



**Multi-Jurisdictional Account  
Wagering Provider License Application  
2014**

Name of Applicant

# 2014 Multi-Jurisdictional Account Wagering Provider License Application

## APPLICATION INSTRUCTIONS

### I. COMPLETING THIS FORM<sup>1</sup>:

- A. A person who is a Principal<sup>2</sup> of the Applicant shall complete this application. The Applicant may be referred to in this application as the “Enterprise” or as “You.” For purposes of this application, “Enterprise” means any corporation, limited liability company, association, operation, firm, partnership, trust or other form of business association, a sole proprietor or a natural person.
- B. You are to complete this application if you are:
1. Applying for a Multi-Jurisdictional Account Wagering Provider license pursuant to Section 1012-A of the New York State Racing, Pari-Mutuel Wagering and Breeding Law; or
  2. Directed to do so by the New York State Gaming Commission (Commission).
- C. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If there is nothing to disclose in response to a particular question, write “None” in response to that question.
- D. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the application is not legible, the application will not be accepted.
- E. If you need additional space to answer any questions(s), you may include attachments. If, however, you include attachments, be sure to indicate on each page of each attachment the number(s) of the related question(s) that you are answering and to reference the attachment on this application form in the space provided.
- F. If you make any modification to the questions or information contained on this application form, your application may be rejected.

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<sup>1</sup> Do not use this form if you do not currently hold a license to simulcast in New York. Instead, use the License Application Form.

<sup>2</sup> A principal includes: (a) each of an applicant’s officers and directors; (b) each of an applicant’s principal management employees, including any chief executive officer, chief financial officer, chief operating officer or general manager if such employees have responsibility for related services relevant New York State account wagering; (c) each of an applicant’s owners or partners if an unincorporated business; (d) each of an applicant’s shareholders who owns more than five percent of the shares of the corporation if a corporation; and (e) each natural person other than a conventional lending institution who has provided financing for the enterprise constituting more than 10 percent of the total financing of the enterprise.

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### II. BE SURE TO:

- A. Sign the following forms in the presence of a notary public and have your signatures notarized:
  - 1. Statement of Authority and Accuracy,
  - 2. Release of Authorization; and
  - 3. Affidavit of Compliance
- B. Initial each page of this application form in the space provided after you have checked your answers and are sure all answers are complete and correct.

### III. BEFORE YOU SUBMIT THIS FORM, BE SURE THAT:

- A. The application submitted includes all required attachments..
- B. The original and the copy contain all attachments..
- C. The Statement of Authorization and Accuracy, Release Authorization and the Affidavit of Compliance forms are notarized on the original application.
- D. Every question has been answered truthfully and completely.
- E. You retain a completed copy of this application form for your own records.

### IV. FILING OF THIS FORM WITH THE NEW YORK STATE GAMING COMMISSION

- A. Submit **original and one photocopy** of this application form and attachments to:
  - Kristen Buckley, Acting Secretary to the Commission
  - New York State Gaming Commission
  - P.O. Box 7500
  - Schenectady, New York 12301-7500
- B. Submit this form with a check or money order (no cash) for \$22,000 (\$20,000 for the account wagering license and \$2,000 for the non-refundable account wagering license fee). Make your check or money order payable to New York State Gaming Commission.
- C. Once filed, an application may not be withdrawn without the permission of the Commission.

### V. IMPORTANT NOTICES

- A. It is your responsibility to obtain a translation of this application form, if you do not read English.

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- B. All notices regarding your application will be sent to the address you provide on this application form. You must notify the Commission immediately of any change in address. You must notify the Commission immediately if you wish to change any response in this application.
- C. A false statement on any part of your application may be grounds for denying a license. Making a false statement Also, you may be subject to criminal prosecution pursuant to Penal Law Sections 175.30, 175.35 and/or 210.45.
- D. The information provided in this application will be kept confidential to the extent permissible by law. No expectation of confidentiality should apply to requests for such information or records from any Tribal, Federal or state law enforcement or regulatory agency, or for the use of such information or records by the Commission and staff in the performance of official duties.
- E. If at any time any of the facts and circumstances disclosed in the completed application change you must immediately notify the Commission and for those items that require Commission approval obtain such approval prior to implementation of such change.

### **V. RELEASE OF LIABILITY**

Notwithstanding any assurance of confidentiality contained in this application form, the Applicant, by completing and submitting this application form, releases the State of New York and its divisions, agencies, instrumentalities, officers, employees and agents from any and all liability costs, claims or damages that may result from any disclosure or publication in any manner, other than an intentionally unlawful disclosure or publication.

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1) APPLICANT NAME:				
2) BUSINESS ADDRESS:				
	NUMBER AND STREET	CITY/TOWN	STATE	ZIP/POSTAL CODE
MAILING ADDRESS:				
(IF DIFFERENT THAN BUSINESS ADDRESS)	NUMBER AND STREET	CITY/TOWN	STATE	ZIP/POSTAL CODE
3) BUSINESS TELEPHONE NO:			FAX NUMBER:	
	(AREA CODE)	(NUMBER)	(AREA CODE)	(NUMBER)
4) WEB ADDRESS:			FED ID #:	

5) **Contact:** Provide the following information for the individual designated to act as point of contact for communications between the Commission and the Applicant regarding this application.

Name of Designated Contact Person:

Title / Capacity

Telephone Number

E-Mail Address

Mailing Address

6) **Organizational Documents**

In an attachment labeled Exhibit (6), provide a copy of the charter, by-laws, partnership agreement, trust agreement or other documentation relating to the legal organization of the applicant. Pursuant to Racing Law §1012-a(6), a Multi-Jurisdictional Account Wagering Provider shall register and qualify to do business in New York State. Provide a copy of the appropriate filing receipt from the New York Department of State granting authority to operate in New York State.

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7) Identify each Account Wagering Center pursuant to 9(E) NYCRR §4500.1 that will accept wagers from New York State residents:

FACILITY NAME	FACILITY ADDRESS	TELEPHONE #	FACILITY CONTACT NAME

8) Provide the names of all outside vendors involved in the account wagering operation including, but not limited to, totalisator company, betting interface vendor, communications vendor, ACH vendors, etc.

VENDOR NAME	VENDOR ADDRESS	TELEPHONE #	SERVICE PROVIDED

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### 9) **Stock Description** (for corporate applicants only)

Furnish the information called for in the table below as to each class and type of stock the Applicant has, if any, or that the applicant plans to issue. If this question is not applicable to the ownership of the Applicant then mark this and items 10 and 11 as “Not Applicable” and skip to question 12.

NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED	NUMBER OF SHARES OUTSTANDING	NATURE / TYPE	TERMS / CONDITIONS	RIGHTS / PRIVILEGES

### 10) **Voting Shares** (for corporate applicants only)

Furnish the information called for in the table below for each person or entity having at least a one percent effective beneficial ownership interest in any voting stock. Note that each individual listed may be required to provide further information and/or obtain a New York State Gaming Commission license.

NAME	HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING STOCK	NUMBER OF SHARES	PERCENTAGE OF OUTSTANDING VOTING STOCK

### 11) **Non-Voting Shares** (for corporate applicants only)

Furnish the information called for in the table below for each person or entity having at least a one percent effective beneficial ownership interest in any non-voting stock. Note that each individual listed may be required to provide further information and/or obtain a New York State Gaming Commission license.

NAME	HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING STOCK	NUMBER OF SHARES	PERCENTAGE OF OUTSTANDING NON-VOTING STOCK

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**12) Ownership** (for sole proprietors, partnerships, LLCs and ownership structures other than corporations)

Furnish the information called for in the table below as to each class and different type of ownership the Applicant has, if any, or which the Applicant plans to issue. If this question is not applicable to the ownership of the Applicant, then mark this question as “Not Applicable” and complete questions 9, 10 and 11.

NUMBER OF OWNERS / MEMBERS AUTHORIZED	CURRENT NUMBER OF OWNERS / MEMBERS	DESCRIPTION OF OWNERSHIP UNITS	VOTING / NON-VOTING PARTICIPATING / NON - PARTICIPATING	TERMS / CONDITIONS	RIGHTS / PRIVILEGES

**13) Participating / General Partners / Members** (for sole proprietors, partnerships, LLCs and other ownership structures other than corporations)

Furnish the information called for in the table below for each person or entity having at least a one percent effective beneficial non-passive ownership interest. Note each individual listed may be required to provide further information and/or obtain a New York State Gaming Commission license.

NAME	HOME ADDRESS	DATE OF BIRTH	TYPE OF OWNERSHIP	NUMBER OF OWNERSHIP UNITS	PERCENTAGE OF OWNERSHIP

**14) Non- Participating / Limited Partners / Members** (for sole proprietors, partnerships, LLCs and other ownership structures other than corporations)

Furnish the information called for in the table below for each person or entity having at least a one percent effective beneficial passive ownership interest. Note each individual listed may be required to provide further information and/or obtain a New York State Gaming Commission license.

NAME	HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING STOCK	NUMBER OF SHARES	PERCENTAGE OF OUTSTANDING NON-VOTING STOCK







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### 19) Outside Representatives

List the name, business address, telephone number and e-mail address of the applicant's following (if none then indicate so by answering "None"):

(A) Outside Legal Services:

Name:
Address:
Tel. #:
E-mail:

(B) Outside Accounting &/or Auditing Services:

Name:
Address:
Tel. #:
E-mail:

(C) Banking & Financial Services:

Name:
Address:
Tel. #:
E-mail:

(D) Registered or Authorized Agent for Service of Process:

Name:
Address:
Tel. #:
E-mail:

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### Items Requiring Approval or Attachments:

20. **Plan of Operation.** In an attachment labeled Exhibit 20 provide the account wagering plan of operation required by 9 NYCRR Section 4500.3. The plan of operation must satisfy the requirements of 9 NYCRR Part 4500 and Racing Law Section 1012 and 1012-a and include a copy of the wagering account application to be approved by the Commission.

Attached  Not Attached

21. **Feasibility Study.** In an attachment labeled Exhibit 21 provide the feasibility study required by Racing Law Section 1003(2)(a).

Attached  Not Attached

22. **Pari-Mutuel Wagering / Gaming Licenses.** As required by Racing Law §1012-a(1), in an attachment labeled Exhibit 22, provide a listing of each license (in any jurisdiction) that the Applicant has held in the past five-year period and include the years in which each license was held. Also list any license applications that are pending and/or that were withdrawn prior to grant or denial.

Attached  Not Attached

23. **Litigation.** Does the Applicant have any existing civil litigation to which the enterprise or any subsidiary is a party, whether in this State or in any other jurisdiction. Do not include any case for monetary damages in litigation in which damages are not reasonably expected to exceed \$50,000.

Yes  No

If you answered YES, in an attachment labeled Exhibit 23 provide the following information for each case: title and docket number, name and location of the court before which the case is pending, all parties to the litigation and the general factual circumstances giving rise to each claim made.

24. **Stock Held by Applicant.** Does the Applicant own or hold any stock or rights to acquire stock or have any other investment in another enterprise?

Yes  No

If you answered YES, in an attachment labeled Exhibit 24 describe each such investment and include the name and address of the enterprise, type of stock held (description of the investment), purchase price per share, number of shares and percentage of ownership.

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25. **Criminal Proceedings.** Has the Applicant, any of its subsidiaries, or any of its members, partners, officers, directors or employees ever, in any tribal, Federal, state, local, or foreign jurisdiction, either (a) pled guilty, pled nolo contendere, been found guilty or been convicted, or forfeited bail, or been fined or otherwise sanctioned, for any criminal offense (as defined here), or (b) been named as an unindicted co-conspirator in any criminal proceeding? **Criminal offense is defined to include all felonies or criminal offenses relating to racing, gaming or gambling.**

If the answer is YES, for each incident provide the name of the case and docket number, the name and location of the law enforcement agency and/or court, the nature and date of the criminal offense, the disposition and all relevant information in an attachment labeled Exhibit 40.

Yes  No

26. **Regulatory, Governmental, Administrative Proceedings.** Has any license or permit held by the Applicant or any of its officers, directors or employees been suspended, revoked or denied or has a fine been imposed by any tribal, Federal, state, local or foreign government and/or regulatory agency? Include a list of any pending matters and describe.

Yes  No

If you answered YES, in an attachment labeled Exhibit 26 describe each incident in detail and provide a copy of all the relevant information.

27. **Tax Delinquencies and Related Pending Proceedings.** Is the Applicant or any of its officers, directors, members or partners currently the subject of any ongoing examination/investigation by the IRS, New York State Department of Tax and Finance or any other tribal, Federal, state, local or foreign regulatory or law enforcement agency or authority **and/or** has the applicant or any of its officers, directors, members or partners been served with or had filed against them a notice or complaint regarding the delinquent payment of any tax required under tribal, Federal, state, local or foreign law in the last ten years?

Yes  No

If you answered YES, in an attachment labeled Exhibit 27, disclose the name of the taxing authority, type of tax, dates involved, amount at issue and disposition.

28. **Bankruptcy.** Has the Applicant, its parent, holding, intermediary or subsidiary companies had any petition under any provision of the

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Federal Bankruptcy Act or any other jurisdiction's insolvency law filed by or against it **and/or** has the Applicant, its parent, holding, intermediary or subsidiary companies sought relief under any provision of the Federal Bankruptcy Act or under any other jurisdiction's insolvency law **and/or** has any receiver, fiscal agent, trustee, reorganization trustee or similar officer been appointed by a court for the business or property of the Applicant, its parent, holding, intermediary or subsidiary companies in the past 10-year period?

Yes

No

If you answered YES, in an attachment labeled Exhibit 28 identify the entity that brought the petition or other complaint, the Court, date filed, reason, disposition and name of individual appointed as Receiver (if applicable).

29. **Financial Statements.** In an attachment labeled Exhibit 29, provide a copy of the Applicant's most recent annual audited financial statement. If the Applicant has not had its most recent financial statements audited, then explain why and provide a copy of the most recent annual financial statement.

Attached  Not Attached

30. **Securities and Exchange Commission Form 10K.** In an attachment labeled Exhibit 30, provide a copy of the most recent annual report prepared on Form 10K and filed with the Securities and Exchange Commission.

Attached  Not Attached

31. **Organizational Chart.** In an attachment labeled Exhibit 31, provide an organizational chart of the enterprise, including all officers and senior management.

Attached  Not Attached

32. **Tax Returns.** In an attachment labeled Exhibit 32, provide a copy of the 1120 Forms (U.S. Corporate Income Tax Return) or all 1065 (U.S. Partnership Return) or 1040 Forms (U.S. Personal Income Tax Return) or any business taxation returns of Canada or any other country in which Applicant's home office may be located, if applicable, for the most recently filed / current year. Include all schedules and attachments for these returns.

Attached  Not Attached

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**STATEMENT OF AUTHORITY AND ACCURACY**

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, being duly sworn  
*(Print or Type Name of individual)* *(Legal Name of Applicant)*

according to law deposes and says:

1. I am authorized to submit the information in this application by the applicant that submits this application form.
2. I personally supplied the information contained in this form and I swear that the information provided is true and correct.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this Application form.
4. I swear that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me is intentionally false, I am subject to punishment, which may include sanctions for violation of the Penal Law.
5. I understand that a license that may be issued pursuant to this license application shall be deemed conditioned upon the applicant's compliance with the provisions of applicable statutes, rules and regulations, orders and directives of the New York State Gaming Commission.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Individual named above)*

\_\_\_\_\_  
*(Print or Type the Individual's Capacity / Title)*

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Commission expires \_\_\_\_\_

Initials \_\_\_\_\_

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**RELEASE AUTHORIZATION**

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

To All Courts, Probation Departments, Selective Services Boards, Employers, Educational Institutions, Credit Reporting Agencies, Banks, Financial and Other Such Institutions, and All Governmental Agencies – tribal, federal, state and local, without exception, both foreign and domestic.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, have authorized the  
*(Print or Type Name of individual)* *(Legal Name of Applicant)*

the New York State Gaming Commission or its designee to conduct a full investigation of the Applicant's background, credit and activities.

You are hereby authorized to release any and all information pertaining to the Applicant, documentary or otherwise, as requested by any employee or agent of the New York State Gaming Commission, provided that he or she certifies to you that the Applicant has an application pending before the New York State Gaming Commission or that the applicant is presently a licensee, registrant or other person required to be qualified or licensed pursuant to the New York State Racing, Pari-Mutuel Wagering and Breeding Law and/or rules and regulations of the New York State Gaming Commission.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A copy of this authorization will be considered as effective and valid as the original.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Individual named above)*

\_\_\_\_\_  
*(Print or Type the Individual's Capacity / Title)*

Subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Commission expires \_\_\_\_\_

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**AFFIDAVIT OF COMPLIANCE**

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, being duly sworn  
*(Print or Type Name of individual)* *(Legal Name of Applicant)*

according to law depose and say that the Applicant and its employees understand and will comply with the provisions of applicable statutes, rules and regulations, orders and directives of the New York State Gaming Commission.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Individual named above)*

\_\_\_\_\_  
*(Print or Type the Individual's Capacity / Title)*

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Commission expires \_\_\_\_\_