

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 This application may not be withdrawn without permission of the appropriate licensing or permitting agency.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 be 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.

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 the Iowa Racing and Gaming Commission; DMACC Capitol Center; 1300 Des Moines Street Suite 100; Des Moines, Iowa 50309

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 Business Entity	Applicant's knowledge after substantial inquiry. 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 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: _____

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: _____

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

\$ _____ \$ _____ \$ _____

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

\$ _____ \$ _____ \$ _____

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

\$ _____ \$ _____ \$ _____

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

\$ _____ \$ _____ \$ _____

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

\$ _____ \$ _____ \$ _____

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

\$ _____ \$ _____ \$ _____

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

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

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

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

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

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

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

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

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: _____

11. List Business Entity Attorney

Name: _____
Firm Name: _____
Address: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

Name: _____
Firm Name: _____
Address: _____

Telephone: _____
Cell: _____
Fax: _____
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: _____
Address: _____

Position: _____
Duties: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

Name: _____
Address: _____

Position: _____
Duties: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

Name: _____
Address: _____

Position: _____
Duties: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

Name: _____
Address: _____

Position: _____
Duties: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

Name: _____
Address: _____

Position: _____
Duties: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

Name: _____
Address: _____

Position: _____
Duties: _____

Telephone: _____
Cell: _____
Fax: _____
E-mail: _____

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	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**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: _____

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:	\$ _____	\$ _____

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:	\$ _____	\$ _____

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 pledgee 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.

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
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>

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

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:

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

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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 statements 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

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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 RELEASE 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

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Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Iowa Division of Criminal Investigation		ii. IVES participant ID number 0000302214		iii. SOR mailbox ID 4PZJGH6WWE	
iv. Street address (including apt., room, or suite no.) 215 E 7th Street		v. City Des Moines		vi. State IA	vii. ZIP code 50319
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Iowa Division of Criminal Investigation				ii. Telephone number 515-725-6034	
iii. Street address (including apt., room, or suite no.) 215 E 7th Street		iv. City Des Moines		v. State IA	vi. ZIP code 50319

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

12 / 31 /2020 12 / 31 /2021 12 / 31 /2022 / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



CAUTION You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.