

STATE OF SOUTH DAKOTA



COMMISSION ON GAMING

221 W. Capitol
c/o 1320 E Sioux Ave
Pierre, SD 57501
Phone (605) 773-6050
FAX (605) 773-6053

Dear Applicant:

Enclosed is an instruction sheet and application forms for a multi jurisdictional totalizator hub license.

As required by ARSD 20:04:33:31 an application fee of \$5,000 and an initial system audit fee of \$2,000 must be submitted with this application. These fees are nonrefundable. An additional fee may be required to conduct the investigation of an applicant for a hub license or the initial system audit. If the Commission or the Executive Secretary determines that an additional fee is required to continue or complete the investigation or the audit, the processing of the application shall cease until such time as the applicant has furnished the additional fee which may not exceed the actual cost as provided in SDCL 42-7-56(17).

A check or money order for the application fee and the initial system audit fee should be made payable to the South Dakota Commission on Gaming.

If you have any question or concerns, you can contact the Commission on Gaming, 221 West Capitol, Pierre, SD, phone (605)773-6050.

Sincerely,

LARRY B. ELIASON
Executive Secretary

INSTRUCTIONS FOR MULTI JURISDICTIONAL TOTALIZATOR HUB LICENSE APPLICATION

1. All information requested on a South Dakota Commission on Gaming form SDCG2 must be completed.
 - A. Please print or type.
 - B. Application form must be signed by the applicant.
2. All applicants requesting licensing for the above-stated license must complete the enclosed *Personal History Information* form SDCG2-1.
3. Each applicant applying for the above-stated licenses must complete South Dakota Commission on Gaming form SDCG2-2, *Affirmation of Information Provided*.
4. Each applicant applying for the above-stated licenses must complete form SDCG2-3. This authorizes the Commission on Gaming or the Division of Criminal Investigation to obtain any financial information which is available on the applicant.
5. Each applicant must complete form SDCG2-4. This authorizes the South Dakota Commission on Gaming or the Division of Criminal Investigation to obtain a criminal record if such record exists.
6. Submit your operating plan as required by ARSD Chapter 20:04:33.
7. It is necessary for you to submit a copy of your personal Internal Revenue Service returns for the past three years with this application. Attached is IRS Form #4506-T, Request for Transcript of Tax Return. This form must be completed in full with your name signed and printed.
8. Submit a copy of all contracts entered into between you and any other business or person concerning your gaming business. This relates to but not limited to, contracts with tote companies, host race tracks, age and identity verification companies, financial institutions in which customers funds will be held, landlords, lending institutions, private investors, incorporation papers, or any other relevant agreements or contracts.
9. Submit bank and brokerage statements for the past 12 months for all checking, savings and brokerage accounts held.
10. Submit a copy of all notes and mortgages payable and notes receivable.
11. Submit a copy of your most recent financial statements for all business investments.
12. If you are licensing an ongoing concern, submit the IRS tax returns for that business of the prior 5 years.
13. Submit a copy of all articles of incorporation or partnership agreements for all business investments held.

14. Copies of all stock certificates that you own.
15. Copies of most recent statement of IRA, 401K plan or retirement plan of any kind that shows the most recent value.
16. If any applicant has questions concerning these forms or further assistance is needed, please contact the South Dakota Commission on Gaming office in Pierre at (605)773-6050.
- 17. BACKGROUNDS WILL NOT BEGIN UNTIL ALL ITEMS REQUESTED ARE RECEIVED.**

**SD COMMISSION ON GAMING
MULTI-JURISDICTIONAL
HUB APPLICATION FORM**

South Dakota Commission on Gaming
221 W Capitol Ave, Suite 101
c/o 1320 E Sioux Ave
Pierre, SD 57501
Telephone: (605) 773-6050

SDCG 2

DO NOT WRITE HERE

License # _____

Receipt # _____

Amt Re'd _____

Please Print or Type – Attach Additional Sheets if Needed

| | | |
|---------------------------|----------|-------------|
| 1. Name of Establishment: | Address: | Telephone # |
|---------------------------|----------|-------------|

| | | | |
|--------------------------|--------------------------|-----------------------|-------------------------------|
| 2. Federal Taxpayer ID # | SD Sales Tax License No. | SD Liquor License No. | Name of Liquor License Holder |
|--------------------------|--------------------------|-----------------------|-------------------------------|

| | | | |
|--|--|---|---|
| 3. Indicate Type of Business or organization | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation/Non-Profit | <input type="checkbox"/> Association (Fraternal, Civic, etc.) |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation/Profit | <input type="checkbox"/> Other: |

4. Explain your involvement with the business:

5. Complete the following (if the application is a partnership, corporation, or other form of business organization, furnish such similar information as that shown below).

a) State of Corporation _____ Date: _____
Date of Qualification to do business in South Dakota _____

b) A certified copy of all the Articles of Incorporation or a true copy of the partnership agreement is attached YES NO
If no, state reasons _____

c) A general description of the nature of the business (attach a separate sheet if necessary): _____

d) A complete list of all stockholders/partners showing the number of shares/interest held of record by each is filed herewith.
 YES NO If no, state reasons: _____

e) List below the following information with respect to all partners, directors, officers, and key employees. Each of the persons named below who own 5% or more of the corporation or who are the designated manager must complete and submit a Personal History Information Form, Personal Financial Questionnaire, fingerprint cards, and other documentation required by the Commission. (Use attachment if necessary.)

| Full Name | Residence Address | Title |
|-----------|-------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

f) The terms, positions, rights and privileges of the different classes of securities outstanding:

| Security | Terms & Positions | Rights & Privileges |
|----------|-------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

g) Options existing or to be created in respect of their security or other interest:

| Name | Address | Title | Options or Other Interests |
|-------|---------|-------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. List below the following information with respect to any persons who will receive, directly or indirectly, any compensation or rents based on a percentage or share of the proceeds of the gaming venture. Each person named below may be required to complete and file a Personal History Information Form SDCG2-1 and other documentation required by that form.

| Full Name | Residence Address | Title |
|-----------|-------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. List below the primary contact person for this business:

| Name | Address | Title | Phone # |
|-------|---------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

8. A – Has the business ever filed bankruptcy? [] YES [] NO
 If yes give details: (Use additional sheets if necessary)

B – Is the business delinquent in the payment of any taxes, interest or penalties owed to the Federal Government, any state or political subdivision, including items currently under formal dispute or appeal under law? [] YES [] NO
 If yes, give details: (Use additional sheets if necessary)

9. Is another license to be issued to this location? [] YES [] NO
 If yes, who will hold the additional license? _____

10. A completed Personal History Form, Personal Financial Questionnaire, fingerprint card, verification of fingerprints, Authorization & Release and Application Fee must be filed with this Application.

I, the undersigned, do hereby certify that I have not knowingly made a false statement or omitted of material fact on this application. I understand that untruthful or misleading answers are cause for denial of the application or termination of any gaming license. I authorize the South Dakota Commission on Gaming or the Division of Criminal Investigation or both to investigate matters set forth in this "License Application" pursuant to the Gaming Act. I understand that further information may be requested of me in regard to this application and I waive rights of causes of action that I may have against the South Dakota Commission on Gaming or the Division of Criminal Investigation.

| | | |
|-----------------------|--------------------|-------|
| Applicant/Authorizing | Type or Print Name | Title |
| Agent of Business | Signature | Date |

PERSONAL HISTORY INFORMATION**DATE** _____

Hand print or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 23-P or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history information is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a gaming license, finding of suitability or for other action may not be withdrawn without the permission of the Executive Secretary, South Dakota Commission on Gaming.

1. Business Name: _____ Address of Business _____ Business Phone No. _____

2. Personal Information:

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Alias (i.e. Nicknames, Maiden Name, Other Name Changes or Otherwise)

| | | | |
|------------------------------------|------|-----------|--------------|
| Present Residence Address – Street | City | State/Zip | Since (date) |
|------------------------------------|------|-----------|--------------|

| | | | |
|-----------------------------------|------|-----------|--------------|
| Present Business Address – Street | City | State/Zip | Since (date) |
|-----------------------------------|------|-----------|--------------|

| | | |
|------------|----------------|-----------------|
| Occupation | Business Phone | Residence Phone |
|------------|----------------|-----------------|

| | |
|---------------|--------------------------------------|
| Date of Birth | Place of Birth (City, County, State) |
|---------------|--------------------------------------|

| | | | | | | |
|-------------------|-----|---------------|---------------|--------|--------|------------------------------------|
| Soc. Security No. | Sex | Color of Hair | Color of Eyes | Weight | Height | Driver's Lic. No. & State of Issue |
|-------------------|-----|---------------|---------------|--------|--------|------------------------------------|

Scars, tattoos or distinguishing marks and/or characteristics: _____

Are you a citizen of United States? YES NO If alien, Reg. No. _____
 If naturalized, Certificate No. _____ Place _____ Date _____

Applicant's Initial _____

B. Parents:

List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-laws, or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden) | Date of Birth | Current Address | Occupation |
|----------------|---------------|-----------------|------------|
| Father: | | | |
| Mother: | | | |
| Father-In-Law: | | | |
| Mother-In-Law: | | | |

C. Brothers and Sisters:

List Names, residence address, dates of birth, and most recent occupation of brothers and sisters and of their respective spouses:

| Name (Maiden) | Date of Birth | Address | Occupation |
|---------------|---------------|---------|------------|
| Spouse: | | | |
| Name (Maiden) | Date of Birth | Address | Occupation |
| Spouse: | | | |
| Name (Maiden) | Date of Birth | Address | Occupation |
| Spouse: | | | |

5.

| Education | Name of School | Location | Dates Attended | Graduate |
|-----------------------|----------------|----------|----------------|----------------|
| Grade School | | | | Yes [] No [] |
| High School | | | | Yes [] No [] |
| College or University | | | | Yes [] No [] |
| Other | | | | Yes [] No [] |

Type of degree obtained, if any: _____

6. Military Information:

Have you ever served in any armed forces? [] YES [] NO
 Branch: _____ Date of Entry-Active Service: _____
 Date of Separation: _____ Type of Discharge: _____
 Rating at Separation: _____ Serial Number: _____
 While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? [] YES [] NO
 If yes, furnish details on a separate sheet.

7. Arrests, Detentions, and Litigations: (Include those arrests in which you were not convicted or charges were dismissed)

A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (Except MINOR traffic citations, but including reckless driving, DUI, or eluding) [] YES [] NO

Applicant's Initial _____

If so, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location – City and State | Disposition | Arresting Agency |
|----------------|-----|--------|---------------------------|-------------|------------------|
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- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party? [] YES [] NO
If Yes, furnish details on a separate sheet.
- C. Have you ever been questioned by a city, county, state, federal, or law enforcement agency, commission or committee? [] YES [] NO
If Yes, furnish details on a separate sheet.
- D. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? [] YES [] NO
- E. Have you ever had a civil or criminal record expunged by a court order? [] YES [] NO
If Yes, when? _____ City, County, State _____
(If Yes, furnish details on additional information sheet.)
- F. Have you ever received a pardon for any criminal offense? [] YES [] NO
If Yes, when? _____ City, County, State _____
If Yes, furnish details on a separate sheet.
- G. Has any member of your family or your spouse’s family ever been convicted of a felony? [] YES [] NO
If Yes, complete the following:

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
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Applicant’s Initial _____

9. Employment:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

| Month & Year (From-To) | | Name/Mailing Address of Employer/Business | Reason For Leaving |
|------------------------|-----------------------|---|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

| Month & Year (From-To) | | Name/Mailing Address of Employer/Business | Reason For Leaving |
|------------------------|-----------------------|---|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

| Month & Year (From-To) | | Name/Mailing Address of Employer/Business | Reason For Leaving |
|------------------------|-----------------------|---|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

| Month & Year (From-To) | | Name/Mailing Address of Employer/Business | Reason For Leaving |
|------------------------|-----------------------|---|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

| Month & Year (From-To) | | Name/Mailing Address of Employer/Business | Reason For Leaving |
|------------------------|-----------------------|---|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

Applicant's Initial _____

| Month & Year (From-To) | Name/Mailing Address of Employer/Business | | Reason For Leaving |
|------------------------|---|--------------------|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

| Month & Year (From-To) | Name/Mailing Address of Employer/Business | | Reason For Leaving |
|------------------------|---|--------------------|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

| Month & Year (From-To) | Name/Mailing Address of Employer/Business | | Reason For Leaving |
|------------------------|---|--------------------|--------------------|
| | | | |
| Title | Description of Duties | Name of Supervisor | |
| | | | |

10. Character References:

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

| Name and Where Employed | Street | City | State/Zip | Phone No. | Years Known |
|-------------------------|-----------|------|-----------|-----------|-------------|
| Name: | Home: | | | | |
| Employer: | Business: | | | | |

| Name and Where Employed | Street | City | State/Zip | Phone No. | Years Known |
|-------------------------|-----------|------|-----------|-----------|-------------|
| Name: | Home: | | | | |
| Employer: | Business: | | | | |

Applicant's Initial _____

| Name and Where Employed | Street | City | State/Zip | Phone No. | Years Known |
|-------------------------|-----------|------|-----------|-----------|-------------|
| Name: | Home: | | | | |
| Employer: | Business: | | | | |

| Name and Where Employed | Street | City | State/Zip | Phone No. | Years Known |
|-------------------------|-----------|------|-----------|-----------|-------------|
| Name: | Home: | | | | |
| Employer: | Business: | | | | |

| Name and Where Employed | Street | City | State/Zip | Phone No. | Years Known |
|-------------------------|-----------|------|-----------|-----------|-------------|
| Name: | Home: | | | | |
| Employer: | Business: | | | | |

11. Do you have any safety deposit box or other such depository, access to any depository YES NO
 or do you use any other person's depository?
 If Yes, complete the following:

| Box Number or Type of Depository | Location | City and State |
|----------------------------------|----------|----------------|
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12. Have you ever held a privileged or professional license in any state, including but not limited to the following: (Please Circle) YES NO

Liquor Real Estate Broker or Salesman Accountant Lawyer Doctor
 Insurance Racing Commission Lottery Commission Securities Dealer Other

If yes, state where, years held and nature of any disciplinary actions taken against you: _____

Applicant's Initial _____

- 13. Have you ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or card room, bingo parlor, pull tabs? [] YES [] NO

If Yes, state when and where and give names and locations of the business(es) in which you were involved and the names and addresses of all partners:

- 14. Have you ever voluntarily withdrawn a gaming or racing license application? [] YES [] NO

- 15. Have you ever been refused a gaming or racing license of related findings of suitability? [] YES [] NO

- 16. Have you ever been a participant in any group which has been denied a gaming or racing license or related findings of suitability? [] YES [] NO

Reason: _____

- 17. Have you ever been granted a gaming or racing license or been a participant in any group which has been issued a gaming or racing license by any state? [] YES [] NO

If Yes, state type of license, name of establishment, location and period such license was held: _____

- 18. Do you have any relatives associated with or employed in the gaming or racing industry (This includes the State Lottery)? [] YES [] NO

If yes, state name, relation, address, association or employment: _____

Applicant's Initial _____

4. Has your interest in this multi-jurisdictional hub been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or in whole? YES NO
 If yes, explain: _____

5. Have you ever filed bankruptcy: YES NO
 If Yes, furnish details on separate sheet.
6. Has your Federal Income Tax Return ever been audited or adjusted? YES NO
7. Last Federal Income Tax Return was filed _____, 19 ____ for year _____ at _____

 City State

IT IS NECESSARY FOR YOU TO SUBMIT A COPY OF YOUR INTERNAL REVENUE SERVICE RETURNS FOR THE PAST THREE YEARS WITH THIS APPLICATION.

8. Do you own or control any assets or liabilities located outside the United States? YES NO
9. Do you control, manage or hold in trust any assets or liabilities for another person or entity? YES NO
10. Annual Income _____
 Salary _____
 Interest _____
 Dividends _____
 Other (Describe in Detail) _____

11. Include all assets and liabilities on the attached schedules.
 (Attach additional schedules or forms (if necessary))

Applicant's Initial _____

STATEMENT OF ASSETS

AS OF _____ 20 _____

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate schedule.

| | Original Cost/ Investment | Market Value |
|---|------------------------------|-----------------|
| Current Assets: | | |
| Cash on Hand..... | \$ _____ | \$ _____ |
| Cash in Banks (Schedule "A")..... | \$ _____ | \$ _____ |
| Accounts and Notes Receivable (Schedule "B")..... | \$ _____ | \$ _____ |
| Investments: | | |
| Stocks and Bonds (Schedule "C")..... | \$ _____ | \$ _____ |
| Business Investments (Schedule "D")..... | \$ _____ | \$ _____ |
| Fixed Assets: | | |
| Real Estate (Schedule "E")..... | \$ _____ | \$ _____ |
| Other Assets: (Schedule "F")..... | \$ _____ | \$ _____ |
| TOTAL ASSETS..... | \$ _____ | \$ _____ |

Applicant's Initial _____

STATEMENT OF LIABILITIES

AS OF _____ 20 _____

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate schedule.

| | | |
|---|----------|----------|
| Current Liabilities (debts due and payable within one year).... | \$ _____ | \$ _____ |
| Accounts Payable (credit cards, etc.)..... | \$ _____ | \$ _____ |
| Taxes Payable..... | \$ _____ | \$ _____ |
| Long Term Liabilities (debts due and payable in more than one year) | | |
| Notes Payable (Schedule "G")..... | \$ _____ | \$ _____ |
| Mortgages Payable (Schedule "H")..... | \$ _____ | \$ _____ |
| Other Liabilities (Schedule "I")..... | \$ _____ | \$ _____ |
| TOTAL LIABILITIES | \$ _____ | \$ _____ |
| NET WORTH | \$ _____ | \$ _____ |

Applicant's Initial _____

SCHEDULE "A"
CASH IN BANKS

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children.

| NAME AND ADDRESS OF BANK | NAME OF PERSONS APPEARING ON ACCOUNT | ACCOUNT NO. | DATE OPENED | INTEREST RATE | TYPE OF ACCOUNT | BALANCE AS OF |
|--------------------------|--------------------------------------|-------------|-------------|---------------|-----------------|---------------|
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SCHEDULE "B"
ACCOUNTS AND NOTES RECEIVABLE

List below all accounts and notes receivable held by you, your spouse or dependent children. Indicate by means of an asterisk (*) in the first column, accounts and notes receivable held by your spouse and/or dependent children.

| NAME AND ADDRESS OF DEBTOR | DATE INCURRED | ORIGINAL AMOUNT | UNPAID BALANCE | PAYMENT PERIOD | INTEREST RATE | MATURITY DATE | PURPOSE | COLLATERAL |
|----------------------------|---------------|-----------------|----------------|----------------|---------------|---------------|---------|------------|
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**SCHEDULE "C"
STOCKS AND BONDS**

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependent children have knowledge of what stocks and bonds are held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (*). Indicate by means of a double asterisk (**) next to the first column all stocks and bonds held by your spouse or dependent children.

| ISSUER | TYPE | NO. OF SHARES OR UNITS | PURCHASE PRICE | DATE OF PURCHASE | NAME IN WHICH HELD | MARKET VALUE |
|--------|------|------------------------|----------------|------------------|--------------------|--------------|
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**SCHEDULE "D"
BUSINESS INVESTMENTS**

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct or indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

| ENTITY NAME | TYPE OF ENTITY | NO. OF SHARES OR UNITS | PERCENTAGE OF OWNERSHIP | PURCHASE PRICE | DATE OF PURCHASE | NAME IN WHICH HELD | INDIVIDUALS OR ENTITIES SHARING INTEREST & PERCENTAGE OWNERSHIP | MARKET VALUE |
|-------------|----------------|------------------------|-------------------------|----------------|------------------|--------------------|---|--------------|
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SCHEDULE "E"
REAL ESTATE

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the name of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

| ADDRESS/LOCATION | TYPE | SIZE | PURCHASE PRICE IMPROVEMENTS AT COST | DATE OF PURCHASE | OTHER OWNERS | OWNERSHIP PERCENT | INCOME | MARKET VALUE |
|------------------|------|------|---|---------------------|--------------|----------------------|--------|-----------------|
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SCHEDULE "F"
OTHER ASSETS

List below the information requested for all other assets held by you, your spouse or dependent children. Indicate by means of an asterisk (*) in the first column those assets held by your spouse or dependent children. (i.e., Automobiles, Personal Property, Cash Surrender Value of Life Insurance Policies, Pension Plans, etc.)

| TYPE OF ASSET | PURCHASE PRICE | DATE OF PURCHASE | MARKET VALUE | OTHER INFORMATION |
|---------------|----------------|------------------|--------------|-------------------|
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**SCHEDULE "G"
NOTES PAYABLE**

List below the information requested for all notes payable for which you, your spouse or dependent children are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependent children are obligated.

| NAME AND ADDRESS OF CREDITOR | DATE INCURRED | ORIGINAL AMOUNT | UNPAID BALANCE | PAYMENTS/PERIOD | INTEREST RATE | LOAN NUMBER | PURPOSE | COLLATERAL |
|------------------------------|---------------|-----------------|----------------|-----------------|---------------|-------------|---------|------------|
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**SCHEDULE "H"
MORTGAGES PAYABLE**

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated. Indicate by an asterisk (*) in the first column those mortgages/liens for which your spouse or dependent children are obligated.

| NAME AND ADDRESS OF CREDITOR | DATE INCURRED | ORIGINAL AMOUNT | UNPAID BALANCE | PAYMENTS/ PERIOD | INTEREST RATE | POSITION OF MORTGAGE OR LIEN | LOAN NUMBER | DESCRIPTION/ADDRESS OF REAL ESTATE |
|------------------------------|---------------|-----------------|----------------|------------------|---------------|------------------------------|-------------|------------------------------------|
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**SCHEDULE "T"
OTHER LIABILITIES**

List below the information requested for any other indebtedness for which you and/or your spouse or dependent children are obligated. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse or dependent children are obligated.

| NAME AND ADDRESS OF CREDITOR | DATE INCURRED | ORIGINAL AMOUNT | UNPAID BALANCE | PAYMENT/ PERIOD | INTEREST RATE | MATURITY DATE | PURPOSE | DESCRIPTION OF LIABILITY | COLLATERAL |
|------------------------------|---------------|-----------------|----------------|-----------------|---------------|---------------|---------|--------------------------|------------|
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**SCHEDULE "J"
CONTINGENT LIABILITIES**

List below the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

| NAME AND ADDRESS OF CREDITOR | DATE INCURRED | ORIGINAL AMOUNT | UNPAID BALANCE | PAYMENT/ PERIOD | INTEREST RATE | MATURITY DATE | PURPOSE | COLLATERAL | PERSON LIABLE BESIDES YOU AND/OR YOUR SPOUSE |
|------------------------------|---------------|-----------------|----------------|-----------------|---------------|---------------|---------|------------|--|
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AFFIRMATION OF INFORMATION PROVIDED

I, _____, declare and affirm under penalties of perjury that this application, and all of the statements, attachments, supporting schedules, and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party.

ACKNOWLEDGEMENT

The undersigned, the Applicant, or the person authorized by the Applicant to execute this ACKNOWLEDGEMENT recognizes that a licensee:

- (i) receives their license conditioned upon a specific waiver of all state and federal constitutional or statutory rights of privacy regarding gaming equipment, the licensed premises, all books, papers, computers and information storage devices of any kind wherever located;
- (ii) that the Commission and its employees and agents may inspect and examine without notice all premises where business is conducted pursuant to this license and where any business equipment or records are stored or located;
- (iii) The Commission on Gaming or their employees or agents may seize and remove without notice or hearing from the premises and impound any equipment or supplies for the purpose of examination and inspection; and
- (iv) The Commission on Gaming may, at any time day or night, inspect, examine, and photocopy or remove and impound all papers, books and records of Applicants and licensees and require verification of income, and all matter affecting the enforcement of the provisions of the South Dakota law on wagering.

Signature

Date

**INVESTIGATION AUTHORIZATION
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize the State of South Dakota through its authorized representative, Commission on Gaming or the Office of the Attorney General, Division of Criminal Investigation, to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information which the South Dakota Commission on Gaming or Division of Criminal Investigation determines necessary, are hereby authorized to provide such information.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Commission on Gaming or the Division of Criminal Investigation a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.

It is hereby understood that the Commission on Gaming or the Division of Criminal Investigation will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of South Dakota and the authorized representative, Division of Criminal Investigation, Commission on Gaming and other employees of the State of South Dakota shall not be held liable for inaccurate information.

The Commission on Gaming and the Division of Criminal Investigation reserves the right to investigate all relevant information and facts to its satisfaction.

FULL LEGAL NAME: _____
(PLEASE PRINT) (LAST) (FIRST) (MIDDLE)

SIGNATURE: _____

AUTHORIZATION AND RELEASE

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to State Gaming Commission any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as “non-public” under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to State Gaming Commission, I, _____, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 20 _____, at

_____.

SIGNATURE

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
 Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

| | |
|---|--|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return | 2b Second social security number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code | |
| 4 Previous address shown on the last return filed if different from line 3 | |

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

SD Commission on Gaming, 696 Main St. 2nd Floor, Deadwood, SD 57732

Caution: If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
 - c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

| | | | |
|-----------|--|------|---|
| | | | Telephone number of taxpayer on line 1a or 2a () |
| Sign Here | ▶ Signature (see instructions) | Date | |
| | ▶ Title (if line 1a above is a corporation, partnership, estate, or trust) | | |
| | ▶ Spouse's signature | Date | |

