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: ___________________________________________ Web 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 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