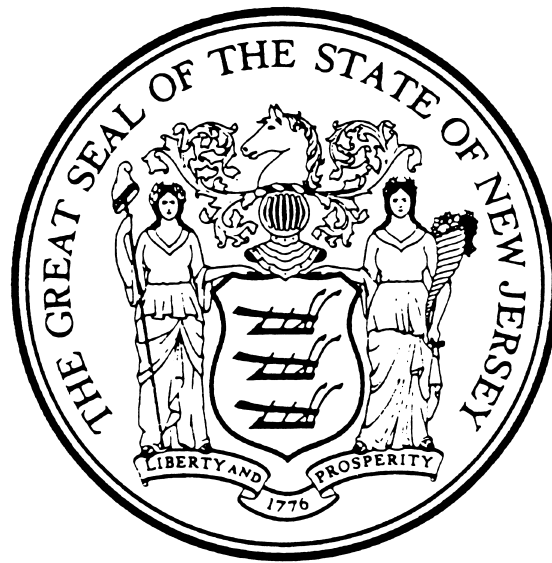


STATE OF NEW JERSEY
Division of Gaming Enforcement



CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE -
BUSINESS ENTITY DISCLOSURE FORM

CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE - Business Entity Disclosure Form

NAME OF ENTERPRISE* (DO NOT ABBREVIATE):

Name as it appears on the Certificate of Incorporation, charter, by-laws, partnership agreement, formation documents or other official document

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

Name and Title

Home Telephone Number with Area Code

Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code

E-Mail Address

Fax Number (if available)

PRINCIPAL BUSINESS ADDRESS OF THE ENTERPRISE:

STREET LOCATION

Number/Street

City

State

Zip Code

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

COUNTRY

TELEPHONE

Area Code

Number

Fax Number (if available)

WEBSITE (URL)

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

STREET LOCATION

Number/Street

City

State

Zip Code

COUNTRY

TELEPHONE

Area Code

Number

Fax Number (if available)

Check the appropriate box:

This is an initial application for a Casino Hotel Alcoholic Beverage License.

This is an application to retain a Casino Hotel Alcoholic Beverage License.

Current license number and date of last submission filed: _____.

Check here if a Casino Hotel Alcoholic Beverage Licensee Business Entity Disclosure Form-HOLDING COMPANY, pursuant to N.J.A.C. 13:69A-5.8, is part of this application.

FOR STATE OF NEW JERSEY USE ONLY				
VRF #	LOG #	FILED DATE	NOB CODE(S)	FOR TIME PERIOD

CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE- BUSINESS ENTITY DISCLOSURE FORM-

Note: For purposes of this application, “enterprise” shall be defined to include any corporation, association, operation, firm, partnership, trust, or other form of business association, as well as any sole proprietor or natural person.

ITEM 1 PRIOR NAMES AND ADDRESSES OF THE ENTERPRISE

A. List all other names under which the enterprise has done business for the last five years:

B. List other addresses from which the enterprise has done business within the last five years:

NUMBER AND STREET	CITY	STATE	ZIP CODE	DATES	
				FROM	TO

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 1B.

ITEM 2 DESCRIPTION OF ENTERPRISE

A. Specify the business form of this enterprise (that is, corporation, partnership, trust, joint venture, sole proprietorship, or otherwise):

B. Please submit a copy of the Certificate of Incorporation and all amendments, charter, by-laws, partnership agreement, trust agreement, or other basic documentation of the enterprise, if any. This document must be labeled as ITEM 2B.

C. If the enterprise is a publicly-traded corporation, please indicate below on what exchange its stock is traded and under what name.

D. Provide below your enterprise's Federal Employer Identification Number (FID#):

FID # ____ - ____ - ____ - ____ - ____
or Social Security Number: ____ - ____ - ____¹

Check box if applied for

E. Provide a copy of the business registration certificate or other valid business registration issued to your enterprise by the State of New Jersey's Division of Revenue in the Department of Treasury. This document must be labeled ITEM 2E.

F. Please state the type of goods or services being provided to the casino industry and/or the nature of business of your enterprise.

ITEM 3 AGREEMENTS

A. If the enterprise has entered in any written agreements with a casino licensee or applicant, indicate here the number of such written agreements:

Attach to this form a representative sample copy of such an agreement and type or print the following on the attached copy: ITEM 3A.

B. If the enterprise has entered into any unwritten agreements or purchase order business with a casino licensee or applicant, describe below the terms of each unwritten agreement, including in said description the expected duration and terms of compensation of each such agreement:

¹ In accordance with Section 7 of the Privacy Act, 5 U.S.C. 552a, disclosure of your Social Security Number is voluntary. Failure to disclose your Social Security Number is not grounds to deny your petition. The request for your Social Security Number is made pursuant to Casino Control Act, N.J.S.A. 5:12-1, *et seq.* If provided, your Social Security Number will be used by the Division to obtain and verify information contained in this petition.

C. Are or were any agreements between this enterprise and a casino licensee or applicant, in any way, subject to or conditioned upon any other agreement between the casino hotel and either this enterprise or any other enterprise whatsoever?

Yes No

If Yes, identify each such agreement, explain the relationship, and name the enterprise:

D. Are or were any agreements between this enterprise and any casino licensee or applicant, contingent upon other agreements between the enterprise and its suppliers?

Yes No

If Yes, identify the said suppliers, vendors or subcontractors and identify the relationship between that agreement and any other agreement with a casino hotel:

E. Are any of the suppliers, vendors or subcontractors of the enterprise holders of any securities of the enterprise or creditors as to any long or short-term debt of the enterprise?

Yes No

If Yes, identify the said suppliers, vendors or subcontractors, the nature of the interest or debt and the amount thereof:

ITEM 4 GOVERNMENTAL REGULATION

A. Is the enterprise subject to regulation by a public agency in this State or any other jurisdiction?

Yes No

If Yes, identify the public agency and its location, and describe the nature and extent of the regulation as it affects this enterprise (for example, control of rates, individual qualifications, criminal records, etc.)

B. During the last five-year period, has the enterprise 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, state the name and nature of the license or certificate denied, suspended or revoked, the name and location of the government agency taking such action, and the date and reason for such action in the following tabular form:

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

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 4B.

ITEM 5 FINANCIAL INFORMATION

A. If the enterprise has audited financial statements prepared, submit two copies of the most recently-prepared statement and auditor’s report. Mark both the statement and report as ITEM 5A.

B. If the enterprise does not normally have its financial statements audited, submit two copies of the most recently-prepared unaudited financial statement and mark such statement as ITEM 5B. (If the enterprise has neither an audited or unaudited financial statement prepared, please note same below this paragraph).

C. Please include two copies of the most recently-filed federal and state tax returns, in full, including all attachments, schedules and extension requests. Mark each return and schedule as ITEM 5C.

D. Has the enterprise had any judgments or petitions, under any provision of the Federal Bankruptcy Act or under any state insolvency law, filed by or against it in the last five-year period?

Yes No

If YES to either question, provide the information in tabular form:

COURT NAME	COURT LOCATION	TYPE OF PETITION	DATE FILED	OFFICIAL NAME OF CASE

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 5D.

E. Has the enterprise sought relief under any provision of the Federal Bankruptcy Act, or under any State insolvency law in the last five-year period?.

Yes No

If YES to either question, provide the information in tabular form:

COURT NAME	COURT LOCATION	NAME OF CASE	RELIEF SOUGHT	DATE FILED

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 5E.

F. Has any receiver, fiscal agent, trustee, reorganization trustee or similar officer, been appointed, in the last five-year period, by a court for the business or property of the enterprise?

Yes No

If YES to either question, provide the information in tabular form:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 5F.

ITEM 6 CRIMINAL HISTORY

Has the enterprise 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 to either question, provide the information in tabular form:

NATURE OF CASE	NAME AND ADDRESS OF COURT OR AGENCY	RESULT OF CASE	DATE OF CONVICTION

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 6.

ITEM 7 ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS;
STATUTORY AND REGULATORY VIOLATIONS

A. Has the enterprise 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 10 years, has the corporation 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 of \$50,000 or more, entered against it?

Yes No

If YES to either question, 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

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 7.

ITEM 8 QUALIFIERS

Please indicate all natural persons or entities in your company that correspond to the sub-items listed below. If any of the sub-items (A) through (K) do not apply, please indicate "Does Not Apply" directly on this form. For those listed below, complete the information on the next page in the format indicated.

NOTE: A CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE-QUALIFIER DISCLOSURE FORM, PURSUANT TO N.J.A.C. 13:69A-5.9, MUST BE COMPLETED BY EVERY PERSON NOTED IN ITEM 8A THROUGH K BELOW. IN ADDITION, THE DIVISION MAY REQUIRE THAT ADDITIONAL PERSONS ASSOCIATED WITH THE LICENSEE FILE A DISCLOSURE FORM IF IT DETERMINES THAT SUCH PERSONS SHOULD BE QUALIFIED IN ORDER TO EFFECTUATE THE PURPOSES OF THE CASINO CONTROL ACT.

- A. All persons who will act as sales representatives or otherwise regularly engage in the solicitation of business from a casino licensee and applicant.
- B. All immediate supervisors of each person described in Paragraph A.
- C. All persons responsible for or in charge of the office out of which work the supervisors described in Paragraph B.
- D. All persons who have signed or will sign any agreement with a casino licensee and applicant.
- E. All officers of the enterprise.
- F. All inside directors* of the enterprise.

 *An inside director is defined at N.J.A.C. 13:69J-1.1, as:
 "...a director of a casino service industry applicant or licensee or holding or intermediary company thereof who is also an officer or employee of the applicant or licensee or the holding or intermediary company of which he or she is director."
- G. Any trustee of the enterprise.
- H. All partners, whether general, limited or otherwise.
- I. The sole proprietor, if the enterprise is a sole proprietorship.
- J. Each natural person or business entity that **directly or indirectly** holds any beneficial or ownership interest of five percent or more of the enterprise. If an enterprise is limited as an owner, this enterprise must complete a Casino Hotel Alcoholic Beverage Enterprise Business Entity Disclosure Form-Holding Company (see page one of the instructions).
- K. Any person who is principally responsible for the on-site management of the operation of the enterprise (i.e., general manager or manager).

For every person or entity noted in ITEMS 8 A. through K. on the previous page, please provide the information requested in the following tabular form:

NAME	DATE OF BIRTH	HOME ADDRESS	TITLE, POSITION OR ASSOCIATION WITH THE ENTERPRISE	% OF OWNERSHIP

Note: Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 8A., B., etc.

ITEM 9 AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Division of Gaming enforcement, *N.J.A.C. 13:69A-7.10*, 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.

Each of the following persons must complete an affidavit attesting to the truth of the information in this form:

- A. If the enterprise is a corporation, the president or any officer so authorized to affirm;
- B. If the enterprise is a partnership, each of the partners; if a limited partnership, only by each of the general partners;
- C. If the enterprise is any other business form, organization or association, the president or any officer so authorized to affirm; and
- D. If the enterprise is a sole proprietorship, the natural person who is the proprietor.

Each requested affidavit must be identical to the model that appears on the next page of this form.

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, hereby acknowledge that I am aware that the Division of
(Name)
Gaming Enforcement (Division) may deny a license to any applicant which applies information to the
Division which is untrue or misleading as to a material fact pertaining to the qualification criteria.

Further I, _____, hereby swear (or affirm) that the foregoing
(Name)
statements made by me on behalf of _____
(Name of Enterprise)
are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject
to punishment.

(Signature)

(Type, Stamp or Print Name)

(Title or Position)

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

(Notary Public)

(State)

ITEM 10 RELEASE AUTHORIZATION; NOTICE

Pursuant to the *N.J.A.C. 13:69A-5.7(b)2*, each enterprise must have the attached "Release Authorization" properly signed, dated and notarized. The attached "Notice" must also be acknowledged by a proper signature and date.

Each document must be signed by the following person:

- A. If the enterprise is a corporation, the president or any officer so authorized to execute such a document and bind the corporation;
- B. If the enterprise is a partnership, a partner;
- C. If the enterprise is a limited partnership, a general partner;
- D. If the enterprise is any other business form, organization, or association, the president or any officer so authorized to execute such a document and bind the enterprise; and
- E. If the enterprise is a sole proprietorship, the natural person who is the proprietor.

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.

On behalf of _____,
(Name of Business Entity)

I, _____, have authorized the New Jersey Division of Gaming
(Name of President or Chief Executive Officer)

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 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.

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

(Date)

(Signature)

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

(Notary Public)

(State)

NOTICE

1. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Casino Control Commission and Division of Gaming Enforcement, 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 or licensee 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.
2. An applicant for, or holder of, a license or registration under the Casino Control Act, is subject to inspections, searches and seizures, as authorized by the Act and by the regulations of the Division of Gaming Enforcement. More specifically, Section 79 of the Act, *N.J.S.A. 5:12-79a(6)*, empowers the Division of Gaming Enforcement to conduct searches, administrative inspections and, with the approval of the director, to "inspect the person, and personal effects present in a casino facility licensed under this act, of any holder of a license or registration, issued pursuant to this act while that person is present in a licensed casino facility."
3. The filing fee which must accompany the submission of a Casino Hotel Alcoholic Beverage license application is not refundable once the application is accepted for filing. *N.J.A.C. 13:69A-9.19(b)* states in pertinent part, "...amounts actually paid by an applicant or licensee in accordance with the Act and this subchapter shall not be refundable."
4. Pursuant to Section 92e of the Casino Control Act, no Casino Hotel Alcoholic Beverage license shall be issued to any person, unless that person shall provide proof of valid business registration with the Division of Revenue in the Department of Treasury. A licensed casino service contractor under contract with a casino applicant or licensee, may not enter into any subcontract, unless the subcontractor first provides the licensed contractor with proof of the subcontractor's business registration. The licensed casino service contractor is responsible for forwarding proof of the subcontractor's business registration to the Department of Treasury's Division of Taxation.

Effective September 1, 2001, businesses that register with the Division of Revenue are issued a business registration certificate. This certificate will serve as proof of valid business registration for the purposes of Casino Hotel Alcoholic Beverage licensure.

If the prospective applicant for issuance or renewal of a Casino Hotel Alcoholic Beverage License has not registered with the Division of Revenue as required by New Jersey law, it can do so by utilizing the Division of Revenue's online registration service at:

<http://www.state.nj.us/treasury/revenue/gettingregistered.html>

by calling the Registration Hotline at (609) 292-1730 to obtain a registration form, or by downloading a paper registration form from the Internet at: <http://www.state.nj.us/treasury/revenue/revprnt.shtml>

Once the prospective license applicant has registered with the Division of Revenue, that agency will send the prospective license applicant a business registration schedule.

Receipt of Notice Acknowledged on Behalf of: _____

(Date)

(Signature)

(Type, Stamp or Print Name)

(Title or Position)

WAIVER OF LIABILITY

On behalf of _____,
(Name of Business Entity)

I, _____, hereby waive liability as to the State of New Jersey and
(Name of President or Chief Executive Officer)

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)

(State)