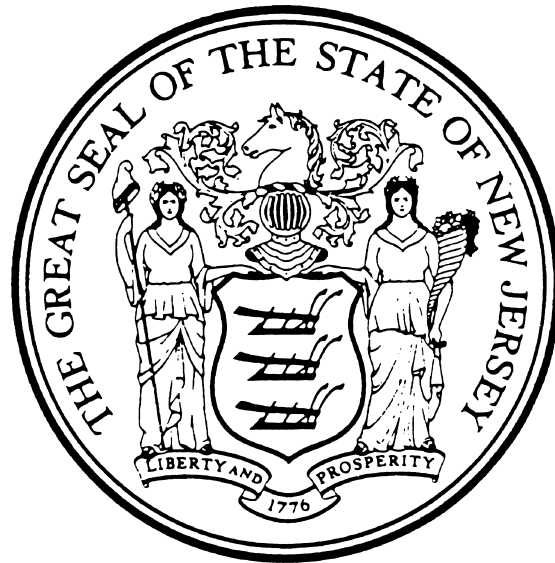


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CASINO SERVICE INDUSTRY ENTERPRISE/  
ANCILLARY CASINO SERVICE INDUSTRY ENTERPRISE**

**Qualifier Resubmission Disclosure Form**



































**ANCILLARY CSIE-SCHEDULE "A" - CASH IN BANK**

List all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.), domestic and foreign, maintained by you, your spouse or dependent children. Identify with an asterisk (\*), any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	TYPE OF ACCOUNT	DATE OF BALANCE	BALANCE
					\$ _____ <b>TOTAL CURRENT BALANCE</b> (Enter this figure in Item 1b, Column A, on page ).

**ANCILLARY CSIE SCHEDULE "B" - RECEIVABLES**

List all loans, notes, and other receivables held by you or your spouse.

SELF OR SPOUSE	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/ RECEIVABLE	DATE DUE	NATURE OF SECURITY, IF ANY. INDICATE IF UNSECURED	CURRENT BALANCE
			\$ _____ <b>TOTAL ORIGINAL LOAN AMOUNT(S)</b>				\$ _____ <b>TOTAL CURRENT BALANCE</b> (Enter this figure in Item 2, Column A, on page ).

### ANCILLARY CSIE SCHEDULE "C" – SECURITIES

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you or your spouse have knowledge of what securities are so held. INDICATE PUBLICLY-TRADED SECURITIES BY AN ASTERISK (\*).

SELF, SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	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>				\$ _____ <b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in Item 3, Column A, on page ).

### ANCILLARY CSIE SCHEDULE "D" – REAL ESTATE INTERESTS

Indicate the location, size, general nature, and acquisition date of any real property in which any direct, indirect, vested, or contingent interest is held by you or your spouse, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

SELF OR SPOUSE	ADDRESS (PARCEL, LOT NUMBER)	TYPE OF PROPERTY	DATE ACQUIRED	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>			\$ _____ <b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in Item 4, Column A, on page ).

**ANCILLARY CSIE SCHEDULE "E" – LOANS, NOTES AND OTHER PAYABLES**

List all accounts payable (include lines of credit, installment loans, credit card debt, and any other accounts) for which you or your spouse are obligated.

SELF OR SPOUSE	NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	CURRENT AMOUNT OUTSTANDING
							\$ _____ <b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b> (Enter this figure in Item 10, Column B, on page ).		\$ _____ <b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in Item 10, Column C, on page ).

**ANCILLARY CSIE SCHEDULE "F" – TAXES PAYABLE**

List all real estate and income taxes payable for which you or your spouse are obligated.

SELF OR SPOUSE	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 11, Column B, on page ).		\$ _____ <b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in Item 11, Column C, on page ).

**ANCILLARY CSIE SCHEDULE "G" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE**

List below all mortgages or liens payable on real estate for which you or your spouse are obligated.

SELF OR SPOUSE	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 (%)	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT MORTGAGE BALANCE	
				\$ _____ <b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in Item 12, Column B, on page ).					\$ _____ <b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in Item 12, Column C, on page ).

17. Please attach a copy of each Federal and New Jersey (or State you reside) income tax returns, and all appropriate schedules, filed by you since your last submission. If you and your spouse filed separate tax returns for any such year, also attach a copy of your spouse's returns.

18. As indicated in the instructions on page one 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. **Be sure to include your initials at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS.**

**STATEMENT OF TRUTH**

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

SS:

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

I, \_\_\_\_\_, being duly sworn according to law, on my oath, deposes and says:  
(Print Name)

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. 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_ (Legal Signature)  
(Signature of Applicant)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(State)

**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  
(Print Name)

Gaming 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 or 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.**

\_\_\_\_\_ (Legal Signature)  
\_\_\_\_\_  
(Date) (Signature of Applicant)

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

\_\_\_\_\_ (Notary Public) \_\_\_\_\_ (State)