



Division of Charitable Gaming
GC/BC FORM 108 – Schedule E
List of Employees, Agents or Representatives

Business Name: \_\_\_\_\_

List all officers, directors, employees, agents or representatives acting on behalf of the company's New York State Supplier's License within New York State. Must include all personnel actively involved with supplying product within New York State (ex. employees involved in submitting games for approval to the NYS Gaming Commission for sale into New York State, salesperson, order takers, delivery drivers, warehouse workers and anyone else who is directly involved).

Table with 7 columns: Name, Street Address, City, State, Zip Code, Job Title, Duties. Multiple rows for data entry.

Yes No Have you or your agents participated in the conduct of Games of Chance on behalf of any licensee organization or any other entity? (If yes, provide details on a separate sheet of paper.)

Yes No Have you or your agents participated in the conduct of Bingo on behalf of any licensee organization or any other entity? (If yes, provide details on a separate sheet of paper.)

\_\_\_\_\_, \_\_\_\_\_ being duly sworn and says that he/she 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)