

# SIMULCAST SITE RENEWAL APPLICATION

SOUTH DAKOTA COMMISSION ON GAMING  
87 Sherman Street  
Deadwood, SD 57732

NAME OF BUSINESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

(State)

(Zip Code)

MAILING ADDRESS: \_\_\_\_\_

(If different than above)

(Street)

\_\_\_\_\_  
(City)

(State)

(Zip Code)

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF PROVIDER: \_\_\_\_\_

NAME OF MANAGER: \_\_\_\_\_

(Name of person in charge of day-to-day operations)

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date