



NEW YORK
STATE OF
OPPORTUNITY.

Gaming
Commission

Division of
Charitable
Gaming

GC/BC FORM 105 – Trusts

Name of Trust: _____

Type of Trust: _____

Has the Trust filed Federal Tax Returns? ____ yes ____ no (If yes, provide a copy of your most recent tax return)

Trustee(s) Name(s): _____

Note: All trustee(s) must complete and submit a Form 103

List names and addresses of beneficiaries with a vested interest (attach an additional sheet of paper if necessary):

| Name | Street Address | City | State | Zip Code |
|-------|----------------|-------|-------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Has the applicant trust or any of the trustees or any of the vested beneficiaries ever had any proprietary, equitable or credit interest in any premises leased for the conduct of games of chance and/or bingo? ____yes ____no
If yes, give details on a separate sheet of paper.

_____, _____, being duly sworn and says that he/she
(Print Name of Applicant) (Title)
is the person above named, that he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit.

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

NOTARY STAMP

(Signature of Trustee)

(Signature of Notary Public)