STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION

BUSINESS ENTITY

CLASS D UPDATE

CASINO OPERATOR / NOT-FOR-PROFIT

NAME OF BUSINESS ENTITY: _____

TRADE NAME/DBA: _____

ADDRESS AND PHONE NUMBER: _____

Revised 08/2012; 09/2016

Initials _____

BUSINESS LICENSE UPDATE

INSTRUCTIONS

Note to Licensee

Requests for information are in relation to the performance of annual reviews of gaming licensees to ensure compliance of IRGC licensing standards. During the period of licensure, the Iowa Racing and Gaming Commission (IRGC) continues to monitor the operation of the company/business entity and the conduct of the parties involved with the assistance of the Iowa Division of Criminal Investigation through the performance of DCI Class D Updates.

Instructions:

Read every question carefully and answer every question completely. Failure to answer any question or giving incomplete answers may cause your update 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 modifications to the questions or the pre-printed information asked for in this form or incomplete submissions may 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 Statements of Truth and the Release of Authorization forms in the presence of a notary public and have your signatures notarized.

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

Return the completed Business Entity application with all supporting documentation in **one submission** to the Iowa Division of Criminal Investigation Special Agent from which you obtained the form.

Initials _____

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: _____
Website/Email: _____
Compliance Officer: _____
Location of Business Records: _____
County: _____
Name of Individual(s) or Business(es) who maintains these records: _____
Telephone number (if different than above) : _____

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

☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership

☐ Joint Venture ☐ 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 SSN: _____
State Employer Identification Number: _____
Dunn & Bradstreet Identification Number: _____
Registered Agent for the Business Entity: _____

Name of Parent Company: Note any changes since last update with DCI, if any. _____
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/Email: _____

Name(s) and address of any subsidiary or affiliate of this Business Entity: Note changes since last update with DCI, if any.

Name of Subsidiary Company: _____
Address of Subsidiary Company: _____

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

Note to #2 below: For a Not-For-Profit entity, also indicate any changes to the board of directors.

2. Since your last update with DCI, have you had any changes in your **inside board of directors**? ☐ Yes ☐ No If so, list the new members:

Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
Email:		Email:	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
Email:		Email:	

Note: Consider both the licensed entity and/or the ultimate parent company.

Initials _____

3. Since your last update with DCI, list each new **Partner, Stockholder, Officer or Owner who holds 5% or more:**

Name: _____ Position Held: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ _____
Residence Business

Fax: _____ Email: _____

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

Percentage of Stock Held: _____

Amount of Compensation for Position Held: _____

4. If the business entity is a corporation, provide the appropriate response for each corporation since the last update with DCI. Has there 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, if applicable:
   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.

5. Provide a current ownership structure chart/organization chart of the business entity with its relationship to existing parent, subsidiary or affiliated companies (provide supporting documents, if appropriate).

6. Provide a current organization chart for the management for operation of the business entity.

Initials _____

SECTION 2
LEGAL / ADMINISTRATIVE / REGULATORY PROCEEDINGS

Note: In all cases below, list only those items that are new since last update with the DCI.

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

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

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

9. Has the business entity 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.

10. Has the business entity, affiliated companies, officers or directors 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 investigation, governmental agency, nature of investigation and disposition of investigation.

11. Has the business entity, affiliated companies, officers, directors, or principal employees 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.

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

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

Initials _____

13. Provide a brief description of any and all **regulatory or criminal violations** involving the business entity, its parent company and its subsidiaries. This should include citations, sanctions or fines (memos, hearing notices, etc.) issued to the business entity or its license holders/gaming subsidiaries. Please list the regulatory agency issuing the notice and the outcome of incident.

14. Does the business entity, parent company, subsidiary or affiliated company have a current application in progress with a licensing agency in 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	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	

15. List Business Entity **CPA or Accountant**.

INTERNAL:

Name: _____
Address: _____
_____
_____
Position/Title: _____
Telephone: _____
Email: _____

EXTERNAL:

Name: _____
Firm Name: _____
Address: _____
_____
_____
Telephone: _____
Fax: _____
Email: _____

16. List Business Entity **Attorney**:

Name: _____
Firm Name: _____
Address: _____
_____
_____
Telephone: _____
Fax: _____
Email: _____

Initials _____

STATEMENT OF TRUTH

STATE OF :
:
COUNTY OF :

I, _____ , hereby swear and affirm under
(Name)
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)

_____
Authorized individual (printed or typed)

By: _____
Title of authorized individual (printed or typed)

_____
Signature of authorized individual

Subscribed to and sworn 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 _____

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 duly 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 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)

_____
Signature of Authorized individual

By: _____
Title of authorized individual (printed or typed)

Subscribed to and sworn before me, the undersigned Notary Public, in the State of _____

(City) _____ (County) _____ (Country)

on the _____ day of _____ , 20 _____ .

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

_____
Signature of Notary Public

SEAL

_____
My Commission Expires

Initials _____

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 or renew a license to: _____ 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 its 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 (printed or typed)

Subscribed to and sworn before me, the undersigned Notary Public, in the State of _____

(City) _____ (County) _____ (Country) _____

on the _____ day of _____, 20 _____.

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

_____
Signature of Notary Public

SEAL

_____
My Commission Expires

Initials _____