



PUBLICLY TRADED LICENSE APPLICATION

For the purposes of this application, **Gambling Control Division**
is referred to as **GCD**

Gambling Control Division
615 South 27th St., Suite A
Billings, MT 59101

FOR ADDITIONAL ASSISTANCE, CALL (406) 896-4300

Our website:

www.dojmt.gov/gaming

Manage account online:

<https://www.tap.dor.mt.gov>

**SECTION I
PURPOSE & FEES**

- New Gambling License Application
- Add/Change Ownership Interest *(Required within 60 days of transfer)*
 - 10% or more Active Investor
 - 20% or more Passive Investor

FOR OFFICE USE ONLY:
Account ID: _____
Check Number: _____
Fingerprint Fees: _____
Gambling Fee Paid: \$ _____

Check the appropriate boxes to designate the purpose of this application:

- Video Gambling Machine Manufacturer
- Import/Export Gambling Devices not Legal in MT
- Video Gambling Machine Distributor
- Video Gambling Machine Route Operator
- Associated Gambling Business
- Accounting System Vendor
- Electronic Live Bingo/Keno Equipment Manufacturer

License Type:	License Fee:	Processing Fee:	Total Fees:
A. Manufacturer, Distributor, Route Operator or Electronic Live Bingo/Keno Equipment	\$1,000.00	\$1,000.00	\$2,000.00
B. Associated Gambling Business	\$100.00	\$1,000.00	\$1,100.00
C. Accounting System Vendor	\$100.00	\$1,000.00	\$1,100.00
D. Fingerprint Processing Fee per Individual	\$0.00	\$30.00	\$ _____
Total Fees Due	\$ _____	\$ _____	\$ _____

Note: Processing fees cover the actual cost of conducting a background investigation to determine whether an applicant qualifies for licensure. Based on the actual cost incurred by the GCD in processing the license, the division will refund any overpayment of the fee or collect an amount sufficient to reimburse the division for any underpayment of actual costs. The Division will provide the applicant with an itemized accounting of expenses.

COMPLIANCE CONTACT/ATTORNEY INFORMATION

Complete the information below for the contact you wish to have all correspondence sent to.

Name _____ Phone (_____) _____

Mailing Address _____
Street, Suite No City State Zip

Email Address _____

**SECTION II
GENERAL INFORMATION**

Name of Entity Applying _____
(e.g. ABC Manufacturing Inc.)

Business Name/DBA _____

FEIN _____ Business Phone (_____) _____

Email _____

Physical Address _____
Street, Suite No *City* *State* *Zip*

Mailing Address _____
Street, Suite No *City* *State* *Zip*

**SECTION III
OWNERSHIP & MANAGEMENT INFORMATION**

Complete Appendix A, page 7
Business Statement for Publicly Traded Companies (Form 41)

**SECTION IV
FINANCIAL & OWNERSHIP INFORMATION**

(Use additional paper if necessary)

Please complete questions 1-13 in regards to the Montana-based operations.

1. Do any shareholders listed on the Business Statement (Form 41) have a financial or ownership interest (through a business or family relationship), and/or share in the profits or liabilities of any other gambling license?

No Yes *(If yes, identify below)*

Individual's Name _____ Business Name _____

Individual's Name _____ Business Name _____

2. Does anyone besides the listed owners/shareholders share in the profits, losses, or liabilities of the business proposed for licensing?

No Yes *(If yes, identify below)*

Individual's Name _____ Business Name _____

Individual's Name _____ Business Name _____

3. Has the applicant or any listed owner/shareholder listed on the Business Statement (Form 41), ever been issued a gambling or alcoholic beverages license by any other agency, state, nation or jurisdiction? If so, was that license ever subject to adverse action by the issuing authority?

No Yes (If yes, identify below)

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ Country _____

Adverse Action _____

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ Country _____

Adverse Action _____

4. Has the applicant or any listed owner ever filed for bankruptcy?

No Yes (If yes, explain current status) _____

5. Provide the following information for all the applicant's bank or investment account(s) relating to the Montana-based operations (for all accounts not related to Montana, please provide a spreadsheet with: the name of the institution, the types of accounts and the account numbers).

Institution Name _____ Phone (____) _____

Account Number _____ Address _____

Signatories _____

Institution Name _____ Phone (____) _____

Account Number _____ Address _____

Signatories _____

6. Complete the following:

N/A (check here if no transaction/purchase prices)

a. Purchase price of real property \$ _____

b. Purchase price of personal property \$ _____

c. Business purchase/merger price \$ _____

d. Total purchase price \$ _____

i. Earnest money deposit/down payment \$ _____

ii. Total amount paid at closing \$ _____

iii. Balance due in contractual payments \$ _____

7. Provide the following information for each outstanding loan and/or financial obligation obtained or used for the purpose of operating/purchasing this business. Send signed copies of all loans, agreements, contracts, notes, letter(s) of commitment and all related security agreements, guarantees and trust indentures.

N/A (Check if not applicable)

Creditor's Name _____ Date Acquired _____ Date Due _____

Loan Amount _____ Loan Number (if applicable) _____

Creditor's Name _____ Date Acquired _____ Date Due _____

Loan Amount _____ Loan Number (if applicable) _____

8. List additional sources of funding, if applicable (include documentation such as six months of bank/investment account statements for verification):

Source _____ \$ _____

Source _____ \$ _____

9. Has the applicant filed a state and/or federal income tax return for the business?

No Yes (If yes, submit a signed copy of most recently filed state and federal income tax returns)

10. Attach a copy of the applicant's most recent financial statements reflecting the business operation for which the application is being submitted. Please include SEC Filings (e.g. 10-Q, 10-K).

11. Are there any unsatisfied civil judgments against the applicant or any persons or entities listed as owners/shareholders on the Business Statement (Form 41), at this time? Provide a list/spreadsheet of litigations. Please include all unsatisfied civil judgments, not just in Montana.

No Yes (If yes, explain) _____

12. Has the applicant or any persons or entities listed as owner/shareholders on the Business Statement (Form 41), ever been a party to a lawsuit, either as a plaintiff or defendant? If so, provide a detail of each. Provide a list/spreadsheet of litigations. Please include all unsatisfied civil judgments, not just in Montana.

No Yes (If yes, explain) _____

13. Does the applicant own the building proposed for licensing? (Montana locations only)

Yes If yes, provide evidence of ownership (i.e. tax statement or deed and any other associated documents).

No If no, provide a current proposed lease, rental or current or proposed purchase agreement showing the applicant has authority to operate in this location, including any other associated or related documents.

Name all persons or entities listed on lease contracts:

Lessor: _____

Lessee: _____

SECTION V
DECLARATION AND AUTHORIZATION

I, _____ declare under the penalty of false swearing that I am the applicant or duly authorized representative of the entity making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Montana Code Annotated 45-7-202, 45-7-203 and 45-7-208, and/or revocation of any gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling licensure, whether the records are of a public, private or confidential nature.

Signature _____

Print Full Name _____

Title/Position _____

Date _____

This application must be completed in full and all requested attachments must accompany it.
Delay, denial or the return of the application will result if incomplete.

**Additional information may be required
during the review of your license application.**

SECTION VI

CHECKLISTS

Please submit the documentation listed below. Failure to provide all applicable documentation will delay the processing of this application.

NOTE: For applicants with a multiple entity structure, attach a diagram showing all entities and individuals.

Documents Required:

- Federal Employer Identification Number verification from the IRS
- Articles of Incorporation and Amendments or Addendums thereto
- Bylaws and amendments or addendums thereto
- Certificate of Incorporation
- Certificate of Existence *(for Montana corporations)*
- Authority to do Business in Montana *(for out-of-state corporation)*
- Corporate Minutes and attachments
- Share issuance records
- Stock Ledger or Register *(if applicable)*
- Verification of Assumed Business Name as filed with the Secretary of State
- Business Statement for Publicly Traded Companies (Form 41) for each owning entity
- Employment, management and other agreement(s) and contract(s)

Financial Information Checklist:

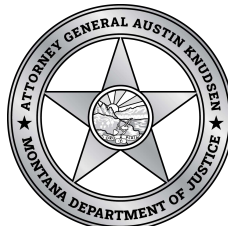
- Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures.
- Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms.
- Copy of SEC Filings to include 13-D, 13-G, 10-K, 10-Q
- Submit copies of all purchase/merger documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer of assets purchased.
- Bank signature card and authorization forms for all of the applicant's operating, investment or any other business accounts. *(e.g., saving and checking accounts relating to the Montana-based operations. For all accounts not related to Montana, provide a spreadsheet with the name of the institution, the types of accounts and account numbers).*

Ownership / Management Checklist:

- Personal/Criminal History Statement(s) *(Form 10)* and 2 fingerprint cards and fees for the following individuals:
 - 10% or more ownership as an active investor.
 - 20% or more ownership as a passive investor.
 - Officers, Directors, Board Members and Key Employees/Managers *(as listed on the Business Statement of Publicly Traded Companies).*

Please mail complete application, required documents and fees to:

Gambling Control Division
615 South 27th St., Suite A
Billings, MT 59101





BUSINESS STATEMENT FOR PUBLICLY TRADED COMPANIES

SECTION I GENERAL INFORMATION

Licensed Entity _____
(ABC Manufacturing, Inc.)

Business Name/DBA _____

FEIN _____ Account ID Number _____

Mailing Address _____
Street, Suite No _____ City _____ State _____ Zip _____

Compliance Contact(s) _____

Business Phone (____) _____ Cell Phone (____) _____

Fax (____) _____ Email _____

Total Stock (Licensed Entity Only) _____ Total Shares Issued _____

SECTION II LICENSED ENTITY OWNERSHIP

LIST INDIVIDUALS, ENTITIES, OWNERS OR STOCKHOLDERS OF OWNING ENTITY OF THE LICENSE:

Note: List anyone who has a 5% or more ownership/interest in the licensed entity. If an ownership structure tree is available, please submit a copy. If an entity owns 5% or more of the licensed entity, Section III will need to be completed for each entity.

1. Name _____ Active Investor Passive Investor

FEIN/SSN _____ # of Shares _____ % of Ownership _____

2. Name _____ Active Investor Passive Investor

FEIN/SSN _____ # of Shares _____ % of Ownership _____

3. Name _____ Active Investor Passive Investor

FEIN/SSN _____ # of Shares _____ % of Ownership _____

4. Name _____ Active Investor Passive Investor

FEIN/SSN _____ # of Shares _____ % of Ownership _____

5. Name _____ Active Investor Passive Investor

FEIN/SSN _____ # of Shares _____ % of Ownership _____

SECTION III

ENTITY OWNERS OF THE OWNING ENTITY OF THE LICENSE

LIST OWNERS, STOCKHOLDERS AND MEMBERS OF THE ENTITY WHO MAINTAIN 5% OR MORE OF THE OWNING ENTITY OF THE LICENSE:

Note: Only complete for entity owners listed in Section II.

1. Name _____

FEIN/SSN _____ # of Shares _____ % of Ownership _____

2. Name _____

FEIN/SSN _____ # of Shares _____ % of Ownership _____

3. Name _____

FEIN/SSN _____ # of Shares _____ % of Ownership _____

4. Name _____

FEIN/SSN _____ # of Shares _____ % of Ownership _____

SECTION IV

OFFICERS, DIRECTORS, BOARD MEMBERS, AND MANAGERS OF OWNING ENTITY OF THE LICENSE

Note: List the individuals if:

- they have a voting interest;
- they have influence or control over the day-to-day operations of the Corporation;
- they have responsibility for ensuring compliance with gambling regulations; and/or
- authority to represent the entity in decision making or act as a signatory.

1. Name _____

FEIN/SSN _____ Title _____

2. Name _____

FEIN/SSN _____ Title _____

3. Name _____

FEIN/SSN _____ Title _____

4. Name _____

FEIN/SSN _____ Title _____

5. Name _____

FEIN/SSN _____ Title _____