

OFFICER INFORMATION

6a. **The following information is required for the chief executive officer and the chief financial officer of the applicant. Note: These officers shall be subject to a state and FBI criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.**

Chief Executive Officer:

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home Street Address: _____
City: _____
State/Zip: _____
County: _____
Telephone: () _____
Email address: _____

Chief Financial Officer:

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home Street Address: _____
City: _____
State/Zip: _____
County: _____
Telephone: () _____
Email address: _____

6b. **The following information is required for officers of the applicant not listed in question #6a above:**

Name: _____
Officer's title: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home Street Address: _____
City: _____
State/Zip: _____
County: _____
Telephone: () _____
Email address: _____

Name: _____
Officer's title: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home Street Address: _____
City: _____
State/Zip: _____
County: _____
Telephone: () _____
Email address: _____

Name: _____
Officer's title: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home Street Address: _____
City: _____
State/Zip: _____
County: _____
Telephone: () _____
Email address: _____

Name: _____
Officer's title: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home Street Address: _____
City: _____
State/Zip: _____
County: _____
Telephone: () _____
Email address: _____

(Attach additional sheets, if necessary)

FINANCIAL INTEREST

6c. **The following information is required for each individual who has a 10% or greater financial interest in the applicant (distributor). Note: These individuals shall be subject to a state and FBI criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.**

Name: _____
 Date of birth: _____
 Social security number: _____

Name: _____
 Date of birth: _____
 Social security number: _____

Note: PO Box is not acceptable

Note: PO Box is not acceptable

Home Street Address: _____
 City: _____
 State/Zip: _____
 County: _____
 Telephone: () _____
 Email address: _____

Home Street Address: _____
 City: _____
 State/Zip: _____
 County: _____
 Telephone: () _____
 Email address: _____

(Attach additional sheets, if necessary)

MANAGEMENT

7. **List all other persons with management responsibilities not listed above:**

Name: _____
 Date of birth: _____
 Social security number: _____

Name: _____
 Date of birth: _____
 Social security number: _____

Note: PO Box is not acceptable

Note: PO Box is not acceptable

Home Street Address: _____
 City: _____
 State/Zip: _____
 County: _____
 Telephone: () _____
 Email address: _____

Home Street Address: _____
 City: _____
 State/Zip: _____
 County: _____
 Telephone: () _____
 Email address: _____

Please provide job title or position held and describe regular job duties:

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(Attach additional sheets, if necessary)

DISTRIBUTORS/MANUFACTURERS

8. Please list the names and locations of all licensed manufacturers and other distributors from which you currently, or plan to, purchase charitable gaming supplies and equipment:

Name: _____
Ky. License number: _____
City: _____ State: _____

Name: _____
Ky. License number: _____
City: _____ State: _____

Name: _____
Ky. License number: _____
City: _____ State: _____

Name: _____
Ky. License number: _____
City: _____ State: _____

(Attach additional sheets, if necessary)

9. Please list all locations, both in and out of Kentucky, from which charitable gaming supplies are received, distributed, or stored.

Street Address: _____
City: _____
State/Territory: _____
Country: _____

Street Address: _____
City: _____
State/Territory: _____
Country: _____

Street Address: _____
City: _____
State/Territory: _____
Country: _____

Street Address: _____
City: _____
State/Territory: _____
Country: _____

Street Address: _____
City: _____
State/Territory: _____
Country: _____

Street Address: _____
City: _____
State/Territory: _____
Country: _____

(Attach additional sheets, if necessary)

REGISTERED AGENT

10. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of the applicant's registered agent in Kentucky. PO Box is not acceptable.

Name: _____
Address: _____
City: _____
State/Zip: _____
Telephone: () _____

GENERAL INFORMATION

11. **Is applicant currently licensed or permitted to distribute charitable gaming supplies and equipment in any other states, territories, or countries?**

Yes or No

If "yes," please list the state, territory, or country:

State/territory/country: _____ State/territory/country: _____

State/territory/country: _____ State/territory/country: _____

(Attach additional sheets, if necessary)

12. **Has the applicant had any disciplinary action taken against it by regulatory authorities in any other states, territories, or countries?**

Yes or No

If "yes", state when and by what regulatory authority and on what ground(s):

13. **Has the applicant ever been denied a license or permit in any state, territory or country?**

Yes or No

If "yes", state when and by what regulatory authority and on what ground(s):

14. **Has the applicant had any disciplinary action taken by any other regulatory authorities in the Commonwealth of Kentucky?**

Yes or No

If "yes", explain in detail the circumstances:

15. **Has applicant or any individual named in questions #6 a, b, or c above been convicted of a crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

Yes or No

If "yes", describe in detail: _____

16. **Is the applicant or any individual named in question #6 a, b, or c above under indictment in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

Yes or No

If "yes", describe in detail: _____

SUPPLIES AND EQUIPMENT

17. What charitable gaming supplies and equipment are provided by your company?

- bingo paper
- charity game tickets (pulltabs)
- card minding devices
- electronic pulltab devices
- paper pulltab dispensers
- bingo flash boards and blowers
- festival – carnival type games
- monte carlo type games
- Other: _____

The applicant shall notify the Department of Charitable Gaming in writing of any changes in responses to questions 1-17 above within 30 days.

CERTIFICATION

I certify under penalty of perjury that I am an officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Officer's title: _____

Date: _____

Mail, e-mail, or fax completed application (including all required attachments), together with the \$25.00 processing fee made payable to "Kentucky State Treasurer", to:

Public Protection Cabinet
Department of Charitable Gaming
Division of Licensing & Compliance
132 Brighton Park Boulevard
Frankfort, KY 40601
e-mail: dcg.info@ky.gov
fax: (502) 573-6625

If you need any help completing this application, please call the Licensing Branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at:
<http://www.dcg.ky.gov>