NEW YORK STATE OF OPPORTUNITY.	Gaming Commis	ssion	ivision of haritable iaming
GC/BC FORM 105 – Schedule C Corporation Statement			
Corporation Name:			
METHOD OF INCORPORATION (check	the appropriate box)		
Filed a Certificate or Article of Incorpor Granted by:	ficial or Agency)		
Act of Legislative Body(State Leg	jislative Body)	Sumber of Law	Year
Have you filed an Application for Authority to conduct business in New York State?yes no (If so, please provide a copy with your application.) Has the corporation filed Federal Tax Returns?yes no Please provide a copy of your most recent tax return List names and titles of all officers and directors. (If necessary use a separate sheet of paper)			
OTE: Officers and Directors must complete Form 103 Name		Title	
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Bureau of Licensing One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500 www.gaming.ny.gov			

List names of all shareholders and the percentage of shares held by each. (If necessary use a separate sheet of paper) NOTE: Shareholders holding an interest of 10% or more must complete Form 103 % of Shares Held Name Has the applicant or any of the officers, directors or shareholders ever had any proprietary, equitable or credit interest in any premises leased for the conduct of games of chance and/or bingo? yes no Does any shareholder hold all or any part of his or her shares as agent, nominee, trustee or in any fiduciary capacity for or on behalf of any disclosed or undisclosed person, firm or corporation? ____yes ___no If yes, give details on a separate sheet of paper. **NEW APPLICANTS-**PLEASE ATTACH A COPY OF THE ENTITY'S ORIGINAL FORMATIONAL DOCUMENT(S), SUPPLEMENTS OR AMENDMENTS, IF ANY. **RENEWING APPLICANTS-**PLEASE PROVIDE A COPY OF ANY SUPPLEMENTS OR AMENDMENTS TO THE ENTITY EXECUTED SUBSEQUENT TO THE LAST APPLICATION. ****** being duly sworn and says that he/she (Title) (Print Name of Applicant) is the person above named, that he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit. Sworn to before me on this ______ day of ______, 20_____ **NOTARY STAMP** (Signature of Applicant) (Signature of Notary Public) Bureau of Licensing One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500 www.gaming.ny.gov

Form 105 (Rev. 10/2020)