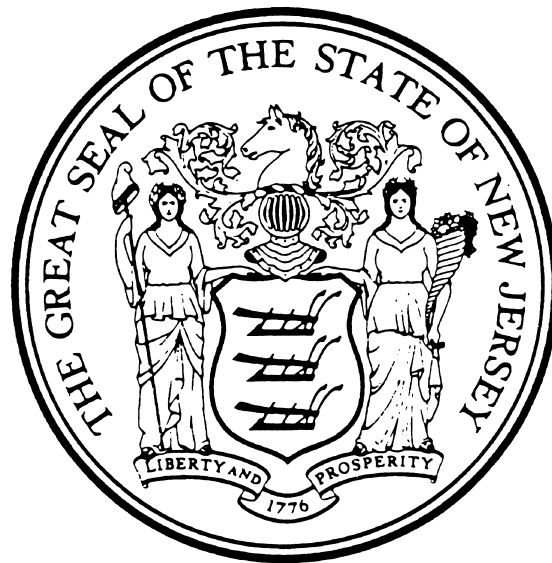


STATE OF NEW JERSEY
Division of Gaming Enforcement



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

Qualifier Resubmission Disclosure Form

**CASINO SERVICE INDUSTRY ENTERPRISE/
ANCILLARY CASINO SERVICE INDUSTRY ENTERPRISE
Qualifier Resubmission Disclosure Form**

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You are to complete this resubmission form if you are:
1. A qualifier of a casino service industry enterprise license, pursuant to *N.J.S.A. 5:12-92a(1)* or (2);
 2. A qualifier of an ancillary casino service industry enterprise, pursuant to *N.J.S.A. 5:12-92a(3)*; or
 3. 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.
- 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 you need additional space to answer any question(s), use the blank page provided on page 15 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.
- E. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.
- F. *N.J.A.C. 13:69A-7.2* requires qualifiers to submit fingerprint cards with their Qualifier Resubmission Disclosure Form at the time of renewal application for licensure. Qualifiers should make an appointment with the Division's Identification Unit located in the Arcade Building, Tennessee Avenue and the Boardwalk in Atlantic City to be fingerprinted. Call for an appointment at (609) 441-3050. 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. 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 G. or H.

- G. A current and valid U.S. passport OR Certificate of U.S. Citizenship OR Certificate of Naturalization OR a current identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes, and address.
- H. If the items in G. 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;
 5. A valid casino employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino employee registration; or
 6. A current and valid foreign passport with a proper USCIS authorization.

Note: If the name on any of the provided identification is different than on your application, you must also provide a court-ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

II. DEFINITIONS:

For the purpose of the questions in this form, "Immediate Family" shall mean spouse and any children, whether by marriage, adoption or natural relationship.

III. BE SURE TO:

- A. Sign both the Statement of Truth and the Release Authorization forms in the presence of a Notary Public and have your signatures notarized.
- B. Initial each page of this form in the space provided that you have checked your answers and are sure they are complete and correct.
- C. Every question has been answered completely.

- D. You retain a completed copy of this form for your own records.

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

- A. All attachments required in this form are included in both the original and the photocopy filed with the Division;
- B. The Statement of Truth and the Release Authorization forms are notarized on the original application;
- C. Every question has been answered completely;
- D. You retain a completed copy of this form for your own records; and
- E. Attachments are required for question number 28. These are to be labeled according to the instructions in the question. Review this question first in order to compile the necessary documentation prior to the submission of the application.

V. FILING THIS FORM WITH THE DIVISION:

- A. Submit this form as an original and one photocopy of this form and attachments to:

New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1300 Atlantic Avenue, 3rd Floor
Atlantic City, New Jersey 08401

- B. If the photocopy of this form is not clear, the application will not be accepted; and
- C. Once your application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.

VI. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully 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 86b 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 79a(6) 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 hotel facility.

- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Division or otherwise obtained, 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 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:
 - a. 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
 - b. The Probation Division or any other agency responsible for child-support enforcement, upon request.

**CASINO SERVICE INDUSTRY ENTERPRISE/
ANCILLARY CASINO SERVICE INDUSTRY ENTERPRISE
Qualifier Resubmission Disclosure Form**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

NAME (Last, First, Middle Initial and Jr./Sr., if any) _____

DATE OF BIRTH (Month, Day, Year) _____ Height _____ Weight _____ SOCIAL SECURITY NUMBER (Mandatory¹) _____

If you do not have a social security number, please explain why: _____

Home Telephone Number with Area Code _____ Daytime OR Work Telephone Number with Extension and Area Code _____

Cell Number with Area Code _____ E-Mail Address _____

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code) _____

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

NAME OF LICENSED ENTERPRISE _____

FOR STATE OF NEW JERSEY USE ONLY			
VRF #	LOG #	QUAL #	POSITION CODE(S)
1	2	3	4
SEX	RACE		
5	6		

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section VI, F., under Important Notices on Page 4 of this application.

1. What position(s) do you current hold with the licensed company? _____
2. Has your residence changed since your most recent submission?
 Yes No
3. Do you hold any positions for which you are compensated outside of your employment with the licensee?
 Yes No
4. Has your employment changed since your most recent submission?
 Yes No
5. Have you been discharged, suspended, or asked to resign from any employment since your last submission?
 Yes No
6. Have you had any license, permit or certification denied, suspended, or revoked by any government agency in New Jersey or elsewhere since your last submission?
 Yes No
7. Has any entity in which you were a director, officer, partner, or held/hold a 5% or greater interest, had a license, permit or certification denied, revoked or suspended since your last submission?
 Yes No
8. Have you or your spouse acquired a greater than 5% ownership interest in any business(es) since your last submission?
 Yes No
9. Have you applied for any type of gaming license or permit in any jurisdiction since your last submission?
 Yes No
10. Have you or any member of your immediate family been arrested for or charged with any offenses which includes felonies, misdemeanors, disorderly persons offenses, or petty disorderly offenses, or other such violations of a criminal code that have NOT been expunged or sealed, in New Jersey or elsewhere, since your last submission?
 Yes No
11. Have you been arrested for, charged with, or convicted of driving while intoxicated/impaired, violating probation, or any other court order since your last submission?
 Yes No
12. Have you been named as an unindicted co-conspirator in New Jersey or any other jurisdiction since your last submission?
 Yes No

13. Have you been named as a party to a lawsuit in any jurisdiction since your last submission?
 Yes No
14. Have you filed for bankruptcy or insolvency or been adjudicated bankrupt since your last submission?
 Yes No
15. Has any business in which you or your spouse hold a greater than 5% ownership interest or serve as an officer, director or partner, been adjudicated or filed a petition for any type of bankruptcy?
 Yes No
16. 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.

17. Please complete the following net worth/financial statement with accompanying supplementary schedules. **Fill in all spaces; insert "NONE" where applicable.**

LAST NAME: _____

FIRST NAME: _____ MI: _____

LICENSE NUMBER: _____

**CASINO SERVICE INDUSTRY ENTERPRISE (CSIE) QUALIFIER RESUBMISSION -
FINANCIAL STATEMENT**

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

ASSETS	CURRENT MARKET VALUE (A)	LIABILITIES AND NET WORTH	ORIGINAL AMOUNT OF LIABILITY (B)	AMOUNT OUTSTANDING (C)
1. Cash a) On Hand		9. Notes, Loans and Other Payables (Schedule G)		
b) In Bank (Schedule A)		10. Taxes Payables (Schedule H)		
2. Receivables (Schedule B)		11. Mortgages or Liens on Real Estate (Schedule I)		
3. Securities (Schedule C)		12. Loans against Insurance/Pension (Schedule J)		
4. Real Estate Interests (Schedule D)		13. Other Indebtedness (Schedule K)		
5. Vehicles (Schedule E)		TOTAL LIABILITIES		
6. Cash Value Pension/Retirement Funds (Schedule F)		NET WORTH		
7. Furniture and Clothing (Reasonable Estimate)		Total Assets		
8. Other Assets (Itemize)		Column A Less Column C		
		14. Contingent Liabilities (Itemize)		
TOTAL ASSETS				

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
<p align="right">\$ _____ TOTAL CURRENT BALANCE (Enter this figure in Item 1b, Column A, on page).</p>					

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
<p align="right">\$ _____ TOTAL ORIGINAL LOAN AMOUNT(S)</p>			<p align="right">\$ _____ TOTAL CURRENT BALANCE (Enter this figure in Item 2, Column A, on page).</p>				

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
				\$ _____ TOTAL PURCHASE PRICE				\$ _____ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 3, Column A, on page).

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	
					\$ _____ TOTAL PURCHASE PRICE			\$ _____ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 4, Column A, on page).

CSIE-SCHEDULE "E" – VEHICLES

Indicate below the information requested with regard to all vehicles owned or leased by you or your spouse.

SELF OR SPOUSE	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED ²	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/MODEL OF VEHICLE	COST ³	IF OWNED, CURRENT MARKET VALUE
						\$ _____ TOTAL COST(S) OF VEHICLES	\$ _____ TOTAL CURRENT MARKET VALUE OF VEHICLES (Enter this figure in Item 5, Column A, on page).

CSIE-SCHEDULE "F" – CASH VALUES – PENSION/RETIREMENT FUNDS

List the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

SELF OR SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD	EMPLOYER/INSTITUTION	ACCOUNT NUMBER, IF ANY	TOTAL EMPLOYEE CONTRIBUTION	TOTAL EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
					\$ _____ TOTAL EMPLOYEE CONTRIBUTION		\$ _____ TOTAL CURRENT CASH VALUE (Enter this figure in Item 6, Column A, on page).

² 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.

³ If leased, enter the sum of the down payment, plus monthly payments to date as the total cost.

CSIE-SCHEDULE "G" – 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
							\$ _____ TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in Item 10, Column B, on page).		\$ _____ TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in Item 10, Column C, on page).

CSIE-SCHEDULE "H" – 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
			\$ _____ TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in Item 11, Column B, on page).		\$ _____ TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in Item 11, Column C, on page).

CSIE-SCHEDULE "I" – 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
				\$ _____ TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 12, Column B, on page).				\$ _____ TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 12, Column C, on page).

CSIE-SCHEDULE "J" – LOANS AGAINST INSURANCE/PENSION

List all loans against life insurance policies, pension plans, 401K plans, etc., taken by you or your spouse.

SELF OR SPOUSE	INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			\$ _____ TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in Item 13, Column B, on page).				\$ _____ TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in Item 13, Column C, on page).

CSIE-SCHEDULE "K" – OTHER INDEBTEDNESS

List any other indebtedness for which you or your spouse are obligated.

SELF OR SPOUSE	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$ _____ TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in Item 14, Column B, on page).	\$ _____ TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in Item 14, Column C, on page).

LAST NAME: _____

FIRST NAME: _____ MI: _____

LICENSE NUMBER: _____

**ANCILLARY CASINO SERVICE INDUSTRY ENTERPRISE (ANCILLARY CSIE) QUALIFIER RESUBMISSION -
FINANCIAL STATEMENT**

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

ASSETS	CURRENT MARKET VALUE (A)	LIABILITIES AND NET WORTH	ORIGINAL AMOUNT OF LIABILITY (B)	AMOUNT OUTSTANDING (C)
1. Cash a) On Hand		7. Notes, Loans and Other Payables (Schedule E)		
b) In Bank (Schedule A)		8. Taxes Payables (Schedule F)		
2. Receivables (Schedule B)		9. Mortgages or Liens on Real Estate (Schedule G)		
3. Securities (Schedule C)		10. Loans against Insurance/Pension		
4. Real Estate Interests (Schedule D)		11. Other Indebtedness		
5. Cash Value Pension/Retirement Funds		TOTAL LIABILITIES		
6. Other Assets (Vehicles, Furniture and Clothing) (Reasonable Estimate)		NET WORTH Total Assets Column A Less Column C		
		12. Contingent Liabilities		
TOTAL ASSETS				

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
<p align="right">\$ _____</p> <p align="center">TOTAL CURRENT BALANCE</p> <p align="center">(Enter this figure in Item 1b, Column A, on page).</p>					

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
<p align="right">\$ _____</p> <p align="center">TOTAL ORIGINAL LOAN AMOUNT(S)</p>			<p align="right">\$ _____</p> <p align="center">TOTAL CURRENT BALANCE</p> <p align="center">(Enter this figure in Item 2, Column A, on page).</p>				

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
				\$ _____ TOTAL PURCHASE PRICE				\$ _____ TOTAL CURRENT MARKET VALUE (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	
					\$ _____ TOTAL PURCHASE PRICE			\$ _____ TOTAL CURRENT MARKET VALUE (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
							\$ _____ TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in Item 10, Column B, on page).		\$ _____ TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (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
			\$ _____ TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in Item 11, Column B, on page).		\$ _____ TOTAL AMOUNT OF TAXES PAYABLE (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	
				\$ _____ TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 12, Column B, on page).					\$ _____ TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (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)