



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 _____

Please submit (to the address below) the following items for each individual listed in the tables above unless the individual has been previously disclosed to the division in the past:

- Two fingerprint cards,
- Personal/Criminal History Statement (Form 10),
and
- \$30.00 background check processing fee.

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

I affirm I am authorized to make this application for the applicant and that the answers contained herein are true and complete. If this application or attachments contain false information, I understand I may be subject to the criminal penalties of Montana Code Annotated § 45-7-202, 45-7-203, 45-7-208, 16-4-402 and/or revocation of any gambling license granted pursuant to this application.

Signature / Date / Print Name and Title of Person Signing