



SOUTH DAKOTA COMMISSION ON GAMING

120 Industrial Drive, Suite 1 • Spearfish, SD 57783
(605) 578-3074 • dor.sd.gov/gaming

Dear Applicant:

Enclosed is an instruction sheet and application forms for a Slot Manufacturer or Distributor, Associated Equipment Manufacturer or Distributor, Operator, Route Operator, Retail, Gaming Property Owners License, and a Sports Wagering Service Providers License.

Each principal or owner of the organization must complete the Personal History Information portions of this application. If an Individual owns 5% or more of the organization or holds a position of significant influence, they will be required to complete the Personal History Information **Form 1**, pages 7-ph1 through 24-ph1. Directors, Officers, or key employee of the organization are also required to complete the Personal History Information Form 1. If a principal or owner of the organization owns less than 5% and do not meet the requirements listed above, they will complete the Personal History Information **Form 2**, pages 25-ph2 and 26-ph2. Other documents that must be completed are the Personal Financial Questionnaire, fingerprint cards, all authorization and affirmation statements and other documentation required by the Commission. (Use attachment if necessary.)

A non-refundable **Application Fee** has been established by the Commission on Gaming; those fees are:

- Slot Machine Manufacturer or Distributor - \$5,000
- Associated Equipment Manufacturer or Distributor - \$500
- Operator or Route Operator - \$1,000
- Retail - \$250
- Gaming Property Owner - \$250
- Sports Wagering Service Provider - \$5,000

A Route Operator must also hold a valid Operator's license per SDCL 42-7B-22 (6). A Slot Machine Manufacturer or Distributors cannot hold a Operator, Route Operator or Retail license per SDCL 42-7B-22 (1). The application fees must be enclosed with your application.

Each manufacturer is responsible for the cost of testing their devices. At this time the Commission on Gaming will accept certifications or results from Gaming Laboratories International, Inc or BMM Testlabs. All testing must be completed by one of these organizations. 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 Spearfish, SD.

In summary, for initial licensing there are two fees. One is the **Application Fee** (identified earlier) and the second is a **Licensing Fee** which is listed below:

- Slot Machine Manufacturer or Distributor license - \$1000.00
- Associated Equipment Manufacturer or Distributor - \$500.00
- Operator or Route Operator - \$1000.00
- Retail - \$250.00
- Gaming Property Owner - \$250.00
- Sports Wagering Service Provider - \$2000.00

Business licenses renew each year on July 1st, the renewal fees are:

- Slot Machine Manufacturer or Distributor - \$250.00
- Associated Equipment Manufacturer or Distributor - \$250.00
- Operator or Route Operator- \$200.00
- Retail - \$100.00
- Property Owner \$100.00
- Sports Wagering Service Provider - \$2000.00

Individual license Applications Fees are \$150.00 for a key license (Form 1) and \$50.00 for a support license (Form 2). The Licensing fee once approved is \$150.00 for the key and \$50.00 for a support. The individual licenses must be renewed each year by December 31st, the renewal fees are:

- Support - \$25.00
- Key - \$75.00

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 South Dakota Commission on Gaming at 120 Industrial Drive, Suite 1, Spearfish, SD 57783, or by telephone at (605) 578-3074.

Cordially,



Mark Heltzel
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 1 or Form 2 depending upon what conditions you meet.
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.
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 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 at (605) 578-3074.

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

SOUTH DAKOTA COMMISSION ON GAMING APPLICATION

South Dakota Commission on Gaming
120 Industrial Drive, Suite 1
Spearfish, SD 57783

Telephone: (605) 578-3074

FORM SDCG2

DO NOT WRITE HERE

License # _____

Receipt #. _____

Amt Rec'd _____

Please Print or Type – Attach Additional Sheets if Needed

1. TYPE OF GAMING LICENSE ☐ Slot Machine Manufacturer or Distributor (\$5000) ☐ Retail (\$250)
 ☐ Operator (\$1000) ☐ Route Operator (\$1000)
 ☐ Gaming Property Owner (\$250) ☐ Associated Equip Mfg. or Dist. (\$500)
 ☐ Sports Wagering Service Provider (\$5000)

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

2. Name of Establishment:	Address:	Telephone #
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Contact email address:

3. Federal Taxpayer ID #	SD Sales Tax License No.	SD Liquor License No.	Name of Liquor License Holder
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4. Indicate Type of Business or organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Profit	<input type="checkbox"/> Corporation/Non-Profit <input type="checkbox"/> Association (Fraternal, Civic, etc.) <input type="checkbox"/> Other:
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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/interests held of record by each is filed herewith.
☐ YES ☐ NO If no, state reasons: _____

- e) List below the individuals having ownership in the organization, if an individual owns 5% or more or holds a position of significant influence, they will be required to complete the Personal History Information Form 1. Directors, Officers, or key employee of the organization are also required to complete the Personal History Information Form 1. If an individual owns less than 5% and do not meet the requirements listed above, they will complete the Personal History Information Form 2. Other documents that must be completed are the 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 its 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: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Company authorization to release information

_____, (hereafter, the Company) does hereby authorize the State of South Dakota through its authorized representatives, the Commission on Gaming, the Office of the Attorney General, the Division of Criminal Investigation, (hereafter, the Investigatory Agencies), to conduct a complete investigation into the Company's background, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial records check will be performed and may be performed at any time that the Company holds a gaming license. I authorize any financial institution to surrender to the Investigatory Agencies 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 Company's financial records in whatever form and wherever located.

It is hereby understood that the Investigatory Agencies will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. The Investigatory Agencies reserve the right to investigate all relevant information and facts to its satisfaction. However, the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota shall not be held liable for the receipt, use, or dissemination of inaccurate information. I on behalf of the Company, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota for any damages resulting from any use, disclosure, or publication in any manner, other than willfully unlawful disclosure or publication, of any material or information.

Any information contained within the company's application, contained within any financial record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, the gaming regulatory agency of any Indian Tribe, or any foreign country.

All information gathered as a result of this investigation will be held confidential by the Investigatory Agencies, with the exception of law enforcement agencies stated above as provided by SDCL 42-7B-58.

Company Name _____

Authorized Signatory _____

Print Name / Title _____

Date _____

(Form 1)

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? [] YES [] NO
(Other than divorces)

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 [] 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

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.....	\$ _____	\$ _____

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..... \$ _____ \$ _____

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

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

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

**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

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

INDIVIDUAL PERSONAL HISTORY INFORMATION

(Form 2)

SOUTH DAKOTA COMMISSION ON GAMING

South Dakota Commission on Gaming
120 Industrial Drive, Suite 1
Spearfish, SD 57783
 Telephone # (605) 578-3074

**DO NOT WRITE HERE
 FOR OFFICE USE ONLY**

Amount Rec'd _____
 Date Rec'd _____
 License # _____

Contact Email Address: _____

Business Name (where you might be working) _____

What will you be doing for this business? _____

Last Name				First Name				Middle Name			
Current Mailing Address:											
Alias (i.e. Nicknames, Maiden Name, Other Name Changes:								Contact Telephone #:			
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: _____

List all physical addresses where you have lived for the last five years. (Attach separate sheet if necessary.)

Street and Number: Present:		City/State/Zip:		From:	To:
Previous:					
Previous:					
Previous:					

Name of Spouse, if any:		AKA (Also known as, i.e. maiden name/nickname, etc.)	
Spouse's Date of Birth:	Place of Birth:	Spouse's Occupation	

U.S. Citizen? [] Yes [] No If "NO," attach details If Alien, Reg. Number _____
S.D. Resident? [] Yes [] No

If Naturalized, Certificate number _____ Place _____ Date _____

Name of present employer, if different from business name:

Occupation or Title

List names of all relatives who are employees of the South Dakota Commission on Gaming

Do you consent to an investigation of your background and police records and to waive any rights or causes of action that you may have against the South Dakota Commission on Gaming and any other individual or agency disclosing or releasing said information to the South Dakota Commission on Gaming?

[] Yes

[] No

NOTE: IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE FURNISH DETAILS TO EACH ANSWER ON THE ADDITIONAL INFORMATION SHEET BE COMPLETE WITH YOUR ANSWERS

* Arrests, Detentions, and Litigation: (Include **ALL ARRESTS** -even those which you were not convicted or charges were later dismissed)

Have you ever been questioned, detained, indicted, arrested, convicted, or summoned to answer for **ANY** criminal offense or violation, for any reason whatsoever, regardless of the disposition of the event **INCLUDING RECKLESS DRIVING, DWI/DUI OR ELUDING (DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS)**

[] YES

[] NO

Have you **EVER** been or are you now on parole/probation to any court?

[] YES

[] NO

Have you **EVER** received a pardon for any criminal act(s)? If so, list all cases without exceptions.

[] YES

[] NO

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

Have you **EVER** been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission?

[] YES

[] NO

Have you **EVER** had a civil or criminal record expunged by a court order?

[] YES

[] NO

If yes, when? _____
DATE CITY COUNTY STATE

Have you **EVER** applied for, received, or had a gaming license revoked in another state?

[] YES

[] NO

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: _____

Date: _____

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

Privacy Act Statement

This privacy act statement is located on the back of the FD-258-fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.

L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

The FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.ciis.gov>.

As of 03/30/2018

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.