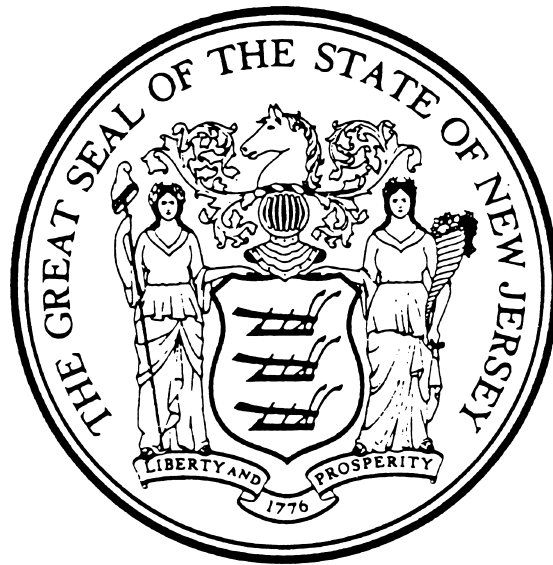


STATE OF NEW JERSEY

Division of Gaming Enforcement



**PERSONAL HISTORY DISCLOSURE FORM
ANCILLARY CASINO SERVICE
INDUSTRY ENTERPRISE**

**ANCILLARY CASINO SERVICE INDUSTRY ENTERPRISE
PERSONAL HISTORY DISCLOSURE FORM**

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

A. You are to complete this form if you are:

1. A qualifier of a junket enterprise, a junket representative, or a qualifier of an ancillary casino service industry enterprise license applicant pursuant to *N.J.S.A. 5:12-92a(3)*; or
2. Directed to do so by the Division of Gaming Enforcement (Division).

B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. 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 the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form will result in the rejection of your application.

D. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. Extra space is provided on page 49.

E. *N.J.A.C. 13:69A-7.7* requires qualifiers of enterprises to submit fingerprint cards with their Personal History Disclosure Forms at the time of initial application for licensure and application for retention of the license. Qualifiers may choose one of the two following methods for providing the required fingerprint cards:

1. To be fingerprinted at the DGE Identification Unit in Atlantic City, NJ, you must go to Identogo's website or visit the following website directly <https://uenroll.identogo.com> to pre-enroll and schedule your appointment.

You will be prompted to enter a Service Code that corresponds to the registration, license, or qualification for which you are applying. Please see instructions on the DGE website:

<https://www.nj.gov/oag/ge/docs/Fingerprint%20Processes%20Final.pdf>

The Service Codes have been designed by Identogo and assigned to the DGE to ensure that applicants are not accidentally or incorrectly processed for a service that is not required. The applicable Service code should be utilized ONLY by those individuals wishing to be fingerprinted at the DGE location, located at 1325

Boardwalk on the corner of Tennessee Ave & the Boardwalk in Atlantic City, NJ.

Please be advised that the Division now has the capability to record and reproduce fingerprints electronically. This means that if you schedule an appointment at any time prior to the due date of the application and you are fingerprinted by the Division, you may not be required to be fingerprinted for any future applications. There is no charge for fingerprinting.

Should you choose to be fingerprinted in Atlantic City, you may establish your identity in accordance with *N.J.A.C. 13:69A-7.2A* at the time of your fingerprint appointment by providing the original document(s) listed below in a) or b):

- a) A current and valid U.S. passport OR a Certificate of U.S. Citizenship OR a Certificate of Naturalization OR a current identification card issued by the U.S. Citizenship & Immigration Services (USCIS), containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes, and address.
- b) If the items in a) above are not available, a certified copy of a U.S. birth certificate issued by a state, county or municipal authority, with an official seal, must be presented along with any one of the following authentic documents:
 - (1) A current and valid state-issued driver's license that has a photograph and/or identifying information;
 - (2) A current and valid identification card issued by the Department of Defense to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 - (3) A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
 - (4) A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
 - (5) A valid casino employee or casino key employee license, an expired casino employee or casino key employee license issued after 1998, or a valid casino service employee registration; or
 - (6) A current and valid foreign passport with a proper USCIS authorization.

Call (609) 441-3050 if you have any questions about identification documents.

Note: Upon arrival for your appointment, please advise Division personnel that you are there to be fingerprinted for a casino service enterprise industry license application.

2. If you are unable to come to Atlantic City to be fingerprinted, fingerprint cards are enclosed so that you can be fingerprinted at your local police department. All qualifiers must provide the required set(s) of fingerprints on the enclosed card(s). This must be done at the time of the initial application and with each subsequent retention application. Further instructions are attached to the enclosed fingerprint cards.

II. BE SURE TO:

- A. Attach a recent (within the last six months) color photograph of yourself in the space provided on page 7.
- B. Sign the Statement of Truth, Release Authorization and Waiver of Liability forms on page 51, 52, and 53 in the presence of a Notary Public and have your signature notarized.
- C. Check to make sure that you have placed your initials and the date in the space provided on the bottom of each page after you have checked your answers and are sure they are complete.

III. BEFORE YOU SUBMIT THIS FORM TO THE DIVISION, BE SURE THAT:

- A. All attachments required in this form are labeled with an exhibit number and included in both the original, the photocopies and the computer disk filed with the Division.
- B. You have placed documentation that you have been fingerprinted by the Division or that you have submitted the appropriate fingerprint cards and information sheet.
- C. The Statement of Truth, the Release Authorization, and Waiver of Liability forms are notarized on the original application.
- D. Every question has been answered completely.
- E. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE DIVISION:

- A. Submit an original and one photocopy of this form and all attachments to:
New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB) Intake Unit
1325 Boardwalk
Atlantic City, New Jersey 08401
- B. If the photocopy of this form or the photograph is not clear, the application **will not be accepted**.
- C. Once the application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of any change of address.
- C. Pursuant to Section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
- D. Pursuant to Section 79(a)(6) and 80c of the Casino Control Act, any person who applies for and obtains a license from the Division or is required to qualify, is subject to warrantless searches when present in a licensed casino facility.
- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Commission and Division, or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80b of the Casino Control Act, an applicant, licensee or person required to qualify, waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. Pursuant to 42 U.S.C. § 405(c)(2)(C)(i), *N.J.S.A.* 54:50-25, 42 U.S.C. § 666(a)(13), and *N.J.S.A.* 2A:17-56.60, the Division of Gaming Enforcement is required to obtain your Social Security number. Pursuant to these authorities, the Division of Gaming Enforcement is also obligated to provide your Social Security number to:
 - 1. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
 - 2. The Probation Division or any other agency responsible for child-support enforcement, upon request.

PLEASE CHECK APPROPRIATE BOX			
AIR COLOR:	EYE COLOR:	SEX:	RACE: ²
<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (M) Male	<input type="checkbox"/> (C) Caucasian
<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (F) Female	<input type="checkbox"/> (B) Black
<input type="checkbox"/> (BD) Blond	<input type="checkbox"/> (HZ) Hazel	<input type="checkbox"/> (X) Non-Binary	<input type="checkbox"/> (H) Hispanic
<input type="checkbox"/> (RD) Red	<input type="checkbox"/> (BL) Blue		<input type="checkbox"/> (A) Asian
<input type="checkbox"/> (GY) Gray	<input type="checkbox"/> (GY) Gray		<input type="checkbox"/> (N) Native American
<input type="checkbox"/> (WH) White	<input type="checkbox"/> (GR) Green		
<input type="checkbox"/> (BA) Bald			
<input type="checkbox"/> Other			

HEIGHT

WEIGHT

_____ FT _____ IN/ _____ CM

_____ LBS/ _____ KG

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

² Your response is optional.

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.

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

3. If you are a naturalized citizen of the United States, provide the following information:

PETITION NUMBER (Date Granted, Court, City & State of Court, and Certificate Number)

Attach a copy of your Certificate of Naturalization to the back of this form and label as Attachment 3.

4. If you are not a citizen of the United States, please indicate:

- a. The country of which you are a citizen: _____
- b. Place of birth: _____
- c. Port of entry into the United States: _____
- d. Name and address of sponsor upon your arrival:

5. If you are not a United States citizen, but you are a legally-authorized permanent resident alien, or you are authorized to be employed in the United States, please provide your USCIS number and expiration date in the space provided below, and attach to this form a copy of your UCIS document that conditions or restricts your employment labeled as Attachment 5.

USCIS "A" number: _____

Expiration Date: _____

6. I am applying for qualification in connection with:

- An initial Ancillary Casino Service Industry Enterprise license application.
- An application for retention of an Ancillary Casino Service Industry Enterprise license.
- Other *N.J.S.A. 5:12-92* application.

7. I am a qualifier because I am a(n):

- Owner Stockholder Junket Representative
- Investor Director
- Officer Partner
- Principal Employee Sales Representative
- Other (Specify) _____

8. Provide the following information about the ancillary enterprise applicant or licensee of which you are a qualifier and your position in it:

NAME OF ENTERPRISE

ADDRESS OF ENTERPRISE (Number and Street, City, State, Zip Code)

TITLE OF POSITION (Held or Will Hold)

RESIDENCE DATA

9. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past ten (10) years or since the age of 18, whichever is less. Attach separate page as Attachment 9 if more space is needed.

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

FAMILY/SOCIAL DATA

10. 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)

11a. 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. Attach a separate page as Attachment 11a if needed.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)

11b. Please certify, under penalty of perjury, the following:

- a. Do you currently have a child support obligation? Yes No
- (1) If "Yes," are you in arrears in payment of said obligation? Yes No
- (2) If "Yes," does the arrearage relate to a period longer than six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

An answer of "Yes" to any of the questions a through d above shall, in accordance with N.J.S.A. 5:12-86i, require you to provide proof to the director's satisfaction of payment or arrangement to pay any such debts prior to licensure.

In accordance with N.J.S.A. 2A:17-56.44(d), any false certification of the above may subject you to contempt of court and a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

By initialing here _____, I acknowledge the terms of the above provisions.

12. List names, residence addresses, dates of birth, and most recent occupations of parents, 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:				

MILITARY SERVICE DATA

13. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes No

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Serial #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

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

Date of each discharge/separation: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as Attachment 14. 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 Attachment 14. If in reserves, please attach a copy of your discharge papers.

15. 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.)

EDUCATIONAL DATA

16. 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)				

OFFICES AND POSITIONS

17. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward. Attach a separate page as Attachment 17 if needed.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

18. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward. Attach a separate page as Attachment 18 if needed.

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

EMPLOYMENT AND LICENSING DATA

19. Have you ever been employed by a casino or gaming/gambling related company* in any jurisdiction? Yes No
 Attach a separate page as Attachment 19 if needed.

*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, mobile gaming, 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)			

20. In the chart below, provide the information regarding your employment for the past ten 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. Attach a separate page as Attachment 20 if needed.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

21. With regard to any previous 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, you are required to provide as attachment 21a/b - a written explanation detailing in full the circumstances of each such time you were discharged, suspended, asked to resign or disciplined. Such writing should include, at a minimum: date of employment action, name and address of employer, name of supervisor, and stated reason for discharge, suspension, resignation or disciplinary action.

22. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve month period. Begin with your spouse's current employer. Attach a separate page as Attachment 22 if needed.

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

23. To the best of your knowledge, have you or has your spouse served as a trustee or other fiduciary officer in any capacity during the last twelve month period? Yes No

If yes, complete the following chart. Attach a separate page as Attachment 23 if needed.

DATES		CAPACITY	NATURE OF TRUST OR OTHER FUND	INCOME RECEIVED	FOR WHOM HELD
FROM: (MO/YR)	TO: (MO/YR)				

24a. 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. Attach a separate page as Attachment 24a/b if needed.

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL

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

If you answered yes, have any of the licenses, permits or certifications applied for, or held by you or your spouse, ever been denied, suspended, revoked or subject to any conditions in any jurisdiction? Yes No

If yes, you are required to provide as attachment 25 a written explanation detailing in full the circumstances of each such each denial, suspension, revocation or conditions, the date same was imposed, the type of license applied for, the name and address of the governmental agency imposing the denial, suspension, revocation or condition, and the stated reason for same.

26. Do you have any ownership interest, financial interest or financial investment in any business entity applying to, or presently licensed by, the New Jersey Casino Control Commission and/or the Division of Gaming Enforcement?

Yes No

If YES, complete the following chart. Attach a separate page as Attachment 26 if needed.

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	VID #/LOG #

27. 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. Attach a separate page as Attachment 27 if needed.

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

28. List any group, firm, partnership, corporation or any other businesses in which you hold or have held a direct or indirect financial interest or ownership interest of 5% or more for the past ten years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you owned stock). Attach a separate page as Attachment 28 if needed.

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)						

29. 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, mobile gaming, 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. Attach a separate page as Attachment 29 if needed.

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

30. 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, you are required to provide as attachment 30 a written explanation detailing in full the circumstances of each such appearance to testify or otherwise participate in a hearing or proceeding, the date of same, the nature of the proceeding, and whether or not you actually offered testimony.

31. To the best of your knowledge, in the past ten 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, mobile gaming, 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. Attach as a separate page as Attachment 31 if needed.

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

32a. 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 31 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 you answered "yes" to either question above, attach as Attachment 32a/b - a written statement explaining your "yes" answer, including at a minimum the name of the relative, relationship to you, name of gaming/gambling or alcoholic beverage business and address as well as the business telephone number.

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.

IMPORTANT

The Division of Gaming Enforcement 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.

33. Have you ever been arrested or charged with any crime or offense in any jurisdiction? Yes No
 If yes, complete the following chart. Attach as a separate page as Attachment 33 if needed.

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

34. 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. Attach a separate page as Attachment 34 if needed.

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

35. During the last 10-year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any entity that:

a. Has made or has been charged with (either itself or through third parties for it), bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a favorable advantage?

Yes No

b. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?

Yes No

c. Has maintained a bank account or other account, whether domestic or foreign, which was not reflected on the books or records of the business?

Yes No

d. Has maintained a domestic or foreign-numbered bank account or other bank account in a name other than the name of the business?

Yes No

e. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee, either domestic or foreign?

Yes No

f. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposing any government or political party, either domestic or foreign?

Yes No

g. Has made any loans, donations or other disbursements to its directors, officers or employees, for the purpose of making political contributions or reimbursing such individuals for political contributions?

Yes No

36. 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. Attach as a separate page as Attachment 36 if needed.

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

37a. 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

Yes No

If yes to either question, complete the following chart. Attach as a separate Attachment 37a/b if needed.

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

38. 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. Attach a separate page as Attachment 38 if needed.

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERRAL

39. Has your spouse 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: Attach a separate page as Attachment 39 if needed.

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

40. In the past ten 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. Attach a separate page as Attachment 40 if needed.

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

41. In the past ten 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. Attach a separate page as Attachment 41 if needed.

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)

42. 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. Attach a separate page as Attachment 42 if needed.

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

43. 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. Attach a separate page as Attachment 43 if needed.

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

FINANCIAL DATA

44. 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. Attach a separate page as Attachment 44 if needed.

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

45. 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

46. In the past ten years or since the age of 18, whichever is less, has any business entity in which you hold or have held a direct or indirect financial interest or ownership interest of 5% or more, 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

47. 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 you answered “yes” to the last question, you are required to attach as attachment 47 a written explanation detailing in full the circumstances of your “yes” answer, including the name and address of the business entity, your relationship to the entity, date placed under liquidation, receivership, monitoring, etc., the reason it was placed under liquidation, receivership, monitoring, etc., and the present status of the entity.

48. 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, you are required to *provide an attachment* with a written explanation detailing in full the circumstances of each such garnishment, attachment, charging order, voluntary wage execution or the like, the date of same, docket number, name and address of the court, the nature and amount of the obligation, as well as the name and address of the holder of the obligation.

49. In the past ten years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction?

Yes No

50. 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. Attach a separate page as Attachment 50 if needed.

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

51a. 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. Attach a separate page as Attachment 51b if needed.

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)				

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. Attach a separate page as Attachment 51c if needed.

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

52. 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? Yes No

53. 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? Yes No

If yes to either of the previous two questions, complete the following chart:

DATE RECEIVED/MADE LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

54. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten years? Yes No

55. Do you or your spouse maintain a brokerage or margin account with any securities or commodities dealer? Yes No
If yes, complete the following chart. Attach a separate page as Attachment 55 if needed.

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

56. 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? Yes No
57. 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
58. 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 Yes No
 If yes, complete the following chart. Attach a separate page as Attachment 58 if needed.

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

59. 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

60. State when you filed your last Federal Income Tax Return and any and all State Income Tax Returns, to what IRS Center and State Center it was sent and the tax period it covered:

Date Filed: _____

Period Covered: _____

IRS/State Office Location: _____

Note: Attach to the back of this form and label as Attachment 60, a copy of each IRS and State Form, with any amendments, and all appropriate schedules filed by you in the last three years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

61. Has your Federal Income Tax Return ever been audited or adjusted? Yes No

If YES, for what tax year(s)?: _____

62. Have you ever failed to file Federal or State Income Tax Returns? Yes No

If YES, for what tax year(s)?: _____

63. Have you or your spouse ever filed any type of tax return, statement, or form, in any jurisdiction, outside the United States, within the last 10 years? Yes No

If YES, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Note: Attach to the back of this form and label as Attachment 63, a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdictions.

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 40 through 47 and copy the totals in the appropriate space below.

64. 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. Please be prepared to detail each line entry as part of the investigative process after your application has been accepted for filing.

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			
6. Cash Value Pension/ Retirement Funds			
7. Other (i.e. Furniture, Clothing, Vehicles, etc.) (Reasonable Estimate)			
TOTAL ASSETS			

Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Please be prepared to detail each line entry as part of the investigative process after your application has been Accepted for filing.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
8. Loans, Notes and Other Payables (Schedule E)		
9. Taxes Payable (Schedule F)		
10. Mortgages or Liens on Real Estate (Schedule G)		
11. Loans Against Insurance/Pensions		
12. Other Indebtedness		
TOTAL LIABILITIES		
NET WORTH		
Total Assets (From Column B) less		
Total Liabilities (From Column D)		
16. Contingent Liabilities		

Date of Statement _____

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

Name _____

Address _____

Phone _____

SCHEDULE "A" - CASH IN BANK

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse 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
						TOTAL CURRENT BALANCE (Enter this figure in item 1b, column B on page 41)

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

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 PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE
			TOTAL ORIGINAL LOAN AMOUNT(S) (Enter this figure in items 2, column A on page 41)					TOTAL CURRENT BALANCE (Enter this figure in items 2, column B on page 41)

SCHEDULE "C" - SECURITIES

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse 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
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A on page 41)				TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B on page 41)

SCHEDULE "D" - REAL ESTATE INTERESTS

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse 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
						TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 41)		
								TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 41)

SCHEDULE "E" – LOANS, NOTES AND OTHER PAYABLES

List below the information requested with regard to all notes or 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 (Include monthly Payment amount)	
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 8, column C on page 41)				TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 8, column D on page 41)

SCHEDULE "F" - TAXES PAYABLE

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
			TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in item 9, column C on page 41)		
					TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 9, column D on page 41)

SCHEDULE "G" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse 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	
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 10, column C on page 41)					TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 10, column D on page 41)

65. 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?

66. 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 and date the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

PHOTOCOPY AND USE ADDITIONAL PAGES IF NECESSARY

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 Ancillary Casino Service Industry Enterprise 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

RELEASE AUTHORIZATION

TO: All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Credit Agencies, Financial and Other Such Institutions and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, _____, have authorized the New Jersey Division of Gaming
(Print Name)

Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement, provided that he or she certifies to you that I have an application pending before the Division of Gaming Enforcement or the Casino Control Commission and that I am presently a licensee, registrant or other person 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.

NOTICE
The Division, in connection with its investigation of this submission, will conduct checks with law enforcement / fingerprint agencies and credit agencies.

(Date)

(Legal Signature)
(Signature of Applicant)

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

(Notary Public)

(State)

WAIVER OF LIABILITY

I, _____, hereby waive liability as to the State of New Jersey and
(Print Name)

its instrumentalities and agents, for any damages resulting to me 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)

(State)