



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: _____
Web Address: _____

2. Does your business have a "d/b/a", Division or Subsidiary? ____ yes or ____ no
If "yes", state name(s): _____

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 be performing 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 in? _____
(Attach a copy of your most recent license obtained in each state and country.)

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 or ____ 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 or ____ 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 stockholders ever been knowingly engaged in business with a professional gambler, gambling promoter or convicted criminal? ____ yes or ____ 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 or ____ 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 they are 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 they have read the foregoing application and all of the attached schedules and the answers therein noted; that such answers are true to their knowledge and that they personally affixed their signature to this document.

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

NOTARY STAMP

(Signature of Applicant)

(Signature of Notary Public)