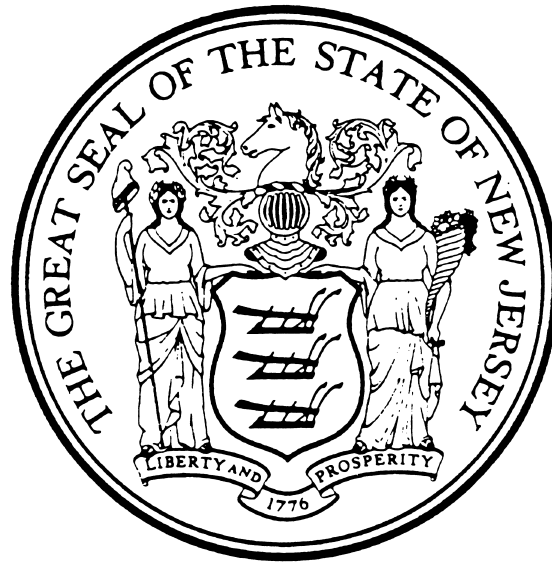


STATE OF NEW JERSEY
Division of Gaming Enforcement



VENDOR REGISTRATION
SUPPLEMENTAL DISCLOSURE FORM

Vendor Registration Supplemental Disclosure Form

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. This form is to be completed and filed **DIRECTLY** with the Division of Gaming Enforcement (Division) by a vendor after a casino licensee/applicant has filed a Vendor Registration Disclosure Form on its behalf.
- B. Within 30 days of the filing of a Vendor Registration Form, the vendor must complete and file this form with the Division at the following address:

New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1300 Atlantic Avenue, 3rd Floor
Atlantic City, NJ 08401
Attn.: Vendor Registration Supplemental Disclosure Form

- C. Please type all information and answer all questions completely. It is your responsibility to ensure that the information provided on this form is complete, accurate, and matches the information you provided on your Vendor Registration Form. For any individual or corporate name, you must provide the exact legal name or a Division investigator may need to contact you to request additional identifying information. If there is a mistake on the Vendor Registration Form, please correct the mistake and note the discrepancy.

Failure to provide complete and accurate information may result in the Division revoking your vendor registration. This would result in you being unable to conduct casino related business until new forms are re-filed with the completed information.

- D. Respond "None" or "Does Not Apply," if appropriate.
- E. For the purpose of question 8, the word "arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities, in order to answer for the alleged performance of any offense in New Jersey, or anywhere else; the word "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any offense in New Jersey or anywhere else; and the word "Offense" includes all high misdemeanors, felonies, misdemeanors, disorderly persons offenses, and juvenile violations. **Please note that any arrest or charge, which has been the subject of a lawful court order or expungement or sealing, need not be disclosed, if such order entitles the individual to answer "No" to such inquiry.**
- F. If you answer "Yes" to question 8, the Division may require you to provide any evidence of rehabilitation, such as good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the

recommendation of persons who have or have had the individual under their supervision.

Note: All enterprises, entities and individuals identified on this form, once completed, have the affirmative responsibility and continuing duty to cooperate in any inquiry or investigation conducted by the Division and to provide any assistance or information requested or required by the Division. The Division may deny registration to any enterprise that supplies information which is untrue or misleading.

Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form: _____

VENDOR REGISTRATION SUPPLEMENTAL DISCLOSURE FORM

1. NAME OF THE ENTERPRISE:

2. TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A) OR FOR SERVICES OF (F/S/O):

3. VENDOR ID # (if known):

4. TELEPHONE NUMBER:

5. ADDRESS FROM WHICH BUSINESS IS CONDUCTED WITH CASINO LICENSEE OR APPLICANTS:

ADDRESS	Number/Street	City	State	Zip Code	COUNTRY
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MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code, Country)

WEBSITE (URL)

6. FEDERAL EMPLOYER IDENTIFICATION NUMBER:

7. List any entity(ies) or individual(s) identified in your answer to questions 9 and 10 of the Vendor Registration Form. For any individuals, you must provide the person's legal name instead of any nicknames (i.e. Robert instead of Bob or Michael instead of Mike). This information should match the information provided on your Vendor Registration Form. If there is a mistake on the Vendor Registration Form, please correct the mistake and note the discrepancy.

Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form: _____

8. Has the enterprise, or any entity or individual identified in Question 7 above, ever been indicted, charged with or convicted of a criminal or disorderly persons offense, a party to or named as an unindicted co-conspirator, or arrested or charged, even if not convicted, with any felony, crime, misdemeanor, disorderly persons offense, juvenile offense, or other offense (other than a traffic violation), in any proceeding in New Jersey or anywhere else? If so, explain and include any case, file, docket, or judgment number.

9. Has the enterprise, or any entity or individual identified in Question 7 above, ever:

a) held any license, permit, approval, or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval, or registration number or identifier:

b) been denied, suspended, revoked, or withdrawn any license, permit, approval, or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval or registration number of identifier:

Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form: _____

- c) had a judgment, order, consent decree, or consent order, pertaining to a violation or an alleged violation of the federal laws of any state, province or country, entered against it? If so, explain and include any case, file, docket, or judgment number:

10. Does the enterprise or any entity or individual identified in Question 7 above, owe any debt to the State of New Jersey? If so, explain:

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.

Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form: _____

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.

11. Name, position/title, and e-mail address of person supplying the information on and/or filing this form:

Name and Title

Cell Number with Area Code

E-Mail Address

Fax Number (if available)

Who certifies that he/she is authorized to act on behalf of the above-named enterprise and that the foregoing statements made by him/her, on behalf of the enterprise, are true, and if any of the foregoing statements made by him/her are willfully false, he/she is subject to punishment.

(Date)

(Signature of Applicant) (Legal Signature)

THIS FORM MUST BE FILED DIRECTLY WITH THE DIVISION OF GAMING ENFORCEMENT

Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form: _____