

DISTRIBUTOR 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 YOUR LICENSE OR THE EXPIRATION OF YOUR CURRENT LICENSE.

GENERAL DISTRIBUTOR INFORMATION

1. **Name of Applicant (Distributor):** _____
 New Renewal DIS- _____

2. **Is applicant organized as:**
_____ Corporation
_____ Partnership
_____ Limited Liability Co. (LLC)
_____ Sole proprietorship
_____ Other

If "other", explain in detail: _____

3. **Street Address of applicant:** _____

Mailing address (if different from above): _____

City: _____ State/Zip: _____ County: _____

Telephone: () _____ Fax number: () _____

Email address: _____ Website: _____

4. **Federal employer tax identification number:** _____

5. **Date of Birth (If applicant is an individual):** _____



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 relating to the procedures for the background checks will be forwarded to the applicant.**

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 pages, 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 relating to the procedures for the background checks will be forwarded to the applicant.**

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 pages, 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 pages, 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 pages, 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 pages, 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 pages, 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, by what regulatory authority, and on what grounds:

13. 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:

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 6a, 6b, or 6c of this application 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 6a, 6b, or 6c of this application 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 or 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 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 at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

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