

SIMULCAST SERVICE PROVIDER LICENSE APPLICATION

SOUTH DAKOTA COMMISSION ON GAMING
120 Industrial Drive, Suite 1
Spearfish, SD 57783

PLEASE TYPE OR PRINT ALL INFORMATION ON SEPARATE SHEETS AND ATTACH TO
FORMS (**SDCG 2-2, 2-3 & 2-4**) INCLUDED WITH THIS APPLICATION.

1. NAME OF APPLICANT.
 - a. Identify all persons or entities that have a proprietary interest in the ownership structure of the applicant. Include full name, address, social security number, date of birth and federal employer I.D. number, if any.
2. Provide a detailed plan of operation including, but not limited to, the following:
 - a. The days of the week the facility will operate.
 - b. The tracks at which the live races will be run.
 - c. The location of the pari-mutuel hub.
 - d. The make and model of the tote equipment and a statement advising if the tote equipment will be purchased or leased and what entity will be responsible for the maintenance of and repair of the tote equipment.
 - e. The name and address of the custodian of all totalisator records of pari-mutuel transactions at the simulcast facility.
 - f. The name and address of the custodian of all Internal Revenue Service reports and records including Forms W-2-G which will be generated at the simulcast facility.
 - g. The name and address of the custodian of all other business records (not included in Items e. and f.) which may be generated as a result of any business activity at the simulcast facility.
3. Describe the security measures to be employed to insure the integrity and quality of the signal and tote equipment.

4. Give a detailed description of the corporate management system used by the applicant.
5. Provide a detailed description of the accounts to be used to maintain a separate record of all revenues collected by the applicant and the distribution of such revenues.
6. Give the geographic locations of all simulcast facilities to be served to include: address and nature of occupancy, i.e. OWN-LEASE
7. Provide a copy of the standard service agreement to be used between the simulcast provider and all anticipated simulcast sites in South Dakota.
 - a. Provide specific information regarding costs or benefits anticipated for each individual simulcast site licensed by the South Dakota Commission on Gaming and operating as part of the applicant's service network (express in dollars or percentages). Responses must include, but are not limited to, the following:
 1. Portion of the handle distributed to licensed site operators.
 2. Decoder cost obligations accruing to the applicant and to licensed site operators.
 3. Program cost obligations accruing to the applicant and to licensed site operators.
 4. Equipment located at the simulcast site, purchase cost (estimate) or lease. Identify whether the cost will accrue to the site operator or the applicant in whole or in part.
 5. Other costs or fees assessed directly to licensed site operators by the service provider.
8. Provide a copy of a financial statement of the applicant including, but not limited to:
 - a. A balance sheet for each of the previous two years and a balance sheet through the most recently completed quarter of the current year.

- b. Income and expense statements for the previous two years and for the most recently completed quarter of the current year.
 - c. Copies of any loans or other operating agreements between the applicant and persons of entities having a proprietary or other interest in the applicant which are not reflected in the applicant's financial statement.
- 9. Provide executed and notarized release forms to obtain financial and criminal history records which are attached.
 - 10. Provide a statement of the applicant's history and experience in racing and wagering activities. This statement must include any rulings, fines, penalties or investigations in regard to the applicant or principal officers of the applicant.
 - 11. Each officer and director and any person owning five percent (5%) or more of the shares of the applicant organization must provide a completed history form. (One copy of the form is attached. If additional copies are needed, the applicant may photocopy the attached form.)
 - 12. Provide evidence of the applicant's ability to obtain a surety in the amount of \$50,000.
 - 13. Applicants for renewal of an existing license must complete all of the questions contained in this application. They may, however, refer to and attach materials previously submitted if no changes have taken place in the response.

NOTE: Applicants are responsible for all costs associated with the background investigation. An initial amount will be determined by the Executive Secretary based on the estimated travel costs and investigation time that will be required. If additional funds are necessary in order for the investigation, the applicant will be notified of the amount of additional funds needed.

Send application for license to:

SOUTH DAKOTA COMMISSION ON GAMING
120 Industrial Drive, Suite 1
Spearfish, SD 57783

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.

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

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 any 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.cjis.gov>.

As of 03/30/2018