

MISSOURI GAMING COMMISSION



PERSONAL DISCLOSURE FORM III BINGO SUPPLIER OR MANUFACTURER

WARNING

Each question must be answered fully, accurately, and completely. Any misrepresentation or omission can result in the denial of your application. When information is unknown, so indicate. You must make a reasonable inquiry to determine the answers to all questions. Any statement that is not true or not disclosed, which becomes known at any later date, is cause for revocation of the license.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Type or print the answers to questions in black ink.

Initial all pages in the space provided in the upper right-hand corner.

If the space provided for an answer to a question is insufficient, submit the additional information on the blank page provided near the end of this form. If you use this additional space, be sure to indicate the number of the question which you are answering.

When an answer or materials responsive to a question are submitted in response to another question, refer to the other question. When a question is not applicable, so indicate.

This form must be submitted by applicants and key persons seeking bingo supplier/manufacturer's license, and other individuals as determined by the Missouri Gaming Commission.

Attach a recent photograph (within the last 12 months) of yourself in the space provided. Print your name on the lower front border of the photograph.

Attach a copy of your birth certificate in the space provided. If a birth certificate is not available, one of the following will be acceptable:

- Naturalization papers.
- A copy of a letter from you to the appropriate government agency requesting a birth certificate. The letter must show both the name and address of the agency from which the birth certificate is requested.
- Attach a copy of your military record (DD214).
- Attach a copy of your driver license.

IMPORTANT NOTICES

Persons submitting this form are required to be fingerprinted. This form will not be processed until fingerprints are provided.

You may be required to provide additional information or submit additional forms.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.

Complete and return notarized copies of the attached Verification, Affidavit of Full Disclosure, Request to Release Information, Release of All Claims, and Tax Information Authorization, along with this form to:

**Missouri Gaming Commission
Charitable Games Division
3417 Knipp Drive
P.O. Box 1847
Jefferson City, MO 65102**

PERSONAL DISCLOSURE FORM III

Full Legal Name of Applicant:

First Middle Last

Home Address:

Street

City State Zip Code

Business Address:
Street

City State Zip Code

Home Telephone Number:

Business Telephone Number:

Social Security Number:

Date of Birth:
Month/Day/Year

Height: Weight: Hair Color:

Color of Eyes: Sex:

Please indicate below the type of license for which this form is submitted.

Bingo Supplier's License

Bingo Manufacturer's License

STAPLE PHOTOGRAPH HERE

**STAPLE BIRTH CERTIFICATE HERE
(OR ACCEPTABLE SUBSTITUTE -- SEE INSTRUCTIONS)**

1. List your country of citizenship:

(a) Place of birth:

City

State

Country

2. If you are not a citizen of the United States, list the:

(a) port of entry to the United States:

(b) and name and address of sponsor upon your arrival:

3. If you are a naturalized citizen, provide the following information:

Petition Number:

Date Citizenship Granted:

Court:

City/State of Court:

Certificate Number:

4. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration Card (I 151 or I 551):

5. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, provide the "A" number from that authorization:

6. If you have been known by any name or names other than the name provided above, list all such names, including maiden names, nicknames and aliases, and specify dates of use for each:

7. State your current relationship status:

Single Married Legally Separated Divorced Widow/Widower Domestic Partnership Engaged

8. State the name of your current spouse:

9. List the names of all former spouses and the dates when married, date of dissolution of marriage, and jurisdiction in which dissolution occurred:

Name	Date Married	Date of Dissolution	Jurisdiction of Dissolution

10. List all current licenses, including driver licenses, issued to you by Missouri or any other jurisdiction: (include photo copy of driver license)

Date Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

11. Beginning with your current residence(s) and working backward, provide the following information with respect to each place you have lived during the past (5) years.

DATES		Address (No., Street, Apt., City, State, Zip & Country)	Telephone Number
From: (MO/YR)	TO: (MO/YR)		

12. Have you ever applied to the State of Missouri for any license, permit, approval, or registration? (Do not include driver license)

Yes No

If yes, complete the following table:

Type of License, Permit, Approval or Registration Previously Applied For	Date Application Was Filed	Disposition (Granted, Denied, Pending)	If License(s) Issued, Give License Number(s)

13. For the purpose of this question, gaming operation means any business which conducts any wagering, gambling, or similar activity, including but not limited to casino gaming, horse racing, dog racing, jai alai, lottery, sports betting, bingo, pull tabs, and jar games, or any business which supplies equipment to or services the equipment of a business which conducts any wagering, gambling, or similar activity. Have you ever applied for a license, permit, or other authorization to participate in a gaming operation in any jurisdiction?

Yes No

If yes, complete the following table:

Type of Gaming Operation	Date Application Was Filed	Licensing Agency (Including Jurisdiction)	Disposition (Granted, Denied, Pending)	If License(s) Issued, Give Number(s)

14. Have you ever had any license, permit, certification, or other authorization denied, suspended, revoked, or not renewed by a governmental agency in any jurisdiction?(Do not include driver license.)

Yes No

If yes, complete the following table:

Type & Number, if Applicable, of License, Permit, Certificate, etc.	Name and Address of Government Agency	Date of Denial, Suspension, Revocation or Nonrenewal	Reason(s) for Denial, Suspension, Revocation or Nonrenewal

15. Within the past ten (10) years, have you held an ownership interest in any business? (Do not include publicly traded companies in which you owned less than 5% of the outstanding stock.)

Yes No

If yes, beginning with the most recent and working backwards, list the names and addresses of all businesses in which you have held an ownership interest.

DATES		Name and Address of Business	Percentage Interest Held by You
FROM: (MO/YR)	TO: (MO/YR)		

16. Have you personally or has any business in which you held an ownership interest (other than ownership of stock in a publicly traded company) or in which you served as an officer or director ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law?

Yes No

If yes, complete the following table:

Date Filed	Docket Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee

17. For the purpose of this question, gaming-related employment means any job performed in connection with any gaming operation as defined in Question 13. Provide the information listed below as to each place in which you have been employed for the past ten (10) years. Begin with your present job and work backward. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*) any gaming-related employment.

DATES		Name and Address of Employer (Street, City, State, Zip & Country)	Position and Description of Duties	First and Last Supervisor	Reason for Leaving
FROM: (MO/YR)	TO: (MO/YR)				

18. Beginning with secondary (high school) education, provide the information listed below with respect to each school, college, vocational, or other employment training program which you have attended. Be sure to include participation in casino or gaming training courses.

DATES		Type	Name and Address of School, Training Program, etc.	Description of Courses, Training Experience	List Any Degree or Certification Attained
FROM: (MO/YR)	TO: (MO/YR)				

19. If you have ever been arrested, detained, charged, indicted, convicted, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense, either felony or misdemeanor, or any juvenile violation, in any state or foreign country (except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident), complete the following table:

Nature of Charge or Arrest	Name and Address of Government Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, etc.)	Date of Disposition	Sentence

20. If you have ever been called to testify before, or have ever been the subject of an investigation conducted by a legislative investigatory body, grand jury, or other official investigatory body, complete the following table:

Name and Address of Investigatory Agency	Nature of Investigation	Approximate Time Period of Investigation

21. If you have been sued or named as a defendant or respondent in a lawsuit (including matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.), complete the following table:

Date Filed	Name and Address of Court	Docket Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

22. Do you have any bank accounts or safe deposit boxes in your name?

Yes No

Do you have access to funds in any other bank accounts or safe deposit boxes?

Yes No

If yes to either question, complete the following table:

Name and Address of Bank	Name(s) on the Account or Safe Deposit Box	Type (Savings, Checking, Deposit Box, etc.)	Account Number or Safe Deposit Box No.

Initials _____

Use this page for additional information. Be sure to indicate the number of the question you are answering. Attach additional pages if necessary.

VERIFICATION

STATE/PROVINCE OF _____ :

SS:

COUNTY OF _____ :

I, _____ being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual who is submitting this form.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief.

(Individual's Signature)

Dated: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

My Commission expires: _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____

Individual's Name

1. I hereby authorize and request all person or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed officer of the Missouri Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.

2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed officer of the Missouri Highway Patrol to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.

3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed officer of the Missouri Highway Patrol shall 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.

4. I do hereby make, constitute, and appoint any duly appointed officer of the Missouri Highway Patrol 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 or entity to whom this request is presented as I might;
 - (b) to name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request;
 - (c) to place the name of the Missouri Highway Patrol officer presenting this request in the appropriate location on this request.

5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any 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 or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney ends eighteen (18) months from the date of execution or at the termination of all licenses issued to Applicant/me by the Missouri Gaming Commission, whichever occurs later.

7. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

Initials _____

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his or its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____
(City)

_____ on the _____ day of _____, 20____
(State)

(Applicant)

By:

Its:

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires: _____

RELEASE OF ALL CLAIMS

I, the undersigned, has filed with the Missouri Gaming Commission ("Commission") certain forms and documents in connection with a written request for licensing by the Commission ("Application"). In consideration of the assurance by the Commission that no vote on said application will be taken except after a deliberate, intensive, and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors, and assignors, hereby release, remise, and forever discharge the State of Missouri, the Commission and its members, officers, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, execution, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any and all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at:

City State

on the _____ day of _____, 20_____

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____

AFFIDAVIT OF FULL DISCLOSURE

STATE/PROVINCE OF _____ : _____
COUNTY OF _____ : _____ SS: _____

I, _____ being first duly sworn upon oath or affirmation, depose and state:

that, except as reported in the applicant's or my application ("Application"), I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the Application.

that, except as reported in the application, I have no agreements or understandings with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the application; and

that, except as reported in the application, I have no agreements or understandings and no present intent to pay any sums of money or give anything of value as, included but without limitation, a finder's fee or commission to any person or entity related to the sale of interest in the application; and

that, any funds used or to be used, and any liabilities incurred by applicant in the acquisition of any interest in the application were not provided to applicant or made available to applicant through the efforts of any person or entity not reported in the application; and

that, except as reported in the application, no person or entity has provided collateral for or guaranteed payment of any loans made to applicant which relate to this application.

I, the duly authorized _____ of the undersigned have read this affidavit of full disclosure and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

(Office)

Applicant

By:

Its:

Address:

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires: _____

VERIFICATION

STATE/PROVINCE OF _____ :

SS:

COUNTY/PARISH/DISTRICT OF _____ :

I, _____ (Officer) being the duly authorized _____ (Office) of _____

(Name of Applicant) _____, being first duly sworn upon oath or affirmation depose and state:

1. On behalf of applicant I submit this application.
2. I swear (or affirm) and certify that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
3. I swear that I have read and agree to abide by the terms of any license that may be granted to me, the provisions of the laws regarding licensed gaming activities in Missouri and any regulations promulgated by the Commission, including any emergency rules and proposed rules.

(Name of Applicant)

By:

Its:

Dated: _____

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

My Commission expires: _____

TAX INFORMATION AUTHORIZATION

I, _____, DO HEREBY VOLUNTARILY CONSENT FOR THE
INTERNAL REVENUE SERVICE, THROUGH ITS AGENTS OR EMPLOYEES, TO DISCLOSE MY CONFIDENTIAL
INDIVIDUAL INCOME TAX RETURN(S) OR RETURN INFORMATION, FOR TAX YEARS
THROUGH AND INCLUDING _____ TO THE OFFICIAL OR AGENCY LISTED BELOW:

Signed: _____

Address:

Social Security Number:

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

My Commission expires: _____

TAX INFORMATION AUTHORIZATION

I, _____, DO HEREBY VOLUNTARILY CONSENT FOR THE
INTERNAL REVENUE SERVICE, THROUGH ITS AGENTS OR EMPLOYEES, TO DISCLOSE THE TAX RETURN(S)
OR RETURN INFORMATION LISTED BELOW PERTAINING TO

Name of Corporation

TO THE FOLLOWING OFFICIAL OR AGENCY:

TAX FORM NUMBER

TAX PERIOD(S)

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION HAVING LEGAL AUTHORITY TO BIND THIS
CORPORATION IN THESE TAX MATTERS.

Signed: _____

Corporate Title:

Address:

Employer Identification Number:

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires: _____