

ILLINOIS GAMING BOARD

160 North LaSalle Street, 3rd Floor

Chicago, Illinois 60601

312-814-4700



VIDEO GAMING BUSINESS ENTITY SALES AGENT AND BROKER LICENSE APPLICATION

(for use only by business entities who will engage in the solicitation of any use agreement on behalf of a licensed terminal operator where the business entity is acting as an independent contractor.)

Name of Business Entity Applicant submitting this application:

Date: _____

Name of licensed Terminal Operator(s) on whose behalf the Applicant will act as a Sales Agent and Broker

1.	_____
2.	_____
3.	_____
4.	_____

The business entity is not currently affiliated with a licensed Terminal Operator. *(If not affiliated, you are required to promptly notify the Illinois Gaming Board of any future relationship with a licensed Terminal Operator).*

INSTRUCTIONS FOR VIDEO GAMING BUSINESS ENTITY SALES AGENT AND BROKER LICENSE APPLICATION

WARNING

BY FILING THIS APPLICATION, 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 APPLICATION AND ANY FORMS, AND EXPRESSLY WAIVE ANY CLAIM FOR DAMAGES AS A RESULT THEREOF. INFORMATION NOT REQUESTED IN THIS APPLICATION OR IN ADDITION TO THAT PROVIDED IN RESPONSE TO THIS APPLICATION MAY BE REQUESTED.

Read the entire Application before responding to the questions.

This Application 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 Application 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 SALES AGENT AND BROKER LICENSE APPLICATION.

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. Individual Applicant must initial each page, as provided in the lower right-hand corner. By placing such initials on each page, the Individual Applicant attests to the accuracy and completeness of the information contained on that page.

For the purpose of this VIDEO GAMING BUSINESS ENTITY SALES AGENT AND BROKER LICENSE APPLICATION, the terms herein shall have the meanings as provided for in the Video Gaming Act (230 ILCS 40/) and/or the Adopted Rules for Video Gaming, as may be updated from time to time by the Illinois Gaming Board. The Video Gaming Act (230 ILCS 40/) and/or the Adopted Rules for Video Gaming are available at <https://igb.illinois.gov/video-gaming/video-law.html>.

REQUIRED FORMS AND DOCUMENTS

The following properly executed forms and documents are required prior to the processing of this VIDEO GAMING BUSINESS ENTITY SALES AGENT AND BROKER LICENSE APPLICATION.

1. Certification and Authorization
2. Release of All Claims
3. Request to Release Information
4. Copy of signed Broker Agreement, *if applicable*
5. \$100 Application Fee

SUBMISSION AND PAYMENT

The complete Application and Application Fee can be submitted in person at a Casino if a related individual has made an appointment to submit a Video Gaming Technician/Terminal Handler/Sales Agent and Broker License Application. This Application can also be submitted on the [Sales Agent and Broker Submission Page](#) on the IGB website [Illinois Gaming Board](#) under Video Gaming; Applications and Forms. The Application Fee can be paid online by selecting the “Make a Payment to E-Pay” link at the bottom of the IGB website. The Applicant will select “Video Gaming Payments” and “Sales Agent Application Fees” from the drop-down menus.

SECTION 1 – APPLICANT INFORMATION

A. Provide the information requested below if you are a Business Entity who intends to act as an independent contractor Sales Agent and Broker and engage in the solicitation of business from current or potential Licensed Video Gaming Locations.

Name of Applicant		Doing Business As (D/B/A)¹	
List the name(s) of the affiliated Sales Agent and Broker applicant(s) or licensee(s) for which this form is submitted. <i>All Owners of the Applicant, and all employees of the Applicant who intend to be engaged in the solicitation of business from current or potential Licensed Video Gaming Locations, must be individually licensed as Sales Agents and Brokers prior to engaging in the solicitation of business.</i> If additional space is needed, submit this information separately as Exhibit 1(A).			
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	
Check the category below which describes Applicant’s business structure:			
<input type="checkbox"/> Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership		Date of Formation:	
<input type="checkbox"/> Limited Liability Company (LLC)		Date of Organization:	
<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Publicly held corporation		Date of Incorporation:	

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 1(B) a schedule listing the name, business address, and telephone number of the Applicant’s Illinois
 (1) registered agent(s);
 (2) legal services representative(s);
 (3) accounting services representative(s); and
 (4) banking and financial services representative(s).

C. Submit as Exhibit 1(C) a current, fully diluted, organizational chart of the licensee showing ownership percentages of parent and subsidiary entities in relation to the Applicant.

SECTION 2 – OWNERSHIP AND FINANCIAL INTEREST INFORMATION

Partnership and LLC Business Entities shall complete Section 2(A)

Corporation Business Entities shall complete Section 2(B)

All Business Entities shall complete Section 2(C)

A. Partnership or LLC Ownership

Provide the information requested below for each partner (general and limited) of the partnership, or each member of the LLC. For each Trust, complete the required information below for the trust and each beneficiary of the trust. If additional space is needed, submit this information separately as Exhibit 2(A).

Each individual disclosed must complete a Video Gaming Technician/Terminal Handler/Sales Agent and Broker License Application and be individually licensed as a Sales Agent and Broker prior to engaging in the solicitation of business.

Name of Owner		Email Address	
Title	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
Alias Names (nicknames, other name changes, legal or otherwise)			Maiden Name
Street Address		City/State/Zip Code	
Phone	Position		Percentage of Ownership Interest
	<input type="checkbox"/> General Partner <input type="checkbox"/> LLC Member <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Manager		

Name of Owner		Email Address	
Title	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
Alias Names (nicknames, other name changes, legal or otherwise)			Maiden Name
Street Address		City/State/Zip Code	
Phone	Position		Percentage of Ownership Interest
	<input type="checkbox"/> General Partner <input type="checkbox"/> LLC Member <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Manager		

Proceed to Section 3 if you completed Section 2(A)

B. Corporation Ownership

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

- For a non-Publicly Held Corporation, each officer, and each direct shareholder, and any indirect shareholder with 5% or more ownership interest in the Business Entity.
- For a Publicly Held Corporation, each officer and director, and each shareholder with 5% or more ownership interest in the Business Entity.
- For each Trust that is a shareholder of the corporation, complete the required information below for the trust and each beneficiary of the trust. If additional space is needed, submit this information separately as Exhibit 2(B).

Each individual disclosed below must complete a Video Gaming Technician/Terminal Handler/Sales Agent and Broker License Application and be individually licensed as a Sales Agent and Broker prior to engaging in the solicitation of business.

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

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

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

Proceed to Section 3

SECTION 3 - EMPLOYEES

Provide the information requested below for each employee of the Applicant who intends to be engaged in the solicitation of business from current or potential Licensed Video Gaming Locations. If additional space is needed, submit this information separately as Exhibit 3.

Each employee must complete a Video Gaming Technician/Terminal Handler/Sales Agent and Broker License Application and be individually licensed as a Sales Agent and Broker prior to engaging in the solicitation of business.

Name		Phone	
Title	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Capacity of Involvement			

Name		Phone	
Title	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Capacity of Involvement			

Name		Phone	
Title	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
Street Address		City/State/Zip Code	
Capacity of Involvement			

SECTION 4 – ADDITIONAL INFORMATION

Provide an accompanying Exhibit explaining any question that is answered yes.

Applicant must answer the following questions:	Yes	No
A. Has a Terminal Operator previously submitted an Exhibit 8D – Sales Agent/Broker Update on behalf of the Applicant? Provide as Exhibit 4(A) a list of all Terminal Operators.	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the Applicant ever had any business associations or transactions with any person involved or known or alleged to be involved with illegal gambling activities?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has the Applicant ever accepted a finder's fee or any other compensation from another person or entity for services rendered in connection with the issuance of a gaming license in any jurisdiction? Please describe each instance.	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the Applicant ever offered or provided anything of value to any video gaming location, or any person related to or affiliated with a video gaming location as defined in Section 1800.350(a)(2) of the Board's Adopted Rules for Video Gaming, as an incentive or inducement to locate, keep or maintain video gaming terminals at a video gaming location?	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the Applicant owe any past due taxes, fees or obligations to any local, state or the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the Applicant in default in the payment of any obligation or debt due to the State of Illinois or in arrears in any court-ordered financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>
G. Has the Applicant been named as a defendant in any civil action based in whole or in part on allegations of conduct that constitute fraud, misrepresentation or omission of material information, breach of fiduciary duty, unfair or deceptive trade practices, or a violation of the Illinois False Claims Act or any similar law in any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
H. Has the Applicant ever facilitated, enabled, or participated in the use of coin-operated amusement devices for gambling purposes or any type of coupon or electronic product promotion kiosks (sweepstakes machines)?	<input type="checkbox"/>	<input type="checkbox"/>
I. In any jurisdiction, has the Applicant had any Gaming-related license, certificate or application denied or found unsuitable, voluntarily withdrawn, suspended or restricted, revoked, non-renewed or considered for non-renewal, found unsuitable or ordered to economically disassociate from any business entity or for which a preliminary action relating to unsuitability or economic disassociation was initiated?	<input type="checkbox"/>	<input type="checkbox"/>
J. Are there any public officials or officers of any unit of government, and relatives of said public officials or officers who, directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of or hold any debt instrument issued by, or hold or have any interest in any contractual or service relationship with Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
K. Has the Applicant made, directly or indirectly, any political contribution, or any loans, donations or other payments, to any candidate or office holder, within 5 years from the date of filing the application, including the amount and the method of payment.	<input type="checkbox"/>	<input type="checkbox"/>
L. Does the Applicant, or any of its affiliated business entities own or control a Video Gaming Manufacturer, Distributor, Supplier, Licensed Establishment, Licensed Fraternal Establishment, Licensed Veterans Establishment, Licensed Truck Stop Establishment and Licensed Large Truck Stop Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
M. Will the Applicant, or any of its affiliated business entities, be receiving any Net Terminal Income pursuant to a contractual agreement for the services you provide?	<input type="checkbox"/>	<input type="checkbox"/>

**VIDEO GAMING BUSINESS ENTITY SALES AGENT AND BROKER LICENSE APPLICATION:
SCHEDULE OF EXHIBITS**

(Print name of Applicant)

If an Exhibit is not applicable, indicate with N/A

Exhibit Number	Person who made or directed preparation of Exhibit	Official Title
1(A)		
1(B)		
1(C)		
2(A)		
2(B)		
3		
4(A)		
4(B)		
4(C)		
4(D)		
4(E)		
4(F)		
4(G)		
4(H)		
4(I)		
4(J)		
4(K)		
4(L)		
4(M)		

VERIFICATION

State of _____)
)ss
County of _____)

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

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

“Undersigned swears and certifies under penalty of law that all answers and information provided in this VIDEO GAMING BUSINESS ENTITY SALES AGENT AND BROKER LICENSE APPLICATION 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 Application is submitted or with which this Application 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 Application is submitted or with which this Application is associated.”

(Name of Applicant)

By: _____

Its: _____

(Print name of person authorized to sign)

SUBSCRIBED and SWORN to before me this
_____ day of _____, 20 _____

(Notary Public)

Notary Public in and for
the County of _____
State of _____.

AFFIDAVIT OF FULL DISCLOSURE

State of _____

County of _____

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

of _____, and being first duly sworn upon oath or affirmation,
(Name of Applicant)

depose and state:

that, except as has been reported in writing to the Illinois Gaming Board (“Board”), undersigned has no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any direct or indirect interest whatsoever in any licensed gaming operation or any portion thereof for which the Applicant associated with this Video Gaming Business Entity Sales and Broker License Application (“Application”) seeks licensing by the Board;

that, except as has been reported in writing to the Board, undersigned has no agreements or understandings with any person or entity and no present intent to transfer at any future time any direct or indirect interest whatsoever in or to a licensed gaming operation or any portion thereof for which the Applicant associated with this Application seeks licensing by the Board.

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

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

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

(Name of Applicant)

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 in connection with a written request for licensing by the Board ("Application"). In consideration of the assurance by the Board that no vote on said Application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associations and finances, the undersigned does on behalf of the Applicant, hereby releases, remises, and forever discharges 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 the Application.

I, _____, being the duly authorized _____
(Officer) (Office)
of _____, have read this release and understand its terms.
(Name of Applicant)

On behalf of and in accordance with the instructions, I execute this release with full knowledge that I will be bound hereby.

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

(Name of Applicant)
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 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 SALES AGENT AND BROKER LICENSE APPLICATION.

I, _____, being the duly authorized _____
(Officer) (Office)
of _____, have read this Acknowledgment and understand its terms.
(Name of Applicant)

On behalf of and in accordance with the instructions, I execute this Acknowledgment with full knowledge that I will be bound hereby.

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

(Name of Applicant)
By: _____
Its: _____

SUBSCRIBED and SWORN to before me this
_____ day of _____, 20 ____

(Notary Public)
Notary Public in and for the
County of _____
State of _____