
DAY MONTH YEAR

2. Place of birth: \_\_\_\_\_  
CITY/TOWN STATE/PROVINCE COUNTRY

3. Country of birth: \_\_\_\_\_

2. Have you ever been issued a passport? Yes  No

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

### RESIDENCE DATA

3. 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 fifteen (15) 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>			

Initials \_\_\_\_\_

Gaming Agency \_\_\_\_\_

Date \_\_\_\_\_

**FAMILY/SOCIAL DATA**

4. What is your current marital status: Single  Married  Legally Separated  Divorced  Widow/Widower  Engaged

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

**A. CURRENT MARRIAGE**

Provide the information below regarding your current marriage and spouse:

Date of Marriage: \_\_\_\_\_ Where Married: \_\_\_\_\_  
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 STATE/PROVINCE COUNTRY

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

**B. PREVIOUS MARRIAGES**

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

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	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) (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

5. a. In the chart below, 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)

5. b. 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 5a. 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 \_\_\_\_\_

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

6. 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*:				

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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

7. 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:				
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Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**MILITARY SERVICE DATA**

8. 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: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

9. 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 military records\* labeled as Exhibit 9M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records\* labeled as an Exhibit 9M. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges\*\* filed against you?

Yes  No

If yes, complete the following chart:

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 means 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.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

### EDUCATIONAL DATA

11. 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)				

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



### OFFICES AND POSITIONS

12. 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)			

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

12. (Cont.)

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)			

13. 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
FROM: (MO/YR)	TO: (MO/YR)		

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYMENT AND LICENSING DATA

14. 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 GAMING 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)			

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

15. In the chart below, provide the information regarding your employment for the past twenty 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)				

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

15. (Cont.)

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)				

*If additional space is needed, please provide an attachment.*

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

16. 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 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

17. 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)		

18. 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 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)				

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

19. 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

20. 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)		

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



21. 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 any jurisdiction?

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

22. 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

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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

23. 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 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)						

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

24. 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, 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 & 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

25. 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?

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

26. To the best of your knowledge, in the past twenty 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 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, 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

27. a. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

### DEFINITIONS:

For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "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. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

### 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 subsequently downgraded to a lesser charge;
  - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
  - D. You were not convicted;
  - E. You did not serve any time in prison or jail; or
  - F. The charges or offenses happened a long time ago.
2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency .

\* Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.

### **IMPORTANT**

**The gaming agency 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.**

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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28. Have you ever been arrested or charged with any crime or 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



29. 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

30. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

31. a. 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

32. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

33. Has your spouse or any of your children, step-children or adopted children 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

34. 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 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

35. 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)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

36. In the past ten 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

37. 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**

38. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL DATA

39. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



40. 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

41. In the past twenty 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

42. 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

43. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

44. In the past ten 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

45. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

46. 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 45).

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

47. 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 45).

Yes  No

If yes, complete the following chart:

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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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

b. During the last ten 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)				

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

c. 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

49. During the last ten 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

50. 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

51. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

52. 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

53. 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



54. During the last five 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

55. 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.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

56. In the past ten years, or since the age of 18, whichever is less, have you received any referral or finder's fee 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:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

57. Have you, in the past ten 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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## NET WORTH STATEMENT -- ASSETS AND LIABILITIES

**NOTE:** Complete the financial statements on pages 49 through 63 and copy the totals in the appropriate space below.

58. 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.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. Cash			
a) On Hand		a)	
b) In bank (Schedule A)		b)	b)
2. Loans, Notes and Other Receivables (Schedule B)			
3. Securities (Schedule C)			
4. Real Estate Interests (Schedule D)			
5. Cash Value Life Insurance (Schedule E)			
6. Cash Value Pension/ Retirement Funds (Schedule F)			
7. Furniture and Clothing (Reasonable Estimate)			
8. Vehicles (Schedule G)			
9. Other (Schedule H)			
<b>TOTAL ASSETS</b>			

59. 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.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
10. Notes Payable (Schedule I)		
11. Loans and Other Payables (Schedule J)		
12. Taxes Payable (Schedule K)		
13. Mortgages or Liens on Real Estate (Schedule L)		
14. Loans Against Insurance/Pensions (Schedule M)		
15. Other Indebtedness (Schedule N)		
<b>TOTAL LIABILITIES</b>		
<b>NET WORTH</b>		
Total Assets (From Column B) less		
Total Liabilities (From Column D)		
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 \_\_\_\_\_

Initials \_\_\_\_\_

Gaming Agency \_\_\_\_\_

Date \_\_\_\_\_

## SCHEDULE "A" - CASH IN BANK

60. 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 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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

61. 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 48.)					<b>TOTAL CURRENT BALANCE</b> (Enter this figure in Items 2, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "C" - SECURITIES

62. 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 48.)				<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "D" - REAL ESTATE INTERESTS

63. 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 48.)		
								<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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

64. 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 48.)	

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



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

65. 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 48.)			<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 6, column B on page 48.)

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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "G" - VEHICLES

66. 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
						\$ _____	\$ _____
						<b>TOTAL COST OF VEHICLES</b> (Enter this figure in Item 8, column A on page 48.)	<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in Item 8, Column B on page 48.)

\*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.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "H" - OTHER ASSETS

67. 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 48.)			<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (Enter this figure in item 9, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "I" - NOTES PAYABLE

68. 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 48.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 10, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "J" - LOANS AND OTHER PAYABLES

69. 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 48.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 11, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "K" - TAXES PAYABLE

70. 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
			\$ _____		\$ _____
			<b>TOTAL ORIGINAL TAX OBLIGATION(S)</b> (Enter this figure in item 12, column C on page 48.)		
			<b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 12, column D on page 48.)		

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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

71. 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 48.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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

72. 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 48.)				<b>TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS</b> (Enter this figure in item 14, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



### SCHEDULE "N" - ANY OTHER INDEBTEDNESS

73. 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 48.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE "O" - CONTINGENT LIABILITIES

74. 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 48.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

75. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

REFERENCE TWO

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

REFERENCE THREE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

76. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_ Page 65

## STATEMENT OF TRUTH

STATE/PROVINCE OF \_\_\_\_\_;

SS:

COUNTY/DISTRICT OF \_\_\_\_\_;

\_\_\_\_\_, being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Multi Jurisdictional Casino/Gaming License Personal History Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
*(Signature of Applicant)*

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

\_\_\_\_\_  
NOTARY PUBLIC, JUSTICE OF THE PEACE/  
COMMISSIONER FOR DECLARATIONS OR OTHER  
PERSON AUTHORIZED TO TAKE DECLARATIONS

\_\_\_\_\_  
STATE/PROVINCE, COUNTRY

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_ Page 66

**Request for Responses (RFR)**  
**For Ad-hoc Audit / Consulting Review Services**  
**RFR # MGC-2012-001**

Prepared for: Massachusetts Gaming Commission

April 27, 2012



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April 27, 2012

Enrique Zuniga  
Commissioner  
Massachusetts Gaming Commission  
84 State Street, Suite 720  
Boston, MA 02109

Dear Commissioner Zuniga,

The team of Last Frontier Consulting and Spectrum Gaming Group is pleased to present this response to the Massachusetts Gaming Commission's Request for Responses (RFR) For Ad-hoc Audit / Consulting Review Services (RFR # MGC-2012-001).

Our response rests on the principle that whoever advises the Commission must possess four essential attributes:

- An unwavering commitment to integrity;
- Deep knowledge of the horse racing industry, and gaming in general;
- Capability to provide insights and identify potential "hot spots" regarding the transition of the racing commission to the gaming commission;
- Proven ability to deliver high-quality reports that are able to withstand intense public scrutiny

Our team has unrivaled strength in all these attributes. Both firms have a proven track record of providing public agencies and private investors with advice on a variety of strategic and organizational issues. Our team members collectively have several decades of experience in gaming and the horse racing industry.

Thank you for considering our proposal, and we will certainly be available to address any additional issues or answer any questions.

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## G. Form of Response

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**1. Please provide a statement of qualifications and relevant experience, including resumes of key personnel. Please indicate if the bidder will be subcontracting any part of this work to another firm/individual.**

This response is a joint proposal prepared by Last Frontier Consulting and Spectrum Gaming Group. For complete resumes of key personnel, please see Appendix A. (Page 12).

**Last Frontier Consulting**

- Last Frontier Consulting (LFC) led the NMRLLC transition team for the privatization of Meadowlands Racetrack from the State of New Jersey (New Jersey Sports and Exposition Authority). LFC created and implemented a streamlined organizational structure and a new operating financial strategy, which successfully supported a \$30 million private equity funding commitment. Additionally, LFC stewarded all facets of the transaction including legal, human resources, finance, and regulatory during a period of great uncertainty – resulting in zero business interruptions post transaction.
- LFC was retained by TVG to provide due diligence and risk/return scenarios for a contemplated privatization of Monmouth Park Racetrack from the State of New Jersey. Working within a critical timeframe, LFC synthesized key recommendations through a deconstruction of financial & industry data, stakeholder interviews and “boots on the ground” physical plant evaluation.
- LFC principal Annie Allman was retained by Harrah’s Entertainment following their purchase of Thistledown Racetrack to provide integration leadership and an evaluation of their operating financials, human resources and to identify risk management concerns. Significant findings implemented included mitigation of risk management issues created by physical plant deficiencies, and >\$1 million EBITDA improvement through process reengineering, labor and supply chain management and identification of new revenue streams.

**Annie Allman, Last Frontier Consulting, Principal**

Annie Allman has worked primarily in the racing and gaming industry since she was old enough to qualify for a racing license. She truly knows the racing business from the ground up – working as a groom, exercise rider, Thoroughbred racing stable/breeding farm administrator and racing official prior to moving into casino management.

Allman founded Last Frontier Consulting after nearly 15 years with gaming industry leader Harrah’s Entertainment (*now listed as Caesars Entertainment*). In addition to her consulting practice, she is a Board Director for American Racing & Entertainment. Allman has been a featured speaker and panelist at the Thoroughbred Racing Association/Harness Tracks of America national meeting, the Pennsylvania Gaming Summit and the Villanova University School of Business Center for Analytics.

Prior to joining Harrah's, Allman was a consultant with The Lucas Group, working on strategy engagements with LBO portfolio companies. She was recruited by Harrah's Entertainment through their prestigious President's Associate program. Allman worked directly for Chairman Phil Satre before moving into progressive marketing and operations management roles including VP Marketing Showboat Casino Hotel. As VP Marketing-Special Projects for Harrah's Eastern Division, she developed marketing strategies to drive revenue for 11 casinos in 7 states. As VP Operations/Assistant General Manager for Harrah's Chester Casino & Racetrack, she developed, opened and operated a \$420 million Standardbred racetrack and casino. Allman was recognized for her performance by Harrah's Entertainment with the 2008 Excellence in Leadership Award.

Allman received an MBA from The Tuck School of Business at Dartmouth College and a BA from the University of Pennsylvania. Additionally, she holds Key Gaming Licenses in Pennsylvania, New Jersey and New York (*Temporary Lottery pending final review by NYS Lottery*) and has been approved for casino and/or racing licenses in PA, NC, KY, NY, NJ, MS, & MO.

### **Spectrum Gaming Group**

Spectrum Gaming Group, an independent research and professional services firm serving public- and private-sector clients worldwide, has delivered the highest-quality research, strategic planning and reports concerning the horse racing industry in various engagements. For more background on Spectrum, please see Appendix B. (Page 20)

- Spectrum performed a detailed study for the Kentucky racing industry that projected gross gaming revenues as well as the total economic impact on the Commonwealth from the legalization of casinos. The report also estimated how much Kentucky adults were gambling in other states, and how much would be retained if casinos at tracks were approved.
- Spectrum performed a detailed feasibility study for Hialeah Park in Florida that included five years of revenue projections, EBITDA and the return on invested capital. It examined various segments, with a particular focus on the locals market.

"My experience with the Spectrum Group is that they are an exceptional organization that delivers first- class gaming analytical reporting and forecasting with exceptional accuracy. Additionally, their impeccable reputation in the investment community has been of great value to me in my current gaming project."

- Steven Calabro, Vice President and General Manager, Hialeah Park Casino

- The Casino Association of New Jersey retained Spectrum to perform several comprehensive studies of the horse racing industry and its impact on casino gaming, including evaluating the potential impact of slot machines at New Jersey racetracks on the casino industry.

"Spectrum has a depth of knowledge and understanding of our industry and also has the resources necessary to complete in-depth data assemblage and analysis. [We] retained Spectrum because of their reputation for integrity and the credibility that it enjoys within both industry and government circles."



Joseph Corbo, then-President, Casino Association of New Jersey

**Joseph Weinert, Spectrum Gaming Group, Senior Vice President**

Joseph Weinert is Spectrum Gaming Group's Senior Vice President, where he directs the company's economic and regulatory studies for private and public sector clients worldwide. He played a key role, including editor, in all of Spectrum's previous Massachusetts gaming-related research studies.

Weinert's experience in writing and editing Spectrum's comprehensive gaming and public policy research projects, his knowledge of Massachusetts gaming policy and his excellent journalism skills make him perfectly qualified to direct the research and report writing functions for this engagement.

Weinert has been analyzing the gaming industry since 1996. He researches and directs economic, international and regulatory studies for private- and public-sector clients worldwide. He has been the project leader for numerous studies in multiple domestic jurisdictions, as well as in the Czech Republic, Russia, Slovak Republic, Spain and United Kingdom.

Weinert founded the Pennsylvania Gaming Congress and helps organize Spectrum's three other nationally recognized conferences, the East Coast Gaming Congress, the Florida Gaming Summit and the New England Gaming Summit. In addition, he oversees Spectrum's Spectrumetrix® data-analysis and gaming-intelligence premium subscription service.

Weinert came to Spectrum after 18 years at *The Press of Atlantic City*, where for his last eight years he was responsible for the newspaper's intensive coverage of the casino industry. He is a frequent speaker at industry conferences worldwide and has been quoted in prominent media outlets, including *The Wall Street Journal*, *Financial Times*, *New York Times*, *Washington Post*, *USA Today* and CNN, among many others. In addition, he has testified before legislative committees in Massachusetts, New Jersey and Pennsylvania.

Weinert holds a BA in Journalism from Ohio Wesleyan University and a certificate from the Wharton School at the University of Pennsylvania.

**Michael Diamond, Spectrum Gaming Group, Vice President of Research**

Michael Diamond has undertaken numerous research studies analyzing the issues concerning the horse racing industry. His expertise in leading major research projects for Spectrum will

prove to be invaluable in our efforts to deliver first-rate reports for the Massachusetts Gaming Commission. .

For this engagement, Diamond will utilize his award-winning research and report writing skills to properly report on the background information, size and scope of the horse racing industry Massachusetts.

Diamond has extensive investigative research experience, both in journalism and in government. He joined Spectrum after a 33-year career at *The Press of Atlantic City*, where he served as a special projects writer, editorial page editor, statehouse correspondent and bureau chief, all while frequently covering gaming-industry issues. He won 23 state and national journalism awards and was an active member in such organizations as the Legislative Correspondents Club, National Conference of Editorial Writers, and Investigative Reporters and Editors.

Diamond left the newspaper in 2005 to become an investigator with the New Jersey Office of Inspector General. He was responsible for reviewing allegations of waste, fraud and corruption.

At Spectrum, Diamond focuses on analyzing the economic and social impacts of legalized gambling and also on regulatory research. He was the project leader for Spectrum's widely acclaimed 2009 study for the State of Connecticut that analyzed the impacts of all forms of legalized gambling. Diamond also serves as Associate Editor of Spectrum's analytical newsletter, *Gaming Industry Observer*.

Diamond graduated from Rider University with a BA degree in Political Science.

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## **2. Please provide a work plan for this engagement**

Last Frontier Consulting and Spectrum Gaming Group will provide the Massachusetts Gaming Commission with a holistic overview of the Massachusetts racing industry from a multi-stakeholder perspective per the RFR. Additionally, key insights and potential "hot spots" regarding the transition of the SRC to the aegis of the MGC will delineated. Project leader Annie Allman will conduct the majority of in-person field and industry expert interviews and interface with the MGC project sponsor. Spectrum Vice President of Research Michael Diamond will provide statistical reporting and text analysis. Spectrum Senior Vice President Joseph Weinert will provide strategic oversight and editorial rigor to ensure a final deliverable that exceeds the MGC expectations.

### **Proposed Auditor / Consultant Deliverable Elements**

1. Background Information: Industry size and scope

- a. Research and interpret financial information to include MA pari-mutuel handle trends (live on-track, simulcast import, simulcast export) for past five years
  - i. Expand data collection to NH due to close relationship between two states' racing industries
  - ii. Greyhound, Thoroughbred, Standardbred as applicable
- b. Race information to include number of race days, number of races, racing association licenses/meets
- c. Purse and Breeders/Owners payments; average daily purses
- d. *Work Flow – source information from: SRC annual reports, previously published third party reports, Daily Racing Form, The Jockey Club supplemented with association and SRC interviews.*

## 2. State Racing Commission: Functions, Work Force, Budget

- o Information request to SRC including:
  - o Organizational charts (position title, grade, status (exempt, non exempt, full time, part time, seasonal, union/non union, location i.e. field (track) or SRC office etc.)
  - o Job Descriptions (if up to date)
  - o Employee information (name, hire date, title, status)
  - o Staffing information i.e. hours of operation for field/track offices
  - o Detailed budget breakdown by function i.e. licensing, enforcement, legal, financial management, human resources, testing, etc.
  - o Scope/ amount of work i.e. how many licenses are processed annually? Rulings? Appeals? Other work streams? How has this volume changed over past years? How have resources dedicated to tasks changed?
  - o Identify supporting State departments i.e. are legal, audit, human resources, finance self-contained or adjunct departments?
- o *Work Flow – information request to SRC, follow up with in-person interviews for clarification, supplement with expert interviews for benchmarking, best demonstrated practices, develop insight*

## 3. State Racing Commission: Financial Oversight

- o Money flowing into and out of Trust Accounts
  - Delineate the decision making process for Trust Fund Disbursement
  - Request Audit Records – any recent (5 years worth) issues with revenue collection or disbursement?
- o *Work Flow – information request to SRC or appropriate state audit, follow up with in-person interviews for clarification, develop insight*

4. State Racing Commission: Employee Climate and Commissioner Viewpoints

- “Pulse check” on current employee climate, culture
- Identify potential legacy issues
- *Work flow – in person interviews with selected current SRC employees, contractors, Commissioners, possibly former Executive Director, information request to appropriate State of MA human resources officer.*

5. State Racing Commission: Legal issues

- Identify potential legacy issues and ramifications for resource allocation, risk management
- *Work flow – request briefing for MGC with follow-up documentation to be included in overview*

6. Law Enforcement Perspective: Massachusetts Racing Industry

- Current and relevant historical information – MA law enforcement sources
  - MGC to interface with MA State Police, FBI for informal briefings – provide to industry expert as applicable and appropriate
- Current and relevant historical information – industry sources i.e. Thoroughbred Racing & Protective Bureau, United States Trotting Association
- *Work Flow – telephone and/or in person interviews with industry groups; MGC to advise on confidentiality of MA law enforcement vis-a-vis disclosure to third party consultants – this portion may not be included in Last Frontier/Spectrum scope*

7. Racing Associations Perspective

- Ascertain financial health, funding, ownership of current racing associations i.e. “racetracks”
- Purse account status, issues (overpayment?)
- Status of Horsemen’s contracts
- Identify top issues facing each racetrack
- Feedback on SRC (areas of inquiry may include responsiveness, perceived relationship, open issues, etc.)
- *Work Flow – information requests; in person interviews with management. Note: this proposal does not include detailed financial analysis of racing associations*

8. Horsemen’s (Trainer, Owner) Perspective. Status of racetrack contracts.



- Report on status of racetrack/horsemen's contracts i.e. end date
- Purse account status, issues (overpayment?)
- Identify top issues facing each horsemen's group
- Feedback on SRC (areas of inquiry may include responsiveness, perceived relationship, open issues, etc.)
- Financial and leadership status of each group
- *Work Flow – information requests; in person interviews with management*

**9. Public Perception of MA Racing Industry**

- What is the current public perception of racing and pari-mutuel activity in MA?
- How might that impact MGC resources?
- *Work Flow – search/index of last twelve months articles/blogs/digital media; identify top trends; possible follow up interviews with key "voices"*

**3. Please provide at least three business references.**

Last Frontier Consulting/Annie Allman

**Robert P. Levy** (610) 642 0224

Chairman, DRT Industries. Ardmore, PA

Past Chairman, Atlantic City Race Course.

Past President, Thoroughbred Racing Associations

Current Director, Penn National Gaming

**Jeff Gural** (212) 372 2400

Past Chairman, Newmark Knight Frank

Chairman, American Racing & Entertainment

Chairman, New Meadowlands Racetrack LLC

**Mike Tanner** (614) 224 2291 x3209

Executive Director, United States Trotting Association

**4. Please provide a cost proposal. Indicate the amount of estimated hours as part of the cost proposal.**

Last Frontier Consulting and Spectrum Gaming propose a consulting fee of \$45,000 for the above work plan, payable as follows:

- \$15,000 at project commencement
- \$15,000 at completion of field and expert interviews
- \$15,000 post final deliverable (within two weeks)

Out of pocket expenses including travel, meals, lodging, and document preparation will be billed at cost on a bi-weekly basis. We will endeavor to keep expenses reasonable and to submit receipts to the extent possible.

Estimated (minimum) hours:

• Project Leader/Senior Consultant	120
• Spectrum Vice President of Research	25
• Spectrum Senior Vice President	15

In order to cover the extensive scope requested in the RFR and within the requested four weeks, we believe there are a few Key Success Factors:

- MGC support in creating a sense of urgency with stakeholders to ensure that individuals are flexible with their schedules and available for meetings and interviews
- MGC support and partnership with consultants to determine appropriate interview list and contact information (for example, identifying human resources officer with SRC responsibility)
- MGC availability to provide input to mid project reports, drafts, etc.

Given the large number of personal interviews integral to this plan, we respectfully request MGC to consider a longer time frame to complete the project i.e. 6-8 weeks from kick off to closure.



## Appendix A. Resumes of Key Personnel

### H. ANNE (ANNIE) ALLMAN

Media, PA 19063

annie@lastfrontierllc.com

#### EXECUTIVE PROFILE

Future-focused leader, skilled at defining and solving problems, setting a vision and driving heightened value to the business. Employs a creative, consumer-minded approach powered by analytical rigor.

#### PROFESSIONAL EXPERIENCE

**Last Frontier Consulting, Media, PA 2011 - present**

**Principal**

**Clients include: TVG, Los Angeles, CA; New Meadowlands Racetrack LLC, New York, NY and Spectrum Gaming Group, Linwood, NJ.**

Provided due diligence for potential new business venture. Evaluated risk/return scenarios for privatization of Monmouth Park (Thoroughbred racing) and related assets (off track wagering, account wagering). Provided interim senior management and ran transition team for NMRLLC's successful efforts to privatize Meadowlands Racetrack and related assets from State of New Jersey (New Jersey Sports & Exposition Authority). Providing ongoing strategic advice to Meadowlands including pre-opening marketing and operational plans for Winners @ Bayonne (off track wagering and sports bar/restaurant opening July 2012) and marketing plans/revenue development for The Meadowlands.

**Caesars Entertainment, Las Vegas, NV 2010**

**Thistledown Racetrack, North Randall, OH**

**Consultant**

Provided integration leadership and financial evaluation for new owner. Created >\$1M EBITDA improvements (total enterprise run rate \$4M negative EBITDA) through process reengineering, labor and supply chain management and identification of new revenue streams.

**Harrah's Entertainment, Las Vegas, NV 1996-2010**

**Harrah's Chester Casino & Racetrack, Chester, PA (2005-2010)**

**Assistant General Manager / Vice President Operations**

Directed all gaming (racing/slots/table games), food & beverage, facilities & EVS, valet, wardrobe and customer service departments for facility generating annual revenues >\$350M.

- Developed, opened and operated \$420M project in emerging gaming market on-time and under budget. Successfully built relationships with numerous constituents, i.e. Harness Commission, Gaming Control Board,

Horsemen; local, county and state officials.

- Delivered 5X expected operating income initial year, exceeded business goals throughout tenure while operating in a 62% gaming tax environment.
- Created a customer service culture – property ranked #1 out of all 44 Harrah's properties in 2008 on corporate service metrics. Responsible for customer satisfaction programs across business.
- Management lead for union contract negotiations covering 800 employees (IBEW, Carpenters and Unite HERE/ Laborers/Teamsters Joint Labor Board) resulting in \$4M savings.

**Harrah's Eastern Division, Atlantic City, NJ (2003–2005)**

***Vice President, Marketing - Special Projects***

Assigned to drive revenue and increased profitability across Eastern Division (11 assets in 7 states, totaling \$932M 2005 EBITDA including hotels, casinos and ancillary businesses.)

- Troubleshot underperforming properties and markets including riverboat, Native American and destination properties.
- Led slot product launches and brand-wide promotions resulting in national exposure for Harrah's Entertainment.

**Showboat Casino Hotel, Atlantic City, NJ (2000–2003)**

***Vice President, Marketing***

Increased YOY net income 24% (\$76M) through strategic marketing initiatives. Areas of responsibility included brand management, CRM & loyalty card programs, advertising, PR, motor coach programs, special events & tournaments, entertainment & promotions, cash back and complimentaries.

- Managed \$90M+ budget; drove record gaming and hotel revenues.
- Relunched Showboat brand through extensive rebranding and redesign of all marketing programs.
- Employed marketing analytics to identify and attack opportunities based on demographic, geographic, psychographic and purchase/visitation data.
- Created innovative attractions & events to overcome location disadvantage (end of Boardwalk) i.e. "Hollywood Glamour" exhibit driving 100,000+ viewers over 8 weeks.

**Harrah's Atlantic City and Harrah's Eastern Division – various locations**

***Director, Eastern Division Marketing* – NC, IA, NJ, IL, KS (1999–2000)**

***Director, Database and Loyalty Card Marketing* - Harrah's Atlantic City (1998–1999)**

***Manager, Marketing Operations* – Harrah's Atlantic City (1997–1998)**

Developed and executed strategic marketing plans for gaming properties generating revenues in excess of \$1B. Responsibilities encompassed brand marketing, CRM including attraction, retention, and attrition programs, promotions, PR/advertising and strategic alliances with local market and brand-wide focus.

- Refocused marketing team at Indian gaming property with video product to deliver 4Q99 operating income \$14MM, 30% over plan.
- Managed \$28MM budget driving approximately \$380MM revenue; \$98MM operating income.
- Generated record hotel occupancy (40% over plan) and associated gaming revenues (1174 room hotel).
- Grew target customer database 20%; associated increased annual revenues \$30MM.
- Cut collateral costs on largest direct marketing program by 40% through challenging previous operating procedures.

**Harrah's Entertainment Corporate, Memphis, TN**

***President's Associate* (1996–1997)**

Reported directly to CEO Philip G. Satre, represented the Chairman/CEO's office participating in analyst meetings, investment and industry conferences, strategic alliance proposals and senior management sessions.

**The Lucas Group, Waltham, MA**

**1995–1996**

***Management Consultant***

Performed operational diagnostics, developed strategy, provided competitor analysis and purchasing optimization for diverse clientele including Fortune 50 consumer goods and LBO portfolio companies.

**EDUCATION**

**MBA, Tuck School of Business at Dartmouth College**

**BA, English, University of Pennsylvania**

**AWARDS/COMMUNITY/BOARDS**

- Board Director, American Racing & Entertainment (NY based racinos), 2011 – present.
- Harrah's Entertainment 2008 Excellence in Leadership Award.

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**Joseph S. Weinert | Senior Vice President  
Spectrum Gaming Group**

1201 New Road, Suite 308 | Linwood, NJ 08221  
609-271-7680 | [weinert@spectrumgaming.com](mailto:weinert@spectrumgaming.com)

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**EDUCATION**

- The Wharton School, University of Pennsylvania, Certificate in Wharton Seminars for Business Writers, 1998
- Ohio Wesleyan University, Bachelor of Arts in Journalism, 1982

**PROFESSIONAL EXPERIENCE**

- 2004 – Present: Senior Vice President, Spectrum Gaming Group (Linwood, NJ)
  - Research, analysis, report-writing and editing for domestic and international economic-impact reports, market analyses and feasibility studies concerning the casino industry.
  - Research and editing for domestic and international regulatory and due-diligence reports concerning the casino industry.
  - Editor, Spectrumetrix® data-analysis and gaming intelligence service.
  - Editor and Director, Gaming Industry Observer Platinum Service, a premium
- 1996 – 2004: Casino Industry Reporter, *The Press of Atlantic City* (Atlantic City, NJ)
  - Intensive coverage of then the world's second-largest gaming jurisdiction for daily newspaper, reporting on finances, operations, regulation and other business matters of Atlantic City casinos and national gaming-industry trends. Widely recognized as one of the premier gaming-industry reporters in the country.
- 1996 – 2004: Freelance Casino Writer  
Work appeared in numerous gaming and gaming-related publications, including:
  - *IGWB* (International Gaming & Wagering Business)
  - *Las Vegas Review-Journal*
  - *Casino Journal*
  - *Casino Executive*

- 1986 – 1996: Sports Reporter and Copy Editor, *The Press of Atlantic City* (Atlantic City, NJ)
  - Sports reporter with assignments including Philadelphia professional teams, professional golf, professional golfing, professional events in Atlantic City, college sports, feature stories on amateur athletes and events.

**PROFESSIONAL AFFILIATIONS and ACTIVITIES**

- Conference speaker, including Global Gaming Expo, World Gaming Congress, East Coast Gaming Congress, G2E Institute, Pennsylvania Gaming Congress, Florida Gaming Summit, Casino Marketing Conference, New York Gaming Summit.



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**Michael Diamond | Vice President of Research**

**Spectrum Gaming Group**

1201 New Road, Suite 308 | Linwood, NJ 08221

609-385-3276 | [mdiamond@spectrumgaming.com](mailto:mdiamond@spectrumgaming.com)

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**EDUCATION**

- B.A. Political Science, Rider College, 1971

**PROFESSIONAL EXPERIENCE**

- 10/2006 – present: Vice President – Research, Spectrum Gaming Group, Linwood, NJ
  - Responsibilities include research and report-writing of all aspects of the gaming industry. Oversee comprehensive reports prepared for various public-sector and private-sector clients.
- 9/2005 – 8/2006: Investigator, New Jersey Office of the Inspector General, Trenton, NJ
  - Assigned to projects designed to ferret out waste, fraud, corruption and inefficiency in state government. Collected facts, reviewed and analyzed records, interviewed individuals, prepared investigative reports.
- 1/1991 – 9/2005: Journalist, Special Projects Writer, Atlantic City Press, Pleasantville, NJ
  - Developed long-term, impact-type investigative projects. Met tight deadlines. Conducted detailed interviews. Wrote engaging articles that made readers want to read the paper with an eye toward objectivity and accuracy.
- 5/1984 – 1/1991: Editorial Page Editor, Atlantic City Press, Pleasantville, NJ
  - Responsible for content and layout of editorial pages. Produced daily opinion and commentary pages.
- 6/1980 – 5/1984: Statehouse Correspondent, Atlantic City Press, Pleasantville, NJ
  - Responsible for Statehouse and legislative coverage. Wrote weekly column.

**AWARDS**

- 2005
  - Third place: N.J. Press Association: First Amendment. Municipal court judge: A cash cow for towns.
- 2003
  - Finalist: (National) Associated Press Managing Editors, Enterprise. Police recycle used guns.
  - First place: N.J. Press Association: Responsible Journalism, Police recycle used guns.

- First place, N.J. Society of Professional Journalists, Enterprise: Criminals walk away from justice.
- 2002
  - Third place: N.J. Press Association: Responsible Journalism: School board members rack up travel expenses.
  - Second place, N.J. Society of Professional Journalists, Enterprise: Flawed system of reporting school violence.
- 2001
  - Third place: N.J. Society of Professional Journalists, Enterprise: Wetlands law has no backbone.
- 2000
  - Finalist: (National) Associated Press Managing Editors FOIA contest: Opening up closed session minutes.
  - Finalist: Investigative Reporters & Editors, FOIA contest: Opening up closed session minutes.
  - First place: N.J. Press Association: Coverage of government, Stafford MUA perks.
  - Third place: N.J. Press Association, Specialty Writing Portfolio, Charter schools.
- 1999
  - Finalist: Investigative Reporters & Editors, City lawyers work on the taxpayer's dime
  - Second place: N.J. Press Association, First Amendment. Public Records: None of your business
- 1998
  - Second place: N.J. Press Association, Enterprise \_ How one oil company overcharged public agencies \$800,000.
- 1996
  - Third place: North Jersey Press Club, Public Service \_ A.C. lawyer overbills public clients
- 1995
  - Finalist: Scripps Howard First Amendment. Secret justice
  - Third place: N.J. Press Association. Public Service \_ Secret justice
- 1994
  - First place: N.J. Press Association, Responsible Journalism \_ Unsafe buses: Hazard on wheels
- 1992
  - Third place: N.J. Press Association, Enterprise \_ Executive clemency
  - First place: N.J. Society of Professional Journalists, Enterprise \_ Executive clemency

Proposal for Massachusetts Gaming Commission

- Second place: New Jersey SPJ, Public Service \_ Police brutality in Atlantic City
- 1991
  - First place: N.J. Press Association (N.J. Bell Enterprise) \_ Assault on the shore
  - Second place: N.J. Press Association, Public Service \_ Police brutality in Atlantic City
- 1989
  - First place: Best editorial page, N.J. Press Association



## Appendix B. - Spectrum Gaming Group: Background

Spectrum Gaming Group LLC, founded in 1993, is an independent research and professional services firm serving public- and private-sector clients worldwide. Our principals have backgrounds in gaming operations, economic analysis, law enforcement, due diligence, gaming regulation, compliance and journalism.

Independence and integrity are our hallmarks. We assiduously avoid conflicts of interest, and we hold no beneficial interest in any casino operating companies or gaming equipment manufacturers or suppliers. We employ only senior-level executives and associates who have earned reputations for honesty, integrity and the highest standards of professional conduct.

Spectrum is principally engaged in research, analysis and governmental work. To avoid conflicts of interest (real or perceived), we note that:

- We do not engage in investment banking, capital development or financing.
- We do not engage in securities research.
- We do not engage in project management or construction services.

Spectrum was honored by *Inc. Magazine*, which named Spectrum to the 2008 and the 2009 Inc. 5,000 List of the Fastest Growing Companies in the United States. In offering such recognition, *Inc. Magazine* noted that "A focus on integrity has allowed Spectrum to thrive."

Each Spectrum project is customized to our client's specific requirements and developed from the ground up. Our findings, conclusions and recommendations are based solely on our research, analysis and experience. We do not tell clients necessarily what they want to hear; we tell them what they need to know. We will not accept, and have never accepted, engagements that seek a preferred result.

Spectrum is a full-service firm. We maintain a network of leading experts in all disciplines relating to the gaming industry, and we do this through our offices in Atlantic City, Bangkok, Guangzhou, Hong Kong, Las Vegas, Macau, Manila and Tokyo. We provide our clients with an array of services, including:

- Feasibility studies
- Economic impact reports
- Market analyses
- Restructurings, distressed properties/acquisition services
- Drafting of legislation and regulation
- Anti-money laundering controls
- Internet gambling research and analysis
- Public-policy analysis
- Investigations and due diligence (financial and Integrity)
- Establishment of investigative procedures
- Evaluation of public policy
- Legal support service
- Gaming regulatory services
- Professional services for Indian Nations

**STATE OF NEW JERSEY**  
**DIVISION OF GAMING ENFORCEMENT**



**BUSINESS ENTITY DISCLOSURE FORM**  
**CASINO COMPANY**  
**CASINO HOLDING AND INTERMEDIARY COMPANY**

# BUSINESS ENTITY DISCLOSURE FORM

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**NAME OF BUSINESS ENTITY**

(DO NOT ABBREVIATE)

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\*Name as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, formation documents or other official document.

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D/B/A OR TRADE NAME(S)

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**PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION**

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Name Title

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E-Mail Address Telephone: (Area Code) Number FAX Number

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**THE PRINCIPAL BUSINESS ADDRESS OF THE BUSINESS ENTITY**

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Street Location (Number/Street) City State Zip

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Country Telephone: (Area Code) Number FAX Number

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Mailing address (If different) City State Zip

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Web Site (URL)

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**THE ADDRESS FROM WHICH THE BUSINESS ENTITY IS OR WILL BE CONDUCTING ANY BUSINESS AS PART OF AN AGREEMENT WITH A CASINO HOTEL**

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Street Location (Number/Street) City State Zip

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Country Telephone (Area Code) Number FAX Number

Check the appropriate box:

- This form is being submitted as an initial application for a casino license.
- This form is being submitted as an application for the retention of a casino license.
- The above-named business entity is an applicant for a statement of compliance.
- The above-named business entity holds shares in \_\_\_\_\_ which is an applicant for a casino license or statement of compliance.
- Other. Explain: \_\_\_\_\_

**ITEM 1. INCORPORATION OR FORMATION**

A. Provide the date and place of incorporation or formation

Date: \_\_\_\_\_

Place of incorporation or formation: \_\_\_\_\_

B. Incorporators or founding persons

Use Attachment 1B to provide the following information for each incorporator or founding person of the business entity:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
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**ITEM 2. OTHER NAMES AND ADDRESSES OF THE BUSINESS ENTITY**

A. List all other names under which the business entity has done business and give the approximate time periods during which these names were being used.

\_\_\_\_\_  
\_\_\_\_\_

B. Use Attachment 2B to provide the following information about all other addresses presently used by the business entity and all addresses from which the business entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the business entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM:	TO:

### **ITEM 3. DESCRIPTION OF PRESENT BUSINESS**

Provide as Attachment 3 a description of the business done and intended to be done by the business entity and its parent, holding, subsidiary and intermediary companies or business entities and the general development of such business during the past five years, or such shorter period as the business entity or its parent, subsidiary and intermediary companies or business entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the business entity, if known.
- B. The principal products produced and services rendered by the business entity and its parent, intermediary and subsidiary companies, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the business entity or its parent, intermediary or subsidiary companies; the nature and results of any other material reorganization, readjustment or succession of the business entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

### **ITEM 4. DESCRIPTION OF FORMER BUSINESS**

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the business entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.



**ITEM 5. DIRECTORS AND TRUSTEES**

Use Attachment 5 to provide the following information for each director and trustee, or person with similar authority, of the business entity. (NOTE: Each director and trustee of the business entity must complete a Multi-Jurisdictional Personal History Disclosure Form (MJP HDF) with a New Jersey Supplemental Form (NJSF) or a Personal History Disclosure Form 1 (PHD1), that is to be filed with this application.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE BUSINESS ENTITY	DATE OF BIRTH
		FROM:	TO		

**ITEM 6. FORMER DIRECTORS**

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee, or person with similar authority, of the business entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO		

**ITEM 7. OFFICERS**

Use Attachment 7 to provide the following information for each officer of the business entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the formation documents. (NOTE: A MJP HDF with NJSF or PHD1 must be completed by every person noted below. In addition, the Division may, in its discretion, order additional persons associated with the business entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of the Casino Control Act.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO		

**ITEM 8. FORMER OFFICERS**

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the business entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the formation documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM	TO		

**ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS**

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee, and officer, of the business entity, whether such compensation is in the form of salary, wages, commissions, fees, securities or other ownership interest, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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**ITEM 10. COMPENSATION OVER \$100,000**

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$100,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE BUSINESS ENTITY	AMOUNT OF COMPENSATION
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**ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the business entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering the plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class; and
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

**ITEM 12. SECURITY OR OTHER OWNERSHIP INTEREST DESCRIPTION**

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and security or other ownership interest issued, or to be issued, by the business entity including the number of shares of each class of security or other ownership interest authorized or to be authorized and the number of shares of each class of security or other ownership interest outstanding (i.e., not held by or on behalf of the issuer) as of this date.

If the right of holders of any class of security or other ownership interest may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.

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**ITEM 13. VOTING SHAREHOLDERS**

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting securities or other ownership interest issued by the business entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the business entity submitting this form is an applicant for a casino license, or is a non-public holding or intermediary company of such an applicant, then a completed MJPHDF with NJSF or PHD1 or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting securities or other ownership interest of the business entity. If the business entity submitting this form is a publicly traded holding company of an applicant for a casino license, then a completed MJPHDF with NJSF or PHD1 or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting securities or other ownership interest of the business entity unless the Division has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD
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**ITEM 14. NON-VOTING SHAREHOLDERS**

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting securities or other ownership interest issued by the business entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the business entity submitting this form is an applicant for a casino license, or is a non-public holding or intermediary company of such an applicant, then a completed MJPHDF with NJSF or PHD1 or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting security or other ownership interest of the business entity. If the business entity submitting this form is a publicly traded holding company of an applicant for a casino license, then a completed MJPHDF with NJSF or PHD1 or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting securities or other ownership interest of the business entity unless the Division has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING NON-VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD
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**ITEM 15. DESCRIPTION OF LONG TERM DEBT**

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders, or to be issued or executed, by the business entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information

**ITEM 16. HOLDERS OF LONG TERM DEBT**

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the business entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by the Division to submit a completed MJPHDF with NJSF or PHD1 or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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**ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES**

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the business entity other than those described in response to Items 15 and 16. (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)

**ITEM 18. HOLDERS OF OTHER INDEBTEDNESS**

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Division to submit a completed MJPHDF with NJSF or PHD1 or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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**ITEM 19. SECURITIES OPTIONS**

- A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the business entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the business entity.
- B. Use Attachment 19B, to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE (AT ISSUANCE)
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**ITEM 20. FINANCIAL INSTITUTIONS**

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the business entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the business entity, a nominee of the business entity or was otherwise under the direct or indirect control of the business entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

**ITEM 21. CONTRACTS AND SUPPLIERS**

Use Attachment 21 to provide the following information with respect to all persons with whom the business entity has contracts or agreements of \$100,000 or more in value or from whom the business entity has received \$100,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED
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**ITEM 22. SECURITIES OR OTHER OWNERSHIP INTEREST HELD BY THE BUSINESS ENTITY**

Use Attachment 22 to provide the following information about each company in which the business entity holds shares or an interest:

NAME AND ADDRESS OF COMPANY	TYPE OF SECURITIES OR OTHER OWNERSHIP INTEREST HELD	PURCHASE PRICE PER SHARE OR INTEREST	NUMBER OF SHARES HELD	% OF OWNERSHIP MORE THAN 5%
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**ITEM 23. INSIDER TRANSACTIONS**

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of a business entity on the part of any person who is indirectly or directly a beneficial owner of ten percent (10%) or more of any class of securities or other ownership interest in the business entity or who is or was within that period a director or officer of the business entity. [Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NAMES OF SECURITIES INVOLVED
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**ITEM 24. CRIMINAL HISTORY**

The next question asks about any charges or offenses the business entity or any of its directors, trustees or officers may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

- A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- B. "Offense" includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS: 1. Answer "yes" and provide all information to the best of your ability EVEN IF:

- A. The business entity, its directors, trustees, or officers did not commit the offense charged;
- B. The charges were dismissed;
- C. The business entity, its directors, trustees, or officers were not convicted;
- D. The charges or offenses happened a long time ago.

2. Answer "no" if the records relating to the charges have been expunged or sealed by court order.

Has the business entity or any of its subsidiaries, directors, trustees, or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this state or any other jurisdiction?"

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

If yes, use Attachment 24 to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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**ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

Has the business entity, any of its subsidiaries, directors, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

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

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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**ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS**

Has the business entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?

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

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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**ITEM 27. EXISTING LITIGATION**

Provide as Attachment 27 a description of all existing civil litigation to which the business entity, its parent or any subsidiary is presently a party whether in this state or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involve claims against the business entity which are fully and completely covered under an insurance policy held by the business entity with a licensed insurance carrier. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

**ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

A. Has the business entity ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. In the past ten years, has the business entity had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of any state or federal statute, regulation or code that resulted in a fine or penalty of \$50,000 or more entered against it?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either question, use Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
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**ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

A. Has the business entity, its parent or any intermediary company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Has the business entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF SOUGHT	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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**ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE (Cont.)**

C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the business entity or its parent, holding, intermediary or subsidiary companies?

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

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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**ITEM 30. LICENSES**

A. During the last ten year period, has the business entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this state or any other jurisdiction, denied, suspended or revoked?

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

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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B. Has the business entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

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

If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE.
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**ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF BUSINESS ENTITY**

- A. During the last ten year period, has the business entity, its parent or any subsidiary, director, officer, or employee, or any third party acting for or on behalf of the business entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- B. During the last ten year period, has the business entity, its parent or any subsidiary, director, officer or employee, or any third party acting for or on behalf of the business entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- C. During the last ten year period, has the business entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- D. During the last ten year period, has the business entity, its parent company, any subsidiary or related entity or individual donated or loaned property or any other thing of value for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- E. During the last ten year period, did the business entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of making political contributions either foreign or domestic?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- F. During the last ten year period, has the business entity, its parent or any subsidiary, made any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions either foreign or domestic?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- G. During the last ten year period, has the business entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the business entity's books or records?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- H. During the last ten year period, has the business entity, its parent or any subsidiary, maintained any numbered account or any account in the name of a nominee for the business entity?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- I. List the names and addresses of any present or former directors, officers, employees, or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.
-

### **ITEM 32. FINANCIAL STATEMENTS**

- A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.
- B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the business entity and any exceptions taken to such statements by the independent auditor retained by the business entity, and the management response thereto.

### **ITEM 33. ANNUAL REPORTS**

- A. Provide as Attachment 33A a copy of all annual reports of the business entity that were submitted to shareholders or other persons during the last five years.
- B. In addition to the information required in Item 33A, a business entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

### **ITEM 34. QUARTERLY REPORTS**

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the business entity. If the business entity is a registrant with the Securities and Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

### **ITEM 35. INTERIM REPORTS**

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the business entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the business entity's certifying accountant or other material events. If the business entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

### **ITEM 36. PROXY AND INFORMATION STATEMENT**

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

### **ITEM 37. REGISTRATION STATEMENT**

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933

**ITEM 38. REPORTS OF ACCOUNTANTS**

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the business entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

**ITEM 39. FORMATION DOCUMENTS**

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the corporation, the partnership agreement of the partnership or formation documents of the business entity, as applicable, with all amendments and proposed amendments to date. Highlight the portions of these documents that comply with the requirements of *N.J.S.A. 5:12-82d*.

**ITEM 40. ORGANIZATIONAL CHART**

- A. Provide as Attachment 40A a current ownership organizational chart of the business entity, its parent company and each subsidiary of the business entity.
- B. Provide as Attachment 40B a functional table of organization for the business entity filing this Business Entity Disclosure Form- including position descriptions and the names of persons holding such positions.

**ITEM 41. TAX RETURNS**

Provide as Attachment 41 a copy of all 1120 Forms (U.S. Corporate Income Tax Return), 1065 (Partnership Tax Return Limited Liability Company Return) and 941 Forms (Employer's Quarterly Federal Tax Return) as applicable, submitted to the Internal Revenue Service in the last five years.

**ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS**

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (\*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
1B	Incorporators or founding persons	
2B	Other names and addresses of the business entity (Presently used)	
2C	Other names and addresses of the business entity (Past 10 years)	
3*	Description of business done and intended to be done.	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$100,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
13	Voting shareholders	
14	Non-voting shareholders	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Securities or other ownership interest held by the business entity	
23	Insider transactions	

**ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)**

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
24	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gambling)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the business entity	
39*	Formation documents and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for business entity filing this form, job descriptions and names of employees	
41*	Copies of forms filed with the IRS in the last five years	



**ITEM 43. AFFIDAVITS AND SIGNATURES**

Pursuant to the regulations of the Division of Gaming Enforcement, *N.J.A.C. 13:69A-7.10* and 7.11 this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself date the signature of the affiant and indicate the basis of his authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

WAIVER OF LIABILITY

The President or any officer of the business entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or Chief Executive Officer.

**AFFIDAVIT**

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

SS:

I, \_\_\_\_\_, the \_\_\_\_\_ of  
(NAME) (TITLE/POSITION)

the business entity, being duly sworn according to law, on my oath, deposes and says that I make this statement on behalf of the business entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

\_\_\_\_\_  
NAME OF BUSINESS ENTITY

By \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ACCOUNTANT PREPARING FORM, IF ANY

Subscribed and sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_

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

\_\_\_\_\_  
ATTORNEY PREPARING FORM, IF ANY



# RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_  
(NAME OF BUSINESS ENTITY)

I, \_\_\_\_\_ have  
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

authorized the New Jersey Division of Gaming Enforcement to conduct a full investigation into the background of said business entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said business entity, documentary or otherwise, as requested by any employee, agent or representative of the Division of Gaming Enforcement provided that he or she certifies to you that said business entity has an application pending before the Division of Gaming Enforcement or Casino Control Commission or that said business entity is presently a licensee or registrant required to be qualified under the provisions of the Casino Control Act.

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

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_.

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

## CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of \_\_\_\_\_  
(NAME OF BUSINESS ENTITY)

I, \_\_\_\_\_  
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER), hereby consent to all inspections, searches and

seizures and the supplying of handwriting exemplars as authorized by the Casino Control Act and by the rules and regulations of the Division of Gaming Enforcement.

The said business entity is aware of its right secured by the Constitution of the United States and by the Constitution of the State of New Jersey not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said business entity

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_.

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

## WAIVER OF LIABILITY

On behalf of \_\_\_\_\_  
(NAME OF BUSINESS ENTITY)

I, \_\_\_\_\_  
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability as to the State of New Jersey and its instrumentalities and agents, for any damages resulting to the said business entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_.

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

**ATTACHMENT 1B      INCORPORATORS OR FOUNDING PERSONS**

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH

Attachment 1B: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE BUSINESS ENTITY (Presently Used)**

NUMBER AND STREET	CITY	STATE	ZIP

Attachment 2B: Page \_\_\_\_ of \_\_\_\_

**ATTACHMENT 2C OTHER NAMES AND ADDRESSES OF THE BUSINESS ENTITY (Past 10 years)**

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM:	TO:

Attachment 2C: Page \_\_\_ of \_\_\_ pages.

**ATTACHMENT 5 DIRECTORS, TRUSTEES**

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE BUSINESS ENTITY	DATE OF BIRTH
		FROM:	TO		

Attachment 5: Page \_\_\_\_ of \_\_\_\_ pages.



**ATTACHMENT 6 FORMER DIRECTORS, TRUSTEES**

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO		

Attachment 6: Page \_\_\_\_ of \_\_\_\_ pages

**ATTACHMENT 7 OFFICERS**

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO		

**ATTACHMENT 8 FORMER OFFICERS**

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO		

Attachment 8: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS**

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

Attachment 9: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 10      COMPENSATION OVER \$100,000**

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE BUSINESS ENTITY	AMOUNT OF COMPENSATION

Attachment 10: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 13      VOTING SHAREHOLDERS**

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD

Attachment 13: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 14      NON-VOTING SHAREHOLDERS**

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING NON-VOTING SECURITIES OR OTHER OWNERSHIP INTEREST HELD

Attachment 14: Page \_\_\_\_ of \_\_\_\_ pages.



**ATTACHMENT 16      HOLDERS OF LONG TERM DEBT**

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

Attachment 16: Page \_\_\_\_ of \_\_\_\_ Pages

**ATTACHMENT 18      HOLDERS OF OTHER INDEBTEDNESS**

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

Attachment 18: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 19B****PERSONS HOLDING SECURITIES OPTIONS**

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE

Attachment 19B: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 20      FINANCIAL INSTITUTIONS**

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

Attachment 20: Page \_\_\_ of \_\_\_ pages.

**ATTACHMENT 21      CONTRACTS AND SUPPLIERS**

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED

Attachment 21: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 22      SECURITIES OR OTHER OWNERSHIP INTEREST HELD BY THE BUSINESS ENTITY**

NAME AND ADDRESS OF COMPANY	TYPE OF SECURITIES OR OTHER OWNERSHIP INTEREST HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP MORE THAN 5%

Attachment 22: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 23      INSIDER TRANSACTIONS**

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SECURITIES INVOLVED

Attachment 23: Page \_\_\_\_ of \_\_\_\_ pages.



**ATTACHMENT 24      CRIMINAL HISTORY**

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE

Attachment 24: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 25 TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

Attachment 25: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 26 TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS**

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION

Attachment 26: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 27      EXISTING LITIGATION**

CASE NO.	TITLE AND COURT	GENERAL NATURE	LOCATION

Attachment 27: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 28 ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

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

Attachment 28: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 29A BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**  
**(BANKRUPTCY OR INSOLVENCY)**

DATE PETITION FILED OR RELIEF SOUGHT	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED

Attachment 29A: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 29C BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**  
**(APPOINTED RECEIVER, AGENT OR TRUSTEE)**

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT

Attachment 29C: Page \_\_\_ of \_\_\_ pages.



**ATTACHMENT 30A      LICENSES (Government)**

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN

Attachment 30A: Page \_\_\_\_ of \_\_\_\_ pages.

**ATTACHMENT 30B      LICENSES (Other gambling)**

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE

Attachment 30B: Page \_\_\_\_ of \_\_\_\_ pages.