



Division of Charitable Gaming
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 (past 10 years) (attach an additional sheet if necessary)
Street City State Zip Code From To
_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

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

5. Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____
Citizenship: _____ Marital Status: _____
Height: ____' ____" Weight: _____ Sex: M ____ F ____

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

7(a) Have you ever been convicted of a crime in this state or any other state? ____ yes ____ no
If yes, specify the crime and disposition on a separate sheet of paper.

7(b) If convicted of a misdemeanor or felony, you are required to provide our office with either a Certificate of Relief from Civil Disabilities, a Certificate of Good Conduct or a Pardon. Attach a copy to this form.
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.

8. Are you a public employee or a public official, elected, appointed or sworn? ____ yes ____ no
If yes, describe in detail: _____

9(a) Have you ever been known by another name? _____

9(b) If yes, state such name: _____

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

13(b) If you are under such obligation, do you meet on 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: 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 diver'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. 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. State the total amount of monies invested in your supply business: \$ _____

15. Indicate where the source of invested monies came from (ex. bank accounts, loans, mutual funds, etc.)

Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

16. Will you take an active part in the day-to-day operation of the business? ____ yes ____ no
If yes, on a separate sheet of paper indicate all duties you will be performing.

_____ being duly sworn and says that he/she is the person above names, 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)

**STAPLE COLOR PHOTO
HERE**