



# Pennsylvania Gaming Control Board

## **PROCUREMENT AGENT ENTITY APPLICATION AND DISCLOSURE INFORMATION FORM**

## INSTRUCTIONS

These instructions are applicable to any “person” seeking to be licensed as a Procurement Agent Entity.

As used in these instructions, the phrase “affiliated entities” shall mean the applicant’s affiliates, intermediaries, subsidiaries and holding companies.

**Provide the original form, and either one paper copy, or one electronic copy on compact disc (cd). Information submitted on flash drives will not be accepted.** The application documents must be sent to the Pennsylvania Gaming Control Board, Bureau of Licensing, 303 Walnut Street, Fifth Floor, Commonwealth Tower, Harrisburg, Pennsylvania 17101 with the appropriate fee.

**AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE BOARD SHALL BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE APPLICANT.**

### 1. APPLICATION PACKAGE FORMS

The forms that make up an application package for a Procurement Agent Entity License are as follows:

- A. Procurement Agent Entity Application and Disclosure Information Form**  
(For each procurement agent entity that contracts with or otherwise shares in the gross terminal revenue or is otherwise compensated for the purpose of soliciting or procuring a terminal placement agreement and each of its affiliated entities.)
- B. Multi-Jurisdictional Personal History Disclosure Form (Multi-Jurisdictional PHD)**  
(For each natural person who is a principal as defined in 4 Pa C.S. §3102.)
- C. Principal/Key Employee Form - Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form (PA Supplement)**  
(For each natural person who is a principal as defined in 4 Pa C.S. §3102.)
- D. Principal Entity Form**  
(For each entity that is required to be licensed as a principal and is not an intermediary or holding company of an applicant or licensee.)

### 2. APPLICATION FEES

The application fees for a Procurement Agent Entity License application package are as follows:

#### **A. Application Fees-Investigation Deposits**

Application fees must be submitted with the application package. These fees are non-refundable deposits that will be used by the Board to process and investigate the applicant and the applicant’s affiliated entities and persons filing forms as part of the application package. Application fees must be submitted for each applicant unless otherwise noted.

There may be additional costs and expenses incurred by the Board in its processing and investigation of the applicant and the applicant’s affiliated entities and persons. The applicant must reimburse the Board for all additional costs and expenses related to the processing and investigation of their application package.

Fees must be paid by money order or check made payable to the “Pennsylvania Gaming Control Board.” Cash will not be accepted by the Board.

**Application Fees:**

<b>Procurement Agent Entity</b> .....	\$500
<b>Principal Affiliated Entities</b> .....	\$500
<b>Principals</b> .....	\$500
<b>Principal Entity</b> .....	\$500
<b>Conditional Licensure (per applicant)</b> .....	\$100

In addition to application fees, license fees will be required to be paid prior to license issuance. The license fee schedule can be found on the Board’s website at:

[http://gamingcontrolboard.pa.gov/files/licensure/applications/Schedule\\_of\\_Fees.pdf](http://gamingcontrolboard.pa.gov/files/licensure/applications/Schedule_of_Fees.pdf)

**3. APPLICATION FORM INSTRUCTIONS**

**Generally**

As used in this Form, the words “**applicant**” and “**you**” shall mean the applicant named on the first page of this form.

All entries on the form must be typed or clearly printed. Initials and signatures must be handwritten by the person providing the information. If the answers are not legible, the application may not be accepted.

Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the Applicant, write “**Does Not Apply**” in response to that question. If a schedule or addendum does not apply to the applicant, write “**Does Not Apply**” on the schedule or addendum.

Appendices are to be provided by the applicant. The required appendices are listed on the Application Checklist. Appendices must be presented in a tabbed manner. Each tab must indicate the appendix number. Immediately following the tab, the applicant must insert a page with the appendix number and all information applicable to the appendix. If an appendix does not apply to the applicant, write “**Does Not Apply**” on the appendix page.

All non-signature pages of the form must be initialed by the applicant, or if the applicant is not a natural person, the person authorized to complete the form on behalf of the applicant must initial each page. If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page. Some schedules may require disclosure of information for more than one natural person or entity or type of information. If there are multiple disclosures, make enough additional copies of the blank schedule and complete it for each natural person or entity or type of information.

All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a Procurement Agent Entity License or other application as listed above, must be submitted at the time of filing this form. Further, the applicant is under a continuing duty to promptly notify the Board if there is a change in the information provided to the Board.

Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation. If you submit a document to the Board that is in a language other than English, you must also submit an English translation.

All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Board if you change your address.

Failure to answer any question completely and truthfully will result in denial of your application and/or revocation of your license, registration, certificate or permit and may subject you to criminal penalties under 18 Pa.C.S.A. § 4903.

Any person who applies for and obtains a license, registration, certificate or permit from the Board may be required to submit to warrantless searches when present in a licensed gaming facility pursuant to the Act.

Confidential information supplied to the Board or otherwise obtained shall not be revealed except in the course of the necessary administration of the Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. An applicant or license, registration, certificate or permit holder waives any liability of the Commonwealth of Pennsylvania and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.

Once the application has been filed, the applicant may not withdraw its application without the permission of the Board.

A license, permit, certification or registration issuance, renewal or other approval issued by the Board is a revocable privilege. No person holding a license, certification, permit, registration, renewal, or other approval is deemed to have any property rights related to the license, certification, permit, or registration.

**Note: The Bureau of Licensing will not consider an application “complete” until all deficiencies from all required applications are cured and the Board has received fingerprint results for all individual applicants for Principal Licenses required at the time of filing.**

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE FORMS OR THE INFORMATION REQUIRED TO COMPLETE ANY APPLICATION, PLEASE CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD - BUREAU OF LICENSING AT (717) 346-8300.

## Applicant Information

<b>Applicant's Business Name</b>			
Business name as it appears on applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents (spell out complete name, do not use abbreviations).			
Trade Name(s) and Doing Business As ("DBA") Names			
<p>Has the applicant been verified as a minority or women's business enterprise by the Pennsylvania Department of General Services' (DGS) Bureau of Small Business Opportunities?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, provide the name of the entity that certified the applicant as a minority or women's business enterprise and upon which the DGS verification was made. _____</p> <p>If yes, attach the verification letter from the Bureau of Small Business Opportunities and/or the Small Business Procurement Initiative certificate that identifies the company as a small diverse business (not only as a small business) and provide the certification number _____.</p>			
<b>Applicant's Principal Address</b>			
Address Line 1			
Address Line 2			
City		Township	County
State/Province	Postal Code		Country
Email Address		Web URL	
Phone Number (     )		Fax Number (     )	
<b>Applicant's Address in Pennsylvania (if applicable)</b>			
Address Line 1			
Address Line 2			
City		Township	County
State/Province	Postal Code		Country
Email Address		Web URL	
Phone Number (     )		Fax Number (     )	
<b>Contact Person Information</b>			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Title	Signature		Individual Email Address
Phone Number (     )		Fax Number (     )	

Applicant's Billing Contact Information		
First Name	Last Name	Suffix (Jr., Sr., etc.)
Title	Individual Email Address	
Address		
City	State/Province	Postal Code
Phone Number (      )	Fax Number (      )	
Applicant's Form of Organization		
Check One <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other _____		
State of Incorporation, Registration or Other Type of Formation (attach certified copies of the Articles of Incorporation, Charter, Bylaws, Partnership Agreement or other official documents and all amendments and proposed amendments).		Date of Formation
Applicant's business name as it appears on the formation documents.		
List all states in which the applicant is currently registered or authorized to do business.		
Is applicant registered or authorized to do business in the Commonwealth of Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No *		
Federal Employer Identification Number/TIN	PA Unemployment Compensation Account Number	
PA Department of Revenue Corporate Box Number	PA Liquor Control Board License Number	
PA Worker's Compensation Policy Number	PA Department of State – Entity Number	
Does the applicant have any outstanding tax liabilities to either the Commonwealth of Pennsylvania or any other state or the federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer YES, provide details concerning all outstanding tax liabilities.		

**\* NOTE –** A procurement agent entity must be registered as a business in Pennsylvania prior to conducting business in the state.

## Appendices

**Appendices: The appendices are documents the applicant must provide or create. The appendices are not represented in the application questions or its schedules. Each appendix shall be presented in a tabbed manner and each tab must indicate the appendix number as listed below. If an appendix does not apply to an applicant, write "DOES NOT APPLY" on the appendix page.**

<input type="checkbox"/>	Appendix 1: Current ownership and management tables of organization	MANDATORY
<input type="checkbox"/>	Appendix 2: Federal tax returns and related documents for the last three years and, where appropriate, State tax returns and related documents for the one-year preceding this application.	MANDATORY
<input type="checkbox"/>	Appendix 3: Copies of all agreements with terminal operators, establishments and any other Pennsylvania applicant or licensee.	MANDATORY

**SCHEDULE 1: Addresses Used by Applicant**

Provide all addresses, which applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

Address Purpose		Address used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number ( )	Fax Number ( )
Address Purpose		Address used From	Address Used To
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number ( )	Fax Number ( )

**SCHEDULE 2: Licensee/Applicant Agreements**

(Attach a copy of the written agreement as part of Appendix 3.)

Name of Licensee(s)/Applicant(s) for which Procurement Agent Entity will conduct business	Date Licensee/Applicant formally agreed to conduct business	Contract Start Date	Contract Completion Date (if applicable)
Terms of Compensation		Amount of Compensation	

\*Make additional copies and attach additional pages as necessary.



**SCHEDULE 3: Names and Addresses of Applicant's Subsidiaries**

Provide the following information with respect to each company in which applicant has an ownership interest and provide an organizational chart.

Name & Address of Subsidiaries				
Name				
Address Purpose				
Address Line 1			Address Line 2	
Address Line 3			City	State/Province
Country	Email Address		Phone Number (    )	Fax Number (    )
Name & Address of Subsidiaries				
Name				
Address Purpose				
Address Line 1			Address Line 2	
Address Line 3			City	State/Province
Country	Email Address		Phone Number (    )	Fax Number (    )
Name & Address of Subsidiaries				
Name				
Address Purpose				
Address Line 1			Address Line 2	
Address Line 3			City	State/Province
Country	Email Address		Phone Number (    )	Fax Number (    )

**SCHEDULE 4: Licenses and Permits**

If the applicant has applied for any type of license, registration, certification, permit or other authorization by any governmental agency in the Commonwealth of Pennsylvania or any other jurisdiction, provide the following information for the last ten (10) year period. A government agency as used here includes any subordinate creature of federal, state, tribal, or local government created to carry out a governmental function or to implement a statute or statutes.

Applicant Licensing					
Type of License, Registration, Certification, Permit or Authorization	Name and Location of Government Agency	Application Number	Disposition	Date of Disposition	If granted, provide the license/permit number and expiration date. If denied, pending, expired, suspended, conditioned, revoked or withdrawn, provide details.
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		

\* Make additional copies and attach additional pages as necessary.

**SCHEDULE 5: Applicant's Procurement Agents**

Provide the following information for each procurement agent who solicits business from or has contact with any representative of a VGT Terminal Operator or VGT Establishment licensee or applicant. Each individual listed is required to complete a Multi-Jurisdictional Personal History Disclosure Form and a Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form as part of the application.

Name and Address					
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth	
Address Line 1			Address Line 2		
Address Line 3			City	State/Province	Postal Code
Country	Email Address	Phone Number ( )	*Social Security #	Title/Position	
Name and Address					
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth	
Address Line 1			Address Line 2		
Address Line 3			City	State/Province	Postal Code
Country	Email Address	Phone Number ( )	*Social Security #	Title/Position	
Name and Address					
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth	
Address Line 1			Address Line 2		
Address Line 3			City	State/Province	Postal Code
Country	Email Address	Phone Number ( )	*Social Security #	Title/Position	

\*Disclosure of your social security number is mandatory in order for the PGCB to comply with the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a).

**SCHEDULE 6: Current Officers, Directors and Partners**

Provide the following information for all officers, directors and partners. The term "officer" means a president, chief executive officer, a chief financial officer and a chief operating officer and any person routinely performing corresponding functions with respect to an organization whether incorporated or unincorporated. Each individual listed is required to complete a Multi-Jurisdictional Personal History Disclosure Form and a Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form as part of the application.

Name and Home Address						
First Name	Middle Name	Last Name			Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1			Address Line 2			
Address Line 3			City	State/Province	Postal Code	
Country	Email Address	Phone Number( )		Fax Number( )	*Social Security #	
Title or position	from date	to date	annual compensation & value	composition of compensation (specify salary, wages, commissions, fees bonus or other)		
Name and Home Address						
First Name	Middle Name	Last Name			Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1			Address Line 2			
Address Line 3			City	State/Province	Postal Code	
Country	Email Address	Phone Number ( )		Fax Number ( )	*Social Security #	
Title or position	From Date	To Date	Annual Compensation & Value	Composition of Compensation (specify salary, wages, commissions, fees bonus or other)		

\*Make additional copies and attach additional pages as necessary.

\*Disclosure of your social security number is mandatory in order for the PGCB to comply with the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a).

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### SCHEDULE 7: Applicant's Owners

Provide the following information for each individual or entity who has a direct or indirect ownership or beneficial interest of 1% or more of the applicant or its business. Each individual listed is required to complete a Multi-Jurisdictional Personal History Disclosure Form and a Pennsylvania Supplement to the Multi-Jurisdictional Personal History Disclosure Form as part of the application. Each entity with ownership between 1% and 20% would be required to submit a Principal Entity Form. Ownership of 20% or greater would require the Procurement Agent Entity Application and Disclosure Information Form be completed.

Name and Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number ( )	Fax Number ( )	
Percentage of ownership	Date Acquired	Federal Employer Identification Number/TIN	*Social Security #	
Describe Nature, Type, Terms and Conditions of Ownership				
Name and Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number ( )	Fax Number ( )	
Percentage of ownership	Date Acquired	Federal Employer Identification Number/TIN	*Social Security #	
Describe Nature, Type, Terms and Conditions of Ownership				

\*Disclosure of your social security number is mandatory in order for the PGCB to comply with the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a).

**SCHEDULE 8: Bankruptcy or Insolvency Proceedings**

Provide any information regarding any judgments or petitions for bankruptcy or insolvency and any relief sought under any provision of the Federal Bankruptcy Act or any state insolvency law.

<b>bankruptcy or insolvency proceedings</b>			
Name of Case & Docket Number	Date Petition Filed or Relief Sought	Name and Address of Agency or Court Involved	
	Date Judgment or Relief Entered	Name of Court Appointed Receiver, Agent or Trustee	Date Receiver, Agent or Trustee appointed
Nature of Judgment or Relief			

### Criminal History

The next section asks about any offenses or charges applicant or any of its officers, directors/partners or trustees may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS	<p>For purposes of this section:</p> <p>A. "CRIME OR OFFENSE" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, traffic court, military court or any other court EXCEPT Juvenile Court. Include all DUI/DWI offenses.</p> <p>B. "ARREST" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail, or instructed to appear in court or subpoenaed to answer for conduct which is a crime as has been defined in paragraph "A."</p> <p>C. "CHARGE" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."</p>
INSTRUCTIONS	<p>1. ANSWER <b>"YES"</b> AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY <b>EVEN IF</b>:</p> <p>A. You did not commit the offense charged;</p> <p>B. The arrest or charges were dismissed or the charges were subsequently downgraded to a lesser charge;</p> <p>C. You pleaded not guilty or nolo contendere;</p> <p>D. You completed an accelerated rehabilitative disposition ("ARD") or equivalent diversionary program;</p> <p>E. The charges or conviction were expunged from your record, even if you have expungement papers;</p> <p>F. You were not convicted or were found "not guilty";</p> <p>G. You did not serve any time in prison or jail;</p> <p>H. The arrests, charges or offenses happened a long time ago;</p> <p>I. You were arrested or charged in another state (a state other than Pennsylvania);</p> <p>J. You were never physically taken into custody and/or transported to a police station or jail.</p> <p>2. ANSWER <b>"NO"</b> IF:</p> <p>A. You have never been arrested or charged with any crime or offense;</p> <p>B. Your arrest happened when you were under 18 years of age and your court appearance was in juvenile court.</p> <p><b>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</b></p>

**SCHEDULE 9: Criminal History**

Has applicant or any of its officers or directors/partners or trustees ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in the Commonwealth or any other jurisdiction? If YES, provide the following information.

<b>Criminal History Incident</b>						
Name of Case & Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition (Acquitted, Convicted, Dismissed, Etc.)	Name and Address of Law Enforcement Agency or Court Involved	Sentence	Name of officer, director/partner or trustee

**SCHEDULE 10: Testimony, Investigations or Polygraphs**

Has applicant or any of its officers, directors/partners or trustees ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, Federal, national, etc.) other than in response to minor traffic related offenses? If yes, provide the following information:

<b>Testimony, Investigation or Polygraph Incident</b>			
Name and Address of Court or Agency	Was testimony given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and name the officer, director/partner or trustee involved.			
<b>Testimony, Investigation or Polygraph Incident</b>			
Name and Address of Court or other Agency	Was testimony given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and name the officer, director/partner or trustee involved.			



**SCHEDULE 11: Existing Litigation**

Provide the following information of all existing litigation to which applicant is presently a party, whether in this Commonwealth or in another jurisdiction. Do not include the following: 1) litigation that is expected to be fully and completely covered through an indemnity agreement or under an insurance policy held by the applicant with a licensed insurance carrier; or 2) litigation in which the damages are not reasonably expected to exceed \$100,000. This description must include the title and docket number of the litigation, the name, and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

Existing Litigation	
Name Of Case And Docket Number	Location And Name Of Court Before Which Litigation Is Pending
Names Of All Parties To Litigation	
Nature Of The Claims	
Existing Litigation	
Name Of Case And Docket Number	Location And Name Of Court Before Which Litigation Is Pending
Names Of All Parties To Litigation	
Nature Of The Claims	

\*Make additional copies and attach additional pages as necessary.

**Signature Document Section**

**APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW**

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue ("DOR") and the Department of Labor and Industry ("DLI") to review the tax records of the person and/or entity as part of the licensing evaluation by the Pennsylvania Gaming Control Board ("Board"). Your signature on this form also represents a waiver of confidentiality of tax information. Your signature allows the DOR and DLI to provide tax information to the Board and its authorized investigatory agents. In addition, your signature authorizes the DOR, DLI and the Board to provide your tax information to the entity with which you are filing.

\_\_\_\_\_  
Name as Listed on Tax Return

\_\_\_\_\_  
Employer Identification Number/Tax  
Identification Number/\*Social Security  
Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I certify that I am the individual whose tax records are to be reviewed. If the tax records are for an entity, I certify that I am the authorized signatory for the applicant.

\_\_\_\_\_  
CEO/Applicant Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\*Disclosure of your social security number is mandatory in order for the PGCB to comply with the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a).

## AFFIDAVIT AND WAIVER OF LIABILITY

STATE OF \_\_\_\_\_:

SS:

COUNTY OF \_\_\_\_\_:

The applicant hereby certifies that the information contained herein is true and correct and that there is no misrepresentation, falsification or omission in this application. Further, the applicant is aware that any false or misleading statement or omitted information will be cause for denial or revocation of the license and may be subject to criminal penalties under 18 Pa.C.S.A. §§ 4902, 4903,4904.

The applicant agrees to the terms of licensure in the Pennsylvania Race Horse Development and Gaming Act ("Act") and the Pennsylvania Gaming Control Board ("Board") regulations and agrees, if licensed, to abide by the same.

Applicant shall have the duty to:

1. Provide any assistance or information required by the Board or the PSP and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspections, searches and seizures;
3. Inform the Board of any actions which applicant believes would constitute a violation of the act or regulations; and
4. Inform the Board of any arrests for any criminal violations or offenses including those enumerated under 18 PA. C.S.A. (relating to crimes and offenses).

In addition, to further effectuate the purposes of the act and Board regulations, applicant acknowledges the Bureau of Investigations and Enforcement ("BIE") and the Pennsylvania State Police ("PSP") may obtain administrative warrants for the inspection and seizure of property possessed, controlled, bailed or otherwise held by an applicant or any of its intermediaries, subsidiaries, affiliates or holding companies, qualifiers or permittees.

An applicant for a procurement agent entity license shall not conduct any business with a VGT Terminal Operator or VGT Establishment Licensee prior to being conditionally or fully licensed by the Board.

The applicant agrees, that the granting of a conditional license does not create a right to continue to conduct business and that the Bureau of Licensing may rescind, at any time, the authorization granted, with or without prior notice to the applicant, if the Bureau of Licensing is informed that the suitability or eligibility of the applicant may be at issue or the applicant fails to cooperate in the application or investigatory process.

The applicant hereby expressly waives, releases, and forever discharges the Board, the Pennsylvania Department of Revenue, PSP, the Commonwealth of Pennsylvania and its instrumentalities, and their agents, employees and representatives from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, the Board and their agents, as a result of my applying for licensure in the Commonwealth of Pennsylvania.

Furthermore, the applicant waives liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the applicant from any disclosure or publication, in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensure process or during any inquiries, investigations or hearings related thereto.

APPLICANT CERTIFICATION (REQUIRED) DATE: \_\_\_\_/\_\_\_\_/20\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_ OF 20\_\_\_\_\_.

NAME OF APPLICANT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT \_\_\_\_\_

MY COMMISSION EXPIRES ON \_\_\_\_/\_\_\_\_/20\_\_

NAME, TITLE AND SIGNATURE \_\_\_\_\_

## RELEASE AUTHORIZATION

TO: \_\_\_\_\_  
(DO NOT WRITE ABOVE THIS LINE – FOR GAMING CONTROL BOARD USE ONLY)

FROM: \_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

**NOTE: INITIALS AND SIGNATURES ARE REQUIRED ON THIS TWO PAGE FORM.**

1. I hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every federal, state or local governmental agency, including, but not limited to, every court, every federal, state or local law enforcement, criminal justice agency or probation department, without exception, both foreign and domestic, to whom this release authorization is presented to make full and complete disclosure of any and all information on file or available concerning me, to furnish, make available for review and permit the copying of such information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, regulatory, or common law privilege, to any duly authorized investigator of the Pennsylvania Gaming Control Board.

2. If this release authorization is presented to a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

3. If this release authorization is presented to a regulatory agency, including any grievance or disciplinary agency, in any state to which I have been granted a permit, license, credential, privilege or any similar authority, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted by said agency to review and obtain copies of any and all documents, records, or correspondence pertaining to me, and I hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.

4. If this release authorization is presented to a federal, state or local taxing authority, including the internal revenue service or other income taxing authority, personal property taxing authority, wage taxing authority, school taxing authority, and any other taxing body as may receive taxes or returns filed by me, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted by said taxing authority to review and obtain copies of any and all documents, records, tax returns, schedules and supporting documentation, audits, reports, or correspondence pertaining to me, and I hereby authorize said taxing authority to make full and complete disclosure of any and all information on file or available concerning me.

5. Pursuant to the laws of the Commonwealth of Pennsylvania, United States of America, I do hereby make, constitute, and appoint any duly authorized investigator of the Pennsylvania Gaming Control Board my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:

- (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this release authorization is presented as I might;
- (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this release authorization;
- (c) to place the name of the Pennsylvania Gaming Control Board agent presenting this release authorization in the appropriate location on this release authorization.
- (d) to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution.

The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Pennsylvania Gaming Control Board at my request and is not otherwise intended to create or establish a fiduciary relationship between the Pennsylvania Gaming Control Board, its agents or employees and me. I hereby acknowledge that no such relationship exists. This power of attorney ends two (2) years from the date of execution and shall be construed in accordance with 20 PA.C.S. Ch. 56 (relating to powers of attorney). I am familiar with the provisions of 20 PA.C.S. § 5601(c), (d) and (e) (relating to general provisions) and hereby expressly waive the applications of the requirements contained in those subsections to this power of attorney granting rights and powers to any duly authorized investigator of the Pennsylvania Gaming Control Board.

6. I the undersigned licensee(s) have filed with the Pennsylvania Gaming Control Board an "application" as that term is defined in the board's regulations. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my/our qualifications and suitability for a favorable determination is at all times solely my responsibility. I accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this application and I hereby authorize any employee, agent, or duly authorized investigator of the Pennsylvania Gaming Control Board to disclose any information obtained through my background investigation to the licensee/applicant with which I am conducting business as well as to the entity with which I am associated.

7. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate, and forever discharge the Pennsylvania Gaming Control Board, its members, agents and employees, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, from any and all liabilities of every nature and kind, other than a willfully unlawful disclosure or publication of material or information acquired during my investigation. I agree to indemnify and hold harmless every person, firm, company, corporation, board, association or institution of any kind, and every federal, state or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented and any agents and employees thereof, from and against all claims, damages, losses, and expenses including reasonable attorneys' fees arising out of or by reason of, complying with this release authorization.

8. A reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original. this release authorization extends to the review and copy of any information protected from disclosure, privilege, or obligation.

**APPLICANT HAS READ THIS RELEASE AUTHORIZATION AND UNDERSTANDS ALL ITS TERMS. APPLICANT EXECUTES THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE**

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AUTHORIZATION AT \_\_\_\_\_, \_\_\_\_\_  
CITY STATE

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
SIGNATURE OF APPLICANT

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC, IN  
AND FOR \_\_\_\_\_, \_\_\_\_\_, PERSONALLY APPEARED \_\_\_\_\_,  
COUNTY STATE

(KNOWN BY ME OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THIS RELEASE AUTHORIZATION, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSE HEREIN CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

\_\_\_\_\_  
NOTARY PUBLIC

SIGNATURE OF PENNSYLVANIA GAMING CONTROL BOARD AGENT PRESENTING THIS REQUEST:

\_\_\_\_\_  
DATE: \_\_\_\_\_