South Dakota Commission on Gaming

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Pierre, S. D. 57501ζσρψυ
Phone (605) 773-6050 Fax (605) 773-6053

APPLICATION FOR NEW GAME OR GAME VARIATION

Name of New Game or Variation of the game(s) of poker or blackjack

_____

Name of Person or Corporation Proposing the game or variation

_____

Address_____

Telephone_____

email_____

- ***Attach as Exhibit 1*** personal information on the Person proposing the game or variation or, if a corporation or partnership the following information for all persons owning 10% or more of the stock in the business entity;

  - ✓ Name,
  - ✓ Maiden Name (if any)
  - ✓ Aliases, (if any)
  - ✓ Date of Birth
  - ✓ Place of Birth
  - ✓ Current residence address and telephone number
  - ✓ Current office or business address and telephone number

- ***Attach as Exhibit 2*** a complete and comprehensive description of the proposed variation or modification to the standard game.

- ***Attach as Exhibit 3*** the proposed rules of the game or variation in the format set forth in ARSD 20:18:15 for Blackjack or 20:18:16 for poker
- including pay tables.

- ***Attach as Exhibit 4*** a full color scale drawing or photograph depicting the table layout.

- ***Attached as Exhibit 5*** a list of all jurisdictions in which the game or variation has been approved and the date(s) of approval in each jurisdiction.

- ***Attach as Exhibit 6*** a letter from a person in a management position of the casino in Deadwood or a tribal casino in South Dakota which states unequivocally that the casino will offer the game for play for a period of at least 90 days if the rules are approved by the South Dakota Commission on Gaming.

- ***Attach as Exhibit 7*** a description of any specialized equipment used in conjunction with the play of the variation or modification.

- ***Attach as Exhibit 8*** proof of ownership of the intellectual property regarding the game or variation (trademark, patent, etc.) or in the alternative a notarized statement that the game, variation or modification is not known to infringe upon any intellectual property rights of any other person or business entity.

- ***Attach as Exhibit 9*** an evaluation of the game which has been prepared by an independent gaming testing laboratory which has current International Organization of Standardization (ISO) certification and accreditation.

- ***Attach a check or money order*** in the amount of $2,000.00 payable to the South Dakota Commission on Gaming unless the request is only for approval of a pay table change in which case no fee is required.

I,_____, declare and affirm under penalties of perjury that this application and any statements, attachments and supporting 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 false or untrue in whole or in part shall be guilty of perjury.

This statement is executed with the knowledge that any misrepresentation or failure to reveal information that may be requested may be deemed sufficient cause for refusal by the South Dakota Commission on Gaming to approve the rules for the game or variation.

Further I am aware that later discovery of an omission or misrepresentation may be grounds for the revocation of approval of the proposed rules for the game or variation and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability.

_____ _____

Signature of person submitting this application | Date