

ILLINOIS GAMING BOARD
160 North LaSalle Street, 3rd Floor
Chicago, Illinois 60601
312-814-4700



**VIDEO GAMING
BUSINESS ENTITY DISCLOSURE SHORT FORM**

**(for use only by entities already holding a video gaming Terminal
Operator's license)**

Name of Business Entity completing this form:

Name of affiliated Applicant or Licensee for which this form is submitted:

Date (mm/dd/yyyy): _____

TYPE OF LICENSE FOR WHICH THIS FORM IS SUBMITTED

Terminal Operator

POSITION/RELATIONSHIP WITH APPLICANT/LICENSEE

Fee Sharing of Net Terminal Income

**INSTRUCTIONS FOR VIDEO GAMING BUSINESS ENTITY DISCLOSURE SHORT
FORM**

This form may be used only by entities already holding a video gaming Terminal Operator license who thereafter acquire a qualifying interest in another video gaming licensee and are required to file a Video Gaming Business Entity Disclosure Form. If your video gaming license is revoked, surrendered, not renewed or otherwise ceases, you must file a traditional Video Gaming Business Entity Disclosure Form within 30 days thereafter.

WARNING

BY FILING THIS FORM, YOU ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION, OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION TAKEN OR NOT TAKEN WITH RESPECT TO THE FORM AND ANY LICENSE APPLICATION, AND EXPRESSLY WAIVE ANY CLAIM FOR DAMAGES AS A RESULT THEREOF. INFORMATION NOT REQUESTED IN THIS FORM OR IN ADDITION TO THAT PROVIDED IN RESPONSE TO THIS FORM MAY BE REQUESTED.

Read the entire Form before responding to the questions.

This form is an official document. You should respond to the questions contained herein to the Best of your Knowledge after substantial inquiry. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. **ANY misrepresentation, failure to reveal information or omission is grounds for denial of a license application. “A person who knowingly makes a false statement on an application is guilty of a Class A misdemeanor.” 230 ILCS 10/9(f).**

You are under a continuing duty to disclose promptly any changes in the information provided in this form and additional information and materials submitted to the Illinois Gaming Board. The duty to make such additional disclosures shall continue throughout any period of licensure granted by the Illinois Gaming Board associated with this Video Gaming Business Entity Disclosure Short Form.

Type or print the answers to questions in black ink. **All signatures should be in blue ink.** If a question does not apply to you, so state with “N/A.” If space available is insufficient, continue on a separate sheet of paper and precede each answer by labeling the section to which it is responsive. An authorized agent must initial each page, as provided in the lower right hand corner. By placing such initials on each page, the Business Entity attests to the accuracy and completeness of the information contained on that page.

For the purpose of this Video Gaming Business Entity Disclosure Short Form, the terms herein shall have the meanings as provided in the Definitions for the traditional Video Gaming Business Entity Disclosure Form, as may be updated from time to time by the Illinois Gaming Board.

REQUIRED FORMS AND DOCUMENTS

The following properly executed forms and documents are required prior to the processing of this Video Gaming Business Entity Disclosure Short Form:

1. Verification
2. Schedule of Exhibits.
3. Affidavit of Full Disclosure
4. Release of All Claims.
5. Acknowledgment.
6. Copy of signed revenue share agreement.

Complete and return the required forms and documents (1 original and 2 copies, each individually bound on the left side with a 3-ring binder, and 2 electronic copies in Portable Document Format on CD or DVD or USB/Flash Drive) to the Illinois Gaming Board. All materials submitted to the Illinois Gaming Board must be sent to:

Illinois Gaming Board
160 North LaSalle Street, 3rd Floor
Chicago, Illinois 60601-3103

SECTION 1 – GENERAL INFORMATION

Name of Business Entity		Doing Business As (D/B/A) ¹	
Has Business Entity ever operated under a different business name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide all such names and dates of use.			
Street Address		City/State/Zip Code	
Mailing Address (if different)		City/State/Zip Code	
Business Phone	Facsimile	Email Address	
Federal Employer Identification Number (FEIN) ²		Illinois Business Tax Number (IBT or Sales Tax Number) ³	

SECTION 2 – BUSINESS ENTITY INFORMATION

A. Check the category below which describes Business Entity’s business structure:

- Individual/Sole Proprietor
- Partnership
- General Partnership Limited Partnership

Date of Formation (mm/dd/yyyy)

- Limited Liability Company (LLC)
- Date of Organization (mm/dd/yyyy)

Date of Organization (mm/dd/yyyy)

- Corporation
- S Corporation
- C Corporation
- Publicly held corporation (registered with the Securities and Exchange Commission and traded on a national stock exchange)

Date of Incorporation (mm/dd/yyyy)

¹ An assumed business name must be filed with the Secretary of State.

² If Business Entity does not hold a FEIN number, state date Business Entity applied for such a number and the Internal Revenue Service District where federal tax filings will occur.

³ Depending on the nature of its business, a Business Entity may be required to register with the Department of Revenue and pay certain taxes. To inquire as to the applicability of these registration requirements, contact the Department of Revenue (Central Registration Division) at (217) 785-2889.

B. Submit as Exhibit 2(B) a schedule listing the name, business address, and telephone number of the Business Entity's Illinois:

- (1) registered agent(s);
- (2) legal services representative(s);
- (3) accounting services representative(s); and
- (4) banking and financial services representative(s).

SECTION 3 – OWNERSHIP AND FINANCIAL INTEREST INFORMATION

Partnership and LLC Business Entities shall complete Section 3(A)
Corporation Business Entities shall complete Section 3(B) All
Business Entities shall complete Section 3(C)

A. Partnership or LLC

Ownership Disclosure

Provide the information requested below for each partner (general and limited) or member of the Business Entity. For each Trust, disclose all Beneficiaries. If additional space is needed, submit this information separately as Exhibit 3(A).

Name of Owner		Email Address	
Title	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Phone	<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Member	Percentage of Ownership Interest %	

Name of Owner		Email Address	
Title	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Phone	<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Member	Percentage of Ownership Interest %	

Proceed to Section 3(C).

B. Corporation

Ownership Disclosure

Provide the information requested below for the following Individuals and Business Entities:

- For a non-Publicly Held Company, each officer, director and shareholder of the Business Entity; and
- For a Publicly Held Company, each officer and director, and each shareholder with a 5% or more Ownership Interest in the Business Entity.

For each Trust identified, disclose all Beneficiaries. If additional space is needed, submit this information separately as Exhibit 3(B).

Name		Email Address	
Title	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Phone	Number of Shares	Percentage of Ownership Interest %	
Check each box below which applies: <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder			

Name		Email Address	
Title	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Phone	Number of Shares	Percentage of Ownership Interest %	
Check each box below which applies: <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder			

C. Additional Business Information (TO BE COMPLETED BY ALL APPLICANTS)

Are there any previous owners, partners, directors, officers or employees not otherwise identified or disclosed involved in the Business Entity's business or operation in any way? Yes No If yes, provide the information requested below for each such Individual or Business Entity. If additional space is needed, provide this information on a separate sheet of paper and submit as Exhibit 3(C).

Name		Phone	
Title	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Capacity of Involvement			

Name		Phone	
Title	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Capacity of Involvement			

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VERIFICATION

State of _____)
) ss
County of _____)

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

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

“Undersigned swears and certifies under penalty of law that all answers and information provided in this Video Gaming Business Entity Disclosure Short Form and associated documents are true, correct and complete to the Best of its Knowledge. Undersigned acknowledges that any misrepresentation, failure to reveal information or omission is grounds for denial of a license and/or revocation of any license for which this form is submitted or with which this form is associated. Undersigned acknowledges that any misrepresentation, failure to reveal information or omission is grounds for the Illinois Gaming Board to require its disassociation with any licensee or person for which this form is submitted or with which this form is associated.”

(Name of Business Entity)

By: _____

Its: _____

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20 ____

Notary Public

Notary Public in and for the

County of _____

State of _____

**VIDEO GAMING BUSINESS ENTITY DISCLOSURE SHORT FORM
SCHEDULE OF EXHIBITS**

(Print name of Business Entity)

If an Exhibit is not applicable, indicate N.A.

Exhibit Number	Person who prepared or directed preparation of Exhibit (state which)	Official Title
2(B)		
3(A)		
3(B)		
3(C)		

I, the duly authorized _____ of the undersigned Business
(Office)

Entity, have read this Affidavit of Full Disclosure and understand its terms. On behalf of and in accordance with the instructions of the Business Entity, I execute this Affidavit of Full Disclosure with full knowledge that the Business Entity will be bound hereby.

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

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

(Name of Business Entity)

By: _____

Its: _____

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20____

Notary Public

Notary Public in and for the

County of _____,

State of _____.

RELEASE OF ALL CLAIMS

The undersigned has filed with the Illinois Gaming Board ("Board") certain forms and documents, including but not limited to a Video Gaming Business Entity Disclosure Short Form, in connection with a license issued by the Board or an application for licensing by the Board. In consideration for the Board's deliberate and thorough investigation of my Video Gaming Business Entity Disclosure Short Form and the associated license issued by the Board or an application for such, the undersigned does for itself, its heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Illinois, the Board, its members, 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 the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to its Video Gaming Business Entity Disclosure Short Form and the associated license issued by the Board or an application for such.

I, the duly authorized _____ of the undersigned Business Entity, have
(Office)

read this release and understand its terms. On behalf of and in accordance with the instructions of the Business Entity, I execute this release with full knowledge that the Business Entity will be bound hereby.

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

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

Name of Business Entity

By: _____

Its: _____

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20 ____

Notary Public

Notary Public in and for the

County of _____.

State of _____.

ACKNOWLEDGMENT

Undersigned acknowledges that any license or any interest in any license issued by the Illinois Gaming Board (“Board”) does not create a property right, but a revocable privilege granted by the State, and that subsequent legislation, regulation or local laws may diminish the value of any license or any interest in any license issued by the Board. Undersigned acknowledges that a county or municipality may, pursuant to 230 ILCS 40/27 or any other applicable law, subsequently prohibit video gaming in its political subdivision within which any licensee or any interest in any licensee does business pursuant to a license issued by the Board, and that upon such event (1) any effected licensee shall cease and desist all video gaming operations in that political subdivision subject to the prohibition, and (2) all video gaming terminals in the political subdivision subject to the prohibition shall be immediately disabled by the Board.

Undersigned does for itself, its heirs, executors, administrators, successors, assigns, agents, beneficiaries, and any other person or entity that has or may have an interest in any license issued by the Board, hereby release and forever discharge the State of Illinois, the Board, its members, agents, and employees in their individual and official capacities, 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 undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or relating to a political subdivision prohibiting video gaming pursuant to 230 ILCS 40/27 or any other applicable law.

Undersigned acknowledges that it is under a continuing duty to disclose promptly any changes in the information provided in this form and additional information and materials submitted to the Illinois Gaming Board. The duty to make such additional disclosures shall continue throughout any period of licensure granted by the Illinois Gaming Board associated with this Video Gaming Business Entity Disclosure Short Form.

I, the duly authorized _____ of the undersigned Business Entity, have
(Office)
read this Acknowledgment and understand its terms. On behalf of and in accordance with the instructions of the Business Entity, I execute this Acknowledgment with full knowledge that the Business Entity will be bound hereby.

IN WITNESS WHEREOF, I have executed this Acknowledgment at _____,
(City)
_____ on the _____ day of _____, 20____.
(State)

Name of Business Entity
By: _____
Its: _____

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20 ____

Notary Public
Notary Public in and for the

County of _____.

State of _____.