STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION

"D"
BUSINESS ENTITY

BUSINESS LICENSE APPLICATION
INSTRUCTIONS

NAME OF BUSINESS ENTITY: _____

CONTACT PERSON: _____

ADDRESS AND PHONE NUMBER: _____

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. Background investigations may take several months, depending on the level of license required and the complexity of the investigation.

This application shall include, as applicable, any supplemental questionnaires and all attached documents. Any false statement made in this application is a Class D felony and is punishable by up to five (5) years in prison or a fine of up to five thousand dollars ($5,000.00), or both. Furthermore, failure to reveal requested information or the submission of false or misleading information may result in denial of this application.

The Iowa Division of Criminal Investigation and the Iowa Racing and Gaming Commission may require the applicant to provide additional information, forms, or documents. This application may not be withdrawn without permission of the appropriate licensing or permitting agency.

The applicant shall promptly provide written notification to the appropriate Iowa Division of Criminal Investigation office and the Iowa Racing and Gaming Commission office of any corrections or changes to the information submitted in this application or the required documents.

Acceptance of a license, renewal thereof or an approval constitutes an agreement on the part of the applicant to be bound by all of the applicable statutes in Chapter 99F and 99D of the Iowa Code and the rules that are contained within Chapter 491 of the Iowa Administrative Code. It is the responsibility of the applicant or approved individual to stay informed of the content of all such laws and rules.

Investigation Fee:
An application fee of $10,000.00 shall be paid at the time of filing. If the cost of the investigation exceeds the total amount of fees filed by the applicant in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

Instructions:
Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned. If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed. Initials and signatures must be in **blue ink.** Each page of this form must by initialed by you after completion in the space indicated at the bottom of each page. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application. For foreign businesses the submission must be translated to the English language as well as all financial documents must be based upon GAAP (General Accepted Accounting Principles) in the United States.

_____Initials

Sign the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the I.R.S. form attached to this application.

If you need additional space to answer any question, be sure to indicate the number of the question you are answering if you use this additional space.

Return the completed Business Entity application with all supporting documentation in **one submission** and payment to:

Iowa Racing and Gaming Commission
6200 Park Avenue, Suite 100
Des Moines, IA 50321

DEFINITIONS

Affiliate	An affiliate of an entity is a person who directly or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, such entity.
Applicant	Any individual or business entity who directly or indirectly has submitted a Business Entity application.
Application	All written materials, including the instructions, forms and other documents comprising the applicant's submission of a Business Entity application.
Attributed Interest	A direct or indirect interest in a Business Entity deemed to be held by a person not through the person's actual holdings but either through the holdings of the person's relatives or through a third party or parties on behalf of the person pursuant to a plan, arrangement or agreement.
Bank	(A) A banking institution organized under the laws of the United States, (B) a member bank of the Federal Reserve System, (C) any other banking institution or trust company, whether incorporated or not, doing business under the laws of any State or of the United States, a substantial portion of the business of which consists of receiving deposits or exercising fiduciary powers similar to those permitted to national banks under the authority having supervision over banks, and which is not operated for the purpose of evading the provisions of this title, and (D) a receiver, conservator or other liquidating agent of any institution or firm in clauses (A), (B), or (C) of this paragraph.
Best of Knowledge	Applicant's knowledge after substantial inquiry.
Business Entity	A partnership (limited or general), incorporated or unincorporated association or group, firm, corporations (publicly traded or closely held), holding corporations and subsidiaries, limited liability company, partnership for shares, trusts, sole proprietorships, joint ventures or other forms of business.
Compensation	Anything of value, including without limitation salary, wages, commissions, tips, gratuities, fees, bonuses, and distributions from S corporations, in any form, including cash, securities, real property and tangible and intangible personal property.
Control	The possession, direct or indirect, of the power to direct or cause the direction of the management and policies of an Individual or Business Entity, whether through the ownership of voting securities, by contract, or otherwise.
Debt Instrument	Any bond, loan, mortgage, trust deed, note debenture, subordination, guaranty letter of credit, security agreement, surety agreement, pledge, chattel mortgage or other form of indebtedness.
Dependent	Any Individual who received over half of his/her support in a calendar year from any other Individual.
FEIN	Federal Employee Identification Number.
Financial Statement	Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.
Gambling	Shall mean all types of racing and gaming activities, including but not limited to dog track, horse track, greyhound racing, horse racing, lottery, casino and pari-mutuel operations.
Game	A gambling activity which is played for money, property, or anything of value, including without limitation those played with cards, chips, tokens, dice, implements or electronic, electrical or mechanical devices or machines.
Gaming Equipment	A machine, mechanism, device or implement which is integral to the operation of a Game or affects the result of a Game by determining win or loss, including without limitation: electronic, electrical, or mechanical devices or machines: cards or dice; layout for live gaming devices; any representative of value used with any Game, including without limitation chips, tokens, or electronic cards; hardware and software related to any item described herein.
Indirect Interest	An interest in a Business Entity that is deemed to be held by the holder of an Owner's license not through the holder's actual holdings in the Business Entity, but through the holder's holdings in other Business Entities.
Individual	Any natural person.
Publicly Held company	A company that has filed a registration statement with the Securities and Exchange Commission.
Principal employee	All officers, directors, trustees, partners (general or limited) and sole proprietors. Any person with supervisory responsibilities who has the authority to sign any legal/contractual agreements for the Business Entity.
Registered Agent	Any Individual or Business Entity against whom service of process may be made on behalf of any Business Entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

Related Party	An Individual or Business Entity having a pecuniary interest in a Business Entity which is not a Publicly Held Company; a holder of more than 5% of the outstanding shares of a corporation which is a Publicly Held Company, a Key Person of a Business Entity; an Affiliate of a Business entity; a Relative of an Individual having a pecuniary interest in a Business Entity which is not a Publicly Held Company; a Relative of a holder of more than 5% of the outstanding shares of a corporation which is a Publicly Held Company; a Relative of a Key Person of Business Entity; a Relative of an Affiliate of a Business Entity; a trust for the benefit of or managed by a Business Entity or a Key Person thereof; or any other Individual or Business Entity who is able to control or significantly influence the management or operating policies of a Business Entity.
Relative	Spouse, parents, grandparents, children, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, sisters-in-law, whether by the whole or half blood, by marriage, adoption or natural relationship and dependents.
Sole Proprietor	An Individual who in his or her own name owns 100% of the assets and who is solely liable for the debts of a business.
Substantial Creditor	The holder of any Debt Instrument of whatever character, against an Individual or Business Entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is $50,000 or more.
Support Facility	A place of business which is part of, or operates in conjunction with a Riverboat Gaming Operation, and is owned in whole or in part by the holder of an owner's or supplier's license or any and/or their principal employees, including without limitation riverboats, offices, docking facilities, parking facilities and land-based hotels or restaurants.

SECTION 1
BUSINESS ENTITY INFORMATION

1. NAME OF BUSINESS ENTITY: _____
(As it appears on the certificate of incorporation, certificate of organization, charter, by-laws, partnership agreement operating agreement or other official document)

Trade Name/Doing Business As: _____

Address of Business Entity: _____
Street City State Zip Code

Telephone number: _____
Fax number: _____
Compliance Officer: _____
Location of Business Records: _____
County: _____
Name of Individual(s) or Business(es) who maintain these records:

_____

_____

Telephone number (if different than above): _____

Type of Business Entity: ☐ Sole-Proprietorship ☐ Corporation Type: _____ ☐ Trust

☐ Limited Liability Company ☐ Limited Partnership ☐ General Partnership ☐ Other _____

☐ Partnership for Shares ☐ Joint Ventures ☐ Unincorporated Association

Principle Business Activity: _____
Nature/Kind of Business

State of Incorporation: _____ Date of Incorporation: _____
Month Day Year

Is this Business Entity Stock ☐ Closely Held ☐ Publicly Held

Federal Employer Identification or S.S.N: _____
State Employer Identification Number: _____
Dunn & Bradstreet Identification Number: _____
Registered Agent for the Business Entity: _____

Name of Parent Company: _____
Address of Parent Company: _____
County: _____
Compliance Officer: _____
Telephone Number: _____
Fax Number: _____
Website/E-mail: _____

_____Initials

Name of individual preparing this application: _____
Address of individual preparing this application: _____
Telephone Number: _____
Fax Number: _____
Website/E-mail: _____

Name(s) and address(es) of any subsidiary or affiliate of this Business Entity:

Name of Subsidiary Company: _____

Address: _____
County: _____
Compliance Officer: _____
Telephone Number: _____
Fax Number: _____
Website/E-mail: _____

Name of Subsidiary Company: _____

Address: _____
County: _____
Compliance Officer: _____
Telephone Number: _____
Fax Number: _____
Website/E-mail: _____

Name of Subsidiary Company: _____

Address: _____
County: _____
Compliance Officer: _____
Telephone Number: _____
Fax Number: _____
Website/E-mail: _____

Name of Subsidiary Company: _____

Address: _____
County: _____
Compliance Officer: _____
Telephone Number: _____
Fax Number: _____
Website/E-mail: _____

_____Initials

2. List each Officer:

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

_____Initials

2. Officer (continued)

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

_____Initials

3. List each Director:

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

_____Initials

3. Director (continued)

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

_____Initials

4. List each Partner-Stockholder who holds 5% or more. :

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

_____Initials

4. Partner-Stockholder (continued)

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone : Residence _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____
Month Day Year

Percentage of Stock Held: _____ %

Amount of Compensation for Position Held: $ _____
Total

☐ Salary/Wages ☐ Directors Fees ☐ Stock Options-Dividends

$ _____ $ _____ $ _____

_____Initials

5. If the business entity is a corporation, attach copies of all annual reports and SEC filings, if any, for the previous three years.

6. If the business entity is a public corporation, indicate below on what exchange its stock is traded and under what name:

_____

7. If the business entity is a corporation, attach the minutes of the board of directors' meetings for the previous three years.

8. If not a publicly held corporation, list all partners/stockholders/owners of the company.

Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
Cell:		Cell:	
E-mail:		E-mail:	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
Cell:		Cell:	
E-mail:		E-mail:	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
Cell:		Cell:	
E-mail:		E-mail:	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
Cell:		Cell:	
E-mail:		E-mail:	

_____Initials

9. If not a publicly held corporation, the most recent independent auditor's report, if applicable.

10. List Business Entity C.P.A. or Accountant.

INTERNAL:

Name: _____
Address: _____
_____
Position/Title: _____
Telephone: _____
Fax: _____
Cell: _____
E-mail: _____
Birth date: _____
Social Security #: _____

Name: _____
Address: _____
_____
Position/Title: _____
Telephone: _____
Fax: _____
Cell: _____
E-mail: _____
Birth date: _____
Social Security #: _____

Name: _____
Address: _____
_____
Position/Title: _____
Telephone: _____
Fax: _____
Cell: _____
E-mail: _____
Birth date: _____
Social Security #: _____

Name: _____
Address: _____
_____
Position/Title: _____
Telephone: _____
Fax: _____
Cell: _____
E-mail: _____
Birth date: _____
Social Security #: _____

EXTERNAL:

Name: _____
Firm Name: _____
Address: _____
_____
Telephone: _____
Fax: _____
E-mail: _____

Nature of Business: _____

Name: _____
Firm Name: _____
Address: _____
_____
Telephone: _____
Fax: _____
E-mail: _____

Nature of Business: _____

Name: _____
Firm Name: _____
Address: _____
_____
Telephone: _____
Fax: _____
E-mail: _____

Nature of Business: _____

Name: _____
Firm Name: _____
Address: _____
_____
Telephone: _____
Fax: _____
E-mail: _____

Nature of Business: _____

_____Initials

11. **List Business Entity Attorney**

Name:		Name:	
Firm Name:		Firm Name:	
Address:		Address:	
Telephone:		Telephone:	
Cell:		Cell:	
Fax:		Fax:	
E-mail:		E-mail:	
Nature of Business:		Nature of Business:	

12. List each Officer, Director, Partner, Stockholder or Principal Employee who is actively involved in the conduct of the **day-to-day** operation of the Business Entity:

Name:		Name:	
Address:		Address:	
Position:		Position:	
Duties:		Duties	
Telephone:		Telephone:	
Cell:		Cell:	
Fax:		Fax:	
E-mail:		E-mail:	
Name:		Name:	
Address:		Address:	
Position:		Position:	
Duties:		Duties	
Telephone:		Telephone:	
Cell:		Cell:	
Fax:		Fax:	
E-mail:		E-mail:	
Name:		Name:	
Address:		Address:	
Position:		Position:	
Duties:		Duties	
Telephone:		Telephone:	
Cell:		Cell:	
Fax:		Fax:	
E-mail:		E-mail:	

SECTION 2
LEGAL PROCEEDINGS

13. List all lawsuits, civil and criminal, involving the business entity, parent company, subsidiary, or affiliated companies for the previous 10 years. Provide complaint and disposition for each item listed.

Date	Name & Address of Court	Docket Number	Other Parties to Suit	Nature of Suit	Disposition

14. Does the business entity, officers, or directors anticipate being a party to a lawsuit?
☐ Yes ☐ No If yes, provide supporting documentation.

15. Has the business entity ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, county, provincial, state, federal or national court, agency, committee, grand jury or investigatory or regulatory body, whether in the United States or outside of the United States, other than in response to a traffic summons?
☐ Yes ☐ No. If yes, provide supporting documentation detailing date, name and address of the court or agency involved, nature of the proceedings, and if testimony was given.

16. Has the business entity, affiliated companies, officers or directors ever been the subject of an investigation conducted by a governmental investigatory and/or regulatory agency for any reason?
☐ Yes ☐ No
If yes, provide supporting documentation detailing the date of the investigation, governmental agency, nature of investigation and disposition of investigation.

17. Has the business entity, affiliated companies, officers, directors, or principal employees ever been named as an unindicted party or co-conspirator in any criminal proceeding in Iowa or any other jurisdiction, whether in the United States or outside of the United States? ☐ Yes ☐ No. If yes, provide supporting documentation detailing the date of investigation, governmental agency, nature of investigation and disposition of investigation.

18. Has the business entity, officers, or directors ever been the subject of any of the following? If yes, provide supporting documentation listing date of incident, nature of incident, disposition of incident.

☐ Yes ☐ No Anti-trust violations
☐ Yes ☐ No Security judgments
☐ Yes ☐ No Other license denials
☐ Yes ☐ No Suspensions or revocations
☐ Yes ☐ No Insolvency proceedings

_____Initials

19. Has the business entity sustained a loss where a significant insurance payment was received?
☐ Yes ☐ No. If yes, provide supporting documentation detailing date of incident, nature of incident, disposition of incident, and name and address of insurance company making settlement.

20. Has the business entity sustained a loss by fire where arson was suspected? ☐ Yes ☐ No. If yes, explain in detail, listing circumstances surrounding the fire and the name and address of the investigating agency. Provide supporting documentation.

21. Has the business entity, parent company, subsidiary or affiliated company ever made application to, or received any permit, license, certificate or qualification from a licensing agency in this Iowa, or any other jurisdiction, whether in the United States or outside of the United States, in connection with any gaming venture?
☐ Yes ☐ No. If yes, complete the following:

Date of Application	Name/Address of Licensing Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	

_____Initials

SECTION 3
FINANCIAL DATA

20. **TAX DATA**

STATE _____

Has the business entity filed all State income tax returns for the previous three (3) years?
☐ Yes ☐ No.

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, has your business entity filed an extension? ☐ Yes ☐ No.

If yes, attach a copy of the extension application form to this application.

If no, explain: _____

_____

STATE REVENUE DEPARTMENT(S) ADDRESS: _____

FEDERAL _____

Has the business entity filed all Federal income tax returns for the previous three (3) years?
☐ Yes ☐ No.

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, has your business entity filed an extension? ☐ Yes ☐ No.

If yes, attach a copy of the extension application form to this application.

If no, explain: _____

_____

IRS OFFICE LOCATION: _____

_____Initials

23. Has your business entity, or any affiliate thereof, ever filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency laws in any jurisdiction or had a petition for involuntary bankruptcy filed against it or had a receiver, fiscal agent, conservator, trustee, reorganization trustee or similar person appointed for it? ☐ Yes ☐ No. If yes, complete the following and provide certified copies of the petition and order of discharge or plan of confirmation relating to each such filing to this application.

Date Filed	Name/Address of Court	Docket Number	Name/Address of Filing Party	Name/Address of Trustee

24. If the business entity or subsidiary has audited financial statements prepared, attach to this form a copy of such statement and auditor's report for the previous three years. Do this for each business entity owned.

25. If the business entity or the subsidiaries do not normally have their financial statements audited, attach to this form the unaudited financial statement for the last three years. Do this for each business entity owned.

26. Provide with this application a list by name, address and amount of all I.R.S. 1099 recipients paid by the business entity or its subsidiaries in the previous three years.

27. List all financial institutions with which your business entity or subsidiaries does business.

Business Entity Name	Name/Address of Financial Institution	Telephone	Fax	E-mail	Nature of Services Provided

_____Initials

28. Provide supporting documentation for the nature, type, terms, covenants and priorities of any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed by the corporation, which mature more than one (1) year from the date of issuance. Include the type, date, amount of initial and current debt, repayment terms, maturity date, interest rate, collateral used for each debt instrument and reason for each debt instrument.

29. Has the Business Entity utilized the services of venture capitalists, investment banks or other nontraditional sources to obtain financing? ☐ Yes ☐ No. If yes, complete the following.

Business Entity Name	Name/Address of Financial Institution	Telephone	Fax	E-mail	Nature of Services Provided

30. List all mortgages/leases or other holders of long-term debt that your business entity or subsidiaries has outstanding. Provide a copy of the mortgage contract/lease agreements with this application.

Business Entity Name	Name/Address of Holder	Purpose of Debt

_____Initials

STATEMENT OF ASSETS

List all assets, both tangible and intangible, held by applicant, on the appropriate line below. Enter the amount as of the date of this statement.

	Original Cost/Investment	Current Value
Current Assets:		
Cash in Financial Institutions:	$	$
Accounts and Notes Receivable	$	$
Investments:		
Stocks, Bonds and Debentures	$	$
Mutual Funds	$	$
Business Investments	$	$
Fixed Assets:		
Real Estate	$	$
Other Assets:	$	$
Total Assets:	$	$

_____Initials

STATEMENT OF LIABILITIES

List all liabilities of applicant on the appropriate line below. Enter the amount as of the date of this statement.

	Original Amount	Present Balance
Current Liabilities:		
Accounts Payable	$	$
Taxes Payable	$	$
Other	$	$
TOTAL CURRENT LIABILITIES	$	$
Non-current Liabilities:		
Unsecured Notes Payable	$	$
Secured Notes Payable	$	$
Other	$	$
TOTAL NON-CURRENT LIABILITIES	$	$
Other Liabilities	$	$
TOTAL LIABILITIES:	$	$
NET WORTH:	$	$
Contingent Liabilities:	$	$

_____Initials

31. If the business entity is a corporation, provide the following for each corporation:
    (1) The classes of stock, attendant rights of each class and numbers of shares;
    (2) The number of shares authorized, issued or outstanding;
    (3) The par value, market value and issue price of the shares;
    (4) The voting rights per class of stock (if right of holders of any class of stock may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and briefly explain);
    (5) The exchange, if any on which the class of stock may be traded;
    (6) A list of names, addresses and numbers of shares held for all holders of outstanding shares; and
    (7) A list of stock certificates which have been or will be pledged and the name(s), address(es) and telephone number(s) of the pledgor and pledge of any stock certificate in a corporation which is not a publicly traded company.

32. If the business entity is a corporation, provide the following for each corporation if within five years from the date of filing this application if there has been a change in the beneficial ownership of the equity securities of a corporation, including changes resulting from gift, purchase, sale, exercise of an option to purchase or sell, or grant or receipt of a put or a call, on the part of any individual or business entity who is or was a direct or indirect beneficial owner of five percent (5%) or more of any class of an equity security of the corporation or who is or was a key person of the corporation, for each change or ownership state:
    (1) The date of the transaction;
    (2) The nature of the transaction;
    (3) The parties, including their position, to the transaction; and
    (4) The number, class and percentage of ownership securities involved.

33. If the business entity is a corporation, provide the following for each corporation:
    (1) A description for each corporation of all stock warrants, options or common stock equivalents which are authorized, issued and exercisable, including applicable lists of participant names, addresses and amounts of holdings.

34. If the business entity is a corporation, provide the following for each corporation if the applicant has any obligations or securities authorized or outstanding which bear voting rights either absolutely or upon any contingency, together with the nature of the obligations:
    (1) The face or par value;
    (2) The number of units authorized;
    (3) The number of units outstanding; and
    (4) Any conditions upon which the units may be voted.

35. If the business entity is **not** a corporation, provide the following:
    (1) A detailed description of the organization of each business entity;
    (2) For each business entity, as applicable, the applicant's name, including all former trade, assumed and fictitious names, business and residential address and telephone number, Social Security number, FEIN number, any federal tax stamp numbers, place and date of birth, occupation, place and date of organization, percentage of ownership and dates when participation occurred, and the amount of and dates when compensation was received for all present and former key persons of the business entity during the three years prior to the filing of this application
    (3) For each business entity which is not organized under Iowa law, provide a statement identifying the law under which it is organized and stated whether it is authorized to conduct business in Iowa.
    (4) The names and addresses of each participant in each business entity which is a general partner, limited partner, unincorporated associate, or other business entity other than a corporation.

_____Initials

36. If the business entity is an individual, then state:
    (1) The applicant's legal name;
    (2) Whether the applicant is a United States citizen;
    (3) Any aliases or business names which have ever been used or are being used by the applicant; and
    (4) Copies of the applicant's state and federal tax returns for the past three (3) years.

37. Provide an audited statement of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the applicant and any of its owners, including:
    (1) The title or name of the plan;
    (2) The identity and address of the trustee of the plan or the person administering such plan;
    (3) The material features of the plan;
    (4) The methods of financing the plan;
    (5) The identity of each class of person who is or will participate in the plan; and
    (6) The approximate number of persons in each such class.

38. Identify all dormant or shell company names used or owned by your business entity for the past twenty (20) years.

39. Identify any failed, abandoned or dissolved business projects where the business entity was an investor or planner.

40. Does the business entity hold or has it held a financial or ownership interest in any gaming venture in any jurisdiction? ☐ Yes ☐ No. If yes, provide supporting documentation detailing each such interest and percentage owned or held.

41. Political contributions: (List all in Iowa or any other jurisdictions for the last six (6) years.

Candidate	Position	Amount	Date
		$	
		$	
		$	
		$	
		$	
		$	
		$	

42. Identify all lobbyists or consultants retained by the business entity:

_____Initials

43. Identify the individual in the business entity who is the liaison with each lobbyist or consultant.

44. Provide the fee arrangements made with each lobbyist or consultant.

45. Has the business entity supplied a cash fund to any lobbyist or consultant? ☐ Yes ☐ No. If yes, supply an inventory list of those expenditures, or authorize your lobbyist or consultant to detail information.

46. Has the business entity pledged anything of monetary value to a lobbyist, consultant or nominee as a reward for obtaining commission approval of a contract? ☐ Yes ☐ No. If yes, explain:

47. Has the business entity transferred cash in any manner to an attorney's trust account for dispersal to a lobbyist, consultant or nominee? ☐ Yes ☐ No. If yes, explain:

48. Provide an organizational chart of the business entity with its relationship to existing parent, subsidiary or affiliated companies. (A flowchart illustrating the fully diluted ownership of the applicant. List all parent, subsidiary or intermediary companies until the flowchart reflects 100% of the stock, partnership, membership or ownership interest as being held by a natural person(s) and not other legal persons. If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.)

49. List all persons or companies with whom the corporation has contracts or agreements and indicate respective dollar amount of business done annually for the previous three (3) years.

50. Provide the most recent Compliance Officer's reports for the previous three years, if applicable.

    Applicable: ☐ Yes ☐ No

51. Provide a current list of locations and account numbers for all Uniform Commercial Code filings.

52. Are there any problem areas that you would like to discuss with an agent before the background investigation is initiated? ☐ Yes ☐ No. If yes, explain:

_____Initials

USE THIS PAGE FOR ADDITIONAL INFORMATION. BE SURE TO INDICATE THE NUMBER OF THE QUESTION YOU ARE ANSWERING.

CHECK LIST FOR ATTACHMENTS

Please provide and attach the following noted documents to this application:

SECTION 1

- ☐ Articles of incorporation
- ☐ Corporate certificate
- ☐ Partnership agreement
- ☐ Trust agreement
- ☐ Joint venture agreement
- ☐ Charter
- ☐ By laws
- ☐ Management Organizational Chart
- ☐ Organizational Ownership and Control Chart

SECTION 2

- ☐ Civil litigation
- ☐ Criminal litigation
- ☐ Anti-trust, trade regulation & securities judgment(s)

SECTION 3

- ☐ Annual reports
- ☐ Quarterly reports
- ☐ Interim reports
- ☐ Tax returns (last three (3) years)
- ☐ Bankruptcy filings - Receivership proceedings
- ☐ Mortgages/Lease Agreements
- ☐ Financial statements
- ☐ Auditor Reports
- ☐ List of expenditures supplied to lobbyist or consultant
- ☐ List of I.R.S. 1099 recipients
- ☐ Board of Directors' minutes
- ☐ Compliance Officer reports
- ☐ Gaming/Regulatory reports
- ☐ Uniform Commercial Code filings list
- ☐ Vendor List

_____Initials

STATEMENT OF TRUTH

STATE OF :
:
COUNTY OF :

I, _____ , hereby swear and affirm
(Name)
under penalty of perjury that I am authorized to act on behalf of and bind the applicant and that the information supplied by the applicant in the foregoing Business Entity License Application and all attached statements, supporting schedules and supporting documents are true and correct to the best of my knowledge.

_____
Name of Applicant (printed or typed)

BY: _____
Authorized individual (printed or typed)

_____
Title of authorized individual (printed or typed)

_____
Signature of authorized individual

Subscribed and sworn to before me, the undersigned Notary Public, in the City of _____ in the state of _____ .
on the _____ day of _____ , 20 _____

_____
Name of Notary Public & I.D. Number (printed or typed)

_____
Signature of Notary Public

_____
My Commission Expires

_____Initials

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VERIFICATION BY APPLICANT

UNLESS THE APPLICANT IS A SOLE PROPRIETOR, THIS APPLICATION MUST BE SIGNED BY AN OFFICER, DIRECTOR, PARTNER, MANAGER, OR MANAGING MEMBER DULY AUTHORIZED TO ACT ON BEHALF OF AND BIND THE APPLICANT. ATTACH A COPY OF THE AUTHORIZING DOCUMENT.

I, _____ , being duly sworn, depose and say that I am authorized to act on behalf of and bind the applicant and, that on behalf of the applicant, I have read the Important Notices, Instructions, and completed the application, and hereby represent and warrant that the statem3ents and responses provided therein are true and correct to the best of my knowledge, information, and belief, and represent a complete and accurate account of the requested information. In addition, I have read, understand and agree, on behalf of the applicant, to comply with the statutes in Chapter 99F and 99D of the Iowa Code and rules that are contained within Chapter 491 of the Iowa Administrative code. Furthermore, I have executed this statement voluntarily with the knowledge that any failure to provide the correct information is cause for the denial of any original or renewal application or the revocation of any license, permit or other certification or approval issued or granted by the state of Iowa, and that the making of any false statement is a Class D felony and is punishable by up to five (5) years in prison or a fine of up to five thousand dollars ($5,000.00), or both.

_____
Name of Applicant (printed or typed)

BY: _____
Signature of authorized individual

_____
Title of authorized individual (printed or typed)

Subscribed and sworn to before me, the undersigned Notary Public, in the City of _____
County of _____ State of _____ Country of _____
on the _____ day of _____ , 20 _____

_____
Name of Notary Public & I.D. Number (printed or typed)

_____
Signature of Notary Public

_____
My Commission Expires

_____Initials

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VERIFICATION BY PREPARER

I, _____ , being duly sworn, depose and say that I am the person who Prepared the application on behalf of the applicant, that I have read the Important Notices and Instructions, that the statements and responses provided therein of which I have knowledge are true and correct to the best of my knowledge, information, and belief, and represent a complete and accurate account of the requested information, and that any statements or responses of which I do not have knowledge represent a complete and accurate account of the information provided by the applicant. In addition, I have read and understand the statutes in Chapter 99F and 99D of the Iowa code and the rules that are contained within Chapter 491 of the Iowa Administrative Code. Furthermore, I have executed this statement voluntarily with the knowledge that any failure to provide the correct information is cause for the denial of any original or renewal application or the revocation of any license, permit or other certification or approval issued or granted by the state of Iowa, and that the making of any false statement is a felony and is punishable by up to five (5) years in prison or a fine of up to five thousand dollars ($5,000.00), or both.

_____
Name of Applicant (printed or typed)

BY: _____
Signature of Preparer

_____
Title of Preparer

Subscribed and sworn to before me, the undersigned Notary Public, in the City of _____
County of _____ State of _____ Country of _____
on the _____ day of _____ , 20 _____

_____
Name of Notary Public & I.D. Number (printed or typed)

_____
Signature of Notary Public

_____
My Commission Expires

_____
Name of Applicant (printed or typed)

BY: _____
Signature of Preparer

_____
Title of Preparer

_____Initials

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STATE OF IOWA
AUTHORIZATION FOR EXAMINATION AND RELASE OF INFORMATION

I, _____ , do hereby authorize a review, full disclosure and release of any and all records concerning my business entities to any authorized officer, agent or employee of the Iowa Division of Criminal Investigation, whether the records are of a public, private, or confidential nature, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to determine whether to issue a license to: _____ doing D.B.A. _____ and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the state of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Iowa Division of Criminal Investigation and the Iowa Racing and Gaming Commission in their review of license applications.
4. I understand that I may revoke this authorization in writing at any time by notification to the Iowa Division of Criminal Investigation and that the Iowa Racing and Gaming Commission may take any such revocation of this authorization into consideration in its review of the license application.
5. This authorization will automatically expire one year from the date it is signed.
6. A photocopy of this authorization will have the same force and effect as the original.

_____ _____
Name of Applicant (printed or typed) Signature of Applicant

_____
Title of Applicant

Subscribed and sworn to before me, the undersigned Notary Public, in the City of _____
County of _____ State of _____ Country of _____
on the _____ day of _____ , 20 _____

_____
Name of Notary Public & I.D. Number (printed or typed)

_____
Signature of Notary Public

_____
My Commission Expires

_____Initials

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