

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 20—Sports Wagering**

EMERGENCY RULE

11 CSR 45-20.080 License Renewal

PURPOSE: This rule establishes the renewal process for licenses.

*EMERGENCY STATEMENT: This emergency rule is necessary to address Article III, Section 39(g) of the Missouri Constitution, which became law on December 5, 2024. The passage of Amendment 2 authorized retail and mobile sports wagering in the State of Missouri and required it to be regulated by the Missouri Gaming Commission. Amendment 2 specifically states, “the commission shall have the power to adopt and enforce commercially reasonable rules, including emergency rules, to implement the provisions of this section.” Furthermore, Amendment 2 requires a start date for sports wagering that is not later than December 1, 2025. In order to meet this deadline, the commission is submitting emergency rules to provide a process for the application, investigation, and granting of sports wagering licenses. In addition, the emergency rules include responsibilities for applicants and licensees to ensure a well-regulated sports wagering industry, consistent with the language in Amendment 2. The emergency rules provide for a fair and consistent application process for all stakeholders. As a result, the Missouri Gaming Commission finds a compelling governmental interest to regulate sports wagering, which requires this emergency action. A proposed rule which covers the same material is published in this issue of the **Missouri Register**. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Missouri Gaming Commission believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed Feb. 18, 2025, becomes effective March 4, 2025, and expires Aug. 30, 2025.*

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here. The Retail and Mobile License Application, the SW Supplier and Official League Data Provider License Application, the Occupational Level I-SW License Application, the Occupational Level I-SWC License Application, and the SW Personal Disclosure Form may also be accessed at <http://www.mgc.dps.mo.gov>.

(1) The following forms are incorporated by reference and made part of this rule as adopted by the commission and published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102, and which may be accessed at <http://www.mgc.dps.mo.gov>:

(A) Retail and Mobile License Application as adopted by the commission on February 18, 2025. This rule does not incorporate any subsequent amendments or additions.

(B) SW Supplier and Official League Data Provider License Application as adopted by the commission on February 18, 2025. This rule does not incorporate any subsequent amendments or additions.

(C) Occupational Level I-SW License Application as adopted by the commission on February 18, 2025. This rule does not incorporate any subsequent amendments or additions.

(D) Occupational Level I-SWC License Application as adopted by the commission on February 18, 2025. This rule does not incorporate any subsequent amendments or additions.

(E) SW Personal Disclosure Form as adopted by the commission on February 18, 2025. This rule does not incorporate any subsequent amendments or additions.

(2) Each Retail and Mobile licensee shall file for license renewal at least one hundred eighty (180) calendar days before the expiration of its license by submitting to the commission a completed Retail and Mobile License Application updating all required information for the prior five (5) years and paying the respective license renewal fee.

(3) Each SW Supplier licensee and Official League Data Provider licensee shall file for license renewal at least one hundred twenty (120) calendar days before the expiration of its license by submitting to the commission a completed SW Supplier and Official League Data Provider License Application updating all required information for the prior two (2) years.

(4) The renewal process for Retail, Mobile, SW Supplier, and Official League Data Provider shall include the submission of a completed SW Personal Disclosure Form for each key person identified in the application.

(5) Each Occupational Level I-SW licensee shall file for license renewal at least ninety (90) calendar days before his or her license expires by submitting to the commission a completed Occupational Level I-SW License Application.

(6) Each Occupational Level I-SWC licensee shall file for license renewal at least ninety (90) calendar days before his or her license expires by submitting to the commission a completed Occupational Level I-SWC License Application.

(7) Each Occupational Level II-SW and Level II-SWC licensee shall notify the commission within fifteen (15) calendar days prior to the expiration month of his or her license if he or she is applying for renewal of his or her license. In the absence of specific notice to the commission from the Occupational Level II-SW or Level II-SWC licensee, inclusion of the name of a licensee on the report due under 11 CSR 45-20.080(8) shall be deemed notice that the licensee is applying for renewal in the following month, and such notice shall be deemed sufficient.

(8) Each Retail, Mobile, SW Supplier, Official League Data Provider, and Class B licensee shall file a report with the commission on or prior to the fifteenth (15th) day of each calendar month identifying all of the personnel associated with that licensee who, as of the first day of the following month, hold positions requiring an SW Occupational license issued by the commission and whose expiration date(s) for such license occurs within the following calendar month.

(A) The report shall be submitted in a format prescribed by the commission.

(B) Each Occupational Level II-SW and Occupational Level II-SWC licensee is required to obtain his or her renewed license by the tenth (10th) day of the renewal month.

(9) The commission may require other materials in addition to those required by the application if the commission determines the information is necessary to determine the licensee's suitability for licensure. The commission may require an affidavit, signed on behalf of the licensee, to be submitted as an addendum to the application, regarding matters related to the licensee.

(10) The licensee applying for renewal shall be responsible for keeping the renewal application current at all times. The licensee shall notify the commission in writing within ten (10) calendar days of any material changes to any response in the renewal application and this responsibility shall continue throughout any period during which an application is being considered by the commission. All updates to applications shall be submitted by exhibit so that each affected exhibit is resubmitted with the updated information and with the date of resubmission. If any application update is not made in this manner, the commission may deem the update not to be effective.

(11) For the purposes of this rule, "material change" shall mean any change in personal identification or residence information, such as name, address, and phone number; or information that might affect a licensee's suitability to hold a sports wagering license, including, but not limited to, arrests, convictions, guilty pleas, or disciplinary actions or license denials in other jurisdiction(s).

(12) The executive director shall have the authority to renew any SW Occupational license, provided that if the executive director intends not to renew an Occupational Level I-SW or Level I-SWC license, which the licensee has appropriately requested to be renewed, the executive director shall notify the commission in writing of his or her intention not to renew and the reasons for his or her decision at least ten (10) calendar days before the license expires.

(13) The commission may adjust renewal dates of licenses to economize commission resources. Any such adjustments shall result in a pro rata adjustment of fees. The commission shall provide notice at least one hundred and fifty (150) days prior to the due date of the renewal application.

*AUTHORITY: section 39(g) of Article III, Mo. Const., sections 313.004 and 313.800–313.850, RSMo 2016 and Supp. 2024. Emergency rule filed Feb. 18, 2025, effective March 4, 2025, expires Aug. 30, 2025. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

PRIVATE COST: This emergency rule will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

MISSOURI GAMING COMMISSION



Retail and Mobile License Application

You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the application. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of the Retail or Mobile License.

Note: The Commission, notwithstanding the provisions of section 610.110, RSMo, has access to both closed and open records pursuant to section 313.004, RSMo. Please answer all the questions fully and thoroughly.

INSTRUCTIONS FOR RETAIL AND MOBILE LICENSE APPLICATION

The burden of proving qualifications to receive such a license is at all times on the applicant. The applicant must accept any risk of adverse public notice, embarrassment, criticism, or financial loss, which may result from action with respect to any application, and expressly waives any claim for damages as a result thereof. Information not called for in this form, or in addition to that provided in response to this form, may be requested. The applicant shall provide all information, documents, materials, and certifications at the applicant's expense.

The applicant should respond to the questions contained herein to the best of its knowledge. ***Any misrepresentation or omission is grounds for application denial.***

The applicant is under a continuing duty to immediately disclose any changes in the information provided in the application and in the requested materials submitted to the commission. The duty to make such additional disclosures shall continue throughout any period of licensure granted by the commission.

Type or print in black ink the answers to questions. If the answer or material responsive to a question has been provided in response to another portion of the application, refer to the other portion.

FORMS AND DOCUMENTS

The original and one (1) copy of each of the following forms and items, must be appropriately organized, tabbed, and submitted in letter-size expansion folders or envelopes by the applicant. All copies must be labeled with the applicant's name. Submit the forms and documents to:

Licensing Division
Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, MO 65109

The following items must be submitted for the application to be considered complete:

1. Retail and Mobile License Application.
2. SW Personal Disclosure Form – Applicants for a Retail or a Mobile license must submit this form for each individual key person. The commission may require other individuals to submit this form as part of the application.
3. Any commercial agreement with an excursion gambling boat or a professional sports team.

APPLICANT LICENSE FEE AND LICENSE RENEWAL FEE

An applicant license fee will be invoiced to the applicant. The applicant license fee for a Retail license is \$250,000 and the applicant license fee for a Mobile license is \$500,000.

The license renewal fee for a Retail license is \$250,000 and the license renewal fee for a Mobile license is \$500,000.

DEFINITIONS

Definitions contained in the *Missouri Constitution* and rules also apply to this application. In addition, for the purposes of this application, the following terms shall have the following meanings:

Business entity: A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship, or other form of business.

Compensation: Anything of value, including salary, wages, commissions, tips, gratuities, fees, bonuses, dividends, and distributions from (S) corporations and/or partnerships, in any form, including cash, securities, real property, and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an individual or business entity.

Designated nonpublic gaming area: Portions of a facility not accessible to the public in which the operation of sports wagering occurs, including, but not limited to, the employee side of a sports wagering cage, main bank, surveillance rooms, count rooms, or rooms containing sports wagering equipment other than publicly accessible and operational kiosks. Designated nonpublic gaming area does not include off-site servers or data centers located at a facility where in-person wagering does not occur.

Financial statement: Any balance sheet, income statement, profit and loss statement, statement of cash flow, or sources and uses of funds statement.

Key business entity: Any holding, intermediary, or parent company that directly owns 15% or more of the applicant.

Key person:

1. The applicant's board appointed chief executive officer and chief financial officer, or the equivalent individuals, as determined by the commission; and
2. The applicant's principal owners who directly own 10% or more of the applicant.

Predecessor company: A business entity which no longer exists in its original form but whose assets in substantial part have been acquired by another business entity or which had undergone certain internal changes, such as those of identity, form, or capital structure.

Publicly-held company: A company that has filed a registration statement with the Securities and Exchange Commission.

Registered agent: Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**APPLICATION FOR A RETAIL OR MOBILE LICENSE
IS HEREBY MADE TO THE MISSOURI GAMING COMMISSION**

NAME OF APPLICANT*
*Name as it appears on the certificate of incorporation, charter, by-laws, or other official document. DO NOT ABBREVIATE.

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Name	Title
Address	City
E-Mail Address	Telephone Number
	Fax Number

LICENSING/COMPLIANCE CONTACT FOR THIS BUSINESS

Name	Title
Address	City
E-Mail Address	Telephone Number
	Fax Number

BILLING CONTACT FOR THIS BUSINESS

Name	Title
Address	City
E-Mail Address	Telephone Number
	Fax Number

THE PRINCIPAL BUSINESS ADDRESS OF THE APPLICANT

Address	City	State	Zip
Country	Telephone Number	Fax Number	
Mailing address (if different)	City	State	Zip

Federal Employer Identification Number (FEIN)* Missouri Retailers Occupation Tax Number (If Applicable)

* If the applicant does not hold a FEIN number, state the proposed date for obtaining this number and the Internal Revenue Service district where federal tax filings will occur.

LOCATION OF PROPOSED/CURRENT RETAIL SPORTS WAGERING OPERATION

Address	City	County	Zip
Telephone Number	Fax Number		

Check the appropriate box:

This application is being submitted for a Retail license for the following:

- ☐ An Excursion Gambling Boat
- ☐ A Professional Sports Team
- ☐ A Sports Wagering Operator on behalf of an Excursion Gambling Boat
Name of Excursion Gambling Boat:
- ☐ A Sports Wagering Operator on behalf of a Professional Sports Team
Name of Professional Sports Team:

This application is being submitted for a Mobile license for the following:

- ☐ An Excursion Gambling Boat
- ☐ A Professional Sports Team
- ☐ A Sports Wagering Operator on behalf of an Excursion Gambling Boat
Name of Excursion Gambling Boat:
- ☐ A Sports Wagering Operator on behalf of an Professional Sports Team
Name of Professional Sports Team:
- ☐ A Direct Mobile License

Transmittal Letter

Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, MO 65109

Dear Sir or Madam:

_____ (Applicant's Name) does herewith make application for licensure by the Missouri Gaming Commission to operate a retail or mobile sports wagering operation.

The applicant will be invoiced for the applicant license fee.

The applicant agrees to disclose and to require all of the key persons associated with the applicant to disclose all information, documents, and other material which the commission may request at any time.

Further, the applicant agrees to furnish any additional information, documents, and other material requested by the commission, and agrees that such additional material shall be made a part of this application.

The applicant acknowledges that neither the acceptance of this application nor the issuance of a license hereunder shall imply that the Missouri Gaming Commission admits the truth of the statements herein made, or its approval thereof. Nor shall such acceptance or the issuance constitute waiver or agreement by the commission with respect to any material contained in this application. The applicant further acknowledges that any license or any interest in any license issued by the commission is not transferable, and that subsequent legislation or regulation may diminish the value of any license issued by the commission to any extent possible.

The applicant has read and agrees to abide by the terms of Article III, Section 39(g) of the *Missouri Constitution*, its internal controls, and any rules promulgated by the commission, including any emergency rules.

Respectfully submitted,

(Applicant's Name)

By:

(Officer)

APPLICANT INFORMATION

1. Check the category below which describes the applicant's business entity. An individual should apply as a sole proprietor. If the other specific categories are not applicable then "Other" must be indicated for any business entity which is not one of the specific categories listed. If "Other" is checked, an explanation of the business entity is required. If the space provided is insufficient, submit the explanation as **Exhibit 1**.

☐ Corporation

☐ Limited Partnership

☐ General Partnership

☐ Sole Proprietor

☐ Holding Company

☐ Trust

☐ Limited Liability Company

☐ Unincorporated Association

☐ Other _____

2. Submit as **Exhibit 2** (form attached) a list of all current key persons as defined in this application, their names, positions, percentages of ownership in the applicant, and the amounts of and dates when compensation was received from the applicant during the five (5) years prior to the filing of this application.

An SW Personal Disclosure Form shall be submitted for each key person.

3. (A) Submit as **Exhibit 3(A)** a detailed description of the applicant's business, including the background and skills of the applicant and the applicant's key persons in the field of sports wagering. Identify and describe any predecessor company of the applicant.

(B) Submit as **Exhibit 3(B)** (form attached) a list of all current and former addresses which the applicant has held or from which it has conducted business within ten (10) years from the date of filing this application, including the approximate time periods during which such addresses were held.

4. Applicants for a direct Mobile license shall submit as **Exhibit 4** documents and statements which substantiate the following:
 - (A) Expertise in the business of online sports wagering;
 - (B) Integrity, sustainability, and safety of the applicant's online sports wagering platform;
 - (C) Past relevant experience of the applicant;
 - (D) Advertising and promotional plans to increase and sustain revenue;
 - (E) Ability to generate, maximize, and sustain revenues for the state;
 - (F) Demonstrated commitment to and plans for the promotion of responsible gaming; and
 - (G) Capacity to increase the number of bettors on the applicant's online sports wagering platform.

5. If the applicant does business outside Missouri, submit as **Exhibit 5** a statement listing all other jurisdictions where the applicant does business, describing the business activity conducted in those other jurisdictions, and listing all addresses from which the applicant currently does business.
6. Submit as **Exhibit 6** (form attached) a schedule listing the name, business address, and telephone number for each of the applicant's Missouri:
 - (A) Registered agent(s);
 - (B) Legal representatives;
 - (C) Accounting services representatives;
 - (D) Banking and financial services representatives;
 - (E) Underwriter(s); and
 - (F) Custodian of business records.
7. State whether any of the securities or debt offerings of the applicant or any of the applicant's key persons or key business entities have been suspended from trading or have had action taken against them by any regulatory agency:

ANSWER: _____

If the answer is "yes", submit as **Exhibit 7** a detailed statement describing each suspension or action, the date, and the final disposition.

8. State whether the applicant has ever been or currently is a party to a lawsuit (other than divorce proceedings):

ANSWER: _____

If the answer is "yes", submit as **Exhibit 8** a detailed list of all cases, including bankruptcies, stating for each lawsuit:

- (A) Names of the parties;
- (B) The case number;
- (C) The name of the court and its location;
- (D) The type and nature of the case; and
- (E) The disposition of the case, including the terms of any settlement, the result of any trial, and the result of any appeal.

In addition, for all pending litigation, unsatisfied judgments, decrees, restraining orders, or injunctive orders, state:

- (F) In detail all pertinent facts, including the type and amount of relief sought; and
- (G) An assessment of the impact, if any, which the action may have on the applicant's proposed sports wagering operation.

9. To the extent not already disclosed in your answer to Question 8, state whether the applicant has ever been involved in any formal or informal process or agreement to adjust, defer, suspend, or otherwise work out the payment of any debt:

ANSWER: _____

If the answer is “yes”, submit as **Exhibit 9** a statement setting forth all details concerning each debt and the relating formal or informal process or agreement.

10. State whether the applicant or substantial creditors have been delinquent in the payment of, or in dispute over the filings concerning the payment of any tax required under federal, state, or municipal law:

ANSWER: _____

If the answer is “yes”, submit as **Exhibit 10** a detailed statement describing the taxing agency and location, amount and type of tax, the date the filing or tax report was required, the date the filing or remission was accomplished, and the complete circumstances surrounding the delinquency or dispute.

11. State whether the applicant has ever had any municipal, state, or federal tax returns audited or adjusted:

ANSWER: _____

If the answer is “yes”, submit as **Exhibit 11** a statement describing in detail the facts, circumstances, and results of that audit or adjustment.

12. State whether the applicant is a corporation:

ANSWER: _____

If the answer is “yes”, submit as **Exhibit 12**:

- (A) The full corporate name, including all former trade or fictitious names, the address and telephone number of the corporate headquarters, and the FEIN numbers for transporting gaming equipment held by the corporation;
- (B) The date the applicant commenced doing business in Missouri, the name of the state in which the corporation is incorporated, the date of incorporation, and, if a corporation is not incorporated in Missouri, whether the corporation is authorized to conduct business in Missouri;
- (C) Attach copies of each of the following that apply: Articles of Incorporation, bylaws and all amendments, the most current annual report (which shall include audited financial statements), fictitious name registration, and the certificate of authority to conduct business in Missouri;
- (D) For the corporation:
 - 1) State and federal tax returns for the past five (5) years, and all tax identification numbers, sales tax numbers, employer withholding tax numbers, and corporate income tax numbers;
 - 2) Whether the applicant is publicly held as defined by the Securities and Exchange Commission;
 - 3) The classes of stock and number of shares;
 - 4) The terms, rights, privileges, and other information each class of stock possesses;

- 5) The number of shares authorized, issued, or outstanding;
- 6) The par value, current market price, and issue price of the shares;
- 7) The voting rights per class of share (if the right of holders of any class of stock may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and briefly explain);
- 8) The exchange, if any, on which any class of stock may be traded;
- 9) A list of the names, addresses, and number of shares held for all holders of outstanding shares;
- 10) A list of any other obligations or securities which have been or will be pledged and the name, address, and telephone number of the pledgor and pledgee of such stock certificates in a corporation which is not a publicly-held company. In addition, describe any conditions upon which the units may be voted;
- 11) In alphabetical order, list the names and addresses of the members of the board of directors. As to each, state the number of shares held, and if a director owns no shares, then so state;
- 12) In alphabetical order, list the names and addresses of the officers. As to each, state the number of shares held on record, and if an officer owns no shares, then so state; and
- 13) In alphabetical order, list the names and addresses of each record stockholder of the corporation, together with percentage of voting shares of stock owned. In addition, attach a copy of the most recent registration statement and annual report filed with the Securities and Exchange Commission and any filings with any states' Commissioner of Securities or applicable exemption from state registration.

13. If the applicant is a business entity other than a corporation, submit as **Exhibit 13**:

- (A) A detailed description of the organization of the business entity;
- (B) The applicant's federal and state tax returns for the past five (5) years;
- (C) For the business entity as applicable, the name (including all former trade names, assumed names, or fictitious names), business and residential addresses and telephone numbers, Social Security number, and FEIN number(s) held for transporting gaming equipment, place and date of birth, country of citizenship, occupation, place and date of organization, and percentage of ownership and dates when participation occurred;
- (D) For a business entity which is not organized under Missouri law, a statement identifying the law under which it is organized and stating whether it is authorized to conduct business in Missouri, and the date the applicant commenced doing business in Missouri;
- (E) If no authorization to do business in Missouri has been obtained, state why it has not been obtained;
- (F) The name and address of each participant in the business entity which is a general partner, limited partner, unincorporated associate, or other business entity other than a corporation; attach copies of any written agreement, constitution, or other document creating or governing the applicant's organization or powers of organization;
- (G) The name and address of each participant in the business entity which is a corporation; and
- (H) If the applicant is a partnership, a statement setting forth for each partner:
 - 1) The amount of initial investment, whether in the form of cash, negotiable instruments, property, or otherwise;
 - 2) The amount and nature of any anticipated future investments;
 - 3) The degree of control over the activities of the partnership; and

4) The method of distributing partnership profits.

14. State whether the applicant or parent company (if the applicant is a subsidiary) currently holds or has ever held a sports wagering related license issued by any jurisdiction:

ANSWER: _____

If the answer is “yes”, submit as **Exhibit 14** (form attached) a description stating:

- (A) The identification of the license or permit holder;
- (B) The jurisdiction issuing the license or permit;
- (C) The nature of the permit or license;
- (D) The dates of issuance and termination; and
- (E) Submit a copy of each such license or permit.

15. State whether the applicant:

- (A) Has been convicted of a felony under the laws of Missouri, any other state, the United States, or any other jurisdiction;
- (B) Has been convicted of any gambling offense in any state or federal court of the United States;
- (C) Has any key person who currently serves or has served within the past two (2) years as a member of the commission, an employee of the commission, a member of the Missouri General Assembly, or as an elected or appointed official of the State of Missouri; or
- (D) Has had any gaming or sports wagering license or certificate issued by a licensing authority denied, restricted, suspended, revoked, or not renewed in any jurisdiction.

ANSWER: (A): _____

(B): _____

(C): _____

(D): _____

If the answer to Question 15(D) is “yes”, submit as **Exhibit 15** a statement describing in detail the facts and circumstances concerning that denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each such action.

16. To the extent not disclosed in response to Questions 15(A) and (B), state whether the applicant has been arrested, detained, charged, indicted, convicted, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or misdemeanor [except for traffic violations for which the maximum possible punishment was a fine not in excess of fifty dollars (\$50)].

ANSWER: _____

If the answer is “yes”, submit as **Exhibit 16** (form attached) a statement setting forth for each case:

- (A) The date;
- (B) The names, addresses, and telephone numbers of the individuals and business entities involved;
- (C) The name and location of the court, arresting agency, and prosecuting agency;
- (D) The case number;
- (E) The offense;
- (F) The disposition; and
- (G) The location and length of incarceration.

17. Submit as **Exhibit 17** a list identifying every key business entity as defined in this application. For each, state the name, address, and the percentage of ownership in the applicant.

18. Submit as **Exhibit 18** a statement containing:

- (A) A list of all debt instruments of the applicant;
- (B) A list of the names, addresses, and telephone numbers of all holders of each instrument; and
- (C) A list of the amount of outstanding debt relating to each debt instrument.

FINANCIAL INFORMATION

19. Submit as **Exhibits 19(A) through 19(M)** copies of the following documents which apply to the applicant:
 - (A) Partnership agreement;
 - (B) Trust agreement;
 - (C) Joint venture agreement;
 - (D) Certified of the Articles of Incorporation or corporate charters, and amendments thereto of the applicant and its affiliated companies;
 - (E) A Certificate of Good Standing of the state of incorporation of the applicant;
 - (F) As applicable, a Certificate of Good Standing issued by the Missouri Secretary of State indicating that the applicant is qualified to do business in Missouri;
 - (G) Articles of association;
 - (H) Bylaws;
 - (I) A list of contracts, leasing, or rental agreements or other agreements relating to sports wagering;
 - (J) A list of non-gaming agreements or contracts exceeding fifty thousand dollars (\$50,000);
 - (K) A list of non-gaming lease agreements which have an annualized rental exceeding fifty thousand dollars (\$50,000);
 - (L) A list of purchase or sale agreements relating to sports wagering; and
 - (M) Executive level organizational charts and any other organizational charts relating to the applicant's sports wagering operation, including position descriptions and the names of individuals holding those positions.

20. Submit as **Exhibit 20** (form attached) a statement setting forth for each business entity in which stock is held by or on behalf of the applicant relating to the applicant's operation or the gaming industry:
 - (A) The name, address, and telephone number of each company;
 - (B) The class of stock held;
 - (C) The purchase price per share;
 - (D) The current market value per share;
 - (E) The number of shares held; and
 - (F) The percentage of ownership.

21. If the applicant is a publicly-held company, submit as **Exhibit 21** copies of any state or federal registration statements and any other documents filed within the last three (3) fiscal years, including, without limitation, proxy or information statements filed pursuant to Section 14 of the Securities Exchange Act of 1934, annual reports (Form 10K), quarterly reports (Form 10Q), periodic reports (Form 8K), and statements prepared in accordance with regulation S-X, under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, or the Investment Company Act of 1940.

22. Submit as **Exhibit 22(A) and 22(B)**, as applicable, copies of the following documents for the applicant for the last three (3) fiscal years and for the period ending one (1) month prior to the date of application, or where the applicant has not existed as a business entity in any jurisdiction for the last three (3) fiscal years, for the applicant or any predecessor company to the extent that these documents exist for the last three (3) fiscal years:

- (A) Financial statements and state and federal tax returns, certified or authenticated by independent certified public accountants, if such certified or authenticated documents have been prepared; and
- (B) Management representatives and lawyer's contingency letters provided to certified public accountants pertaining to certified financial audits and all reports and correspondence which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations.

23. Submit as **Exhibit 23** (form attached) a schedule listing the accounts or instruments held by the applicant during the three (3) year period prior to the date of this application from any bank, savings and loan association, credit union or other financial institution, domestic or foreign, and whether such account or instrument was or is held in the name of the applicant, a nominee of the applicant, or was or is otherwise under the direct or indirect control of the applicant, stating for each such account or instrument:
- (A) The name, business address, and telephone number of the financial institution involved;
 - (B) The type of account or instrument;
 - (C) The account or instrument number;
 - (D) The rate of interest;
 - (E) The time period during which the account or instrument was or will be held; and
 - (F) The opening and current or closing balance.
24. Submit as **Exhibit 24** a detailed statement concerning the capitalization of the proposed retail or mobile sports wagering operation, including the amount and source of debt and equity involved, and the guarantees which the applicant can offer that the applicant will be able to operate a retail or mobile sports wagering operation throughout the duration of the license.

OPERATIONS INFORMATION

25. Submit as **Exhibit 25** a detailed statement concerning the proposed sports wagering operation.

For a retail sports wagering operation, include the exact location where each retail sports wagering area will be located, including the distance from the sports facility, if applicable, and the capacity of each retail area. Include a detailed layout of each sports wagering area to include the accessibility of disabled persons and the description of how the proposed layout prevents access to individuals under twenty-one years of age. Additionally, include a schedule of operating hours.

For a mobile sports wagering operation, include the web address of the platform, the name of the platform application (app), and geofencing information. Also identify methods used to verify patron identity to prevent self-excluded persons, MGC-excluded persons, and individuals under twenty-one (21) years of age from wagering via the website or app.

26. Submit as **Exhibit 26** a detailed statement describing the applicant's plan for security in both the retail sports wagering area and other designated nonpublic gaming areas. Identify and describe all surveillance equipment which will be used, and explain how the equipment will be placed and monitored.
27. Submit as **Exhibit 27** (form attached) a detailed description and list of the sports wagering equipment which is planned for use at each retail sports wagering location, identifying which will be owned and which will be leased or rented, and describing where and how the sports wagering equipment will be stored and maintained.
28. To the extent they have been identified, submit as **Exhibit 28** (form attached) a statement disclosing the name, address, and telephone number of each sports wagering supplier which will be utilized by the applicant.

Schedule of Exhibits

If an exhibit is not applicable, indicate “N.A.”.

Exhibit Number	Person who made or directed preparation of exhibit (state which)	Official Title
1		
2		
3(A)		
3(B)		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19(A)		
19(B)		
19(C)		
19(D)		
19(E)		
19(F)		
19(G)		
19(H)		
19(I)		
19(J)		
19(K)		
19(L)		
19(M)		
20		
21		
22(A)		
22(B)		
23		
24		
25		
26		
27		
28		

Applicant's Authorization and Request to Release Information

To: _____
(Leave Blank)

From: _____
(Applicant's Name)

1. The applicant hereby authorizes and requests all persons to whom this request is presented having information relating to or concerning the applicant to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.
2. The applicant hereby authorizes and requests all persons to whom or entities to which this request is presented having documents relating to or concerning the applicant to permit a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol to review and copy any such constitutional, statutory, or other legal privilege.
3. If the person to whom or entity to which this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, the applicant hereby authorizes and requests that a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol be permitted to review and obtain copies of any documents, records, or correspondence pertaining to the applicant, including, but not limited to past loan information, notes co-signed by applicant, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. The applicant hereby makes, constitutes, and appoints any duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol the applicant's true and lawful attorney-in-fact for the applicant in the applicant's name, place, stead, and on the applicant's behalf and for the applicant's use and benefit:
 - (A) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as the applicant might;
 - (B) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriated location on this request; and
 - (C) To place the name of the Missouri Gaming Commission or Missouri State Highway Patrol's agent presenting this request in the appropriate location on this request.
5. The applicant grants to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the applicant might or could do, with full power of substitution of revocation, hereby ratifying and confirming all that the attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant by the Missouri Gaming Commission, whichever occurs later.

7. The applicant has filed the “Application” with the Missouri Gaming Commission. The applicant understands that he, she, or it is seeking the granting of a privilege and acknowledges that the burden of proving the applicant’s qualifications for a favorable determination is at all times on the applicant. The applicant accepts any risk of adverse public notice, embarrassment, criticism, or financial loss, which may result from action with respect to this application.
8. The applicant does, for itself, its heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claim to have against the person or entity to whom this request is presented or his, her, or its agents or employees arising out of or by reason of complying with this request.
9. The applicant agrees to indemnify and hold harmless the person or entity to whom this request is presented and his, her, or its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising out of or by reason of complying with this request.
10. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at

_____ (City) _____ (State)

on the _____ day of _____ 20____.

Applicant: _____

By: _____

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Release of All Claims

The undersigned has filed with the Missouri Gaming Commission (commission) certain forms and documents in connection with a written request for licensing by the commission ("Application"). In consideration of the assurance by the commission that no vote on the application will be taken except after a deliberate, intensive, and thorough investigation of the undersigned, including, but not limited to, background, successors and assigns, hereby release, remise, and forever discharge the State of Missouri, the commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the duly authorized (Office) _____ of the undersigned, have read this affidavit and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

IN WITNESS WHEREOF, I have executed this request at

(City) (State)

on the _____ day of _____ 20____.

Applicant: _____
By: _____
Its: _____

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

AFFIDAVIT OF APPLICANT

I, _____ (printed name), am authorized to complete and execute this Affidavit on behalf of the Applicant, _____ (printed name of Applicant). I am also authorized by the Applicant to provide all the information requested on this Affidavit to the Missouri Gaming Commission (the "Commission"), and to make the representations set forth in this Affidavit. I have read and fully understand the purpose of this Affidavit. The Applicant herein has identified Key Persons as disclosed on this Application and in the SW Personal Disclosure Form(s) associated with this Application for licensure. As the authorized representative of the Applicant, I attest to the suitability of each of the Applicant's Key Persons. I understand that any misrepresentation or omission by a Key Person of the Applicant may lead to the delay or denial of the Applicant's license or may result in the Commission imposing disciplinary action against the Applicant, up to and including revocation of its license. I further understand that any violations of Article III, Section 39(g) of the Missouri Constitution, the Revised Statutes of Missouri, the Code of State Regulations, or any other rule of the Commission by any Key Person of the Applicant may also result in disciplinary action against the Applicant, up to and including revocation of its license. I understand and acknowledge that the Applicant has an ongoing duty to promptly notify the Commission if any information it has provided with respect to its Key Persons changes.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed this Affidavit.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

STAMP OR SEAL

Printed Name

My Commission Expires on _____, 20____.

Affidavit of Full Disclosure

State of _____ }
County of _____ } SS

I, _____ (Officer), being the duly authorized _____ (Office) of _____ (Name of Applicant), being first duly sworn upon oath or affirmation, depose and state-

That, except as reported in the applicant’s Application (“Application”), the applicant has no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the Application;

That, except as reported in the Application, the applicant has no agreements or understandings with any person or entity and no present intent to pay any sums of money or give anything of value as, including, but without limitation, a finder’s fee or commission to any person or entity related to the acquisition of any interest in the Application;

That, except as reported in the Application, the applicant has no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including, but without limitation, a finder’s fee or commission to any person or entity related to the sale of any interest in the Application;

That, any funds used or to be used, and any liabilities incurred or to be incurred by the applicant in the acquisition of any interest in the Application were not provided to the applicant or made available to the applicant through the efforts of any person or entity not reported in the Application;

That, except as reported in the Application, no person or entity has provided collateral for or guaranteed payment of any loans made to the applicant which relate to the Application.

I, the duly authorized _____ (Office) of the undersigned, have read this Affidavit of Full Disclosure and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

Applicant: _____
By: _____
Its: _____

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

(Notary Public)

(Notarial Seal)

Notary Public in and for the County of _____ My commission expires: _____
State of _____

Verification

State of _____ }
County of _____ } SS

I, _____ being first duly sworn upon oath or affirmation, depose and state:

- 1. I am the individual who is submitting this form;
- 2. I personally supplied the information contained in this form;
- 3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief; and
- 4. I swear that I have read and agree to abide by the terms of Article III, Section 39(g) of the *Missouri Constitution*, its internal controls, and any rules promulgated by the Missouri Gaming Commission, including any emergency rules.

(Individual’s Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Request IRS Account Transcripts

You can request your IRS account transcripts at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

- You will need to request IRS account transcripts for each of the past **5 years**
- You can download and print your IRS account transcripts immediately by clicking on “**Get Transcript Online**”
- Please place a copy of your IRS account transcripts behind this page in the application
- IRS account transcripts can alternately be requested by filing Form 4506-T and placing a check in box 6b (Account Transcript)

☐ IRS Account Transcripts included with my application.

IMPORTANT
Form 943, Request for Tax Clearance

Form 943 can be found at the following site: <http://dor.mo.gov/forms/943.pdf>

- Do **NOT** mail or fax Form 943 to the Missouri Department of Revenue
- When completing the form:
 - Under “Reason(s) for Request”, for question number 3:
 - Place a check in box “Other”
 - List “Gaming License”
 - Under “Authorization”, enter the following information:

Name of Person Authorized to Receive This Douglas Fessenden,
Information: Missouri Gaming Commission

Title: Gaming Agent

Phone Number: (573) 526-4080

Address: P.O. Box 1847

City: Jefferson City

State: MO

Zip Code: 65102

Email Address of Authorized Person: Douglas.Fessenden@mgc.dps.mo.gov

- Complete and sign the form and submit it to the Missouri Gaming Commission along with your completed application.

☐ Form 943 is completed and included with my application.

Public Disclosure

Instructions: All applicants for licensure, all licensees, and all key persons are required to fully and completely supply all information requested by this form, **even though much of the information requested may have been previously disclosed in the application**. Where the answer may be derived or ascertained from the records of the applicant, licensee, or key person, the applicant, licensee, or key person may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to disclose this information to any person upon request. Each applicant, licensee, or key person has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant, licensee, or key person; however, each applicant, licensee, or key person is instructed to complete all sections of the form that apply.

1. State the name, business address, and business telephone number of the applicant, licensee, or key person.

Answer:

2. Identify the applicant, licensee, or key person, including, if the applicant, licensee, or key person is not an individual, the state of incorporation or registration, and the corporate officers.

Answer:

3. State whether the applicant, licensee, or key person has been indicted, convicted of, pleaded guilty or nolo contendere to, or forfeited bail for any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations, including the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition, and the location and length of incarceration.

Answer:

4. State whether the applicant, licensee, or key person has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each such action was taken, and the reason for each such action.

Answer:

5. State the name and business telephone number of the counsel representing the applicant, licensee, or key person in matters before the commission.

Answer:

6. A description of the product or service to be supplied by an SW Supplier applicant or licensee.

Answer:

Public Disclosure Verification

State of _____ }
County of _____ } SS

I, _____, being first duly sworn upon oath or affirmation, depose and state:

- 1. I am the applicant, licensee, or key person submitting this Public Disclosure Section.
- 2. I personally supplied the information contained in this form.
- 3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief.
- 4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes.
- 5. I swear that I have read and agree to abide by the terms of the Article III, Section 39(g) of the *Missouri Constitution* and any rules promulgated by the commission, including any emergency rules.

(Individual's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Exhibit 2

NAME	POSITION	PERCENTAGE OF OWNERSHIP IN THE APPLICANT	AMOUNT AND DATES OF COMPENSATION RECEIVED

Exhibit 3(B)

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM:	TO:

Exhibit 6

NAME	BUSINESS ADDRESS	PHONE NUMBER(S)	RELATIONSHIP TO THE APPLICANT

Exhibit 14

NAME OF LICENSE OR PERMIT HOLDER	JURISDICTION ISSUING	NATURE OF PERMIT OR LICENSE	DATES OF ISSUANCE AND TERMINATION

Exhibit 16

DATE	NAME, ADDRESSES & PHONE NUMBERS	NAME & LOCATION OF COURT, ARRESTING AGENCY & PROSECUTING AGENCY	CASE NUMBER	OFFENSE	DISPOSITION	LOCATION & LENGTH OF INCARCERATION

Exhibit 20

NAME	ADDRESS	TELEPHONE NUMBER	CLASS OF STOCK	PURCHASE PRICE PER SHARE	CURRENT MARKET VALUE PER SHARE	NUMBER OF SHARES HELD	PERCENTAGE OF OWNERSHIP

Exhibit 23

NAME OF FINANCIAL INSTITUTION	ADDRESS	TELEPHONE NUMBER	TYPE OF ACCOUNT OR INSTRUMENT	ACCOUNT NUMBER OR INSTURMENT NUMBER	RATE OF INTEREST	TIME PERIOD	OPENING AND CURRENT OR CLOSING BALANCE

Exhibit 27

SPORTS WAGERING EQUIPMENT	OWNED/LEASED	MAINTAINED

Exhibit 28

COMPANY	ADDRESS	TELEPHONE NUMBER	SPORTS WAGERING EQUIPMENT / SERVICE	TYPE OF MAINTENANCE OR REPAIR SERVICES

MISSOURI GAMING COMMISSION



SW Supplier and Official League Data Provider License Application

You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the application. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of the SW Supplier or Official League Data Provider License.

Note: The Commission, notwithstanding the provisions of section 610.110, RSMo., has access to both closed and open records pursuant to section 313.004, RSMo. Please answer all the questions fully and thoroughly.

INSTRUCTIONS FOR SW SUPPLIER AND OFFICIAL LEAGUE DATA PROVIDER LICENSE APPLICATION

The burden of proving qualifications to receive a license is at all times on the applicant. The applicant must accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss which may result from action with respect to any application, and expressly waives any claim for damages as a result thereof. Information not called for in this form or in addition to that provided in response to this form may be requested. The applicant shall provide all information, documents, materials, and certifications at the applicant's sole expense.

The total cost of the investigation conducted pursuant to this application shall be borne by the applicant. In addition, the applicant is responsible for the payment of all application and license fees.

The applicant should respond to the questions contained herein to the best of its knowledge. ***Any misrepresentation or omission is grounds for license denial.***

The applicant is under a continuing duty to immediately disclose any changes in the information provided in the application and requested materials submitted to the commission. The duty to make such additional disclosures shall continue throughout any period of licensure granted by the commission.

Type or print in black ink the answers to questions. If the answer or material responsive to a question has been provided in response to another portion of the application, refer to the other portion.

If you make any modification to the pre-printed questions, format, or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

FORMS AND DOCUMENTS

The original and one (1) copy of each of the following forms and items must be appropriately organized, tabbed, and submitted in letter-size expansion folders or envelopes by the applicant. All copies must be labeled with the applicant's name. Submit the forms and documents to:

Licensing Division
Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, Missouri 65109

The following items MUST be submitted for the application to be considered complete:

1. SW Supplier and Official League Data Provider License Application.
2. SW Personal Disclosure Form – Applicants for an SW Supplier license must submit this form for each individual key person. The commission may require other individuals to submit this form as part of the application.

APPLICATION FEE

A nonrefundable application fee in the amount of \$25,000 will be invoiced to applicants for an SW Supplier license.

A nonrefundable application fee in the amount of \$10,000 will be invoiced to applicants for an Official League Data Provider license.

ANNUAL LICENSE FEE

If licensed, the annual license fee for an SW Supplier's license, in the amount of \$10,000, will be invoiced.

The annual license fee for an Official League Data Provider license is payable to the commission at the end of the each year of licensure based on the amount of data sold to Retail and Mobile licensees as official league data, as follows:

- (A) for data sales up to and including \$500,000, the fee is \$10,000;
- (B) for data sales in excess of \$500,000 and up to and including \$750,000, the fee is \$15,000;
- (C) for data sales in excess of \$750,000 and up to and including \$1,000,000, the fee is \$20,000;
- (D) for data sales in excess of \$1,000,000 and up to and including \$1,500,000, the fee is \$50,000;
- (E) for data sales in excess of \$1,500,000 and up to and including \$2,000,000, the fee is \$100,000; and
- (F) for data sales in excess of \$2,000,000, the fee is \$150,000.

DEFINITIONS

Definitions contained in the *Missouri Constitution* and rules also apply to this application. In addition, for the purposes of this application, the following terms shall have the following meanings:

Beneficial owner/ownership: 1) A holder of any direct or indirect legal or beneficial publicly traded interest whose combined direct, indirect or attributed publicly traded interest is five percent (5%) or more in an applicant or licensee or in a key business entity of an applicant or licensee; 2) A holder of any direct or indirect legal or beneficial privately held interest whose combined direct, indirect or attributed privately held interest is five percent (5%) or more in an applicant or licensee or in a key business entity of an applicant or licensee; or 3) A holder of any direct or indirect legal or beneficial interest in an applicant or licensee or in a key business entity of an applicant or licensee if the interest was required to be issued under agreement with or authority of a government entity.

Business entity: A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship, or other form of business.

Compensation: Anything of value, including salary, wages, commissions, tips, gratuities, fees, bonuses, dividends, and distributions from (S) corporations and/or partnerships, in any form, including cash, securities, real property, and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an individual or business entity.

Financial statement: Any balance sheet, income statement, profit and loss statement, statement of cash flow, or sources and uses of funds statement.

Key business entity: Each holding, intermediary, or parent company that directly owns 15% or more of the applicant.

Key person:

1. The applicant's board appointed chief executive officer and chief financial officer, or the equivalent individuals, as determined by the commission; and
2. The applicant's principal owners who directly own 10% or more of the applicant.

Predecessor company: A business entity which no longer exists in its original form but whose assets in substantial part have been acquired by another business entity or which has undergone certain internal changes, such as those of identity, form, or capital structure.

Public official: An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

Publicly-held Company: A company that has filed a registration statement with the Securities and Exchange Commission.

Registered Agent: Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

Substantial Owner: Any key business entity or the applicant's principal owners who directly own 10% or more.

**APPLICATION FOR AN SW SUPPLIER OR OFFICIAL LEAGUE DATA PROVIDER LICENSE
IS HEREBY MADE TO THE MISSOURI GAMING COMMISSION**

NAME OF APPLICANT*

*Name as it appears on the certificate of incorporation, charter, by-laws, or other official document. DO NOT ABBREVIATE

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Name		Title	
Address	City	State	Zip
E-Mail Address	Telephone Number	Fax Number	

LICENSING/COMPLIANCE CONTACT FOR THIS BUSINESS

Name		Title	
Address	City	State	Zip
E-Mail Address	Telephone Number	Fax Number	

BILLING CONTACT FOR THIS BUSINESS

Name		Title	
Address	City	State	Zip
E-Mail Address	Telephone Number	Fax Number	

THE PRINCIPAL BUSINESS ADDRESS OF THE APPLICANT

Address	City	State	Zip
Country	Telephone Number	Fax Number	
Mailing address (if different)	City	State	Zip

Federal Employer Identification Number (FEIN)*	Missouri Retailers Occupation Tax Number (If Applicable)
--	--

Web site: _____

Email address: _____

* If the applicant does not hold a FEIN number, state the proposed date for obtaining this number and the Internal Revenue Service district where federal tax filings will occur.

Check the appropriate box:

- ☐ This application is being submitted for an SW Supplier license.
- ☐ This application is being submitted for an Official League Data Provider license.

If an applicant is requesting an SW Supplier license, the applicant shall check all applicable functions it intends to perform:

- ☐ manufacture sports wagering equipment or systems
- ☐ sell or lease sports wagering equipment or systems
- ☐ provide sports wagering equipment maintenance or repair
- ☐ provide testing services on sports wagering equipment or systems
- ☐ provide goods to a Retail or Mobile licensee
- ☐ provide data to a Retail or Mobile licensee
- ☐ provide geolocation services
- ☐ provide data feed services to a Retail or Mobile licensee
- ☐ provide integrity services to a Retail or Mobile licensee
- ☐ provide odds services to a Retail or Mobile licensee
- ☐ provide managed trading services
- ☐ provide software for an online sports wagering platform
- ☐ provide player account management services
- ☐ provide other services to a Retail or Mobile licensee (Please briefly explain other services:)

Transmittal Letter

Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, MO 65109

Dear Sir or Madam:

(Applicant's Name)_____ does herewith make application for licensure by the Missouri Gaming Commission to own or operate an SW Supplier operation or Official League Data Provider operation.

The applicant will be invoiced for the applicable fee(s) associated with the license. The applicant understands that costs incurred to conduct the suitability investigation will be assessed by the commission.

The applicant agrees to disclose and to require all of the key persons associated with the applicant to disclose all information, documents, and other material which the commission may request at any time.

Further, the applicant agrees to furnish any additional information, documents, and other material requested by the commission, and agrees that such additional material shall be made a part of this application.

The applicant acknowledges that neither the acceptance of this application nor the issuance of a license hereunder shall imply that the Missouri Gaming Commission admits the truth of the statements herein made, or its approval thereof. Acceptance of this application or the issuance of a license shall not constitute a waiver or agreement by the commission with respect to any material contained in this application. The applicant further acknowledges that any license or any interest in any license issued by the commission is not transferable, and that subsequent legislation or regulation may diminish the value of any license issued by the commission to any extent possible.

The applicant has read and agrees to abide by the terms of Article III, Section 39(g) of the *Missouri Constitution*, its internal controls, and any rules promulgated by the commission, including any emergency rules.

Respectfully submitted,

By:

(Applicant's Name)

(Officer)

A. APPLICANT INFORMATION

1. Identify applicant's products or services:

If the space provided is insufficient, submit the identification as **Exhibit 1(a)**.

Submit as **Exhibit 1(b)** one (1) copy of the following documents, as applicable:

- (a) Applicant's price list for goods or services to be provided under the license for which application is being made;
- (b) Applicant's lease agreement form;
- (c) Applicant's purchase agreement form;
- (d) Applicant's service agreement form;
- (e) Any contract or agreement between the applicant and holders of or applicants for a Retail or Mobile license;
- (f) Any contract or agreement between the applicant and any person or entity for the purchase or lease of any land, building, or other tangible or intellectual property;
- (g) A certificate of good standing from the state of incorporation of applicant;
- (h) Partnership agreement; and
- (i) Audited financial statements of the applicant and any business entity of which the applicant is an owner of ten percent (10%) or more for the last three (3) fiscal years and for the period ending one (1) month prior to the date of application.

2. (a) Check the category below which describes the applicant's business entity. An individual should apply as a sole proprietor. If the other specific categories are not applicable then "Other" must be indicated for any business entity which is not one of the specific categories listed. If "Other" is checked, an explanation of the business entity is required. If the space provided is insufficient, submit the explanation as **Exhibit 2(a)**.

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Holding Company | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Other _____ | |

- (b) Submit as **Exhibit 2(b)** a list identifying by name, address, and telephone number all of the businesses which the applicant or any of its key persons owns directly or indirectly, in whole or in part, which are expected to do business with commission licensees in the calendar year period commencing from the date of the application., State the total amount of business which each identified business is expected to conduct directly or indirectly with commission licensees during such period.

3. Submit as **Exhibit 3** (form attached) a list of all current key persons as defined in this application, their names, positions, percentages of ownership, and the amounts of and dates when compensation was received from the applicant during the five (5) years prior to the filing of this application.

An SW Personal Disclosure Form shall be submitted for each key person of an SW Supplier license applicant.

4. Submit as **Exhibit 4** a list identifying by name, address, and telephone number any relative of the applicant or any of its key persons who holds a license issued by the commission or is a key person of a business entity which has applied for or holds a license issued by the commission.
5. (a) Submit as **Exhibit 5(a)** a detailed description of the applicant's business, including the background and skills of the applicant and the applicant's key persons, including experience in providing its products or services. Identify and describe any predecessor company of the applicant.
 (b) Submit as **Exhibit 5(b)** (form attached) a list of all current and former addresses which the applicant has held or from which it has conducted business within ten (10) years from the date of filing this application, including the approximate time periods during which such addresses were held.
6. If the applicant does business outside Missouri, submit as **Exhibit 6** a listing of all other jurisdictions where the applicant does business, describing the business activity conducted in those other jurisdictions, and listing all addresses from which the applicant currently does business.
7. (a) Submit as **Exhibit 7(a)** a schedule listing the name, business address and telephone number for each of the applicant's Missouri –
 - (1) Registered agent(s);
 - (2) Legal services representative;
 - (3) Accounting services representatives; and
 - (4) Banking and financial services representatives.
 (b) Submit as **Exhibit 7(b)** a schedule listing the name, business address and telephone number for each of the applicant's other –
 - (1) Registered agent(s);
 - (2) Legal services representatives;
 - (3) Accounting services representatives;
 - (4) Banking and financial services representatives; and
 - (5) Chief administrative officer.
8. Have any of the securities or debt offerings of the applicant or any of the applicant's substantial owners been suspended from trading or had action taken against them by any regulatory agency?

☐ YES ☐ NO

If the answer is "yes", submit as **Exhibit 8** a detailed statement describing each suspension or action, the date, and the final disposition.

9. Has the applicant or its key persons ever been or are they currently a party to a lawsuit (other than divorce proceedings)?

☐ YES ☐ NO

If the answer is "yes", submit as **Exhibit 9** a detailed list of all cases, including bankruptcies, stating for each lawsuit:

- (a) The name of the parties;

- (b) The case number;
- (c) The name of the court and its location;
- (d) The type and nature of the case; and
- (e) The disposition of the case, including the terms of any settlement, the result of any trial, and the result of any appeal.

In addition, for all pending litigation, unsatisfied judgments, decrees, restraining orders, or injunctive orders, state:

- (f) In detail all pertinent facts, including the type and amount of relief sought; and
- (g) An assessment of the impact, if any, which the action may have on the applicant's business.

10. To the extent not already disclosed in your answer to Question 9, state whether the applicant or its key persons have ever been involved in any formal or informal process or agreement to adjust, defer, suspend or otherwise work out the payment of any debt.

☐ YES ☐ NO

If the answer is "yes", submit as **Exhibit 10** a statement setting forth all details concerning each debt and the relating formal or informal process or agreement.

11. State whether the applicant or its key persons are delinquent in the payment of, or in dispute over, the filings concerning the payment of any tax required under federal, state, or municipal law.

☐ YES ☐ NO

If the answer is "yes", submit as **Exhibit 11** a detailed statement describing the delinquency or dispute, including the amount, type of tax, the taxing agencies and the time periods involved.

12. State whether the applicant or its key persons have ever had any municipal, state, or federal tax returns audited or adjusted.

☐ YES ☐ NO

If your answer is "yes", submit as **Exhibit 12** a statement describing in detail the facts, circumstances, and results of the audit or adjustment and copies of all Internal Revenue Service Forms 4549 and 4590 and any protest letters and other correspondence relating to any such audit or adjustment.

13. If the applicant or any of its substantial owners is a corporation, submit as **Exhibit 13** –

- (a) The full corporate name, including all former trade, assumed or fictitious names, the address and telephone number of the corporate headquarters, and the FEIN numbers for transporting gaming equipment held by each corporation;
- (b) The name of the state in which each corporation is incorporated, the date of incorporation, and, if a corporation is not incorporated in Missouri, whether the corporation is authorized to conduct business in Missouri, the date the applicant commenced doing business in Missouri, and a copy of the applicant's certificate of authority to do business in Missouri;
- (c) A copy of the corporation's Articles of Incorporation and bylaws and all amendments;

- (d) For the present and former key persons of each corporation, their names, business names, positions, business and residential addresses and telephone numbers, and the amounts of and dates when compensation was received from the corporation during the three (3) years prior to the filing of this application;
- (e) For each corporation:
 - (1) The classes of stock, attendant rights of each class and numbers of shares;
 - (2) The number of shares authorized, issued, or outstanding;
 - (3) The par value, market value and issue price of the shares;
 - (4) The voting rights per class of stock (if the right of holders of any class of stock may be modified other than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and briefly explain);
 - (5) The exchange, if any, on which any class of stock may be traded;
 - (6) A list of the names, addresses and numbers of shares held for all holders of outstanding shares; and
 - (7) A list of stock certificates which have been or will be pledged and the names, address and telephone number(s) of the pledgor and pledgee of any stock certificates in a corporation, which is not a publicly held company;
- (f) If the beneficial owner of any stock in each corporation is an individual or business entity other than the owner of record or subscriber, the name and address of the owner of record or subscriber, the name and address of the beneficial owner, the conditions under which the owner of record or subscriber holds and votes or has subscribed for such stock; submit as **Exhibit 13(f)** a copy of any contract or other instrument relating to said conditions;
- (g) If within five (5) years from the date of filing this application there has been a change in the beneficial ownership of the equity securities of a corporation, including changes resulting from gift, purchase, sale, exercise of an option to purchase or sell, on the part of any individual or business entity who is or was a direct or indirect beneficial owner of ten percent (10%) or more of any class of an equity security of the corporation or who is or was a key person of the corporation, for each change of ownership state-
 - (1) The date of transaction;
 - (2) The nature of transaction;
 - (3) The parties, including their position, to the transaction; and
 - (4) The number, class and percentage of ownership of securities involved;
- (h) A description for each corporation of all stock warrants, options, or common stock equivalents, which are authorized, issued, and exercisable, including applicable lists of participant names, addresses and amounts of holdings.
- (i) If the applicant has any obligations or securities authorized or outstanding which bear voting rights either absolutely or upon any contingency, together with the nature of the obligations, the following shall be disclosed for each:
 - (1) The face or par value;
 - (2) The number of units authorized;
 - (3) The number of units outstanding; and
 - (4) Any conditions upon which the units may be voted.
- (j) The names in alphabetical order and addresses of the directors. As to each director, include the number of shares held on record as of the application date. If the director owns no shares, so state; ownership of shares shall include beneficial owners.

- (k) The names, in alphabetical order, and addresses of the officers of the applicant. As to each officer, include the number of shares held on record as of the application date. If the officer owns no shares, so state; ownership of shares shall include beneficial owners.
- (l) Each jurisdiction, including the United States, for which the corporation has met filing and disclosure requirements of state securities registration and filing laws, the Securities Act of 1933, or the Securities and Exchange Act of 1934. The applicant shall include the most recent registration statement and annual report filed with the Securities and Exchange Commission and each state in which the corporation has registered or filed the report:
 - (1) If the applicant has not registered or filed any statements with the Commissioner of Securities of the Secretary of State of Missouri, the applicant must state the reason the filing has not been made including specific reference to the exception upon which the applicant relies for not filing with the Commissioner of Securities of the State of Missouri; and
 - (2) If the applicant has filed with the Commissioner of Securities of the State of Missouri, copies of all filings beginning with the most recent up to and including the first statement filed or for the past five (5) years, whichever is shorter, shall be included in the application.

14. If the applicant or any of its substantial owners is a business entity other than a corporation, submit as **Exhibit 14:**

- (a) A detailed description of the organization of each business entity;
- (b) For each business entity, as applicable, the applicant's name, including all former trade, assumed and fictitious names, business and residential address and telephone number, Social Security Number, and FEIN for transporting gaming equipment, place and date of birth, occupation, and place and date of organization. For the three (3) years prior to filing this application, list the percentage of ownership and dates when participation occurred and the amount of and dates when compensation was received for all present and former key persons of the business entity;
- (c) For each business entity which is not organized under Missouri law, a statement identifying the law under which it is organized and stating whether it is authorized to conduct business in Missouri;
- (d) The name and address of each participant in each business entity which is a general partner, limited partner, unincorporated association, or other business entity other than a corporation; also submit as **Exhibit 14(d)** a statement answering Question 14 for each such participant;
- (e) The name and address of each participant in each business entity which is a corporation; also submit as **Exhibit 14(e)** a statement answering Question 13 for each such participant;
- (f) If the applicant is a partnership, a statement setting forth for each partner –
 - (1) The amount of initial investment, whether in the form of cash, negotiable instruments, property or otherwise;
 - (2) The amount and nature of any anticipated future investments;
 - (3) The degree of control over the activities of the partnership; and
 - (4) The method of distributing partnership profits;
- (g) If the applicant is an individual, then state –
 - (1) The applicant's legal name;
 - (2) Whether the applicant is a United States citizen;
 - (3) Any aliases or business names which have ever been or are being used by the applicant; and
 - (4) Copies of the applicant's state and federal tax returns for the past five (5) years;

- (h) Copies of any written agreement, constitution, or other document creating or governing the applicant's organization or powers of organization; and
 - (i) The date the applicant commenced doing business in Missouri –
 - (1) If the applicant is organized under laws other than the state of Missouri to do business in Missouri; and
 - (2) If no authorization to do business in Missouri has been obtained, the applicant must state the reason the authorization has not been obtained.
15. Submit as **Exhibit 15**, the names, in alphabetical order, and addresses of each partner, officer, or other person having or sharing policy-making authority. As to each such person, the applicant must disclose the nature and extent of any ownership interest; ownership interest shall include any beneficial owner and any voting interest, whether absolute or contingent, and the terms upon which the interest may be voted.
16. Submit as **Exhibit 16**, the names, in alphabetical order, and addresses of any individual or other entity that holds a record of beneficial ownership in the applicant. The following information shall be given concerning each individual:
- (a) The nature of the ownership interest;
 - (b) Whether the ownership interest carries a vote and the terms upon which the interest may be voted; and
 - (c) The percentage of ownership.
17. State whether another individual or entity directly or indirectly controls to any extent or in any manner the applicant. If so, the applicant must disclose the identity of the controlling individual or entity and a description of the nature and extent of the control and submit such as **Exhibit 17**. If the controlling entity is not an individual, the information required by this rule for the corporation or partnership or other organization controlling the applicant must be disclosed.
18. Submit as **Exhibit 18** any agreement or understanding which the applicant has entered into for the payment of fees, rents, salaries or other compensation(s) by the applicant or to the applicant. If the agreement or understanding is written, a copy of the written document must accompany the application. If the agreement or understanding is oral, the terms shall be reduced to writing and must accompany the application. Should the agreement or understanding be contingent in nature, the applicant shall disclose the nature of the contingency.
19. Submit as **Exhibit 19** a disclosure of whether the applicant or any key person currently holds or has ever held a license or permit issued by a governmental authority to own or supply gaming or sports wagering equipment, operate a gaming facility, operate a sports wagering operation, or conduct any aspect of gambling. If the applicant has held or holds a license or permit, the applicant must disclose or provide:
- (a) The identity of the license or permit holder;
 - (b) The jurisdiction issuing the license or permit;
 - (c) The nature of the license or permit;
 - (d) The dates of issuance and termination, if any; and
 - (e) A copy of each license.
20. Submit as **Exhibit 20** a statement of whether any person currently serving, or any person who has within the past two (2) years served, as a member of the Missouri Gaming Commission, an employee of the commission, a member of the Missouri General Assembly, or as an elected official of the state, or of any city

or county in the state in which licensing of excursion gambling boats or sports wagering operations has been approved, has any ownership interest in the applicant.

21. State whether the applicant or any of its substantial owners, has been arrested for, detained for, charged with, indicted, convicted of, pleaded guilty or *nolo contendere* to, or forfeited bail for any criminal offense under the laws of any jurisdiction, either felony or misdemeanor [except for traffic violations the maximum possible punishment for which was a fine not in excess of fifty dollars (\$50)]:

☐ YES ☐ NO

If the answer is "yes", submit as **Exhibit 21** a statement setting forth for each case:

- (a) The date;
- (b) The names, addresses, and telephone numbers of the individuals and business entities involved;
- (c) The name and location of the court, arresting agency, and prosecuting agency;
- (d) The case number;
- (e) The offense;
- (f) The disposition; and
- (g) The location and length of incarceration.

22. State whether the applicant or any of its substantial owners has had any license or certificate issued by a licensing authority denied, restricted, suspended, revoked, or not renewed:

☐ YES ☐ NO

If the answer is "yes", submit as **Exhibit 22** a statement describing in detail the facts and circumstances concerning such denial, restriction, suspension, revocation or non-renewal, including the licensing authority, the date each such action was taken, and the reason for each such action.

23. Submit as **Exhibit 23** a statement containing:

- (a) A list of all debt instruments of the applicant or any of its substantial owners;
- (b) A list of the names, addresses, and telephone numbers of all holders of each debt instrument; and
- (c) A list of the amount of outstanding debt relating to each debt instrument.

24. Submit as **Exhibit 24(a), 24(b) and 24(c)**, as applicable, statements setting forth the following:

- (a) A detailed description of the relationship, as applicable, between the applicant and any Retail or Mobile licensee or applicant;
- (b) A detailed description of the applicant's ownership, as applicable, of any holder of or applicant for a Retail or Mobile license;
- (c) A detailed description of any transaction in the last five (5) years, or contemplated in the future, as applicable, between the applicant and any holder of or applicant for a Retail or Mobile license; submit any document relating to each transaction.

25. Submit as **Exhibit 25** a listing of the names, titles, addresses, and telephone numbers of all public officials or officers or employees of any unit of government, and relatives of said public officials, officers or employees, who, directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of, or hold any debt instrument issued by, or hold or have any interest in any contractual or service relationship with, the applicant or any of its key persons.

26. Submit as **Exhibit 26** a statement listing the names, addresses and telephone numbers of each individual or business entity having an interest of any kind in the applicant not disclosed elsewhere, and describing in detail the nature, facts, and circumstances concerning each such individual or business entity and the type of interest.

B. BUSINESS INFORMATION

27. Submit as **Exhibit 27(a) through Exhibit 27(l)** as applicable, detailed statements stating and describing:

- (a) Applicant's products, any other principal goods produced or services rendered, including any significant changes in the kinds of products, other goods or services, and the principal markets for and methods of distribution of such products, other goods or services, including any significant changes in the markets and methods of distribution during the past three (3) fiscal years;
- (b) The competitive conditions concerning the industry or industries relating to, and the competitive position in such industry or industries of, the applicant's products and any other principal goods;
- (c) If a material part of the applicant's business is dependent upon a single customer or a few customers, for each such customer state:
 - (1) Its name, business address, and telephone number; and
 - (2) Its relationship with and its importance to the applicant's business;
- (d) If backlog is a factor affecting the applicant's business operations, state:
 - (1) The dollar amount of backlog orders believed to be firm as of a date during the current fiscal year and as of comparable dates during the preceding two (2) fiscal years;
 - (2) The portion of current backlog orders not reasonably expected to be filled within the current fiscal year; and
 - (3) The seasonal or other material aspects of the backlog;
- (e) The sources and availability of raw materials essential to the applicant's business;
- (f) The duration, importance, effect, and holders of all patents, trademarks, copyrights, licenses, franchises, and concessions which are material to the applicant's business;
- (g) The circumstances surrounding and results of any bankruptcy, receivership, or similar proceedings affecting the applicant's business;
- (h) The circumstances surrounding and the results of any material reorganization, merger, consolidation, readjustment, or succession of the applicant's business;
- (i) The acquisition or disposition of any material amount of assets other than in the ordinary course of the applicant's business during the past three (3) years;
- (j) Any material changes in the mode of conducting applicant's business during the past three (3) years;
- (k) A summary of warranties in effect on the applicant's products, including claims relating to such warranties; and
- (l) A summary of all litigation relating to the applicant's products.

28. Submit as **Exhibit 28** a list identifying by name, address, and telephone number all distributors, sales representatives, or other individuals or business entities which formally or informally distribute, market, or represent any good produced or service rendered by the applicant.

29. Submit as **Exhibit 29** a statement confirming that the applicant is fully registered and licensed in accordance with all laws necessary to enable the applicant to provide its products. Submit one (1) certified copy of all certificates, registrations, and licenses.

30. Submit as **Exhibit 30** a detailed statement describing the methodology to be used to ensure that the entire workforce to be employed by the applicant in connection with the providing of its products will be in accordance with the requirements of all pertinent federal and Missouri equal employment opportunity laws.
31. Submit as **Exhibit 31** a list of the names, addresses, and telephone numbers of each individual for whom an Occupational Level I-SW or Occupational Level I-SWC application will be submitted.

Schedule of Exhibits

If an exhibit is not applicable, indicate "N.A.".

Exhibit Number	Person who made or directed preparation of exhibit (state which)	Official Title
1(a)		
1(b)		
2(a)		
2(b)		
3		
4		
5(a)		
5(b)		
6		
7(a)		
7(b)		
8		
9		
10		
11		
12		
13		
13(f)		
14		
14(d)		
14(e)		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24(a)		
24(b)		
24(c)		
25		
26		
27(a)		
27(b)		
27(c)		
27(d)		
27(e)		
27(f)		
27(g)		
27(h)		
27(i)		
27(j)		
27(k)		
27(l)		
28		

Exhibit Number	Person who made or directed preparation of exhibit (state which)	Official Title
29		
30		
31		

Applicant's Authorization and Request to Release Information

To: _____
(Leave Blank)

From: _____
(Applicant's Name)

1. The applicant hereby authorizes and requests all persons to whom this request is presented having information relating to or concerning the applicant to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.
2. The applicant hereby authorizes and requests all persons to whom or entities to which this request is presented having documents relating to or concerning the applicant to permit a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol to review and copy any such constitutional, statutory, or other legal privilege.
3. If the person to whom or entity to which this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, the applicant hereby authorizes and requests that a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol be permitted to review and obtain copies of any documents, records, or correspondence pertaining to the applicant, including, but not limited to, past loan information, notes co-signed by applicant, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. The applicant hereby makes, constitutes, and appoints any duly appointed agent of the Missouri Gaming Commission or the Missouri State Highway Patrol the applicant's true and lawful attorney-in-fact for the applicant in the applicant's name, place, stead, and on the applicant's behalf and for the applicant's use and benefit:
 - (A) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as the applicant might;
 - (B) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriated location on this request; and
 - (C) To place the name of the Missouri Gaming Commission or Missouri State Highway Patrol agent presenting this request in the appropriate location on this request.
5. The applicant grants to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the applicant might or could do, with full power of substitution of revocation, hereby ratifying and confirming all that the attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant by the Missouri Gaming Commission, whichever occurs later.
7. The applicant has filed the "Application" with the Missouri Gaming Commission. The applicant understands that he, she, it is seeking the granting of a privilege and acknowledges that the burden of proving the applicant's qualifications for a favorable determination is at all times on the applicant. The applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.

8. The applicant does, for itself, its heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/ its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claim to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.
9. The applicant agrees to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
10. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at

_____ (City) _____ (State)

on the _____ day of _____ 20_____.

Applicant: _____

By: _____

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

(Notary Public)

My commission expires: _____

(Notarial Seal)

Notary Public in and for the County of _____

State of _____

Release of All Claims

The undersigned has filed with the Missouri Gaming Commission (commission) certain forms and documents in connection with a written request for licensing by the commission ("Application"). In consideration of the assurance by the commission that no vote on the application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including, but not limited to, background, successors and assigns, hereby release, remise, and forever discharge the State of Missouri, the commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the duly authorized _____ (Office) of the undersigned, have read this affidavit and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

IN WITNESS WHEREOF, I have executed this release at

_____ (City) _____ (State)
on the _____ day of _____, 20__.

(Applicant)

By: _____

Its: _____

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

AFFIDAVIT OF APPLICANT

I, _____ (printed name), am authorized to complete and execute this Affidavit on behalf of the Applicant, _____ (printed name of Applicant). I am also authorized by the Applicant to provide all the information requested on this Affidavit to the Missouri Gaming Commission (the "Commission"), and to make the representations set forth in this Affidavit. I have read and fully understand the purpose of this Affidavit. The Applicant herein has identified Key Persons as disclosed on this Application and in the SW Personal Disclosure Form(s) associated with this Application for licensure. As the authorized representative of the Applicant, I attest to the suitability of each of the Applicant's Key Persons. I understand that any misrepresentation or omission by a Key Person of the Applicant may lead to the delay or denial of the Applicant's license or may result in the Commission imposing disciplinary action against the Applicant, up to and including revocation of its license. I further understand that any violations of Article III, Section 39(g) of the Missouri Constitution, the Revised Statutes of Missouri, the Code of State Regulations, or any other rule of the Commission by any Key Person of the Applicant may also result in disciplinary action against the Applicant, up to and including revocation of its license.

I understand and acknowledge that the Applicant has an ongoing duty to promptly notify the Commission if any information it has provided with respect to its Key Persons changes.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed this Affidavit.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

STAMP OR SEAL

Printed Name

My Commission Expires on _____, 20____.

Affidavit of Full Disclosure

State of _____
 County of _____

} SS

I, _____ (Officer), being the duly authorized _____ (Office) of _____ (Name of Applicant), being first duly sworn upon oath or affirmation, depose and state-

That, except as reported in the applicant's Application ("Application"), the applicant has no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the Application;

That, except as reported in the Application, the applicant has no agreements or understandings with any person or entity and no present intent to pay any sums of money or give anything of value as, including, but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the Application;

That, except as reported in the Application, the applicant has no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including, but without limitation, a finder's fee or commission to any person or entity related to the sale of any interest in the Application;

That, any funds used or to be used, and any liabilities incurred or to be incurred by the applicant in the acquisition of any interest in the Application were not provided to the applicant or made available to the applicant through the efforts of any person or entity not reported in the Application;

That, except as reported in the Application, no person or entity has provided collateral for or guaranteed payment of any loans made to the applicant which relate to the Application.

I, the duly authorized _____ (Office) of the undersigned, have read this Affidavit of Full Disclosure and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

 (Applicant)

By: _____

Its: _____

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

 (Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Verification

State of _____

County of _____

} SS

I, _____ being first duly sworn upon oath or affirmation, depose and state:

- a. I am the individual who is submitting this form;
- b. I personally supplied the information contained in this form;
- c. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief;
- d. I swear that I have read and agree to abide by the terms of the Article III, Section 39(g) of the *Missouri Constitution* and any rules promulgated by the Missouri Gaming Commission, including any emergency rules.

(Individual's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Request IRS Account Transcripts

You can request your IRS account transcripts at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

- You will need to request IRS account transcripts for each of the past **4 years**
- You can download and print your IRS account transcripts immediately by clicking on **“Get Transcript Online”**
- Please place a copy of your IRS account transcripts behind this page in the application
- IRS account transcripts can alternately be requested by filing Form 4506-T and placing a check in box 6b (Account Transcript)

☐ IRS Account Transcripts included with my application.

IMPORTANT Form 943, Request for Tax Clearance

Form 943 can be found at the following site: <http://dor.mo.gov/forms/943.pdf>

- Do **NOT** mail or fax Form 943 to the Missouri Department of Revenue
- When completing the form:
 - Under “Reason(s) for Request”, for question number 3:
 - Place a check in box “Other”
 - List “Gaming License”
 - Under “Authorization”, enter the following information:

Name of Person Authorized to Receive This Information: Douglas Fessenden, Missouri Gaming Commission

Title: Gaming Agent

Phone Number: (573) 526-4080

Address: P.O. Box 1847

City: Jefferson City

State: MO

Zip Code: 65102

Email Address of Authorized Person: Douglas.Fessenden@mgc.dps.mo.gov

- Complete and sign the form and submit it to the Missouri Gaming Commission along with your completed application.

☐ Form 943 is completed and included with my application.

Public Disclosure Section

Instructions: All applicants for licensure, all licensees, and all key persons are required to fully and completely supply all information requested by this form, **even though much of the information requested may have been previously disclosed in the application**. Where the answer may be derived or ascertained from the records of the applicant, licensee, or key person, the applicant, licensee, or key person may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to disclose this information to any person upon request. Each applicant, licensee, or key person has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant, licensee, or key person; however, each applicant, licensee, or key person is instructed to complete all sections of the form that apply.

1. State the name, business address, and business telephone number of the applicant, licensee, or key person.

Answer:

2. Identify the applicant, licensee, or key person, including, if the applicant, licensee, or key person is not an individual, the state of incorporation or registration, and the corporate officers.

Answer:

3. State whether the applicant, licensee, or key person has been indicted, convicted of, pleaded guilty or nolo contendere to, or forfeited bail for any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations, including the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition, and the location and length of incarceration.

Answer:

4. State whether the applicant, licensee, or key person has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each such action was taken, and the reason for each such action.

Answer:

5. State the name and business telephone number of the counsel representing the applicant, licensee, or key person in matters before the commission.

Answer:

6. A description of the product or service to be supplied by the SW Supplier or Official League Data Provider applicant or licensee.

Answer:

Public Disclosure Verification

State of _____

County of _____

SS

I, _____, being first duly sworn upon oath or affirmation, depose and state:

1. I am the applicant, licensee, or key person submitting this Public Disclosure Section.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief.
4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes.
5. I swear that I have read and agree to abide by the terms of the Article III, Section 39(g) of the *Missouri Constitution* and any rules promulgated by the commission, including any emergency rules.

(Individual's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

MISSOURI GAMING COMMISSION



OCCUPATIONAL LEVEL I-SW LICENSE APPLICATION

APPLICATION INSTRUCTIONS

THIS APPLICATION MUST BE SUBMITTED BY PERSONS SEEKING AN OCCUPATIONAL LEVEL I-SW LICENSE.

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Any statement that is not true or not disclosed and which becomes known at any later date is cause for revocation of your license. Notwithstanding the provisions of section 610.110, RSMo, the Commission has access to both open and closed records as provided under section 313.004, RSMo. Please be thorough and complete in response to these questions.
- c. 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 "N/A" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- d. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- e. 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. A blank page is provided that may be used to provide this additional information.
- f. If you make any modification to the pre-printed questions, format or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

IMPORTANT NOTICES

You may be required to provide additional information or submit additional forms.

For those applicants who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this application. This form will not be processed until proper foreign police clearances are provided.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.

II. BE SURE TO:

- a. Attach a recent (within the past six (6) months) color photograph of yourself in the space provided.
- b. Sign the Verification forms in the presence of a notary public, justice of the peace, commissioner for declarations, or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials and the date at the bottom of each page of this form in the spaces provided and on any attachment pages.
- d. Send one original and one copy of the completed application and all required attachments.

III. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:

- a. You have reviewed the Missouri Gaming Commission's filing instructions.
- b. You have included all required attachments listed in this form.
- c. The verification forms are notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Keep an unsigned copy of your completed application.

V. Please submit this form to:

Licensing Division
Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, Missouri 65109

VI. APPLICATION FEE AND ANNUAL LICENSE FEE:

An Occupational Level I-SW applicant will be invoiced a nonrefundable application fee of \$2,000. If you are found suitable for licensing, the Missouri Gaming Commission will issue a license, which will expire in two (2) years. The license will enable you to perform any activity included within your level of occupational license and any lower level of occupational license. Your annual license fee of \$250 will be invoiced annually.

Definitions

For the purpose of this application, the following terms shall have the following meanings:

Business Entity: A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other form of business.

Compensation: Anything of value, including salary, wages, commission, tips, gratuities, fees, bonuses, and distribution from (S) corporations, in any form including cash, securities, real property, and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an individual or business entity.

Domestic partnership: A relationship between two adults residing together and sharing a common domestic life through a Civil Union or other type of legal partnership recognized in the state of the person's domicile.

Financial statement: Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.

Public official: An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

Registered agent: Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**APPLICATION FOR AN OCCUPATIONAL LEVEL I-SW LICENSE
IS HEREBY MADE TO THE MISSOURI GAMING COMMISSION**

Please print or type the answers to the following questions in the spaces provided.

Name:				
Last (Include Sr., Jr., Etc., If Applicable)	First	Middle		
<hr/>				
Mailing Address/Postal Address:				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code
<hr/>				
Home Address: (If Different Than Mailing Address/Postal Address)				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code
<hr/>				
Present Business Address				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code
<hr/>				
Home Phone Number: Area Code		Number		
Mobile Phone Number: Area Code		Number		
<hr/>				
Current Business Telephone No. At Place Of Employment:			Fax Number:	
Area Code:	Number:	(Extension)	(Area Code)	(Number)
<hr/>				
Date Of Birth:	Email Address:	Social Security Number or International Number:		
MO/DAY/YEAR				

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐

IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH.

(INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

Sex	Color Of Eyes	Color of Hair	Height	Weight
<input type="checkbox"/> Male			____ FT ____ IN/ ____ CM	____ LBS/ ____
<input type="checkbox"/> Female				KG

Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe.

Please complete this information for which this form is submitted.

Company Name: _____

☐ **Retail licensee**

Job Title: _____

☐ **Mobile licensee**

Job Title: _____

☐ **SW Supplier licensee**

Job Title: _____

☐ **Official League Data Provider licensee**

Job Title: _____

**AFFIX A COLOR
PHOTOGRAPH WITH A PLAIN
BACKGROUND
HERE THAT WAS TAKEN
WITHIN
THE PAST SIX MONTHS.**

**PRINT YOUR NAME ON THE
FRONT BOTTOM BORDER OF THE
PHOTOGRAPH BEFORE ATTACHING
IT.**

**AFFIX A COPY OF YOUR

DRIVER'S LICENSE**

1. Of what country are you a citizen? _____

A. Please indicate: **(Please provide a copy of your birth certificate)**

1. Date of birth: _____
DAY MONTH YEAR

2. Place of birth: _____
CITY/TOWN STATE/PROVINCE COUNTY

3. Country of birth: _____

B. If you are not a citizen of the United States:

(1) List the port of entry into the United States: _____

(2) Name and address of sponsor upon arrival:

C. If you are a naturalized citizen, provide a copy of the naturalization certificate.

2.a. Have you ever been issued a passport? Yes ☐ No ☐

If yes, provide the following information about your passport(s):
(Please attach a copy of your entire passport including any empty pages)

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

2.b. List details regarding all foreign travel during the past five (5) years.

DATES FROM - TO	DESTINATION	PURPOSE (BUSINESS, PLEASURE, ETC.)	IF FOR BUSINESS DESCRIBE BUSINESS PURPOSE
From: To:			
From: To:			
From: To:			
From: To:			

RESIDENCE DATA

3. 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) since the age of 18.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD/MANAGER OR MORTGAGE/BOND HOLDER, IF KNOWN	NAME AND CONTACT INFORMATION OF ROOMMATES, IF ANY
FROM: (MO/YR)	TO: (MO/YR)				
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		

EMPLOYMENT AND LICENSING DATA

4. In the chart below, provide the information regarding your employment from the age of 18. 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.

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	SPORTS WAGERING RELATED EMPLOYMENT?
FROM: (MO/YR)	TO: (MO/YR)					
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, please provide an attachment

5. With regard to the previously listed employment:

- a. Were you ever discharged, suspended, or asked to resign from employment? Yes ☐ No ☐
- b. During the last twenty (20) 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, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION, OR DISCIPLINARY ACTION	NAME OF EMPLOYER	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION, OR DISCIPLINARY ACTION	SEVERANCE PACKAGE RECEIVED? IF SO, SPECIFY.	WERE UNEMPLOYMENT BENEFITS RECEIVED SUBSEQUENT TO SEPARATION?

6. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past thirty-six (36) month period. Begin with the current employer.

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

7. Have you or your spouse or domestic partner ever made application for, been granted or held, currently have pending, or had denied, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation, fantasy sports contest operation, or sports wagering operation (including any supplier of gaming/gambling equipment, sports wagering supplier, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction? You must answer “YES” to this question if your application was returned to you by the gaming agency for any reason, or you withdrew your application from consideration.
- Yes ☐ No ☐

If yes, complete the following chart:

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	NAME OF APPLICANT

8. Are any members of your family (spouse, domestic partners, 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 sports wagering related operation (including a supplier of gaming/gambling equipment or sports wagering equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF BUSINESS AND ADDRESS	BUSINESS TELEPHONE

9. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more since the age of 18. (Do **not** include publicly traded corporations in which you owned stock.)

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)						

10. Has any entity in which you, your spouse or domestic partner 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:

NAME OF ENTITY	POSITION HELD BY YOU/YOUR SPOUSE/DOMESTIC PARTNER	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

11. To the best of your knowledge, since the age of 18, 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, fantasy sports contest operation, or sports wagering operation (including any supplier of gaming/gambling equipment, sports wagering supplier, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.)? (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:

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

FAMILY/SOCIAL DATA

12. What is your current relationship status: Single Married Legally Separated Divorced Widow/Widower Domestic Partnership Engaged

☐ ☐ ☐ ☐ ☐ ☐ ☐

How many times have you been married? _____

A. CURRENT RELATIONSHIP

Provide the information below regarding your current spouse or domestic partner:
(Provide a copy of your Marriage license)

Date of Marriage: _____ Where Married: _____

 CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name: _____ Occupation: _____

 FIRST MIDDLE LAST (and MAIDEN, if applicable)

Date of Birth: _____ Place of Birth: _____

 DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: _____

 STREET CITY/TOWN COUNTY/PARISH STATE/PROVINCE ZIP/POSTAL CODE

Telephone Number: _____ Social Security Number: _____

 AREA CODE NUMBER

Driver's License Number & State Issuing: _____

B. PREVIOUS MARRIAGES/RELATIONSHIPS

Provide the information below regarding your previous marriages/relationships:
(Do **NOT** include current spouse or domestic partner)
(Provide all documentation pertaining to Divorce decree)

NAME OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE & JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE NUMBER(IF KNOWN)	PRESENT ADDRESS OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (NO., STREET, APT#/FLAT#., CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	TELEPHONE NUMBER FOR FORMER SPOUSE OR DOMESTIC PARTNER (IF KNOWN)

13. a. In the chart below, list the names of all your children, stepchildren, 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.

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

13. b. Please mark the appropriate response regarding your child support obligations:

- ☐ I am not subject to an order for the support of a child.
- ☐ I am subject to an order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 13.a. above); or
- ☐ I am subject to an order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:
(Provide copy of Child support order or dissolution ordering support)

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

14. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former 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:				
Former Parents-in-law*:				

* For former parents-in-law only provide names.

15. List names, dates of birth, home addresses, and phone numbers, and the most recent occupations of brothers and sisters or step-brothers and step-sisters and their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

MILITARY SERVICE DATA

16. a. Have you or an immediate family member 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: _____

b. If you answered yes to Question 16.a for your service in the armed forces of the United States and separated from such service under conditions other than dishonorable, would you like to receive information and assistance regarding veteran benefits and services?

Yes ☐ No ☐

c. If you answered yes to Question 16.b, may the Missouri Gaming Commission share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services?

Yes ☐ No ☐

General information may also be found on the Missouri Veterans Commission's website.

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

Date of each discharge/separation and rank held: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as **Exhibit 17**. 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 **Exhibit 17**. If in reserves, please attach a copy of your discharge papers.

*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.

18. 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

** 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

19. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate, or postgraduate school you have attended.

(Provide a certified copy of your college transcripts)

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)				
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICES AND POSITIONS

20. List all offices, trusteeships, directorships, or fiduciary positions (including non-profit charitable entities and family trusts) that you have held or currently hold with any firm, corporation, association, partnership, or other business entity. Begin with the most recent and work backward.

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)			

21. List all government positions and offices, whether salaried or unsalaried, you have held or currently hold. Begin with the most recent and work backward.

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

CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you, your spouse or domestic partner, or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that 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, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

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;
 - F. The charges or offenses happened a long time ago.
 - G. Any records relating to a charge, an arrest, or conviction have been expunged or otherwise officially sealed by a court or government agency; or
 - H. You have an SIS (Suspended imposition of sentence from any pleas or) or SES (Suspended execution of Sentence from any conviction)

NOTE: Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records.

IMPORTANT

Missouri Gaming Commission investigators 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, and may result in denial of your application.

22. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:
(Provide a copy of all documentation of criminal cases)

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

23. 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:

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

24. a. 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 ☐
- b. 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, board, 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 ☐
- c. 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 ☐

If yes, complete the following chart:

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

25. 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:

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

26. Has your spouse, domestic partner or any of your children, stepchildren or adopted children ever been arrested for 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:

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

27. 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:

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

28. Has any general partnership, business venture, sole proprietorship, or closely held corporation, with which you were associated as an owner, officer, director, or partner, been a party to a lawsuit, arbitration, or bankruptcy?

Yes ☐ No ☐

If yes, complete the following chart:

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

29. Other than a criminal, disorderly person, petty disorderly person, or motor vehicle violation, have you ever been cited for, charged with, formally accused of, or signed a consent order relating to any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal, or national government?
Yes ☐ No ☐

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION	NAME OF PARTICIPANT

30. 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, gaming/gambling or sports wagering, 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:

CASINO, GAMING/GAMBLING, OR SPORTS WAGERING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

31. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

MONTH/YEAR LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

32. Submit as **Exhibit 32**, copies of your state and federal tax returns for the last five (5) years, along with all forms used to determine the income reported on any such returns. This includes all W-2s you and your spouse received.

33. 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:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

34. 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 ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

35. Has any business entity in which you held a 5% or greater ownership interest, 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 ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

36. Have you ever been in a business entity as an individual, member of a partnership, or owner, director, or officer of a corporation that has been in liquidation, receivership, or been placed under some form of governmental administration or monitoring?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

37. Have your wages, earnings, or other income of any type ever been subject to garnishment, attachment, charging order, voluntary wage execution or the like?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

38. To the best of your knowledge, have you or your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last thirty-six (36) month period?

Yes ☐ No ☐

If yes, complete the following chart:

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

39 a. Have you or your spouse or domestic partner ever sought and been denied a position as a trustee or other fiduciary officer? Yes ☐ No ☐

b. Have you or your spouse or domestic partner 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:

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

40. Have you ever had any real or personal property repossessed by a finance company in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

41. Have you been:

- a. An executor(trix), administrator, or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received anything 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:

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

42. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to Question 41).
Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

43. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to Question 42). Under “Description of Trust”, describe, in detail, the assets or liabilities, your duties and responsibilities concerning the trust, and the beneficial owner.
Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

44. a. Please state your country of residence _____
- b. Have you or your spouse or domestic partner had any right of ownership in, control over, or interest in any bank account(s) that are located outside the country of residence identified in a. above?

Yes ☐ No ☐

If yes, complete the following chart:

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	ACCOUNT HELD BY
FROM: (MO/YR)	TO: (MO/YR)					

c. Do you or your spouse or domestic partner own, manage or control any assets, or are you or your spouse or domestic partner 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:

DESCRIPTION OF ASSET/LIABILITY (TO INCLUDE VALUE OR AMOUNT)	LOCATION OF ASSET/LIABILITY	NAME

45. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, received a loan in excess of ten thousand dollars (\$10,000 USD)?

Yes ☐ No ☐

If yes, complete the following chart:

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

46. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, made any loans in excess of ten thousand dollars (\$10,000 USD)?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

47. During the past five (5) year period, have you ever exchanged currency individually or for another person of ten thousand dollars (\$10,000 USD) or more?

Yes ☐ No ☐

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

48. Do you maintain a brokerage or margin account with any securities or commodities dealer?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

49. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, filed any claims under any fire, theft, automobile, or insurance policy, the proceeds of which were twenty-five thousand dollars (\$25,000 USD) or more?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF CLAIM	CLAIMANT NAME	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

50. During the last five (5) year period, have you, your spouse or domestic partner, or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded ten thousand dollars (\$10,000 USD) in value in any one year period? Yes ☐ No ☐

If yes, complete the following chart as to each gift:

DONOR	DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

51. 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 ☐

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH SAFE DEPOSIT BOX(ES) HELD	SAFE DEPOSIT BOX NO.

52. In the past five (5) year period, have you received any referral or finder's fee?

Yes ☐ No ☐

If yes, complete the following chart:

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

53. Have you or your spouse or domestic partner ever given a guarantee, co-signed or otherwise insured payment of a loan, debt, or other financial obligation in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

54. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one (1) year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, domestic partner, 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:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

REFERENCE TWO**Name:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

REFERENCE THREE**Name:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

55. As indicated in the instructions, 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.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

FINANCIAL SECTION: SCHEDULE “A” – CASH IN BANK

56. 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 domestic partner, or dependent child. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

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
			%			\$
			%			\$
			%			\$
			%			\$
Date of conversion: _____						Total Current Balance (Enter this figure in item 1b, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “B” – LOAN, NOTES, AND OTHER RECEIVABLES

57. List below all loans, notes, and other receivables held by you, your spouse or domestic partner, or dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner, or dep. child)	Name and address of debtor	Interest Rate (%)	Original loan amount	Original date of loan/note receivable	Total payments	Date due	Nature of advance & nature of security, if any (indicate if unsecured)	Current Balance
		%	\$					\$
		%	\$					\$
		%	\$					\$
		%	\$					\$
Date of conversion: _____			Total original loan amounts (Enter this figure in item 2, column A on Schedule P)					Total Current Balance (Enter this figure in item 2, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “C” – SECURITIES

58. 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 domestic partner, or dependent child 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 domestic partner, or dependent children have knowledge of what securities are so held. **INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK(*).** For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dep. 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 & 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 Schedule P)				Total current market value (Enter this figure in item 3, column B on Schedule P)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE "D" – REAL ESTATE INTERESTS

59. 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 domestic partner, or dependent child, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. **(Provide a copy of your most current paid personal and real estate property taxes.)** For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dep. 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
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
Date of conversion: _____						Total purchase price (Enter this figure in item 4, column A on Schedule P)		Total current market value (Enter this figure in item 4, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “E” – CASH VALUE LIFE INSURANCE

60. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or domestic partner, or your dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Date purchased	Insurance carrier policy number	Beneficiary(ies)	Face value	Annual premium payments	Cash surrender value	Effective date of cash surrender value
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
						Total cash surrender value (Enter this figure in item 5, column B on Schedule P)	

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “F” – CASH VALUE - PENSION/RETIREMENT FUNDS

61. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse or domestic partner. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse or domestic partner)	Type of fund	Type of securities held and account number, if any	Employer/Institution	Cumulative employee contribution	Cumulative employer contribution	Current cash value	Effective date of cash value
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Date of conversion: _____				Total cumulative employee contribution (Enter this figure in item 6, column A on Schedule P)		Total current cash value (Enter this figure in item 6, column B on Schedule P)	

* If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

FINANCIAL SECTION: SCHEDULE “G” – VEHICLES

62. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or domestic partner, or dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion Date of conversion: _____

Held by (you, spouse, domestic partner or dependent child)	Type of vehicle	Owned or Leased*	Date of purchase/ lease	Model Year	Make/model of vehicle	Cost**	If owned, current market value
						\$	\$
						\$	\$
						\$	\$
* 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.						Total cost of vehicles (Enter this figure in item 8, column A on Schedule P)	Total current cash value (Enter this figure in item 8, column B on Schedule P)
** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.							

FINANCIAL SECTION: SCHEDULE “H” – OTHER ASSETS

63. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or domestic partner, or your dependent child. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques. For foreign accounts, convert balance to U.S. currency and supply date of conversion

Held by (you, spouse, domestic partner or dependent child)	Nature of asset			Date of acquisition	Cost	% of ownership interest	Date of valuation	Current market value
	Name	Type of entity	Annual income					
			\$		\$	%		\$
			\$		\$	%		\$
			\$		\$	%		\$
			\$		\$	%		\$
			\$		\$	%		\$
					Total cost of other assets (Enter this figure in item 9, column A on Schedule P)	Total current market value of other assets (Enter this figure in item 9, column B on Schedule P)		

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “I” – NOTES PAYABLE

64. List below the information requested with regard to all notes payable for which you, your spouse or domestic partner, or dependent child are obligated. Under "description", provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name and address of creditor	Account number, if any	Date incurred	Due date	Interest rate (%)	Amount of periodic payment/pay period	Original amount of note	Nature of security, if any & description	Total payments	Outstanding amount of liability
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
							Total original amount of notes payable (Enter this figure in item 10, column C on Schedule Q.)			Total amount of outstanding notes payable (Enter this figure in item 10, column D on Schedule Q.)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “J” – LOANS AND OTHER PAYABLES

65. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or domestic partner, or your dependent child are obligated. Under "Description", provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name and 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 & description	Total payments	Current amount outstanding
					%		\$			\$
					%		\$			\$
					%		\$			\$
					%		\$			\$
							Total original amount of liability (Enter this figure in item 11, column C on Schedule Q.)			Total amount of outstanding loans & other payables (Enter this figure in item 11, column D on Schedule Q.)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “K” – TAXES PAYABLE

66. List below the information requested with regard to all taxed payables for which you, your spouse or domestic partner, or your dependent child are obligated. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Taxing authority	Nature of tax	Date and amount of original obligation	Fines, penalties and interest, if any	Total amount due
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Date of conversion: _____			Total original tax obligation(s) (Enter this figure in item 12, column C on Schedule Q.)		Total amount of taxes payable (Enter this figure in item 12, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE “L” – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

67. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or domestic partner, or your dependent child are obligated. In the "Description" column, provide a description of the real estate, including the type, condition and any improvements. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name, address & phone number 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 13, column C on Schedule Q.)				Total mortgages or liens payable on real estate (Enter this figure in item 13, column D on Schedule Q.)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “M” – LOANS AGAINST INSURANCE/PENSION PLANS

68. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or domestic partner, or your dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Insurance carrier/pension plan	Purpose of loan	Original amount of loan	Interest rate (%)	Date of loan	Periodic payment amount/pay period	Current loan balance
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
Date of conversion: _____			Total original liability insurance/pension loans (Enter this figure in item 14, column C on Schedule Q.)				Total amount outstanding insurance/pension loans (Enter this figure in item 14, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE “N” – ANY OTHER INDEBTEDNESS

69. List below the information requested with regard to any other indebtedness for which you, your spouse or domestic partner, or your dependent child are obligated. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name, address & phone number of creditor	Interest rate (%)	Description of liability, type of obligation & nature of security, if any	Due date	Amount of periodic payment/ pay period	Original amount of liability	Outstanding amount of indebtedness
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
Date of conversion: _____						Total original amount other indebtedness (Enter this figure in item 15, column C on Schedule Q.)	Total amount outstanding other indebtedness (Enter this figure in item 15, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "O" – CONTINGENT LIABILITIES

70. List below the information requested with regard to all contingent liabilities for which you, your spouse or domestic partner, or dependent child are obligated. In the "Description" column, provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner of dependent child)	Name, address & phone number of contingent creditor	Date incurred	Account number	Primary debtor	Description of obligation including nature of security, if any	Original amount of contingent obligation	Current amount of contingent obligation
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
Date of conversion: _____						Total original contingent liabilities (Enter this figure in item 16, column C on Schedule Q.)	Total amount of outstanding contingent liabilities (Enter this figure in item 16, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "P" – NET WORTH STATEMENT -- ASSETS

NOTE: Complete the financial statements on Schedules A through O and copy the totals in the appropriate space on the assets and liabilities pages.

71. List all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or domestic partner, or your dependent child. 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. Detail each line entry on the appropriate schedule. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Asset	Cost at date acquired or purchased (A)	Current market value (B)	Special valuation date, if any
1. Cash			
a) On hand	a) \$ 0.00	a) \$ 0.00	
b) In bank (Schedule A)	b) \$ 0.00	b) \$ 0.00	b)
2. Loans, notes and other receivables (Schedule B)	\$ 0.00	\$ 0.00	
3. Securities (Schedule C)	\$ 0.00	\$ 0.00	
4. Real estate interests (Schedule D)	\$ 0.00	\$ 0.00	
5. Cash value life insurance (Schedule E)	\$ 0.00	\$ 0.00	
6. Cash value pension/retirement funds (Schedule F)	\$ 0.00	\$ 0.00	
7. Furniture and clothing (Reasonable estimate)	\$ 0.00	\$ 0.00	
8. Vehicles (Schedule G)	\$ 0.00	\$ 0.00	
9. Other (Schedule H)	\$ 0.00	\$ 0.00	
Total Assets	\$ 0.00	\$ 0.00	

Date of conversion:

FINANCIAL SECTION: SCHEDULE "Q" – NET WORTH STATEMENT -- LIABILITIES

NOTE: Complete the financial statements on Schedules A through O and copy the totals in the appropriate space on the assets and liabilities pages.

72. List all liabilities of you, your spouse or domestic partner, and your dependent child. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Liability	Original amount of liability (C)	Amount outstanding (D)
10. Note payable (Schedule I)	\$ 0.00	\$ 0.00
11. Loans and other payables (Schedule J)	\$ 0.00	\$ 0.00
12. Taxes payable (Schedule K)	\$ 0.00	\$ 0.00
13. Mortgages or liens on real estate (Schedule L)	\$ 0.00	\$ 0.00
14. Loans against insurance/pensions (Schedule M)	\$ 0.00	\$ 0.00
15. Other indebtedness (Schedule N)	\$ 0.00	\$ 0.00
Total liabilities	\$ 0.00	\$ 0.00
NET WORTH		
Total assets (From column B) less	\$ 0.00	\$ 0.00
Total liabilities (From column D)		
16. Contingent liabilities (Schedule O)	\$	\$

Date of statement: _____ **Date of conversion:** _____

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

IMPORTANT: The date of this net worth statement must be within three (3) months of the date this application is submitted to the Missouri Gaming Commission.

VERIFICATION

STATE/PROVINCE OF: _____

SS:

COUNTY/PARISH/DISTRICT OF: _____

_____ (Applicant's Name), 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 application 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, complete and accurate to the best of my knowledge.

(Applicant's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____(Applicant's Name)

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating my application for a license, and acknowledge that said agencies have complied with and afforded all applicable rights under sections 408.675 to 408.700, RSMo.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
 - (c) To place the name of the Missouri Gaming Commission or Missouri Highway Patrol agent presenting this request in the appropriate location on this request.
5. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant /me by the Missouri Gaming Commission, whichever occurs later.
7. I do, for myself, my heirs, executors, administrator, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim, to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____, _____
(City) (State)

on the _____ day of _____, 20____

(Applicant's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the county of _____

State of _____

Request IRS Account Transcripts

You can request your IRS account transcripts at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

- You will need to request IRS account transcripts for each of the past **five (5) years**
- You can download and print your IRS account transcripts immediately by clicking on **"Get Transcript Online"**
- Please place a copy of your IRS account transcripts behind this page in the application

☐ Tax Account Transcript of Returns included with my application.

Foreign Tax Affidavit

State of _____ } SS
County of _____ }

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____,
20____, personally appeared _____, known to me to be the person who
executed this document, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable _____ tax laws and liabilities and there
Country where tax returns are filed
are no outstanding tax obligations due.

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

Applicant's Signature

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

Notary Public

My commission expires: _____, 20____

(Notarial Seal)

**MISSOURI DEPARTMENT OF REVENUE
AUTHORIZATION AND RELEASE**

I, _____, born at

(City) _____,

(County) _____

(State) _____,

on (Date) _____, and now residing at

(Street) _____,

(City, State & Zip) _____,

hereby consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent date, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosure of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I, along with my spouse/domestic partner/partner in legal civil union (Name) _____, hereby release, discharge and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

Applicant's Signature

Spouse/Domestic Partner/Partner in Legal
Civil Union Signature

Applicant's Social Security Number

Spouse/Domestic Partner/Partner in Legal
Civil Union Social Security Number

State Tax Affidavit

State of _____ }
County of _____ } SS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be to be the person who executed this document, who being duly sworn, on oath, deposes and says:

- 1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
- 2. I am in compliance with all applicable _____ state tax laws and liabilities, and there are no outstanding tax obligations due to my state of residence.

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

Applicant's Signature

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

Notary Public

My commission expires: _____, 20_____

(Notarial Seal)

Public Disclosure Section

Instructions: All applicants for licensure, all licensees, and all key persons are required to fully and completely supply all information requested by this form, **even though much of the information requested may have been previously disclosed in the application**. Where the answer may be derived or ascertained from the records of the applicant, licensee, or key person, the applicant, licensee, or key person may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to disclose this information to any person upon request. Each applicant, licensee, or key person has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant, licensee, or key person; however, each applicant, licensee, or key person is instructed to complete all sections of the form that apply.

1. State the name, business address, and business telephone number of the applicant, licensee, or key person.

Answer:

2. Identify the applicant, licensee, or key person, including, if the applicant, licensee, or key person is not an individual, the state of incorporation or registration, and the corporate officers.

Answer:

3. State whether the applicant, licensee, or key person has been indicted, convicted of, pleaded guilty or nolo contendere to, or forfeited bail for any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations, including the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition, and the location and length of incarceration.

Answer:

4. State whether the applicant, licensee, or key person has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each such action was taken, and the reason for each such action.

Answer:

5. State the name and business telephone number of the counsel representing the applicant, licensee, or key person in matters before the commission.

Answer:

6. A description of the product or service to be supplied by an SW Supplier applicant or licensee.

Answer:

Public Disclosure Verification

State of _____

County of _____

} SS

I, _____, being first duly sworn upon oath or affirmation, depose and state:

1. I am the applicant, licensee, or key person submitting this Public Disclosure Section.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief.
4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes.
5. I swear that I have read and agree to abide by the terms of Article III, Section 39(g) of the *Missouri Constitution* and any rules promulgated by the commission, including any emergency rules.

(Individual's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

MISSOURI GAMING COMMISSION



OCCUPATIONAL LEVEL I-SWC LICENSE APPLICATION

APPLICATION INSTRUCTIONS

THIS APPLICATION MUST BE SUBMITTED BY PERSONS SEEKING AN OCCUPATIONAL LEVEL I-SWC LICENSE.

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you.
- b. Any statement that is not true or not disclosed and which becomes known at any later date is cause for revocation of your license. Notwithstanding the provisions of section 610.110, RSMo, the Commission has access to both open and closed records as provided under section 313.004, RSMo. Please be thorough and complete in response to these questions.

Prohibited acts, penalties - commission to refer violations to attorney general and prosecuting attorney - venue for actions.

313.830.4 A person commits a class E felony and, in addition, shall be barred for life from excursion gambling boats under the jurisdiction of the commission, if the person: (15) Knowingly makes a false statement of any material fact to the commission, its agents, or employees.

- c. 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 "N/A" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- d. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- e. 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. A blank page is provided that may be used to provide this additional information.
- f. If you make any modification to the pre-printed questions, format or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

IMPORTANT NOTICES

Persons submitting this form are required to be fingerprinted. This form will not be processed until fingerprints are provided. If you reside inside the State of Missouri, please contact your Human Resources Department for guidance on where to obtain fingerprint services.

You may be required to provide additional information or submit additional forms.

For those applicants who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this application. This form will not be processed until proper foreign police clearances are provided.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.

II. BE SURE TO:

- a. Attach a recent (within the past six (6) months) color photograph of yourself in the space provided.
- b. Sign the Verification forms in the presence of a notary public, justice of the peace, commissioner for declarations, or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials and the date at the bottom of each page of this form in the spaces provided and on any attachment pages.
- d. Send one original and one copy of the completed application and all required attachments.

III. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:

- a. You have reviewed the Missouri Gaming Commission's filing instructions.
- b. You have included all required attachments listed in this form.
- c. The verification forms are notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Keep an unsigned copy of your completed application.

V. Please submit this form to:

Licensing Division
Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, Missouri 65109

VI. APPLICATION FEE AND ANNUAL LICENSE FEE:

An Occupational Level I-SWC applicant will be invoiced a nonrefundable application fee. If you are found suitable for licensing, the Missouri Gaming Commission will issue a license, which will expire in two (2) years. The license will enable you to perform any activity included within your level of occupational license and any lower level of occupational license. Your annual license fee will be invoiced annually.

Definitions

For the purpose of this application, the following terms shall have the following meanings:

Business Entity: A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other form of business.

Compensation: Anything of value, including salary, wages, commission, tips, gratuities, fees, bonuses, and distribution from (S) corporations, in any form including cash, securities, real property, and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an individual or business entity.

Domestic partnership: A relationship between two adults residing together and sharing a common domestic life through a Civil Union or other type of legal partnership recognized in the state of the person's domicile.

Financial statement: Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.

Public official: An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

Registered agent: Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**APPLICATION FOR AN OCCUPATIONAL LEVEL I-SWC LICENSE
IS HEREBY MADE TO THE MISSOURI GAMING COMMISSION**

Please print or type the answers to the following questions in the spaces provided.

Name:		
Last (Include Sr., Jr., Etc., If Applicable)	First	Middle

Mailing Address/Postal Address:				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code

Home Address: (If Different Than Mailing Address/Postal Address)				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code

Present Business Address				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code

Home Phone Number: Area Code	Number
-------------------------------------	---------------

Mobile Phone Number: Area Code	Number
---------------------------------------	---------------

Current Business Telephone No. At Place Of Employment:			Fax Number:	
Area Code:	Number:	(Extension)	(Area Code)	(Number)

Date Of Birth: MO/DAY/YEAR	Email Address:	Social Security Number or International Number:
---	-----------------------	--

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐

IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH.

(INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

Sex	Color Of Eyes	Color of Hair	Height	Weight
<input type="checkbox"/> Male <input type="checkbox"/> Female			____ FT ____ IN/ ____ CM	____ LBS/ ____ KG

Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe.

Please complete the following information for which this form is submitted.

Gaming Company Name: _____

☐ **Class A licensee**

Job Title: _____

☐ **Class B licensee**

Job Title: _____

☐ **Supplier licensee**

Job Title: _____

Sports Wagering Company Name: _____

☐ **Retail licensee**

Job Title: _____

☐ **Mobile licensee**

Job Title: _____

☐ **SW Supplier licensee**

Job Title: _____

☐ **Official League Data Provider licensee**

Job Title: _____

**AFFIX A COLOR PHOTOGRAPH WITH A
PLAIN BACKGROUND HERE THAT
WAS TAKEN WITHIN THE LAST SIX
MONTHS.**

**PRINT YOUR NAME ON THE FRONT
BOTTOM BORDER OF THE
PHOTOGRAPH BEFORE ATTACHING
IT.**

**AFFIX A COPY OF YOUR

DRIVER'S LICENSE**

1. Of what country are you a citizen? _____

A. Please indicate: **(Please provide a copy of your birth certificate)**

1. Date of birth: _____ DAY MONTH YEAR

2. Place of birth: _____ CITY/TOWN STATE/PROVINCE COUNTY

3. Country of birth: _____

B. If you are not a citizen of the United States:

(1) List the port of entry into the United States: _____

(2) Name and address of sponsor upon arrival:

C. If you are a naturalized citizen, provide a copy of the naturalization certificate.

2.a. Have you ever been issued a passport? Yes ☐ No ☐

If yes, provide the following information about your passport(s):
(Please attach a copy of your entire passport including any empty pages)

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

2.b. List details regarding all foreign travel during the past five (5) years.

DATES FROM - TO	DESTINATION	PURPOSE (BUSINESS, PLEASURE, ETC.)	IF FOR BUSINESS DESCRIBE BUSINESS PURPOSE
From: To:			
From: To:			
From: To:			
From: To:			

RESIDENCE DATA

3. 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) since the age of 18.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD/MANAGER OR MORTGAGE/BOND HOLDER, IF KNOWN	NAME AND CONTACT INFORMATION OF ROOMMATES, IF ANY
FROM: (MO/YR)	TO: (MO/YR)				
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		

EMPLOYMENT AND LICENSING DATA

4. In the chart below, provide the information regarding your employment from the age of 18. 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.

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	SPORTS WAGERING RELATED EMPLOYMENT?
FROM: (MO/YR)	TO: (MO/YR)					
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, please provide an attachment

5. With regard to the previously listed employment:

- a. Were you ever discharged, suspended, or asked to resign from employment? Yes ☐ No ☐
- b. During the last twenty (20) 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, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION, OR DISCIPLINARY ACTION	NAME OF EMPLOYER	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION, OR DISCIPLINARY ACTION	SEVERANCE PACKAGE RECEIVED? IF SO, SPECIFY.	WERE UNEMPLOYMENT BENEFITS RECEIVED SUBSEQUENT TO SEPARATION?

6. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past thirty-six (36) month period. Begin with the current employer.

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

7. Have you or your spouse or domestic partner ever made application for, been granted or held, currently have pending, or had denied, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation, fantasy sports contest operation, or sports wagering operation (including any supplier of gaming/gambling equipment, sports wagering supplier, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction? You must answer "YES" to this question if your application was returned to you by the gaming agency for any reason, or you withdrew your application from consideration.

Yes ☐ No ☐

If yes, complete the following chart:

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	NAME OF APPLICANT

8. Are any members of your family (spouse, domestic partners, 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 gaming/gambling related operation or sports wagering related operation (including a supplier of gaming/gambling equipment or sports wagering equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF BUSINESS AND ADDRESS	BUSINESS TELEPHONE

9. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more since the age of 18. (Do **not** include publicly traded corporations in which you owned stock.)

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)						

10. Has any entity in which you, your spouse or domestic partner 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:

NAME OF ENTITY	POSITION HELD BY YOU/YOUR SPOUSE/DOMESTIC PARTNER	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

11. To the best of your knowledge, since the age of 18, 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, fantasy sports contest operation, or sports wagering operation (including any supplier of gaming/gambling equipment, sports wagering supplier, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.)? (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:

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

12. Have you, your spouse or domestic partner 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 yes, complete the following chart:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

13. Have any of the licenses, permits, or certifications applied for, or held by you, your spouse or domestic partner as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions or any other disciplinary proceedings in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart as to each denial, suspension, revocation, conditions, or disciplinary proceedings:

NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	TYPE OF LICENSE, PERMIT OR CERTIFICATE	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

FAMILY/SOCIAL DATA

14. What is your current relationship status: Single Married Legally Separated Divorced Widow/Widower Domestic Partnership Engaged

☐ ☐ ☐ ☐ ☐ ☐ ☐

How many times have you been married? _____

A. CURRENT RELATIONSHIP

Provide the information below regarding your current spouse or domestic partner:
(Provide a copy of your Marriage license)

Date of Marriage: _____ Where Married: _____

CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name: _____ Occupation: _____

FIRST MIDDLE LAST (and MAIDEN, if applicable)

Date of Birth: _____ Place of Birth: _____

DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: _____

STREET CITY/TOWN COUNTY/PARISH STATE/PROVINCE ZIP/POSTAL CODE

Telephone Number: _____ Social Security Number: _____

AREA CODE NUMBER

Driver's License Number & State Issuing: _____

B. PREVIOUS MARRIAGES/RELATIONSHIPS

Provide the information below regarding your previous marriages/relationships:
(Do **NOT** include current spouse or domestic partner)
(Provide all documentation pertaining to Divorce decree)

NAME OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE & JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE NUMBER(IF KNOWN)	PRESENT ADDRESS OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (NO., STREET, APT#/FLAT#., CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	TELEPHONE NUMBER FOR FORMER SPOUSE OR DOMESTIC PARTNER (IF KNOWN)

15. a. In the chart below, list the names of all your children, stepchildren, 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.

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

15. b. Please mark the appropriate response regarding your child support obligations:

- ☐ I am not subject to an order for the support of a child.
- ☐ I am subject to an order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 15.a. above); or
- ☐ I am subject to an order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:
(Provide copy of Child support order or dissolution ordering support)

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

16. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former 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:				
Former Parents-in-law*:				

* For former parents-in-law only provide names.

17. List names, dates of birth, home addresses, and phone numbers, and the most recent occupations of brothers and sisters or step-brothers and step-sisters and their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

MILITARY SERVICE DATA

18. a. Have you or an immediate family member 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: _____

b. If you answered yes to Question 18.a for your service in the armed forces of the United States and separated from such service under conditions other than dishonorable, would you like to receive information and assistance regarding veterans benefits and services?

Yes ☐ No ☐

c. If you answered yes to Question 16.b, may the Missouri Gaming Commission share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services?

Yes ☐ No ☐

General information may also be found on the Missouri Veterans Commission's website.

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

Date of each discharge/separation and rank held: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as **Exhibit 19**. 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 **Exhibit 19**. If in reserves, please attach a copy of your discharge papers.

*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.

20. 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

** 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

21. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate, or postgraduate school you have attended.

(Provide a certified copy of your college transcripts)

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)				
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICES AND POSITIONS

22. List all offices, trusteeships, directorships, or fiduciary positions (including non-profit charitable entities and family trusts) that you have held or currently hold with any firm, corporation, association, partnership, or other business entity. Begin with the most recent and work backward.

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)			

23. List all government positions and offices, whether salaried or unsalaried, you have held or currently hold. Begin with the most recent and work backward.

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

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you, your spouse or domestic partner, or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that 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, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

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;
 - F. The charges or offenses happened a long time ago.
 - G. Any records relating to a charge, an arrest, or conviction have been expunged or otherwise officially sealed by a court or government agency; or
 - H. You have an SIS (Suspended imposition of sentence from any pleas or) or SES (Suspended execution of Sentence from any conviction)

NOTE: Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records.

IMPORTANT

Missouri Gaming Commission investigators 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, and may result in denial of your application, and/or criminal charges being filed against you.

24. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:
(Provide a copy of all documentation of criminal cases)

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

25. 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:

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

26. a. 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 ☐

b. 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, board, 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 ☐

c. 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 ☐

If yes, complete the following chart:

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

27. 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:

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

28. Has your spouse, domestic partner or any of your children, stepchildren or adopted children ever been arrested for 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:

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

29. 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:

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

30. Has any general partnership, business venture, sole proprietorship, or closely held corporation, with which you were associated as an owner, officer, director, or partner, been a party to a lawsuit, arbitration, or bankruptcy?

Yes ☐ No ☐

If yes, complete the following chart:

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

31. Other than a criminal, disorderly person, petty disorderly person, or motor vehicle violation, have you ever been cited for, charged with, formally accused of, or signed a consent order relating to any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal, or national government?
Yes ☐ No ☐

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION	NAME OF PARTICIPANT

32. 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, gaming/gambling, or sports wagering 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:

CASINO, GAMING/GAMBLING, OR SPORTS WAGERING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

33. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

MONTH/YEAR LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

34. Submit as **Exhibit 34** copies of your state and federal tax returns for the last five (5) years, along with all forms used to determine the income reported on any such returns. This includes all W-2s you and your spouse received.
35. 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:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

36. 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 ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

37. Has any business entity in which you held a 5% or greater ownership interest, 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 ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

38. Have you ever been in a business entity as an individual, member of a partnership, or owner, director, or officer of a corporation that has been in liquidation, receivership, or been placed under some form of governmental administration or monitoring?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

39. Have your wages, earnings, or other income of any type ever been subject to garnishment, attachment, charging order, voluntary wage execution or the like?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

40. To the best of your knowledge, have you or your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last thirty-six (36) month period?

Yes ☐ No ☐

If yes, complete the following chart:

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

41 a. Have you or your spouse or domestic partner ever sought and been denied a position as a trustee or other fiduciary officer? Yes ☐ No ☐

b. Have you or your spouse or domestic partner 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:

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

42. Have you ever had any real or personal property repossessed by a finance company in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

43. Have you been:

- a. An executor(trix), administrator, or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received anything 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:

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

44. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to Question 43).
Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

45. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to Question 44). Under “Description of Trust”, describe, in detail, the assets or liabilities, your duties and responsibilities concerning the trust, and the beneficial owner.
Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

46. a. Please state your country of residence _____
- b. Have you or your spouse or domestic partner had any right of ownership in, control over, or interest in any bank account(s) that are located outside the country of residence identified in a. above?

Yes ☐ No ☐

If yes, complete the following chart:

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	ACCOUNT HELD BY
FROM: (MO/YR)	TO: (MO/YR)					

c. Do you or your spouse or domestic partner own, manage or control any assets, or are you or your spouse or domestic partner 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:

DESCRIPTION OF ASSET/LIABILITY (TO INCLUDE VALUE OR AMOUNT)	LOCATION OF ASSET/LIABILITY	NAME

47. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, received a loan in excess of ten thousand dollars (\$10,000 USD)?

Yes ☐ No ☐

If yes, complete the following chart:

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

48. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, made any loans in excess of ten thousand dollars (\$10,000 USD)?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

49. During the past five (5) year period, have you ever exchanged currency individually or for another person of ten thousand dollars (\$10,000 USD) or more?

Yes ☐ No ☐

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

50. Do you maintain a brokerage or margin account with any securities or commodities dealer?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

51. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, filed any claims under any fire, theft, automobile, or insurance policy, the proceeds of which were twenty-five thousand dollars (\$25,000 USD) or more?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF CLAIM	CLAIMANT NAME	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

52. During the last five (5) year period, have you, your spouse or domestic partner, or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded ten thousand dollars (\$10,000 USD) in value in any one year period? Yes ☐ No ☐

If yes, complete the following chart as to each gift:

DONOR	DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

53. 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 ☐

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH SAFE DEPOSIT BOX(ES) HELD	SAFE DEPOSIT BOX NO.

54. In the past five (5) year period, have you received any referral or finder's fee?

Yes ☐ No ☐

If yes, complete the following chart:

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

55. Have you or your spouse or domestic partner ever given a guarantee, co-signed or otherwise insured payment of a loan, debt, or other financial obligation in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

56. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one (1) year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, domestic partner, 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:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

REFERENCE TWO**Name:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

REFERENCE THREE**Name:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

57. As indicated in the instructions, 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.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

FINANCIAL SECTION: SCHEDULE “A” – CASH IN BANK

58. 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 domestic partner, or dependent child. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

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
			%			\$
			%			\$
			%			\$
			%			\$
Date of conversion: _____						Total Current Balance (Enter this figure in item 1b, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “B” – LOAN, NOTES, AND OTHER RECEIVABLES

59. List below all loans, notes, and other receivables held by you, your spouse or domestic partner, or dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner, or dep. child)	Name and address of debtor	Interest Rate (%)	Original loan amount	Original date of loan/note receivable	Total payments	Date due	Nature of advance & nature of security, if any (indicate if unsecured)	Current Balance
		%	\$					\$
		%	\$					\$
		%	\$					\$
		%	\$					\$
Date of conversion: _____			Total original loan amounts (Enter this figure in item 2, column A on Schedule P)					Total Current Balance (Enter this figure in item 2, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “C” – SECURITIES

60. 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 domestic partner, or dependent child 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 domestic partner, or dependent children have knowledge of what securities are so held. **INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK(*).** For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dep. 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 & price at purchase	% of ownership if greater than 5%	Registered owner	Date of valuation	Current market value
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
Date of conversion: _____					Total purchase price (Enter this figure in item 3, column A on Schedule P)				Total current market value (Enter this figure in item 3, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE "D" – REAL ESTATE INTERESTS

61. 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 domestic partner, or dependent child, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. **(Provide a copy of your most current paid personal and real estate property taxes.)** For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dep. 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
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
Date of conversion: _____						Total purchase price (Enter this figure in item 4, column A on Schedule P)		Total current market value (Enter this figure in item 4, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “E” – CASH VALUE LIFE INSURANCE

62. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or domestic partner, or your dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Date purchased	Insurance carrier policy number	Beneficiary(ies)	Face value	Annual premium payments	Cash surrender value	Effective date of cash surrender value
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
						Total cash surrender value (Enter this figure in item 5, column B on Schedule P)	

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “F” – CASH VALUE - PENSION/RETIREMENT FUNDS

63. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse or domestic partner. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse or domestic partner)	Type of fund	Type of securities held and account number, if any	Employer/Institution	Cumulative employee contribution	Cumulative employer contribution	Current cash value	Effective date of cash value
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Date of conversion: _____				Total cumulative employee contribution (Enter this figure in item 6, column A on Schedule P)		Total current cash value (Enter this figure in item 6, column B on Schedule P)	

* If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

FINANCIAL SECTION: SCHEDULE “G” – VEHICLES

64. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or domestic partner, or dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion Date of conversion: _____

Held by (you, spouse, domestic partner or dependent child)	Type of vehicle	Owned or Leased*	Date of purchase/ lease	Model Year	Make/model of vehicle	Cost**	If owned, current market value
						\$	\$
						\$	\$
						\$	\$
* 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.						Total cost of vehicles (Enter this figure in item 8, column A on Schedule P)	Total current cash value (Enter this figure in item 8, column B on Schedule P)
** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.							

FINANCIAL SECTION: SCHEDULE “H” – OTHER ASSETS

65. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or domestic partner, or your dependent child. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques. For foreign accounts, convert balance to U.S. currency and supply date of conversion

Held by (you, spouse, domestic partner or dependent child)	Nature of asset			Date of acquisition	Cost	% of ownership interest	Date of valuation	Current market value
	Name	Type of entity	Annual income					
			\$		\$	%		\$
			\$		\$	%		\$
			\$		\$	%		\$
			\$		\$	%		\$
			\$		\$	%		\$
					Total cost of other assets (Enter this figure in item 9, column A on Schedule P)	Total current market value of other assets (Enter this figure in item 9, column B on Schedule P)		

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “I” – NOTES PAYABLE

66. List below the information requested with regard to all notes payable for which you, your spouse or domestic partner, or dependent child are obligated. Under "description", provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name and address of creditor	Account number, if any	Date incurred	Due date	Interest rate (%)	Amount of periodic payment/pay period	Original amount of note	Nature of security, if any & description	Total payments	Outstanding amount of liability
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
							Total original amount of notes payable (Enter this figure in item 10, column C on Schedule Q.)			Total amount of outstanding notes payable (Enter this figure in item 10, column D on Schedule Q.)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE "J" – LOANS AND OTHER PAYABLES

67. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or domestic partner, or your dependent child are obligated. Under "Description", provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name and 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 & description	Total payments	Current amount outstanding
					%		\$			\$
					%		\$			\$
					%		\$			\$
					%		\$			\$
							Total original amount of liability (Enter this figure in item 11, column C on Schedule Q.)			Total amount of outstanding loans & other payables (Enter this figure in item 11, column D on Schedule Q.)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “K” – TAXES PAYABLE

68. List below the information requested with regard to all taxed payables for which you, your spouse or domestic partner, or your dependent child are obligated. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Taxing authority	Nature of tax	Date and amount of original obligation	Fines, penalties and interest, if any	Total amount due
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Date of conversion: _____			Total original tax obligation(s) (Enter this figure in item 12, column C on Schedule Q)		Total amount of taxes payable (Enter this figure in item 12, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

69. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or domestic partner, or your dependent child are obligated. In the "Description" column, provide a description of the real estate, including the type, condition and any improvements. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name, address & phone number 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
				\$		%	\$	\$
				\$		%	\$	\$
				\$		%	\$	\$
				\$		%	\$	\$
				\$		%	\$	\$
Date of conversion: _____				Total original mortgages or liens payable on real estate (Enter this figure in item 13, column C on Schedule Q.)				Total mortgages or liens payable on real estate (Enter this figure in item 13, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE “M” – LOANS AGAINST INSURANCE/PENSION PLANS

70. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or domestic partner, or your dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Insurance carrier/pension plan	Purpose of loan	Original amount of loan	Interest rate (%)	Date of loan	Periodic payment amount/pay period	Current loan balance
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
Date of conversion: _____			Total original liability insurance/pension loans (Enter this figure in item 14, column C on Schedule Q.)				Total amount outstanding insurance/pension loans (Enter this figure in item 14, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE “N” – ANY OTHER INDEBTEDNESS

71. List below the information requested with regard to any other indebtedness for which you, your spouse or domestic partner, or your dependent child are obligated. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name, address & phone number of creditor	Interest rate (%)	Description of liability, type of obligation & nature of security, if any	Due date	Amount of periodic payment/ pay period	Original amount of liability	Outstanding amount of indebtedness
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
Date of conversion: _____						Total original amount other indebtedness (Enter this figure in item 15, column C on Schedule Q.)	Total amount outstanding other indebtedness (Enter this figure in item 15, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "P" – NET WORTH STATEMENT -- ASSETS

NOTE: Complete the financial statements on Schedules A through O and copy the totals in the appropriate space on the assets and liabilities pages.

73. List all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or domestic partner, or your dependent child. 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. Detail each line entry on the appropriate schedule. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Asset	Cost at date acquired or purchased (A)	Current market value (B)	Special valuation date, if any
1. Cash			
a) On hand	a) \$ 0.00	a) \$ 0.00	
b) In bank (Schedule A)	b) \$ 0.00	b) \$ 0.00	b)
2. Loans, notes and other receivables (Schedule B)	\$ 0.00	\$ 0.00	
3. Securities (Schedule C)	\$ 0.00	\$ 0.00	
4. Real estate interests (Schedule D)	\$ 0.00	\$ 0.00	
5. Cash value life insurance (Schedule E)	\$ 0.00	\$ 0.00	
6. Cash value pension/retirement funds (Schedule F)	\$ 0.00	\$ 0.00	
7. Furniture and clothing (Reasonable estimate)	\$ 0.00	\$ 0.00	
8. Vehicles (Schedule G)	\$ 0.00	\$ 0.00	
9. Other (Schedule H)	\$ 0.00	\$ 0.00	
Total Assets	\$ 0.00	\$ 0.00	

Date of conversion:

FINANCIAL SECTION: SCHEDULE "Q" – NET WORTH STATEMENT -- LIABILITIES

NOTE: Complete the financial statements on Schedules A through O and copy the totals in the appropriate space on the assets and liabilities pages.

74. List all liabilities of you, your spouse or domestic partner, and your dependent child. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Liability	Original amount of liability (C)	Amount outstanding (D)
10. Note payable (Schedule I)	\$ 0.00	\$ 0.00
11. Loans and other payables (Schedule J)	\$ 0.00	\$ 0.00
12. Taxes payable (Schedule K)	\$ 0.00	\$ 0.00
13. Mortgages or liens on real estate (Schedule L)	\$ 0.00	\$ 0.00
14. Loans against insurance/pensions (Schedule M)	\$ 0.00	\$ 0.00
15. Other indebtedness (Schedule N)	\$ 0.00	\$ 0.00
Total liabilities	\$ 0.00	\$ 0.00
NET WORTH		
Total assets (From column B) less	\$ 0.00	\$ 0.00
Total liabilities (From column D)		
16. Contingent liabilities (Schedule O)	\$	\$

Date of statement: _____ **Date of conversion:** _____

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

IMPORTANT: The date of this net worth statement must be within three (3) months of the date this application is submitted to the Missouri Gaming Commission.

VERIFICATION

STATE/PROVINCE OF: _____

SS:

COUNTY/PARISH/DISTRICT OF: _____

_____ (Applicant's Name), 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 application 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, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to criminal charges.

(Applicant's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____(Applicant's Name)

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating my application for a license, and acknowledge that said agencies have complied with and afforded all applicable rights under sections 408.675 to 408.700, RSMo.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
 - (c) To place the name of the Missouri Gaming Commission or Missouri Highway Patrol agent presenting this request in the appropriate location on this request.
5. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant /me by the Missouri Gaming Commission, whichever occurs later.
7. I do, for myself, my heirs, executors, administrator, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim, to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____, _____
(City) (State)

on the _____ day of _____, 20____

(Applicant's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the county of _____

State of

Request IRS Account Transcripts

You can request your IRS account transcripts at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

- You will need to request IRS account transcripts for each of the past **five (5) years**
- You can download and print your IRS account transcripts immediately by clicking on **"Get Transcript Online"**
- Please place a copy of your IRS account transcripts behind this page in the application

☐ Tax Account Transcript of Returns included with my application.

Foreign Tax Affidavit

State of _____ }
 County of _____ } SS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be the person who executed this document, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable _____ tax laws and liabilities and there are no outstanding tax obligations due.
Country where tax returns are filed

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

 Applicant's Signature

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

 Notary Public

My commission expires: _____, 20____

(Notarial Seal)

**MISSOURI DEPARTMENT OF REVENUE
AUTHORIZATION AND RELEASE**

I, _____, born at

(City) _____,

(County) _____

(State) _____,

on (Date) _____, and now residing at

(Street) _____,

(City, State & Zip) _____,

hereby consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent date, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosure of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I, along with my spouse/domestic partner/partner in legal civil union (Name) _____, hereby release, discharge and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

Applicant's Signature

Spouse/Domestic Partner/Partner in Legal
Civil Union Signature

Applicant's Social Security Number

Spouse/Domestic Partner/Partner in Legal
Civil Union Social Security Number

State Tax Affidavit

State of _____
 County of _____ } SS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be to be the person who executed this document, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable _____ state tax laws and liabilities, and
State of residence
 there are no outstanding tax obligations due to my state of residence.

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

Applicant's Signature

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

 Notary Public

My commission expires: _____, 20_____

(Notarial Seal)

PUBLIC DISCLOSURE SECTION

Instructions: All applicants for licensure and all licensees are required to fully and completely supply all information requested by this form even though much of the information requested may have been previously disclosed in the application. Where the answer may be derived or ascertained from the records of the applicant or licensee, the applicant or licensee may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to comply with the provisions of the gaming law requiring public disclosure of this information to any person upon request. Each applicant or licensee has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant or licensee; however, each applicant or licensee is instructed to complete all sections of the form that apply.

1. State the name, business address, and business telephone number of the applicant or licensee.

2. State the name of the gaming company you are applying for or with which employed.

3. What position are you applying for or do you hold with this gaming company.

4. State whether the applicant or licensee has been indicted, convicted of, pleaded guilty or nolo contendere to, or forfeited bail for any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations. If so, include the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition and the location and length of incarceration.

5. State whether the applicant or licensee has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation, or non-renewal, including the licensing authority, the date each such action was taken and the reason for each such action.

6. State whether the applicant or licensee has ever filed or had filed against it a proceeding in a bankruptcy or has ever been involved in any formal process to adjust, defer, suspend or otherwise work out the payment of any debt including the date of filing, the name and location of the court, the case and number of the disposition.

7. State whether the applicant or licensee has filed or been served with a complaint or other notice filed by any regulatory body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state or local law, including the amount, type of tax, the taxing agency and the time periods involved.

8. State the name, business address and business telephone number of the legal counsel, if any, representing the applicant or licensee in matters before the commission.

9. List the name of any business in which the applicant or licensee, or the applicant's or licensee's spouse, domestic partner or children, have an equity (ownership) interest, including, if applicable, the state of incorporation or registration of the business. (Do not include the names of any mutual funds owned by the licensee).

10. List the names and titles of all public officials, officers of any unit of government, and relatives of such public officials or officers who, directly or indirectly, are the creditors of or have any interest in any contractual or service relationship with the applicant or licensee.

PUBLIC DISCLOSURE VERIFICATION

State of _____

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state--

1. I am the applicant or licensee submitting this Public Disclosure Section;
2. I personally supplied the information contained in this form;
3. I swear (or affirm) that the information contained in this form is true, complete and accurate to the best of my knowledge and belief;
4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes; and
5. I swear or affirm that I have read and agree to abide by the terms of the Riverboat Gaming Act, Article III, Section 39(g) of the *Missouri Constitution*, and any rules promulgated by the commission, including any emergency rules.

(Applicant's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Missouri Applicant Fingerprint Privacy Notice

The Missouri Applicant Fingerprint Privacy Notice includes three (3) parts:

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

State and Federal Rap Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State of Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency. By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

NAME (Please Print): _____

SIGNATURE: _____ DATE: _____

Spanish version to follow -

Aviso de privacidad de la huella digital del solicitante de Missouri

El Aviso de privacidad de la huella digital del solicitante de Missouri incluye tres (3) secciones.

1. El Estado y el Aviso de Privacidad Nacional de Rap Back
2. Los derechos de privacidad del solicitante de justicia no penal
3. La Declaración de la Ley de Privacidad

I. Aviso de privacidad estatal y federal de Rap Back

Se recomienda a los solicitantes que envíen sus imágenes de huellas dactilares al Repositorio Central para una verificación de antecedentes penales basada en huellas dactilares que sus imágenes de huellas dactilares se conservarán en las bases de datos biométricos estatales y federales, de conformidad con la Sección 43.540 RSMo. Si la agencia remitente participa en los Programas estatales o estatales y nacionales de devolución de respaldo, las imágenes de huellas dactilares se enviarán, buscarán y conservarán con el fin de realizar búsquedas en futuras presentaciones a los programas estatales y nacionales de Respuesta de retorno; Las búsquedas de huellas digitales también incluirán búsquedas de impresiones latentes.

El "Programa de Devolución Rápida de Missouri" y el "Programa Nacional de Respuesta Rápida" incluirán cualquier tipo de notificación automática realizada por el Estado de Missouri y / o la Oficina Federal de Investigaciones a través de la Patrulla de Carreteras del Estado de Missouri a una entidad calificada que indique que un solicitante que es empleado, licenciado o de otro modo bajo el ámbito de la entidad calificada ha sido arrestado por una ofensa criminal denunciada y las huellas dactilares para ese arresto fueron enviadas al Depósito Central o al Buró Federal de Investigaciones por la agencia de arresto.

Al firmar el Aviso de Privacidad de Huellas Digitales del Solicitante de Missouri, usted está aceptando que recibió y está de acuerdo con los términos del Aviso de Privacidad de Rap Back del Estado y Nacional, los Derechos de Privacidad del Solicitante de Justicia No Penal y la Declaración de la Ley de Privacidad.

Firma: _____ Fecha: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del
FD-258 tarjeta de huellas digitales.*

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

MISSOURI GAMING COMMISSION



SW PERSONAL DISCLOSURE FORM

FORM INSTRUCTIONS

THIS FORM MUST BE SUBMITTED BY KEY PERSONS ASSOCIATED WITH AN APPLICANT SEEKING A RETAIL, MOBILE, OR SW SUPPLIER LICENSE.

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the associated application.
- b. Notwithstanding the provisions of section 610.110, RSMo, the Commission has access to both open and closed records as provided under section 313.004, RSMo. Please be thorough and complete in response to these questions.
- c. 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 "N/A" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of the associated application.
- d. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If this form is not legible, it will not be accepted.
- e. 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. A blank page is provided that may be used to provide this additional information.
- f. If you make any modification to the pre-printed questions, format or information contained in this form, your form will be rejected. Once the form is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

IMPORTANT NOTICES

You may be required to provide additional information or submit additional forms.

For those who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this form. This form will not be processed until proper foreign police clearances are provided.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.

II. BE SURE TO:

- a. Attach a recent (within the past six (6) months) color photograph of yourself in the space provided.
- b. Sign the Verification forms in the presence of a notary public, justice of the peace, commissioner for declarations, or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials and the date at the bottom of each page of this form in the spaces provided and on any attachment pages.
- d. Send one original and one copy of the completed form and all required attachments.

III. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:

- a. You have reviewed the Missouri Gaming Commission's filing instructions.
- b. You have included all required attachments listed in this form.
- c. The verification forms are notarized on the original form.
- d. Every question has been answered completely.
- e. You retain a completed copy of this form and accompanying documents for your own records.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Keep an unsigned copy of your completed form.

V. Please submit this form to:

Licensing Division
Missouri Gaming Commission
3417 Knipp Drive
Jefferson City, Missouri 65109

Definitions

For the purpose of this form, the following terms shall have the following meanings:

Business Entity: A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other form of business.

Compensation: Anything of value, including salary, wages, commissions, tips, gratuities, fees, bonuses, and distribution from (S) corporations, in any form including cash, securities, real property, and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an individual or business entity.

Domestic partnership: A relationship between two adults residing together and sharing a common domestic life through a Civil Union or other type of legal partnership recognized in the state of the person's domicile.

Financial statement: Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.

Key person:

1. An applicant's board appointed chief executive officer and chief financial officer, or the equivalent individuals, as determined by the commission; and
2. An applicant's principal owners who directly own 10% or more of the applicant.

Public official: An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

Registered agent: Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**PERSONAL DISCLOSURE OF KEY PERSON
IS HEREBY MADE TO THE MISSOURI GAMING COMMISSION**

Please print or type the answers to the following questions in the spaces provided.

Name: Last (Include Sr., Jr., Etc., If Applicable)	First	Middle
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Mailing Address/Postal Address:				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code

Home Address: (If Different Than Mailing Address/Postal Address)				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code

Present Business Address				
Number And Street	Apt# / Flat #	City/Town	State/Province	Zip/Postal Code

Home Phone Number: Area Code	Number
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Mobile Phone Number: Area Code	Number
---------------------------------------	---------------

Current Business Telephone No. At Place Of Employment:			Fax Number:	
Area Code:	Number:	(Extension)	(Area Code)	(Number)

Date Of Birth: MO/DAY/YEAR	Email Address:	Social Security Number or International Number:
---	-----------------------	--

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐

IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH.

(INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Color Of Eyes	Color of Hair	Height ____ FT ____ IN/ ____ CM	Weight ____ LBS/ ____ KG
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Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe.

Please complete this information for the associated application for which this form is being submitted.

Company Name: _____

☐ **Retail licensee**

Job Title or Affiliation with the Applicant: _____

☐ **Mobile licensee**

Job Title or Affiliation with the Applicant: _____

☐ **SW Supplier licensee**

Job Title or Affiliation with the Applicant: _____

**AFFIX A COLOR
PHOTOGRAPH WITH A PLAIN
BACKGROUND
HERE THAT WAS TAKEN
WITHIN
THE PAST SIX MONTHS.**

**PRINT YOUR NAME ON THE
FRONT BOTTOM BORDER OF
THE PHOTOGRAPH BEFORE
ATTACHING IT.**

**AFFIX A COPY OF YOUR
DRIVER'S LICENSE**

1. Of what country are you a citizen? _____

A. Please indicate: **(Please provide a copy of your birth certificate)**

1. Date of birth: _____
 DAY MONTH YEAR

2. Place of birth: _____
 CITY/TOWN STATE/PROVINCE COUNTY

3. Country of birth: _____

B. If you are not a citizen of the United States:

(1) List the port of entry into the United States: _____

(2) Name and address of sponsor upon arrival:

C. If you are a naturalized citizen, provide a copy of the naturalization certificate.

2.a. Have you ever been issued a passport? Yes ☐ No ☐

If yes, provide the following information about your passport(s):
(Please attach a copy of your entire passport including any empty pages)

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

2.b. List details regarding all foreign travel during the past five (5) years.

DATES FROM - TO	DESTINATION	PURPOSE (BUSINESS, PLEASURE, ETC.)	IF FOR BUSINESS DESCRIBE BUSINESS PURPOSE
From: To:			
From: To:			
From: To:			
From: To:			

RESIDENCE DATA

3. 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) since the age of 18.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD/MANAGER OR MORTGAGE/BOND HOLDER, IF KNOWN	NAME AND CONTACT INFORMATION OF ROOMMATES, IF ANY
FROM: (MO/YR)	TO: (MO/YR)				
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		
			<input type="checkbox"/> Rent <input type="checkbox"/> Own		

EMPLOYMENT AND LICENSING DATA

4. In the chart below, provide the information regarding your employment from the age of 18. 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.

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	SPORTS WAGERING RELATED EMPLOYMENT?
FROM: (MO/YR)	TO: (MO/YR)					
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, please provide an attachment

5. With regard to the previously listed employment:

- a. Were you ever discharged, suspended, or asked to resign from employment? Yes ☐ No ☐
- b. During the last twenty (20) 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, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION, OR DISCIPLINARY ACTION	NAME OF EMPLOYER	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION, OR DISCIPLINARY ACTION	SEVERANCE PACKAGE RECEIVED? IF SO, SPECIFY.	WERE UNEMPLOYMENT BENEFITS RECEIVED SUBSEQUENT TO SEPARATION?

6. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past thirty-six (36) month period. Begin with the current employer.

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

7. Have you or your spouse or domestic partner ever made application for, been granted or held, currently have pending, or had denied, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation, fantasy sports contest operation, or sports wagering operation (including any supplier of gaming/gambling equipment, sports wagering supplier, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction? You must answer "YES" to this question if your application was returned to you by the gaming agency for any reason, or you withdrew your application from consideration.

Yes ☐ No ☐

If yes, complete the following chart:

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	NAME OF APPLICANT

8. Are any members of your family (spouse, domestic partners, 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 sports wagering related operation (including a supplier of gaming/gambling or sports wagering equipment, independent testing laboratory, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF BUSINESS AND ADDRESS	BUSINESS TELEPHONE

9. List any group, firm, partnership, corporation, or any other businesses in which you have held an ownership interest of 5% or more since the age of 18. (Do **not** include publicly traded corporations in which you owned stock.)

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)						

10. Has any entity in which you or your spouse or domestic partner 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:

NAME OF ENTITY	POSITION HELD BY YOU/YOUR SPOUSE/DOMESTIC PARTNER	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

11. To the best of your knowledge, since the age of 18, 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, fantasy sports contest operation, or sports wagering operation (including any supplier of gaming/gambling or sports wagering equipment, independent testing laboratory, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.)? (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:

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

FAMILY/SOCIAL DATA

12. What is your current relationship status: Single Married Legally Separated Divorced Widow/Widower Domestic Partnership Engaged

☐ ☐ ☐ ☐ ☐ ☐ ☐

How many times have you been married? _____

A. CURRENT RELATIONSHIP

Provide the information below regarding your current spouse or domestic partner:
(Provide a copy of your Marriage license)

Date of Marriage: _____ Where Married: _____

CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name: _____ Occupation: _____

FIRST MIDDLE LAST (and MAIDEN, if applicable)

Date of Birth: _____ Place of Birth: _____

DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: _____

STREET CITY/TOWN COUNTY/PARISH STATE/PROVINCE ZIP/POSTAL CODE

Telephone Number: _____ Social Security Number: _____

AREA CODE NUMBER

Driver's License Number & State Issuing: _____

B. PREVIOUS MARRIAGES/RELATIONSHIPS

Provide the information below regarding your previous marriages/relationships:
 (Do **NOT** include current spouse or domestic partner)
 (Provide all documentation pertaining to Divorce decree)

NAME OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE & JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE NUMBER(IF KNOWN)	PRESENT ADDRESS OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (NO., STREET, APT#/FLAT#., CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	TELEPHONE NUMBER FOR FORMER SPOUSE OR DOMESTIC PARTNER (IF KNOWN)

13. a. In the chart below, list the names of all your children, stepchildren, 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.

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

13. b. Please mark the appropriate response regarding your child support obligations:

- ☐ I am not subject to an order for the support of a child.
- ☐ I am subject to an order for the support of one or more children and am in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 13.a. above); or
- ☐ I am subject to an order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:
(Provide copy of child support order or dissolution ordering support)

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

14. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former 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:				
Former Parents-in-law*:				

* For former parents-in-law only provide names.

15. List names, dates of birth, home addresses, and phone numbers, and the most recent occupations of brothers and sisters or step-brothers and step-sisters and their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

MILITARY SERVICE DATA

16. a. Have you or an immediate family member 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: _____

b. If you answered yes to Question 16.a for your service in the armed forces of the United States and separated from such service under conditions other than dishonorable, would you like to receive information and assistance regarding veterans benefits and services?

Yes ☐ No ☐

c. If you answered yes to Question 16.b, may the Missouri Gaming Commission share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services?

Yes ☐ No ☐

General information may also be found on the Missouri Veterans Commission's website.

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

Date of each discharge/separation and rank held: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as **Exhibit 17**. 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 **Exhibit 17**. If in reserves, please attach a copy of your discharge papers.

*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.

18. 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

** 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

19. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate, or postgraduate school you have attended.

(Provide a certified copy of your college transcripts)

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)				
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICES AND POSITIONS

20. List all offices, trusteeships, directorships, or fiduciary positions (including non-profit charitable entities and family trusts) that you have held or currently hold with any firm, corporation, association, partnership, or other business entity. Begin with the most recent and work backward.

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)			

21. List all government positions and offices, whether salaried or unsalaried, you have held or currently hold. Begin with the most recent and work backward.

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

CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you, your spouse or domestic partner, or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that 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, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

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;
 - F. The charges or offenses happened a long time ago.
 - G. Any records relating to a charge, an arrest, or conviction have been expunged or otherwise officially sealed by a court or government agency; or
 - H. You have an SIS (Suspended imposition of sentence from any pleas or) or SES (Suspended execution of Sentence from any conviction)

NOTE: Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records.

IMPORTANT

Missouri Gaming Commission investigators will make inquiries to establish whether the key person 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, and may result in denial of the application associated with this SW Personal Disclosure Form.

22. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:
(Provide a copy of all documentation of criminal cases)

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

23. 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:

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

24. a. 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 ☐
- b. 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, board, 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 ☐
- c. 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 ☐

If yes, complete the following chart:

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

25. 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:

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

26. Has your spouse or domestic partner or any of your children, stepchildren, or adopted children ever been arrested for 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:

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

27. 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:

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

28. Has any general partnership, business venture, sole proprietorship, or closely held corporation with which you were associated as an owner, officer, director, or partner, been a party to a lawsuit, arbitration, or bankruptcy?

Yes ☐ No ☐

If yes, complete the following chart:

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

29. Other than a criminal, disorderly person, petty disorderly person, or motor vehicle violation, have you ever been cited for, charged with, formally accused of, or signed a consent order relating to any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal, or national government?
Yes ☐ No ☐

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION	NAME OF PARTICIPANT

30. 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, gaming/gambling, or sports wagering 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:

CASINO, GAMING/GAMBLING, OR SPORTS WAGERING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

31. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

MONTH/YEAR LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

32. Submit as **Exhibit 32** copies of your state and federal tax returns for the last five (5) years, along with all forms used to determine the income reported on any such returns. This includes all W-2s you and your spouse received.
33. 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:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

34. 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 ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

35. Has any business entity in which you held a 5% or greater ownership interest, 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 ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

36. Have you ever been in a business entity as an individual, member of a partnership, or owner, director, or officer of a corporation that has been in liquidation, receivership, or been placed under some form of governmental administration or monitoring?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

37. Have your wages, earnings, or other income of any type ever been subject to garnishment, attachment, charging order, voluntary wage execution, or the like?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

38. To the best of your knowledge, have you or your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last thirty-six (36) month period?

Yes ☐ No ☐

If yes, complete the following chart:

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

39 a. Have you or your spouse or domestic partner ever sought and been denied a position as a trustee or other fiduciary officer? Yes ☐ No ☐

b. Have you or your spouse or domestic partner 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:

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

40. Have you ever had any real or personal property repossessed by a finance company in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

41. Have you been:

- a. An executor(trix), administrator, or other fiduciary of any estate;
- b. A beneficiary or legatee under a will, or received anything 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:

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

42. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to Question 41).
Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

43. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to Question 42). Under “Description of Trust”, describe, in detail, the assets or liabilities, your duties and responsibilities concerning the trust, and the beneficial owner.
Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

44. a. Please state your country of residence _____
- b. Have you or your spouse or domestic partner had any right of ownership in, control over, or interest in any bank account(s) that are located outside the country of residence identified in a. above?

Yes ☐ No ☐

If yes, complete the following chart:

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	ACCOUNT HELD BY
FROM: (MO/YR)	TO: (MO/YR)					

c. Do you or your spouse or domestic partner own, manage, or control any assets, or are you or your spouse or domestic partner 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:

DESCRIPTION OF ASSET/LIABILITY (TO INCLUDE VALUE OR AMOUNT)	LOCATION OF ASSET/LIABILITY	NAME

45. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, received a loan in excess of ten thousand dollars (\$10,000 USD)?

Yes ☐ No ☐

If yes, complete the following chart:

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

46. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, made any loans in excess of ten thousand dollars (\$10,000 USD)?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

47. During the past five (5) year period, have you ever exchanged currency individually or for another person of ten thousand dollars (\$10,000 USD) or more?

Yes ☐ No ☐

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

48. Do you maintain a brokerage or margin account with any securities or commodities dealer?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

49. During the past five (5) year period, have you, your spouse or domestic partner, or any of your children, while dependent, filed any claims under any fire, theft, automobile, or insurance policy, the proceeds of which were twenty-five thousand dollars (\$25,000 USD) or more?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF CLAIM	CLAIMANT NAME	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

50. During the last five (5) year period, have you, your spouse or domestic partner, or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded ten thousand dollars (\$10,000 USD) in value in any one year period? Yes ☐ No ☐

If yes, complete the following chart as to each gift:

DONOR	DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

51. 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 ☐

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH SAFE DEPOSIT BOX(ES) HELD	SAFE DEPOSIT BOX NO.

52. In the past five (5) year period, have you received any referral or finder's fee?

Yes ☐ No ☐

If yes, complete the following chart:

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

53. Have you or your spouse or domestic partner ever given a guarantee, co-signed, or otherwise insured payment of a loan, debt, or other financial obligation in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

54. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one (1) year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, domestic partner, 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:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

REFERENCE TWO**Name:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

REFERENCE THREE**Name:****Address:****Telephone Number:****Email Address:****Business Address:****Occupation:****How long have you known the reference:**

55. As indicated in the instructions, 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.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

FINANCIAL SECTION: SCHEDULE "A" – CASH IN BANK

56. 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 domestic partner, or dependent child. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

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
			%			\$
			%			\$
			%			\$
			%			\$
Date of conversion: _____						Total Current Balance (Enter this figure in item 1b, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “B” – LOAN, NOTES, AND OTHER RECEIVABLES

57. List below all loans, notes and other receivables held by you, your spouse or domestic partner, or dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner, or dep. child)	Name and address of debtor	Interest Rate (%)	Original loan amount	Original date of loan/note receivable	Total payments	Date due	Nature of advance & nature of security, if any (indicate if unsecured)	Current Balance
		%	\$					\$
		%	\$					\$
		%	\$					\$
		%	\$					\$
Date of conversion: _____			Total original loan amounts (Enter this figure in item 2, column A on Schedule P)					Total Current Balance (Enter this figure in item 2, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “C” – SECURITIES

58. 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 domestic partner, or dependent child 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 domestic partner, or dependent children have knowledge of what securities are so held. **INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK(*)**. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dep. 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 & 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 Schedule P)				Total current market value (Enter this figure in item 3, column B on Schedule P)

Date of conversion: _____

Held by (you, spouse, domestic partner or dependent child)	Date purchased	Insurance carrier policy number	Beneficiary(ies)	Face value	Annual premium payments	Cash surrender value	Effective date of cash surrender value
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Date of conversion: _____						Total cash surrender value (Enter this figure in item 5, column B on Schedule P)	

Held by (you, spouse or domestic partner)	Type of fund	Type of securities held and account number, if any	Employer/Institution	Cumulative employee contribution	Cumulative employer contribution	Current cash value	Effective date of cash value
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Date of conversion: _____				Total cumulative employee contribution (Enter this figure in item 6, column A on Schedule P)		Total current cash value (Enter this figure in item 6, column B on Schedule P)	

* If you are filing this form in the United States, the information is to include IRA, 401K and KEOGH plans.

FINANCIAL SECTION: SCHEDULE “G” – VEHICLES

62. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or domestic partner, or dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion Date of conversion: _____

Held by (you, spouse, domestic partner or dependent child)	Type of vehicle	Owned or Leased*	Date of purchase/ lease	Model Year	Make/model of vehicle	Cost**	If owned, current market value
						\$	\$
						\$	\$
						\$	\$
<p>* 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.</p> <p>** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.</p>						Total cost of vehicles (Enter this figure in item 8, column A on Schedule P)	Total current cash value (Enter this figure in item 8, column B on Schedule P)

FINANCIAL SECTION: SCHEDULE “H” – OTHER ASSETS

63. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested, or contingent is held by you, your spouse or domestic partner, or your dependent child. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations, and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques. For foreign accounts, convert balance to U.S. currency and supply date of conversion

Held by (you, spouse, domestic partner or dependent child)	Nature of asset			Date of acquisition	Cost	% of ownership interest	Date of valuation	Current market value	
	Name	Type of entity	Annual income						
			\$		\$	%		\$	
			\$		\$	%		\$	
			\$		\$	%		\$	
			\$		\$	%		\$	
			\$		\$	%		\$	
					Total cost of other assets (Enter this figure in item 9, column A on Schedule P)				Total current market value of other assets (Enter this figure in item 9, column B on Schedule P)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE "I" – NOTES PAYABLE

64. List below the information requested with regard to all notes payable for which you, your spouse or domestic partner, or dependent child are obligated. Under "description", provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name and address of creditor	Account number, if any	Date incurred	Due date	Interest rate (%)	Amount of periodic payment/pay period	Original amount of note	Nature of security, if any & description	Total payments	Outstanding amount of liability
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
Date of conversion: _____							Total original amount of notes payable (Enter this figure in item 10, column C on Schedule Q.)			Total amount of outstanding notes payable (Enter this figure in item 10, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE “J” – LOANS AND OTHER PAYABLES

65. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts, and any other accounts) for which you, your spouse or domestic partner, or your dependent child are obligated. Under "Description", provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name and 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 & description	Total payments	Current amount outstanding
					%		\$			\$
					%		\$			\$
					%		\$			\$
					%		\$			\$
							Total original amount of liability (Enter this figure in item 11, column C on Schedule Q.)			Total amount of outstanding loans & other payables (Enter this figure in item 11, column D on Schedule Q)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “K” – TAXES PAYABLE

66. List below the information requested with regard to all taxed payables for which you, your spouse or domestic partner, or your dependent child are obligated. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Taxing authority	Nature of tax	Date and amount of original obligation	Fines, penalties and interest, if any	Total amount due
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Date of conversion: _____			Total original tax obligation(s) (Enter this figure in item 12, column C on Schedule Q)		Total amount of taxes payable (Enter this figure in item 12, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

67. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or domestic partner, or your dependent child are obligated. In the "Description" column, provide a description of the real estate, including the type, condition, and any improvements. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name, address & phone number 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 13, column C on Schedule Q.)				Total mortgages or liens payable on real estate (Enter this figure in item 13, column D on Schedule Q.)

Date of conversion: _____

FINANCIAL SECTION: SCHEDULE “M” – LOANS AGAINST INSURANCE/PENSION PLANS

68. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or domestic partner, or your dependent child. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Insurance carrier/pension plan	Purpose of loan	Original amount of loan	Interest rate (%)	Date of loan	Periodic payment amount/pay period	Current loan balance
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
			\$	%		\$	\$
Date of conversion: _____			Total original liability insurance/pension loans (Enter this figure in item 14, column C on Schedule Q.)				Total amount outstanding insurance/pension loans (Enter this figure in item 14, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE “N” – ANY OTHER INDEBTEDNESS

69. List below the information requested with regard to any other indebtedness for which you, your spouse or domestic partner, or your dependent child are obligated. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner or dependent child)	Name, address & phone number of creditor	Interest rate (%)	Description of liability, type of obligation & nature of security, if any	Due date	Amount of periodic payment/ pay period	Original amount of liability	Outstanding amount of indebtedness
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
		%			\$	\$	\$
Date of conversion: _____						Total original amount other indebtedness (Enter this figure in item 15, column C on Schedule Q.)	Total amount outstanding other indebtedness (Enter this figure in item 15, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "O" – CONTINGENT LIABILITIES

70. List below the information requested with regard to all contingent liabilities for which you, your spouse or domestic partner, or dependent child are obligated. In the "Description" column, provide a description of the liability, including its purpose. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Held by (you, spouse, domestic partner of dependent child)	Name, address & phone number of contingent creditor	Date incurred	Account number	Primary debtor	Description of obligation including nature of security, if any	Original amount of contingent obligation	Current amount of contingent obligation
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
Date of conversion: _____						Total original contingent liabilities (Enter this figure in item 16, column C on Schedule Q.)	Total amount of outstanding contingent liabilities (Enter this figure in item 16, column D on Schedule Q.)

FINANCIAL SECTION: SCHEDULE "P" – NET WORTH STATEMENT -- ASSETS

NOTE: Complete the financial statements on Schedules A through O and copy the totals in the appropriate space on the assets and liabilities pages.

71. List all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or domestic partner, or your dependent child. 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. Detail each line entry on the appropriate schedule. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Asset	Cost at date acquired or purchased (A)	Current market value (B)	Special valuation date, if any
1. Cash			
a) On hand	a) \$ 0.00	a) \$ 0.00	
b) In bank (Schedule A)	b) \$ 0.00	b) \$ 0.00	b)
2. Loans, notes and other receivables (Schedule B)	\$ 0.00	\$ 0.00	
3. Securities (Schedule C)	\$ 0.00	\$ 0.00	
4. Real estate interests (Schedule D)	\$ 0.00	\$ 0.00	
5. Cash value life insurance (Schedule E)	\$ 0.00	\$ 0.00	
6. Cash value pension/retirement funds (Schedule F)	\$ 0.00	\$ 0.00	
7. Furniture and clothing (Reasonable estimate)	\$ 0.00	\$ 0.00	
8. Vehicles (Schedule G)	\$ 0.00	\$ 0.00	
9. Other (Schedule H)	\$ 0.00	\$ 0.00	
Total Assets	\$ 0.00	\$ 0.00	

Date of conversion:

FINANCIAL SECTION: SCHEDULE "Q" – NET WORTH STATEMENT -- LIABILITIES

NOTE: Complete the financial statements on Schedules A through O and copy the totals in the appropriate space on the assets and liabilities pages.

72. List all liabilities of you, your spouse or domestic partner, and your dependent child. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule. For foreign accounts, convert balance to U.S. currency and supply date of conversion.

Liability	Original amount of liability (C)	Amount outstanding (D)
10. Note payable (Schedule I)	\$ 0.00	\$ 0.00
11. Loans and other payables (Schedule J)	\$ 0.00	\$ 0.00
12. Taxes payable (Schedule K)	\$ 0.00	\$ 0.00
13. Mortgages or liens on real estate (Schedule L)	\$ 0.00	\$ 0.00
14. Loans against insurance/pensions (Schedule M)	\$ 0.00	\$ 0.00
15. Other indebtedness (Schedule N)	\$ 0.00	\$ 0.00
Total liabilities	\$ 0.00	\$ 0.00
NET WORTH		
Total assets (From column B) less	\$ 0.00	\$ 0.00
Total liabilities (From column D)		
16. Contingent liabilities (Schedule O)	\$	\$

Date of statement: _____ **Date of conversion:** _____

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

IMPORTANT: The date of this net worth statement must be within three (3) months of the date this form is submitted to the Missouri Gaming Commission.

VERIFICATION

State of _____
 County of _____ } SS

_____ (Key Person's Name), being duly sworn according to law deposes and says:

1. I am the key person who is submitting this 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 form.
4. Any document accompanying this Missouri Gaming Commission SW Personal 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, complete and accurate to the best of my knowledge.

(Key Person's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____(Key Person's Name)

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri State Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating the information in this form and acknowledge that said agencies have complied with and afforded all applicable rights under sections 408.675 to 408.700, RSMo.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Missouri Gaming Commission or Missouri State Highway Patrol my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
 - (c) To place the name of the Missouri Gaming Commission or Missouri State Highway Patrol agent presenting this request in the appropriate location on this request.
5. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued by the Missouri Gaming Commission to the applicant for whom I am a key person, whichever occurs later.
7. I do, for myself, my heirs, executors, administrator, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim, to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____, _____
(City) (State)

on the _____ day of _____, 20____

(Key Person's Signature)

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

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the county of _____

State of _____

Request IRS Account Transcripts

You can request your IRS account transcripts at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

- You will need to request IRS account transcripts for each of the past **five (5) years**
- You can download and print your IRS account transcripts immediately by clicking on **"Get Transcript Online"**
- Please place a copy of your IRS account transcripts behind this page in the form

☐ Tax Account Transcript of Returns included with this form.

Foreign Tax Affidavit

State of _____
 County of _____ } SS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be the person who executed this document, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable _____ tax laws and liabilities and there are no outstanding tax obligations due.
Country where tax returns are filed

I declare, under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

 Key Person's Signature

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

 Notary Public

My commission expires: _____, 20____

(Notarial Seal)

**MISSOURI DEPARTMENT OF REVENUE
AUTHORIZATION AND RELEASE**

I, _____, born at

(City) _____,

(County) _____

(State) _____,

on (Date) _____, and now residing at

(Street) _____,

(City, State & Zip) _____,

hereby consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent date, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosure of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I, along with my spouse/domestic partner/partner in legal civil union (Name) _____, hereby release, discharge and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

Key Person's Signature

Spouse/Domestic Partner/Partner in Legal
Civil Union Signature

Key Person's Social Security Number

Spouse/Domestic Partner/Partner in Legal
Civil Union Social Security Number

State Tax Affidavit

State of _____ }
 County of _____ } SS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be to be the person who executed this document, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable _____ state tax laws and liabilities, and
State of residence
 there are no outstanding tax obligations due to my state of residence.

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

Key Person's Signature

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

 Notary Public

My commission expires: _____, 20____

(Notarial Seal)