GC/BC FORM 106 - Supplier License Application for Manufacturing or Distributing Games of Chance and/or Bingo Supplies and Equipment

1. Business Name: __________________________________________ License Number: _____________________
   Business Phone Number: __________________________ Business Fax Number: ________________________
   Business Address: ____________________________________________________________
   Mailing Address: ____________________________________________________________

2. Does your business have a “d/b/a”, Division or Subsidiary? _____ yes or _____ no
   If “yes”, state name(s): _______________________________________________________________________
   Indicate all subsidiaries doing business in New York, if any: __________________________________________

3. Contact Person: ________________________________ Name ________________ Title ________________
   Phone Number: ______________________ E-Mail Address: ______________________

4. (a) Indicate which license you are applying for: ___ Games of Chance ___ Bingo ___ Both
   (b) Indicate the type of company you are? ___ Manufacturer ___ Distributor

5. Indicate all types of activities your company will perform during the license period: __________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

6. Indicate all addresses where your company’s games of chance and/or bingo supplies, equipment and business records
   are kept (in your state and out of state): ____________________________________________________________________________________________

7. What other states or countries does your company hold licenses? Please give the state, license number and expiration
   date. Attach an additional sheet if necessary. _______________________________________________________________________________________
   _______________________________________________________________________________________

8. (a) Has any officer, director, agent or employee ever been charged with a criminal violation of any games of chance
   and/or bingo matters? _____ yes _____ no If yes, provide details on a separate sheet of paper.
   (b) Has the applicant ever been the subject of any administrative proceedings involving games of chance and/or
   bingo violations? _____ yes _____ no If yes, provide details on a separate sheet of paper.

9. Has the applicant ever sold games of chance and/or bingo supplies and equipment under any other name(s)?
   _____ yes or _____ no If yes, list the name(s) on a separate sheet of paper.

10. Has the applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or
    shareholders ever been knowingly engaged in business with a professional gambler, gambling promoter or
    convicted criminal? _____ yes _____ no If yes, provide details on a separate sheet of paper.

11. (a) Does your company provide gambling supplies and equipment and/or personnel for entertainment nights/games
    of chance and/or bingo? _____ yes or _____ no If yes, provide details on a separate sheet of paper.
    (b) Has your company received a percentage of the gaming proceeds from such entertainment nights/games of
    chance and/or bingo not including the rental of such equipment? _____ yes _____ no
12. If the applicant is a distributor, indicate the name(s) of the manufacturing companies from whom you will be purchasing your games of chance and/or bingo supplies and equipment:

___________________________________________________________________________________

___________________________________________________________________________________

I swear or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

I further acknowledge that if there is any change with respect to any of the facts herein set forth during the pendency of the application, such change must be reported to the New York State Gaming Commission by the undersigned and that if any changes occur after the issuance of the license applied for, such change must be reported to the New York State Gaming Commission within ten (10) days of the date of such change. It is further acknowledged that failure to give the requisite notice will constitute a violation of the rules and regulations of the New York State Gaming Commission and will result in proceedings to revoke or suspend such license.

Signature _____________________________ Print Name ______________________________

Title _________________________________ Date _____ / _____ / _____

__________________________, ____________________________ being duly sworn, deposes and says he/she is the

(Print Name of Applicant) (Title) applicant above named or is a member of the partnership, or an officer of the corporation on behalf of which the above application is made, that he/she has read the foregoing application and the attached schedules and the answers therein noted; that such answers are true to his/her knowledge and that he/she personally affixed his/her signature to this affidavit.

Sworn to before me this _____ day of ______________________, 20 _____

__________________________________________

(Signature of Applicant)

__________________________________________

(Signature of Notary Public)