### MANUFACTURER LICENSE APPLICATION

KRS 238.530(3) PROVIDES THAT NO PERSON WHO IS LICENSED AS A DISTRIBUTOR SHALL BE LICENSED AS A MANUFACTURER AND NO PERSON LICENSED AS A MANUFACTURER SHALL BE LICENSED AS A DISTRIBUTOR.

A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST SIXTY (60)

DAYS PRIOR TO THE INTENDED START OF LICENSE OR BEFORE THE

EXPIRATION OF YOUR CURRENT LICENSE.

### GENERAL MANUFACTURER INFORMATION

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1.	Name of applicant (manufacturer)	
	□New □ Repewal MAN	
	Please list any other names under which you conduct business in the United States:	
	(Attach additional pages, if necessary)	
2.	Is applicant organized as:Corporation	
	PartnershipLin ited Liability Co. (LLC)	
i	Sole Proprietorship	
	Other	
	If "other", explain in detail	
3.	Mailing address:	
	City:State/Zip Code:County:	
		1
	Telephone:Fax Number:	
	Email address:Website Address:	
4.	Federal Employer Tax Number:	
5.	Date of birth (if applicant is an individual):	



## OFFICER INFORMATION

fingerprinting will be required. Additional interpretation checks will be forwarded to the applicant.	
Chief Executive Officer:	Chief Financial Officer:
Title:	_ Title:
Name:	Name: Date of birth:
Date of birth:	Date of hirth:
Name:	Social Security number:
Note: PO Box is not acceptable	Note: PO Box is not acceptable
Home Address:	Homo Add
City	Home Address:
City:	City: State/7 p: Tolor ope: ( )
State/Zip:	State/ap:
Telephone: ( )	relegatione. ( )
Email Address:	Email Address:
The following information is required for office	ers of the applicant not listed in question #6a above:
Name: Officer's title:	Name:
Data of histhi	Officer's title:
Date of birth	Date of birth:
Date of birth: Social Security number:	Officer's title: Date of birth: Social Security number:
Date of birth	Date of birth:
Social Security number:  Note: PO Box is not acceptable	Date of birth:  Social Security number:  Note: PO Box is not acceptable
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Note: PO Box is not acceptable  Home Address: City: State/Zip: Telephone: ( ) Email Address:  Name: Officer's title: Date of birth: Social Security number:  Note: PO Box is not acceptable  Home Address:	Date of birth: Social Security number:  Note: PO Box is not acceptable  Home Address: City: State/Zip: Glephone: Glephone: Cofficer's title: Date of birth: Social Security number:  Note: PO Box is not acceptable  Home Address:

Name:		Name:	
Officer's title:		Officer's title:	
Date of birth:		Date of birth:	
Social Security nu	ımber:	Social Security number:	
Note: PO Box is	not acceptable	Note: PO Box is not accepta	ble
Home Address:		Home Address:	
City:		Home Address:  City: State/7in:	<del></del>
State/Sin:		State/7in:	<del></del>
Telephone: ( )		State/Zip:Telephone: ()	<del>`</del>
Email Ad ress:	· · · · · · · · · · · · · · · · · · ·	Email Address:	
Name:		Name:Officer's title:	
Officer's title:		Officer's title:	
Date of birth:		Date of birth	<u>.</u>
Social Security nu	ım er:	Social Security number:	
Note: PO Box is r	not acceptable	Note: PO Box is not accepta  Home Address:	
City:		City:	
State/Zip:		State/Zip: Telephone: ()	
Telephone: ()_		Telephone: ( )	
Email Address:		Email Address:	
	(Atlach addit	itional pages, if necessary)	
	FINANC	CIAL INTEREST	
6c. The following info	ormation is required for ea	ach individual who has a 10% or greater financial	interest in the

applicant (manufacturer). Note: These individuals shall be subject to a state and FBI criminal history background check, and fingerprinting will be required. Additional information relating to the procedures for the backgroung checks will be forwarded to the applicant. Name: Name: Date of birth: Date of birth: Social Security number: \_ Social Security number: \_\_ Note: PO Box is not acceptable Nate: PO Box is not acceptable Home Address: Home Addres City City:\_ State/Zip:\_ State/Zip:\_ Telephone: (\_ Telephone: ( Email Address: \_ Email Address: \_\_

(Attach additional pages, if necessary)

6d. List all other persons with management responsibilities not listed above.  Name:	projecti	MA	ANAGEMENT
Name:		IVIA	MAGEMENT
Name:	6d.	List all other persons with management r	responsibilities not listed above.
Note: PO Box is not acceptable  Home Address: City: State/Zip: State/Zip: Telephone: ( ) Email Address: Please provide job title or position held and regular job duties:  (Attach additional pages, Princessary)  REGISTERED AGENT  7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentulkry. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ( )			
Note: PO Box is not acceptable  Home Address: City: State/Zip: State/Zip: Telephone: ( ) Email Address: Please provide job title or position held and regular job duties:  (Attach additional pages, Princessary)  REGISTERED AGENT  7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentulkry. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ( )		Name:	Name:
Note: PO Box is not acceptable  Home Address: Home Address: City: State/Zip: State/Zip: State/Zip: State/Zip: Home Address: Email Address: Home Address: State/Zip: State/Zip: State/Zip: State/Zip: Telephone: () Email Address: Email Address: Please provide job title or position held and regular job duties:    Please provide job title or position held and regular job duties:		Date of birth:	Date of birth:
Home Address:		Social Security number	Social Security number:
State/Zip: Telephone: ( ) Email Address:  Please provide job title or position held and regular job duties:  (Attach additional pages, tinecessary)  REGISTERED AGENT  7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ( )		Note: PO Box is not acceptable	Note: PO Box is not acceptable
State/Zip: Telephone: ( ) Email Address:  Please provide job title or position held and regular job duties:  (Attach additional pages, tinecessary)  REGISTERED AGENT  7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ( )		Home Address:	Home Address:
State/Zip:		GILV.	City:
Please provide job title or position held and regular job duties:  (Attach additional pages, trinecessary)  REGISTERED AGENT  7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ()		State/Zip:	State/Zip:
Please provide job title or position held and regular job duties:  (Attach additional pages, trinecessary)  REGISTERED AGENT  7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ()		Telephone: ( )	Telephone: ( )
Please provide job title or position held and regular job duties:  (Attach additional pages, Vinecessary)  REGISTERED AGENT  7. If applicant is not a resident of the Communiwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ()		Email Address:	Email Address:
7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky. PO Box is not acceptable.  Name: Address: City/State/Zip: Telephone: ()		Please provide job title or position held an	nd regular job duties:
Name: Address: City/State/Zip: Telephone: ()			
Address:City/State/Zip:Telephone: ()	7.	If applicant is not a resident of the Commanduress of applicant's registered agent in	nwealth of Kentucky, you must provide the name and Kentucky. PO Box is not acceptable.
Address:City/State/Zip:Telephone: ()		Namo:	
City/State/Zip:Telephone: ()		Address:	
Telephone: ()			
		Telephone: ( )	
OTHER LICENSE(S)			
OTHER LICENSE(S)			
		OTHE	R LICENSE(S)
8. Is applicant currently licensed or permitted as a manufacturer of sharitable gaming supplies and equipment in any other states, territories or countries?	8.	equipment in any other states, territories o	or countries?
☐ Yes or ☐ No  If "Yes", please list the state, territory, or country:			

State/territory/country:

State/territory/country:

# **GENERAL INFORMATION** 9. Has the applicant had any disciplinary action taken by regulatory authorities in any other state, territory, of country? ☐ Yes or ☐ No If "yes", state when, by what regulatory authority, and on what grounds: 10. Has the applicant ever been denied a license or permit in any state, territory, or country? ☐ Yes or ☐ No If "yes", state when, by what regulatory authority and on what grounds: 11. Has the applicant had any disciplinary action taken by any other regulatory authorities in the Commonwealth of Kentucky? ☐ Yes on ☐ No If "yes", explain in detail the circumstances: Has applicant or any individual named in question 6a, 6b, & 6c of this application been convicted of a 12a. crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States? Yes If "yes", describe in detail: Is the applicant or any individual named in question 6a,6 b, & 6c of this application above under indictment 12b. in federal court or the courts of any state, the District of Columbia, any territory of the United States? Yes or If "yes", describe in detail:

13. Please list all locations from which you manufacture	or distribute charitable gaming supplies.
Street Address:	Street Address:
City:	City:
City:State/Territyry:	State/Territory:
Country:	Country:
Street Address City:	Street Address: City: State/Territory: Country:
City: State/Territory:	City:
	State/Territory:
Country:	Country:
Street Address:	Street Address:
City:	
State/Territory:	City:State/Territory:
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Street Address:	Street Address:
City:	City
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Street Address:	Street Address:
City:State/Territory:	City: State/Territory:
Country:	Country:
Goulity.	Country.
Street Address:	Street Address:
City:	City:
State/Territory:	State/Territory:
Country:	Country:
Street Address:	Street Address:
State/Territory:	City:
Country:	State/Territory:
oodinay.	country.
DICTRIDI	ITORC
DISTRIBU	JIURS
14. Please list the names and locations of all licensed of	distributors to whom you currently, or plan to, supply
charitable gaming supplies and equipment for use in the C	ommonwealth of Kentucky:
Name:	Name:
Ky. License number:	Ky. License number:
City:State:	City:State:
Name	Namo
Ky. Jacense number:	Name:
Ci :State:	Ky. License number: City: State:
otate.	City:State:
(Attach additional pag	ges, if necessary)

#### SUPPLIES AND EQUIPMENT

15.	What charitable gam	ning supplies and equipment are manufactured by your com	peny?
		□ 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 THE QUESTIONS ABOVE WITHIN THIRTY (30) DAYS OF THE DATE THE CHANGE OCCURRED.

### 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:	

Submit the completed original application (including all required attachments) along with the \$25.00 fee made payable to "Kentucky State Treasurer" to:

Public Protection Cabinet
Department of Charitable Gaming
Division of Licensing & Compliance
500 Mero Street 2NW24
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 (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at: <a href="http://www.dcg.ky.gov">http://www.dcg.ky.gov</a>