

SOUTH DAKOTA COMMISSION ON GAMING  
SIMULCAST SITE RENEWAL APPLICATION

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_  
Street

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City State Zip Code

Mailing Address ( if different than above)

\_\_\_\_\_  
Street or Post Office Box Number

\_\_\_\_\_  
City State Zip Code

Telephone Number \_\_\_\_\_

Name of Provider \_\_\_\_\_

Name of the person in charge of day-to-day simulcast operations and pari mutuel  
business:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date