STATE OF SOUTH DAKOTA

COMMISSION ON GAMING

87 Sherman Street
Deadwood, SD 57732
Phone (605) 578-3074
FAX (605) 578-2263

Dear Manufacturer/Distributor, Operator, Retailer or Gaming Property Owner:

Enclosed is an instruction sheet and application forms for a Manufacturer/Distributor, Operator, Route Operator, Retailer or Gaming Property Owners License. This information is necessary to complete your background investigation prior to licensing.

Each principal or owner (5% or greater) of the business must complete the Personal History portions of this application.

A non-refundable application fee has been established by the Commission on Gaming. Those fees are: Slot Machine Manufacturer/Distributor - $5,000; Operator - $1,000; Route Operator - $1,000; Retailer - $250; Gaming Property Owner - $250. A Route Operator my also hold a valid Operator's license. This fee must be enclosed with your application.

Each manufacturer is responsible for the cost of testing their machines. The Commission on Gaming has a contract with Gaming Laboratories International, Inc. All testing is completed by them. A notice of the necessary charges will be forwarded to the manufacturer once testing is completed.

Upon completion of your background investigation, a determination will be made in reference to your licensing. If you are approved to obtain a license, the established licensing fee must be forwarded to the Commission on Gaming office in Pierre, SD.

In summary, for initial licensing there are two fees. One is the Application Fee (identified earlier) and the second is a Licensing Fee of: $1,000 for the Slot Machine Manufacturer/Distributor license; $1,000 for the Operator license; $1,000 for the Route Operator license, $250 for the Retail license or $250 for the Gaming Property Owner license. These Business Licenses are renewable each year on July 1st for the following fees: Slot Machine Manufacturer/Distributor - $250; Operator - $200; Route Operator $200; Retailer - $100; Property Owner $100.

Please be advised of the following rule: ARSD 20:18:06:03. Use of application fee -- Additional fee required. The application fee must be used to conduct the background investigation of the applicant and to defray administrative expenses. If the Commission or Executive Secretary determines that additional sums are needed to continue or complete the investigation of an applicant, the processing of the application must cease and the Commission or the Executive Secretary must inform the applicant of the additional sums required. As soon as the applicant has furnished the additional sums, the processing shall continue.

If you have any question or concerns, you can contact the Commission on Gaming, 87 Sherman St, Deadwood, SD, (605)578-3074.

Sincerely,
LARRY B. ELIASON
Executive Secretary

INSTRUCTIONS

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. The following items(A – E) relating to your Operator or Retail license must be provided if requested by the SD Commission on Gaming:

   A. Any historical documentation relevant to your building. Such information may be, but not limited to, abstract information, historical photos, maps, original plans and designs, newspaper clippings, statements or any other relative information pertaining to the structure.

   B. Scale drawings of the proposed floor plan.

   C. Scale drawings of the building, including mechanical, electrical and cross-section drawings.

   D. A brief explanation describing any planned remodeling or alterations.

   E. Complete form SDCG-6. The City of Deadwood will need to sign this form approving your building and retail floor plan. The South Dakota Commission on Gaming will submit this to the city for approval.

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 and signed by the individual(s) as they appear on tax returns.

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 slot route operators, slot machine manufacturers or distributors, landlords, lending institutions, private investors, table game operators, 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 years.

13. Submit a copy of all articles of incorporation or partnership agreements for all business investments held.

14. Submit copies of all stock certificates that you own.

15. Submit copies of all life insurance policies and most recent statement of cash value.

16. Submit copies of most recent statement of IRA, 401K plan or retirement plan of any kind that shows the most recent value.

17. **Fingerprints**
    A. If you are having your fingerprints taken by the Lawrence County Sheriff's office, have all the application completed and the Lawrence County Sheriff's office will forward the application fee, all application forms and fingerprint cards to the Commission on Gaming on your behalf. The Lawrence County Sheriff's office takes fingerprints Tuesday-Thursday between 1 and 3 pm and charge $10.65 for processing.

    B. If you are not having your fingerprints taken by the Lawrence County Sheriff's Office, please contact our Deadwood office at (605)578-3074 so we can send you the two required fingerprint cards that your local law enforcement agency can use in completing the fingerprint requirements. The fingerprinting agency will complete Form 2-5 at the time of the printing. You will then submit the application forms and supporting documentation, application fee and fingerprint cards to the address provided on the application.

    C. South Dakota Commission on Gaming Form 2-5 is to be completed by the law enforcement officer taking the fingerprints.

18. If any applicant has questions concerning these forms or further assistance is needed, please contact the South Dakota Commission on Gaming office in Deadwood at (605)578-3074.

19. BACKGROUNDS WILL NOT BEGIN UNTIL ALL ITEMS REQUESTED ARE RECEIVED.

SOUTH DAKOTA COMMISSION ON GAMING APPLICATION FORM

DO NOT WRITE HERE

License #_____

Receipt #. _____

Amt Re'd_____

South Dakota Commission on Gaming
87 Sherman Street
Deadwood, SD 57732

Telephone: (605) 578-3074 **SDCG 2**

Please Print or Type – Attach Additional Sheets if Needed

1. TYPE OF GAMING LICENSE
   [ ] Slot Machine Manufacturer/Distributor ($5000)
   [ ] Operator ($1000)
   [ ] Gaming Property Owner ($250)
   [ ] Retailer ($250)
   *[ ] Route Operator ($1000)

*(MUST HAVE OPERATOR LICENSE TO APPLY FOR ROUTE OPERATOR LICENSE)

2. Name of Establishment:	Address:	Telephone #

3. Federal Taxpayer ID #	SD Sales Tax License No.	SD Liquor License No.	Name of Liquor License Holder

4. Indicate Type of Business or organization
   [ ] Sole Proprietorship
   [ ] Partnership
   [ ] Corporation/Profit
   [ ] Corporation/Non-Profit
   [ ] Association (Fraternal, Civic, etc.)
   [ ] Other:

5. Explain your involvement with the business:

6. 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

7. 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

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

Name	Address	Title	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

9. 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 State of South Dakota, including items currently under formal dispute or appeal under law? [ ] YES [ ] NO
   If yes, give details: (Use additional sheets if necessary)
   _____

   C – Have you applied for or received a license from the South Dakota Lottery Commission? [ ] YES [ ] NO

   If yes, what is lottery license number _____

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

11. 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

SOUTH DAKOTA COMMISSION ON GAMING

RETAIL FLOOR PLAN

This document is to be completed by an Authorized Representative of the Deadwood City Commission. Upon it's completion it and the floor plan is to be returned to the applicant. The applicant will then forward these documents to the Commission on Gaming with his Application for Licensing.

(Print or Type) DATE: _____

Name of Applicant: _____

Business Where Gaming Will Occur:

_____

Address: _____

_____

Deadwood City Commission Action

_____ We approve the retail floor plan

_____ We deny the retail floor plan

Reasons for denial: _____

_____

_____

_____

By _____ representative of Deadwood City Commission, dated this _____ day of _____, 20 _____.

Signed: _____

Date: _____

ADDITIONAL INFORMATION

PERSONAL HISTORY INFORMATION

DATE _____

Hand print or type an answer to every question. If a question does not apply to you, indicate with N/A. If space available is insufficient, continue on page 24-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. Type of Gaming License: [ ] Slot Machine Manufacturer or Distributor [ ] Retailer
   [ ] Operator [ ] Gaming Property Owner

2. Business Name: Address of Business Business Phone No.

   _____ _____ _____

3. 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 _____

4. Marital Information:

Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]

A. Current Marriage _____
Date City County State

Spouse's Full Name (Maiden) _____ Social Security Number _____
Residence Address _____
Street City State
Date of Birth: _____ Place of Birth: _____
Spouse's Employer: _____ Occupation: _____
Address of Employer: _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Nature of Action	City, County and State

List Names and Current Addresses of Previous Spouses:

Name	Street Address	City	State/Zip	Phone Number

5. Family Information:
A. Children and Dependents:
List all children, including step-children & adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

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:			

6.

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: _____

7. 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.

8. 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

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

Applicant's Initial _____

H. 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 a defendant? (Other than divorces) [ ] YES [ ] NO
If Yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court and Case Number	City, County, State	Disposition

9. Residences:
List all residences you have had for the last 20 years:

Month & Year (From-To)	Street and Number	City	State

Applicant's Initial _____

10. 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	Gaming Present [ ] YES [ ] NO

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

Applicant's Initial _____

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving

Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO

11. 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:		

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

Box Number or Type of Depository	Location	City and State

13. 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 _____

14. 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:

    _____

    _____

    _____

15. Have you ever voluntarily withdrawn a gaming license application? [ ] YES [ ] NO

16. Have you ever been refused a gaming license of related findings of suitability? [ ] YES [ ] NO

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

18. Have you ever been refused a gaming license for selling alcoholic beverage? [ ] YES [ ] NO

    Reason: _____

    _____

    _____

    _____

19. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state? [ ] YES [ ] NO
    If Yes, state type of license, name of establishment, location and period such license was held: _____

    _____

    _____

20. Do you have any relatives associated with or employed in the gaming industry (this includes the State Lottery and Racing)? [ ] YES [ ] NO

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

    _____

    _____

Applicant's Initial _____

PERSONAL FINANCIAL QUESTIONNAIRE

Name _____ Date _____, 20 _____

Address _____

_____

Submitted in connection with application for gaming license for:

_____
TRADE NAME

1. Do you anticipate active participation in the management and operation of the gambling establishment?

   [ ] YES [ ] NO

2. Amount to be invested in the business $_____

   Percentage of ownership this will represent _____

3. Investment will be derived from the following sources:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____
(Submit executed agreements for all financial transactions shown above)

Applicant's Initial _____

4. Has your interest in this gambling establishment 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 _____, 20 ____ 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

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

Applicant's Initial _____

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

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	PERCEN-TAGE OF OWNER-SHIP	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD	INDIVIDUALS OR ENTITIES SHARING INTEREST & PERCEN-TAGE OWNERSHIP	MARKET VALUE

Applicant's Initial ____

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

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

Applicant's Initial ____

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

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

Applicant's Initial ____

SCHEDULE "I"
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

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

Applicant's Initial ____

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 gaming 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 as required by SDCL 42-7B-65

ACKNOWLEDGEMENT

The undersigned, the Applicant, or the person authorized by the Applicant to execute this ACKNOWLEDGEMENT recognizes that pursuant to SDCL 42-7B-11 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 gaming is conducted or gaming devices or equipment are located, sold, distributed, or stored;

(iii) The Commission on Gaming or their employees or agents may seize and remove without notice or hearing from the premises and impound any gaming 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 limited gaming.

_____

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.

ALL INFORMATION GATHERED AS A RESULT OF THIS INVESTIGATION WILL BE HELD CONFIDENTIAL BY THE DCI AND COMMISSION ON GAMING.

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.

I understand that the applicant's fingerprints will be used to check the criminal history records of the FBI and the applicant will have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI record. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., §16.34.

Dated this _____ day of _____, 20 _____, at

_____, _____.

_____
SIGNATURE

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card(s) are the prints of _____

_____, taken by me.

NAME: _____
(print)

TITLE: _____
(print)

OFFICE: _____
(print)

SIGNED: _____

ATT: FINGERPRINT OFFICER – PLEASE COMPLETE ALL AREAS

ADDITIONAL INFORMATION

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

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 quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.

SD Commission on Gaming, 87 Sherman Street, Deadwood, SD 57732

Caution. *If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.*

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. A tax return transcript does not reflect changes made to the account after the return is processed. 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. _____ _____ _____ _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

Caution. Do not sign this form unless all applicable lines have been completed.

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. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone 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

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 37667N Form **4506-T** (Rev. 1-2012)