



GC/BC FORM 103- Schedule D Individual Statement

1. Name of Individual: _____ Title: _____
Business Name: _____

2. Residence Address: _____
Street Address City State Zip Code

3. Former Residence Address(es) during the past 10 years (attach an additional sheet if necessary):
City State/Province Country Postal Code From: (Month/Year) To: (Month/Year)

4. Personal Phone Number: (____) _____ - _____ Business Phone Number: (____) _____ - _____
E-Mail Address: _____

5. Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
Citizenship: _____ Marital Status: _____

6. Provide Spouse's Name:
____ (First and Maiden Name) ____ (Occupation) ____ (Address, if different)

7(a). Have you ever been known by another name? ____ yes ____ no
If yes, please see item 7(b).

7(b). Please list former name(s): _____

8(a). Have you ever been convicted of a crime in this state or any other state? ____ yes ____ no
If yes, please see item 8(b).

8(b). If convicted of a misdemeanor or felony, please provide:
• a statement detailing the criminal charges
• a copy of the disposition
• a Certificate of Relief from Civil Disabilities, Certificate of Good Conduct or a Pardon

Failure to provide this information will prevent you
from being authorized to represent this supplier in the
State of New York with regards to Games of Chance and Bingo sales.

9. Are you a public employee or a public official, elected, appointed or sworn? ____ yes ____ no
If yes, describe in detail: _____
10. Are you now or ever been a professional gambler or gambling promoter? ____ yes ____ no
11. Within the past five years have you conducted or assisted in the conduct of games of chance or bingo in any capacity? ____ yes ____ no If yes, give details on a separate sheet of paper.
12. Within the past five years have you been engaged in or connected with anyone who was engaged in the sales or rental of space, equipment, supplies or the rendering of services for games of chance or bingo? ____ yes ____ no If yes, give details on a separate sheet of paper.
- 13(a). Are you under any obligation to pay child support? ____ yes ____ no

Child Support Law: The NYS General Obligations law requires that every applicant or professional license, permit, or registration or any other renewal thereof, must file a written statement that, as of the date of the filing, he or she is or is not under an obligation to pay child support. Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligation is punishable pursuant to Section 175.35 of the NYS Penal Law. You must answer whether or not you are under an obligation to pay child support; if you are under such an obligation and you cannot attest to one of the four requirements listed below, the registration of your license may only be renewed for a period of six months. If at the end of that period, you are still unable to attest to meeting one of the four requirements, your license may be suspended following due process.

- 13(b). If you are under such obligation, do you meet one of the four requirements listed in the Child Support Law Section below? ____ yes ____ no If yes, give details on a separate sheet of paper.

Child Support Law: If you are under an obligation to pay child support, you must be able to attest to one of the following four requirements: **1)** you are not four or more months in arrears in the payment of child support; **2)** you are making payments by income execution or by a court agreed payment or repayment plan or by a plan agreed to by the parties; **3)** your child support obligation is the subject of a pending court proceedings; or **4)** you are receiving public assistance or supplemental security income.

14. Will you take an active part in the day-to-day operation of the business? ____ yes ____ no
If yes, please provide a description of routine duties on a separate sheet of paper.

_____ being duly sworn and says that he/she is the person above named, that
(Print Name of Applicant)

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_____

(Signature of Applicant)

NOTARY STAMP

(Signature of Notary Public)

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