INSTRUCTIONS AND INFORMATION

1. **Completed application must be signed and notarized.**
2. **Submit, an original and one (1) copy of the completed application and attachments to: Attn: Christina Tobiasz.**
3. **Fees must be paid by check or money order payable to: General Treasurer, State of Rhode Island.**
4. **The State Police and such other professionals as the Department deems appropriate may conduct background investigations at Applicant's expense.**
5. **Applicant will be responsible for all costs and expenses related to the review and processing of the application and the Department's due diligence and investigation into the business and financial affairs of Applicant (and Applicant's parent and subsidiary(ies)) and any other organization or person with a direct or indirect connection to the business or financial affairs of the Applicant). Such costs and expenses may include, but not be limited to, the cost of such outside professionals retained by the Department and related travel costs. Applicant will be required to sign on to the financial responsibility to pay all costs and expenses in a letter of engagement for any professionals/consultants hired by the Department in connection with this application and may be required to provide a retainer prior to the hired professionals/consultants beginning their work. All such costs and expenses are non-refundable. Review of the application will not begin until the retainer is received. Applicant must pay all costs and expenses that exceed the retainer. Review of the application will cease until the Department receives payment for additional costs and expenses as requested. Approval, if appropriate, will not be issued until the Department receives full payment of all such costs and expenses.**
6. **Each officer,[1] director, owner[2] (only owners with 5% or more interest), partner, manager, member, and any other individual the Department deems appropriate must submit one (1) fingerprint card, and the fee at the time of application. Thereafter, Applicant must submit such additional information as required by the Department as part of its investigation into the Applicant. False or incomplete information on the application or any incomplete, false or misleading information thereafter provided by Applicant in connection with the Department's investigation may result in a denial of the Application or, if discovered subsequent to the issuance of the approval, such administrative action as deemed appropriate by the Department, including imposition of monetary penalties, and/or suspension or revocation, as appropriate.**
7. **Certain individuals may need to submit a Multi-Jurisdictional Personal History Disclosure Form. Please consult with the Rhode Island Department of Business Regulation for direction.**

Applicant has a continuing obligation to update, amend and/or correct this application if there is any change in the information provided, and/or any material change in circumstances related to the application.

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[1] For purposes of this application, "officer" shall be limited to officers that are actively involved in the management or operation of the facility.

[2] For purposes of this application, "owner" shall not include shareholders of a public reporting company as defined in the Securities Exchange Act of 1934.

State of Rhode Island
Department of Business Regulation
Division of Gaming and Athletics Licensing

1511 Pontiac Avenue Bldg. 69-1
Cranston, RI 02920-0942

Telephone: (401) 462-9525
Fax: (401) 462-9645

2027 GAMING VENDOR APPLICATION

Applicant will be licensed at the following:

Check Location: ☐ Bally's Twin River Lincoln Casino Resort

☐ Bally's Tiverton Casino & Hotel

Check One: ☐ New Application ☐ Renewal Application

Application Fee: $750.00

Licenses will expire on December 31, 2029

APPLICATION INSTRUCTIONS:

Application fee is non-refundable and application becomes the property of the Division.

NO CASH IS ACCEPTED. Make checks for application fee payable to: **State of RI General Treasurer**

- Paper application must be completed in ink and signed in all appropriate places.
- Fees must be paid by check or money order, as instructed herein, when application is submitted.
- Applicant's background will be investigated by the Department of Business Regulation, Division of Lotteries and the Rhode Island State Police Gaming Enforcement Unit ("GEU").
- False or incomplete information on this application may result in license denial.

APPLICANT'S BUSINESS NAME		
Business Name as it appears on Applicant's Certificate of Incorporation, Charter, Bylaws, Partnership Agreement or other Official Documents: (Spell out complete name, **do not abbreviate**)		
D/B/A or Trade Name(s):		
PRINCIPAL BUSINESS ADDRESS OF THE CORPORATION		
Address Line 1:		
Address Line 2:		
City:	Township:	County:
State/Province:	Zip Code:	Country:
E-Mail Address:	Web URL:	
Phone Number:	Fax Number:	
PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION		
First Name:	Last Name:	Title:
Telephone (Area Code) Number:	Fax Number:	E-Mail Address:
Title:	Signature:	

APPLICANT'S BILLING CONTACT INFORMATION	
First Name:	Last Name:
Title:	Individual E-mail Address:
Telephone Number:	Fax Number:
Address:	

APPLICANT'S FORM OF ORGANIZATION

Check One:

☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership

☐ Limited Liability Company ☐ S-Corporation ☐ Trust ☐ C-Corporation

☐ Other_____

APPLICANT'S ORGANIZATION DOCUMENTS **Attachment 1**

Please provide:

► Certificate of Incorporation, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the business, if any. Specify:

► State of Incorporation, Registration or other type of formation.

FEDERAL IDENTIFICATION NUMBER

► Provide either the Federal Identification Number (FIN) of the company or the Social Security number of the owner: _____

WRITTEN AGREEMENT/CONTRACT **Attachment 2**

► If the company has entered into any written agreement/contract with the facility, please attach the agreement/contract and specify the duration of the beginning and ending dates of the agreement.

Beginning Date:_____ Ending Date: _____

Are there any other agreements, written or unwritten, with any contractors, subcontractors, etc.

☐ YES ☐ NO

If yes, identify the contractor, subcontractor, etc. and the nature of the agreement between the companies.

NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES, RELATED OR UNRELATED ENTITIES

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH COMPANY IN WHICH APPLICANT HAS AN OWNERSHIP INTEREST AND PROVIDE AN ORGANIZATIONAL CHART.

NAME & ADDRESS OF ENTITIES

Name			
Address Line 1			
Address Line 2			
City	State	Zip Code	Contact Person/Telephone/Email

NAME & ADDRESS OF ENTITIES

Name			
Address Line 1			
Address Line 2			
City	State	Zip Code	Contact Person/Telephone/Email

NAME & ADDRESS OF ENTITIES

Name			
Address Line 1			
Address Line 2			
City	State	Zip Code	Contact Person/Telephone/Email

DESCRIPTION OF PRESENT BUSINESS

Provide a description of the business to be engaged in by the Company/Entity and its parent, holding, subsidiary and intermediary companies/entities and the general development. The description shall include information on matters such as the principal products produced, and services rendered by the Company/Entity and its parent, intermediary and subsidiary companies, the principal markets for said products or services and the methods of distribution.

DIRECTORS AND TRUSTEES Attachment 3

Provide the following information for each director and trustee of the corporation. (**NOTE:** A **Multi-Jurisdictional Personal History Disclosure Form and a National Background Check** must be completed by every person noted below. In addition, the Department of Business Regulation, RI Lottery, and RI State Police may, in its discretion, require additional persons associated with the Company/Entity to file such a form and have a National Background Check done.)

Name and Date of Birth	Home Address	Business Address	Dates of Directorship/Trustees (From-To)	Reason for Leaving

FORMER DIRECTORS AND TRUSTEES **Attachment 4**

Provide the following information for each person, not listed in response to the question immediately above, who held the position of director or trustee of the corporation during the last ten years:

Name and Date of Birth	Home Address	Business Address	Dates of Directorship/Trust (From-To)	Reason for Leaving

OFFICERS **Attachment 5**

Provide the following information for each officer of the Company/Entity. Officers include all persons serving as president, secretary, treasurer, chairperson of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the corporate by-laws or other organizational document. (NOTE: A **Multi-Jurisdictional Personal History Disclosure Form and a National Background Check** must be completed by specific people, noted below, which will be specified by the Department of Business Regulation, RI Lottery, and RI State Police. In addition, the Department of Business Regulation, RI Lottery, and RI State Police may, in its discretion, require additional persons associated with the Company/Entity to file such a form and a have a National Background Check done.

Name and Date of Birth	**Home Address**	**Business Address**	**Dates of Office Held (From-To)**	**Title/Office Held**

FORMER OFFICERS — Attachment 6

Provide the following information for each person, not listed in response to the question immediately above, who was an officer of the Company/Entity during the last ten-year period. Officers include all persons serving as president, secretary, treasurer, chairperson of the board, vice-president or any such other offices as may be prescribed by the corporate by-laws or other organizational documents.

Name and Date of Birth	Home Address	Present Occupation And Business Address	Dates of Office Held (From-To)	Title/Office Held

COMPENSATION OF OFFICERS AND DIRECTORS, TRUSTEES, ETC — Attachment 7

Provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the Company/Entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

Name/Position	Compensation Last Calendar Year	Compensation Subsequent Calendar Year	Form of Compensation

COMPENSATION OVER $100,000 — Attachment 8

Provide the following information for each person, other than those listed in response to the question immediately above, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in the question immediately above that exceeds $100,000 per year.

Name and Date of Birth	Business Address	Position and Length of Time Employed with Company/Entity	Amount of Compensation

BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS — Attachment 9

Provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the Company/Entity. This description shall include, but not be limited to:

1. The title or name of the plan;
2. The identity and address of the trustee of the plan or the person administering such plan;
3. The material features of the plan;
4. The methods of financing the plan;
5. The identify of each class of person who is or will participate in the plan;
6. The approximate number of persons in each such class;
7. The amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

STOCK DESCRIPTION — Attachment 10

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, by the Company/Entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) as of this date. 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 explain briefly.

VOTING SHAREHOLDERS — Attachment 11

Provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock issued by the Company/Entity. This information must be provided as of a date no more than 60 days prior to the date of this application.

Name and Date of Birth	Home Address	% Of Outstanding Voting Stock Held	Number of Shares Held	Class of Voting Stock Held

NON-VOTING SHAREHOLDERS — Attachment 12

Provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock issued by the Company/Entity. This information must be provided as of a date no more than 60 days prior to the date of this application.

Name and Date of Birth	Home Address	% Of Outstanding Voting Stock Held	Number of Shares Held	Class of Voting Stock Held

CONTRACTS AND VENDORS — Attachment 13

Provide the following information with respect to all persons with whom the Company/Entity has contracts or agreements of $100,000 or more in value or from whom the Company/Entity has received $100,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

Name	Nature of Goods and Services	Address

STOCK HELD BY THE COMPANY/ENTITY

Provide the following information about each company in which the corporation holds stock:

Name and Address of Company	% of Ownership More Than 5%	Type of Stock Held	Purchase Price Per Share

INSIDER TRANSACTIONS Attachment 14

Provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity securities of the Company/Entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of an equity security of the Company/Entity or who is or was within that period a director or officer of the Company/Entity.

Date of Transaction	Number of Securities Involved	Nature of Transaction	Parties to Transaction (Include Position)

HOLDERS OF LONGTERM DEBT — Attachment 15

Provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the Company/Entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance.

Name	Address	Date of Birth	Dollar Amount of Debt Held (Include Original Amount an Current	Type and Class of Debt Instrument Held

SECURITIES OPTIONS (Part A) — Attachment 16

Provide a detailed description of any options existing or to be created with respect to securities issued by the Company/Entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (You may include any outstanding option plans or proxy statements that provide the requested information.)

SECURITIES OPTIONS (Part B) **Attachment 17**

Provide the following information regarding all persons holding the options described in Part A above.

Name	Owner's Address	Market Value at Issuance	Options Held

FINANCIAL INSTITUTIONS — Attachment 18

Provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the Company/Entity has or has had an account over the last five-year period regardless of whether such account was held in the name of the Company/Entity, a nominee of the Company/Entity or was otherwise under the direct or indirect control of the Company/Entity.

Name	Address	Types of Account(s)	Time Period Account Held
			From To

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS Attachment 19

DEFINITIONS: For purposes of this question:

A. "Arrest" means any detaining, holding or taking into custody by any police or law enforcement or other law enforcement authorities based on probable cause that a person has committed a crime.

B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."

C. "Offense" means conviction for any felony, misdemeanor, Alford pleas, a plea of nolo contendere and/or a civil offense on CHRI which is relevant to the type of license or permit sought. Juvenile offenses will not be considered unless the juvenile has been charged as an adult.

INSTRUCTIONS:

1. Answer "YES" and provide all information to the best of your ability EVEN IF:

   A. The Company/Entity, its directors, trustees, or officers did not commit the offense charged;
   B. The charges were dismissed;
   C. The Company/Entity, its directors, trustees, or officers were not convicted;
   D. The charges or offenses happened a long time ago.

2. Answer "NO" IF:

   A. The records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency*****.

IMPORTANT

The Department of Business Regulation, Division of Lotteries and/or the RI State Police 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.

Has the Company/Entity or any of its subsidiaries, related or unrelated entities directors, trustees or officers ever been indicted, charged with or convicted of any crime or offense in Rhode Island or any other jurisdiction within the last 10 years?

Yes ☐ No ☐

If yes, complete the following chart:

Nature of Charge or Arrest/Location of Where Incident Occurred	**Name, Date of Charge Or Arrest**	**Name and Address of Law Enforcement Agency or Court Involved**	**Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, Etc.)**	**Sentence**

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**

TESTIMONY, INVESTIGATIONS OR POLYGRAPHS Attachment 20

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 ☐

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, 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 ☐

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	**Nature of Proceeding Or Investigation**	**Was Testimony Given?**	**Date On Which Testimony Was Given**	**Approximate Time Period Of Investigation**

TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS — Attachment 21

Has the Company/Entity, any of its subsidiaries, related or unrelated entities, directors, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

☐ Yes ☐ No

If yes, provide the following information about any such testimony, investigation or polygraph exam:

Name and Address of Court or Other Agency	Nature of Proceeding Or Investigation	Was Testimony Given?	Date On Which Testimony Was Given	Approximate Time Period Of Investigation

EXISTING LITIGATION — Attachment 22

Provide a description of all existing civil litigation to which the Company/Entity, its parent or any subsidiary is presently a party whether in this state or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed $100,000, or litigation in which damages may be expected to exceed $100,000, but which involve claims against the Company/Entity which are fully and completely covered under an insurance policy held by the Company/Entity with a licensed insurance carrier. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

FINANCIAL STATEMENTS — Attachment 23

► Provide as an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year 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, and the Investment Company Act of 1940.

►Provide copies of all financial statements prepared in the last five years with respect to the Company/Entity and any exceptions taken to such statements by the independent auditor retained by the Company/Entity, and the management response thereto.

ANNUAL REPORTS — Attachment 24

►Provide a copy of all annual reports, of the Company/Entity, that were submitted to shareholders or other persons during the last five years.

►A Company/Entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

QUARTERLY REPORTS — Attachment 25

►Provide a copy of the last quarterly unaudited financial statements prepared by or for the Company/Entity. If the Company/Entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

REPORTS OF ACCOUNTANTS — Attachment 26

►Provide a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the Company/Entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

TAX RETURNS — Attachment 27

►Provide a copy of all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return) submitted to the Internal Revenue Service in the last five years.

ORGANIZATIONAL CHART — Attachment 28

►Provide a current ownership organizational chart of the Company/Entity its parent company and each subsidiary of the Company/Entity.

►Provide a functional table of organization including position descriptions and the names of persons holding such positions.

LICENSES AND PERMITS — Attachment 29

If the applicant has applied for any type of license, registration, certification, or permit by any Government Agency in the State of Rhode Island or any other jurisdiction, provide the following information for the last ten (10) year period. NOTE: A Government Agency as used here includes any subordinate creature of Federal, State, Native American or Local Government created to carry out a governmental function or to implement a statute(s).

Type of License Registration, Certificate or Permit	**Name and Location Of Government Agency**	**Disposition (Check at Least One)**	**Dates of Disposition**	**If Denied, Pending, Suspended, Conditioned, Revoked Or Withdrawn, Provide Details**
		☐ Granted ☐ Denied ☐ Pending ☐ Suspended ☐ Conditioned ☐ Revoked ☐ Withdrawn		
		☐ Granted ☐ Denied ☐ Pending ☐ Suspended ☐ Conditioned ☐ Revoked ☐ Withdrawn		
		☐ Granted ☐ Denied ☐ Pending ☐ Suspended ☐ Conditioned ☐ Revoked ☐ Withdrawn		

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please complete this affidavit along with your license application.

Licensee Declaration:

☐ **I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.**

☐ **I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.**

☐ **I am currently pursuing administrative review of taxes owed to the state.**

☐ **I am in federal bankruptcy. (Case #_____)**

☐ **I am in state receivership. (Case #_____)**

☐ **I have been discharged from Bankruptcy. (Case #_____)**

Type of Professional License for which you are applying

_____

Full Name (Please Print or Type) **Social Security Number (or FEIN if appropriate)**

_____ _____

Signature_____

Date_____

AFFIDAVIT

STATE_____:

COUNTY OF_____:

I,_____, hereby acknowledge
(Name)

that I am aware that the Division of Gaming and Athletics Licensing may deny a license to any applicant which supplied information to the Division of Gaming and Athletics Licensing, the Division of Lotteries and/or the Rhode Island State Police which is untrue or misleading as to a material fact pertaining to the qualification criteria.

Further I,_____, hereby swear (or
(Name)
affirm) that the foregoing statements made by me on behalf of_____
(Name of Business)
_____are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____
(Signature)

_____
(Type, Stamp or Print Name)

_____
(Title or Position)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,20___, by _____ who proved to me through satisfactory evidence of identification to be the person who appeared before me.

_____ _____
Printed Name of *Expiration Date of Authority*
Notary Public/Authorizing Official

_____ _____
Signature of *State/Region/Country*
Notary Public/Authorizing Official

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Employers, Banks, and other financial institutions and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic:
On Behalf of_____
Name of Company

I,_____have
(Name of President, Officer, Partner or Sole Proprietor)

authorized the Rhode Island Department of Business Regulation, Division of Gaming and Athletics Licensing, the Rhode Island Division of Lotteries, and/or the Rhode Island State Police to conduct a full investigation into background and activities of the company named above.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming and Athletics Licensing ("Division"), Division of Lotteries and/or Rhode Island State Police provided that he or she certifies to you that said company has an application pending before the Division or that said company is presently a licensee, required to be qualified under the provision of Rhode Island General Laws § 41-4-*1 et seq*.:

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED:_____(Legal Signature)_____
Signature of Applicant

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,20___, by _____
who proved to me through satisfactory evidence of identification to be the person who appeared before me.

_____ _____
Printed Name of *Expiration Date of Authority*
Notary Public/Authorizing Official

_____ _____
Signature of *State/Region/Country*
Notary Public/Authorizing Official

CHECK LIST

On the following chart indicate with checkmark information contained within this application. If not contained within, indicate N/A.

DESCRIPTION	√ IF APPLICABLE OR INDICATE N/A IF NOT APPLICABLE
Applicant's Business Name	
Principle Business Address of Corporation	
Person to be Contacted	
Applicant's Billing Contact Information	
Applicant's Form of Organization	
Applicant's Organizational Documents	
Federal Identification Number	
Written or Unwritten Agreement(s)	
Name & Address of Entity(s)	
Description of Present Business	
Directors and Trustees	
Former Directors and Trustees	
Officers	
Former Officers	
Compensation of Officers and Directors	
Compensation over $100,000	
Bonus, Profit Sharing, Pension, Retirement, Deferred Compensation and Similar Plans	
Stock Description	
Voting Shareholders	
Non-Voting Shareholders	
Contracts and Vendors	
Stock held by the Corporation	
Insider Transactions	
Holders of Long Term Debt	
Securities Options	
Financial Institutions	
Civil, Criminal and Investigatory Proceedings	
Testimony, Investigations or Polygraphs	
Testimony, Investigations or Polygraphs Refusals	
Existing Litigation	
Financial Statements	
Annual Reports	
Quarterly Reports	
Reports of Accountants	
Tax Returns	
Organizational Charts	
Licenses and Permits	

ADDITIONAL SPACE:

FOR OFFICE USE ONLY
Credential Number:_____
Date Submitted:_____Fee:_____
Check/Money Order:_____
Approved DBR Signature:_____Approved Date:_____
Entered by:_____Date Entered:_____