

ILLINOIS GAMING BOARD

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



VIDEO GAMING TERMINAL COLLATERAL LENDER REGISTRATION FORM

(Pursuant to Video Gaming Adopted Rule 1800.930)

Name of lender completing this form:

Date (mm/dd/yyyy): _____

INSTRUCTIONS FOR VIDEO GAMING TERMINAL COLLATERAL LENDER REGISTRATION FORM

Pursuant to Section 930 of the Adopted Video Gaming Rules, video gaming terminals may only be secured as collateral by a person who has registered with the Illinois Gaming Board by completing a Video Gaming Terminal Collateral Lender Registration Form.

Read the entire Form before responding to the questions.

This form is an official document. Lender should respond to the questions contained herein to the Best of its Knowledge after substantial inquiry. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

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 lender attests to the accuracy and completeness of the information contained on that page.

Return the completed Video Gaming Terminal Collateral Lender Registration Form (1 original and 2 copies, each individually bound or stapled on the left side) 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

1. Name of lender	2. Doing business as (D/B/A)
3. Contact Individual	4. Social Security Number or Federal Employer Identification Number (FEIN)
5. Street address (physical location)	6. City/State/Zip Code
7. Mailing address (if different)	8. City/State/Zip Code
9. Business phone	10. Facsimile
11. Email address	12. Illinois Business Tax Number (IBT or Sales Tax Number) ¹
13. Has the lender ever been the subject of any order, judgment, or decree of any court or any order of an administrative agency, board, or body prohibiting it from, or otherwise limiting its type of business, practice or authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide complete details on a separate sheet of paper and submit as Exhibit 13.	
14. Is the lender a state or federal chartered bank, savings and loan association, or credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the lender's state or federal unique identifier number, if applicable: _____	
15. Is the lender a U.S. publicly held company (registered with the Securities and Exchange Commission and traded on a national stock exchange)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Complete Section 2 below only if the lender is a business entity (**not a sole proprietor**) and answered "no" to both questions 14 and 15.

SECTION 2 – ADDITIONAL INFORMATION

16. Business entity type <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership (LP, LLP, LLLP) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (Please Describe) _____	
17. State of incorporation or organization	18. Date business established
19. Name of parent entity (if applicable)	

¹ Depending on the nature of its business, a business 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.

20. Is the lender a wholly owned subsidiary of the parent company? Yes No If no, what percentage is owned by the parent?

21. Principal owners – please list the names, addresses and phone numbers of all individuals or business entities owning, directly or indirectly, 5% or more interest in the lender. For each individual or business entity, provide the percentage of ownership interest in the lender. If additional space is needed, provide this information on a separate sheet of paper and submit as Exhibit 21.

22. Description of business operations. If additional space is needed, provide this information on a separate sheet of paper and submit as Exhibit 22.

VERIFICATION

State of _____)
) ss
County of _____)

I, _____, being the duly authorized _____ of _____
(Officer) (Office) (Name of Lender)

_____, and being first duly sworn upon oath or affirmation, depose and state:

Undersigned swears and certifies under penalty of law that all answers and information provided in this Video Gaming Terminal Collateral Lender Registration Form are true, correct and complete to the best of its knowledge after substantial inquiry.

Name of Lender

By: _____

Its: _____

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20_____

Notary Public in and for the

County of _____ State of _____