Service Industry License Application – Game Manufacturers/Distributors

Arkansas Racing Commission
Electronic Games of Skill Section
www.Arkansas.gov/dfa/racing

Instructions: Please read and complete every section. If a section does not apply, enter not applicable (n/a). Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only." **License fee is an annual fee to be paid by check, cashier's check, or money order and should be made payable to Arkansas Racing Commission. Application Fee and License Fee must be attached with this application. Application Fee: $3000.00 License Fee: $1000.00**

TO BE COMPLETED BY ALL APPLICANTS

Name of Business:	**Federal Employer ID Number:**
Doing Business As (D/B/A) name:	**Social Security Number (for sole proprietors):**
Business Entity Description: **___Sole Proprietorship ___ Corporation/LLC ___ Trust** **___Partnership ___ Estate ___ Other**	**Has this business ever held a Service Industry License in Arkansas:** **_____ Yes _____ No**

Type of Business of Applicant:
_____ Vendor _____ Management Company _____ Service Company
_____ Distributor _____ Manufacturer _____ Other: Explain _____

Facility Where Doing Business (check all that apply):
_____ Southland _____ Oaklawn

Physical Street Address of Applicant:

City, State, Zip Code, Country:

Mailing Address:

City, State, Zip Code, Country:

Contact Person Name and Title:

Primary Phone Number:	**Primary E-mail Address:**

Type of Product(s)/Service(s) this business intends to provide:

BACKGROUND INFORMATION

Yes	No	Does the business hold, has ever held, or is applying for a gaming license? If yes, list below the type of license, years held, and the gaming authority that issued the license(s):

State(s) or Jurisdiction(s) Where Licensed:	Type of License Held:	Number of Years Held:	Date of Expiration:	License Status:

Yes	**No**	**Have you ever had a gaming license suspended, revoked, or denied in this or any other gaming jurisdiction? If yes, please provide details on page 4 of this application.**
Yes	**No**	**Have you ever voluntarily relinquished your gaming license in lieu of prosecution? If yes, please provide details on page 4 of this application.**
Yes	**No**	**Are you aware of any pending enforcement or disciplinary actions against you in this or any other gaming jurisdiction? If yes, please provide details on page 4 of this application.**

FOR DIVISION USE ONLY

License # _____ File # _____ License Date _____

Date Received _____ Entered By: _____ License Fee _____

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OFFICERS, DIRECTORS, AND SHAREHOLDERS

List all Officers, Directors, and any person holding an ownership in the business in the space below. Attach additional pages if necessary.

Name	Title	% of Ownership

EMPLOYEE INFORMATION

List the name, title, and brief job description of each employee who requires access to the Franchise Holder's facility in the space below. Attach additional pages if necessary.

Name	Title	Brief Job Description

TO BE COMPLETED BY APPLICANT

1. List state where incorporated:

2. Has the applicant, (corporate officers, stockholders with greater than 5% ownership of applicant, or partners) ever been convicted of a crime? If the answer is yes, please provide details below. _____ Yes _____ No

Date Convicted	County	State	Offense	Sentence

3. If the applicant is a corporation, is the applicant registered to do business with the Arkansas Secretary of State's Office?
_____ Yes _____ No

Attach a copy of the corporation's registration certification from the State of Arkansas to this application

4. Is the applicant a subsidiary of another corporation conducting business in Arkansas. ___ Yes ___ No If yes, provide name of that corporation.

5. Provide a list of any subsidiaries of the applicant (attach additional pages if necessary):

6. Provide a complete listing of any entities holding an ownership interest in the applicant, including any officers, directors, managers (attach additional pages if necessary):

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APPLICANT'S FINANCIAL DATA

Attach a copy of the certificate of incorporation, charter, by-laws, partnership agreement, trust agreement, or other documentation relating to the legal organization of the applicant.

List all contracts of $ 25,000 or more in value that you have with the Franchise Holder .

Company	Service Provided	Value of Contract

Provide the name and address of each company in which the applicant holds stock, type of stock held, number of shares held, and the percentage of ownership held.

Name	Address	Type of Stock	Number of Shares Held	Percentage of Ownership

Attach copies of any judgments or petitions for bankruptcy or insolvency and any relief sought under the provision of the Federal Bankruptcy Act (United States Code, Title II) or any state insolvency law and any receiver, fiscal agent, trustee, or similar officer appointed for the property or business of the applicant, or any holding, intermediary, or subsidiary company.

List all financial agreements applicant has with franchise holder.

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PLACE ADDITIONAL INFORMATION BELOW
(List suspensions/disciplinary actions in other states, etc.)

ALL APPLICANTS PLEASE READ AND SIGN BELOW

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the 25 U.S.C. 2701 et. seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by the Commission and the State of Arkansas who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, Local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement in connection with the hiring or firing of an employee, the issuance of revocations of a gaming license, or investigations of activities while associated with a gaming operation. Failure to consent to the disclosures indicated in this notice will result in you being unable to be hired as a Service Industry. A false statement on your application may be grounds for not hiring you, or firing you after you begin to work. Also, you may be punished by fine or imprisonment. (U.S. Code, Title 18, Section 1001).

The disclosure of your Social Security number (SSN) is voluntary. However, failure to supply your SSN may result in errors in processing your application.

I hereby swear that every statement contained herein is true and correct and that I understand any misstatement or omission in the application may result in denial or revocation of my Service Industry license. I authorize all law enforcement or criminal justice agencies to release all requested information to the Department of Finance and Administration. I agree to abide by and obey all rules of the Arkansas Racing Commission and the laws of the State of Arkansas.

Submit this completed application to:

Department of Finance and Administration
Office of Field Audit - Electronic Games Section
PO Box 1272 - Room 1420
Little Rock, AR 72203

_____ _____
Signature of Authorized Officer, Director or Manager of Business **Date**

_____ _____
Signature of Notary Public or Arkansas Racing Commission Official (Witness) **Date**