

# 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.

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

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.)

<b>Sex</b>	<b>Color Of Eyes</b>	<b>Color of Hair</b>	<b>Height</b>	<b>Weight</b>
<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

How many times have you been married? \_\_\_\_\_

### A. CURRENT RELATIONSHIP

Driver's License Number &amp; 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
<b>Sibling:</b>				
Spouse:				
<b>Sibling:</b>				
Spouse:				
<b>Sibling:</b>				
Spouse:				
<b>Sibling:</b>				
Spouse:				
<b>Sibling:</b>				

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

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

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

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**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
			%			\$
			%			\$
			%			\$
			%			\$
						<b>Total Current Balance</b> (Enter this figure in item 1b, column B on Schedule P)

Date of conversion: \_\_\_\_\_

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
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
				\$	\$	%			\$
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**

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: _____						<b>Total purchase price</b> (Enter this figure in item 4, column A on Schedule P)		<b>Total current market value</b> (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
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Date of conversion: _____						<b>Total cash surrender value</b> (Enter this figure in item 5, column B on Schedule P)	

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: _____				<b>Total cumulative employee contribution</b> (Enter this figure in item 6, column A on Schedule P)		<b>Total current cash value</b> (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.						<b>Total cost of vehicles</b> (Enter this figure in item 8, column A on Schedule P)	<b>Total current cash value</b> (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
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
					%	\$	\$			\$
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
					%		\$			\$
					%		\$			\$
					%		\$			\$
					%		\$			\$
Date of conversion: _____							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.)



**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: _____			<b>Total original tax obligation(s)</b> (Enter this figure in item 12, column C on Schedule Q.)		<b>Total amount of taxes payable</b> (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: _____						<b>Total original amount other indebtedness</b> (Enter this figure in item 15, column C on Schedule Q.)	<b>Total amount outstanding other indebtedness</b> (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: _____						<b>Total original contingent liabilities</b> (Enter this figure in item 16, column C on Schedule Q.)	<b>Total amount of outstanding contingent liabilities</b> (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	
<b>Total Assets</b>	\$ 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
<b>Total liabilities</b>	\$ 0.00	\$ 0.00
<b>NET WORTH</b>		
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 \_\_\_\_\_ }  
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  
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 \_\_\_\_\_