



**APPLICATION FOR A LICENSE TO CONDUCT A HORSE
RACE MEETING WITH PARI-MUTUEL WAGERING
(ENTITY)**

INSTRUCTIONS

THE STATE HORSE RACING COMMISSION IS ESTABLISHED BY THE RACE HORSE INDUSTRY REFORM (ACT 114 OF OCTOBER, 2016, P.L. 15) (AS AMENDED), 3 PA. C.S. §9301 *ET SEQ.* AND THE RULES AND REGULATIONS OF THE STATE HORSE RACING COMMISSION, TITLE 58 PA CODE, PART IV AND V.

THESE INSTRUCTIONS ARE APPLICABLE TO ANY "PERSON" SEEKING TO BE LICENSED TO CONDUCT A HORSE RACE MEETING WITH PARI-MUTUEL WAGERING IN THE COMMONWEALTH OF PENNSYLVANIA.

AS USED IN THESE INSTRUCTIONS, THE PHRASE "AFFILIATED ENTITIES" SHALL MEAN A LICENSED RACING ENTITY'S (FORMERLY KNOWN AS "LICENSED CORPORATIONS") ("APPLICANT" OR "RACETRACK") PARENT ORGANIZATION, AFFILIATES, INTERMEDIARIES, SUBSIDIARIES AND HOLDING COMPANIES. THE APPLICATION PROCESS IS SUBJECT TO THE REQUIREMENTS SET FORTH IN ACT 114 OF OCTOBER, 2016 (KNOWN AS THE "RACE HORSE INDUSTRY REFORM ACT") AND THE RULES AND REGULATIONS OF THE STATE HORSE RACING COMMISSION, TITLE 58 PA CODE, PART IV AND V.

THE ORIGINAL FORM, ONE PAPER COPY, ONE COMPACT DISC (CD) CONTAINING ALL FORMS SHALL BE SENT TO THE STATE HORSE RACING COMMISSION, ROOM 301, 2301 NORTH CAMERON STREET, HARRISBURG, PENNSYLVANIA 17110, WITH THE APPROPRIATE FEE(S).

1. LICENSE TO CONDUCT A HORSE RACE MEETING WITH PARI-MUTUEL WAGERING APPLICATION PACKAGE FORMS (SECTION 9318- (A))

THE FORMS THAT MAKE UP AN APPLICATION PACKAGE FOR A LICENSE TO CONDUCT A HORSE RACE MEETING WITH PARI-MUTUEL WAGERING APPLICATION ARE AS FOLLOWS:

- A. LICENSE TO CONDUCT A HORSE RACE MEETING WITH PARI-MUTUEL WAGERING APPLICATION AND DISCLOSURE INFORMATION FORM (C1)** (FOR APPLICANT AND EACH OF ITS APPLICANT'S AFFILIATED ENTITIES.)
- B. MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (MULTI-JURISDICTIONAL PHD)** (FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER (DEFINED ON PAGE 6 OF THESE INSTRUCTIONS) IDENTIFIED IN SCHEDULES 1, 5, 10, 10A, 11, 13, 15 AND 18 OF THE RACETRACK LICENSE APPLICATION FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO PA. CODE §183.2 OR 58 PA. CODE §183.51. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE ("PHD") OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE COMMISSION.
- C. KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT)**

(FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER IDENTIFIED IN SCHEDULES 1, 5, 10, 10A, 11, 13, 15 AND 18 OF THE RACETRACK LICENSE APPLICATION FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO PA. CODE §183.2 OR 58 PA. CODE §183.51). IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE COMMISSION).

D. KEY EMPLOYEE QUALIFIER ENTITY FORM (ENTITY QUALIFIER)

(FOR EACH ENTITY THAT IS A KEY EMPLOYEE QUALIFIER IDENTIFIED IN SCHEDULES 10, 10A, 11, 13, 15 AND 18 OF THE RACETRACK LICENSE APPLICATION FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED.

E. KEY EMPLOYEE/QUALIFIER WAIVER FORM (QUALIFIER WAIVER)

(FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE COMMISSION).

F. KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM (ENTITY WAIVER)

(FOR EACH ENTITY THAT IS A KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED. IF AN ENTITY IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, IT DOES NOT NEED TO COMPLETE THE ENTITY QUALIFIER FORM UNLESS DIRECTED TO DO SO BY THE COMMISSION).

G. RACING OFFICIAL LICENSE APPLICATION AND DISCLOSURE INFORMATION FORM

(FOR EACH OF THE APPLICANT'S RACETRACK EMPLOYEES).

2. APPLICATION AND LICENSING FEES

THE APPLICATION AND LICENSING FEES FOR THE APPLICATION PACKAGE FOR A RACETRACK LICENSE APPLICATION AND RELATED LICENSING FEES ARE AS FOLLOWS:

A. APPLICATION FEES-INVESTIGATION DEPOSITS

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKAGE. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE COMMISSION TO PROCESS AND INVESTIGATE THE RACETRACK LICENSE APPLICANT AND THE APPLICANT'S AFFILIATED ENTITIES AND PERSONS FILING FORMS AS PART OF THE APPLICATION PACKAGE. APPLICATION FEES MUST BE SUBMITTED FOR EACH APPLICANT, AFFILIATED ENTITY AND PERSON, UNLESS OTHERWISE NOTED.

LICENSED RACING ENTITY	\$50,000.00
CONDITIONAL RACETRACK LICENSE	TBD
KEY EMPLOYEE/QUALIFIERS	TBD
ENTITY QUALIFIERS	TBD
KEY EMPLOYEE/QUALIFIER WAIVERS	TBD
KEY EMPLOYEE QUALIFIER ENTITY WAIVERS	TBD
RACING OFFICIAL EMPLOYEE LICENSE	TBD

B. LICENSING FEES

LICENSING FEES MUST BE PAID AT THE TIME OF APPLICATION. FOR ADDITIONAL INFORMATION CONTACT THE STATE HORSE RACING COMMISSION, EXECUTIVE OFFICE, HARRISBURG, PA. (SECTION 9318(D)).

3. APPLICATION FORM INSTRUCTIONS

A. GENERALLY

AS USED IN THE APPLICATION FOR A RACETRACK LICENSE FORM, THE WORDS "**APPLICANT**" AND "**YOU**" SHALL MEAN THE HORSE RACETRACK LICENSE APPLICANT. WHEN APPLICANT'S AFFILIATED ENTITIES ARE COMPLETING THE FORM, "**APPLICANT**" AND "**YOU**" SHALL REFER TO THE AFFILIATED ENTITY COMPLETING THE FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY TO THE APPLICANT, WRITE "**DOES NOT APPLY**" IN RESPONSE TO THAT QUESTION. IF A SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT, WRITE "**DOES NOT APPLY**" ON THE SCHEDULE OR ADDENDUM.

APPENDICES ARE TO BE PROVIDED BY APPLICANT. THE REQUIRED APPENDICES ARE LISTED ON THE APPLICATION CHECKLIST. APPENDICES MUST BE PRESENTED IN A TABBED MANNER. EACH TAB MUST INDICATE THE APPENDIX NUMBER. IMMEDIATELY FOLLOWING THE TAB, APPLICANT MUST INSERT A PAGE WITH THE APPENDIX NUMBER AND ALL INFORMATION APPLICABLE TO THE APPENDIX. IF AN APPENDIX DOES NOT APPLY TO THE APPLICANT, WRITE "**DOES NOT APPLY**" ON THE APPENDIX PAGE.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE APPLICANT, OR IF THE APPLICANT IS NOT A NATURAL PERSON, THE PERSON AUTHORIZED TO COMPLETE THE FORM ON BEHALF OF THE APPLICANT MUST INITIAL EACH PAGE. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE. SOME SCHEDULES MAY REQUIRE DISCLOSURE OF INFORMATION FOR MORE THAN ONE NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION. IF THERE ARE MULTIPLE DISCLOSURES, MAKE ENOUGH ADDITIONAL COPIES OF THE BLANK SCHEDULE AND COMPLETE IT FOR EACH NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION.

ALL REQUIRED DOCUMENTATION, SUCH AS BUSINESS FORMATION PAPERS, TAX RETURNS AND APPENDICES, AS WELL AS THE APPLICATION FORMS THAT COMPRISE AN APPLICATION PACKAGE FOR A HORSE RACETRACK LICENSE, AS LISTED ABOVE, MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO 58 PA. CODE §185.21 THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE COMMISSION IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE COMMISSION.

PURSUANT TO SECTION 9361, THE APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW, IRS FORM 8821 MUST BE SIGNED. ALL AFFIDAVITS, RELEASE AUTHORIZATIONS, WAIVERS OF LIABILITY, AFFIRMATIONS AND REQUEST FOR USE OF ALTERNATIVE LICENSING STANDARDS (IF APPLICABLE) MUST BE SIGNED AND NOTARIZED

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION. IF YOU SUBMIT A DOCUMENT TO THE BOARD THAT IS IN A LANGUAGE OTHER THAN ENGLISH, YOU MUST ALSO SUBMIT AN ENGLISH TRANSLATION COMPLIANT WITH 58 PA. CODE §185.21.

ALL NOTICES REGARDING YOUR APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE COMMISSION IF YOU CHANGE YOUR ADDRESS.

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR REVOCATION OF YOUR LICENSE, REGISTRATION OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C.S. A. §4903.

ANY PERSON WHO APPLIES FOR AND OBTAINS A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT FROM THE COMMISSION MAY BE REQUIRED TO SUBMIT TO WARRANTLESS SEARCHES WHEN PRESENT WITHIN THE JURISDICITON OF THE COMMISSION PURSUANT TO THE ACT.

CONFIDENTIAL INFORMATION SUPPLIED TO THE COMMISSION OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE HORSE RACE INDUSTRY REFORM ACT, OR UPON THE LAWFUL ORDER OF A COURT OF COMPETENT JURISDICTION OR, WITH THE APPROVAL OF THE ATTORNEY GENERAL, TO A DULY AUTHORIZED LAW ENFORCEMENT AGENCY. AN APPLICANT OR LICENSE, REGISTRATION OR PERMIT HOLDER WAIVES ANY LIABILITY OF THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION.

ONCE THE APPLICATION HAS BEEN FILED, APPLICANT **MAY NOT** WITHDRAW ITS APPLICATION WITHOUT THE PERMISSION OF THE COMMISSION.

B. RACETRACK LICENSE APPLICATION AND DISCLOSURE INFORMATION FORM

(RACETRACK LICENSE APPLICANT AND EACH OF ITS AFFILIATED ENTITIES MUST COMPLETE A RACETRACK LICENSE FORM. IF THE COMMISSION DETERMINES THAT THE ALTERNATIVE RACETRACK LICENSE LICENSING STANDARDS ARE APPROPRIATE, ONLY UPDATED INFORMATION FROM THE DATE OF FILING THE APPLICATION IN THE OTHER JURISDICTION MAY BE NECESSARY, PROVIDED THAT RACETRACK LICENSE APPLICANT'S AFFILIATED ENTITIES, KEY EMPLOYEES AND KEY EMPLOYEE QUALIFIERS HAVE NOT CHANGED SINCE THE FILING OF THE APPLICATION IN THE OTHER JURISDICTION).

C. MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (MULTI-JURISDICTIONAL PHD)

(FOR EACH KEY EMPLOYEE AND KEY EMPLOYEE QUALIFIER IDENTIFIED IN SCHEDULES 1, 5, 10, 10A, 11, 13, 15 AND 18 OF THE RACETRACK LICENSE APPLICATION FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO PA. CODE §183.2 OR 58 PA. CODE §183.51. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE

OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE COMMISSION. FURTHER INSTRUCTIONS APPLICABLE TO THIS FORM ARE CONTAINED THEREIN).

- D. KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT)**
(FOR EACH KEY EMPLOYEE AND KEY EMPLOYEE QUALIFIER IDENTIFIED IN SCHEDULES 1, 5, 10, 10A, 11, 13, 15 AND 18 OF THE RACETRACK LICENSE APPLICATION FORMS WHO IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED. IF A NATURAL PERSON IS REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED, THAT PERSON DOES NOT NEED TO COMPLETE THE MULTI-JURISDICTIONAL PHD OR THE PA SUPPLEMENT UNLESS DIRECTED TO DO SO BY THE COMMISSION. FURTHER INSTRUCTIONS APPLICABLE TO THIS FORM ARE CONTAINED THEREIN).
- E. KEY EMPLOYEE QUALIFIER ENTITY FORM (ENTITY QUALIFIER)**
(FOR EACH KEY EMPLOYER QUALIFIER ENTITY IDENTIFIED IN SCHEDULES 10, 10A, 11, 13, 15 AND 18 OF THE RACETRACK LICENSE APPLICATION FORMS THAT IS NOT REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO 58 PA. CODE §183.2. FURTHER INSTRUCTIONS APPLICABLE TO THIS FORM ARE CONTAINED THEREIN).
- F. KEY EMPLOYEE/QUALIFIER WAIVER FORM (QUALIFIER WAIVER)**
(FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO 58 PA. CODE §183.2. FURTHER INSTRUCTIONS APPLICABLE TO THIS FORM ARE CONTAINED THEREIN).
- G. KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM (ENTITY WAIVER)**
(FOR EACH ENTITY THAT IS A KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED PURSUANT TO 58 PA. CODE §183.2. FURTHER INSTRUCTIONS APPLICABLE TO THIS FORM ARE CONTAINED THEREIN).
- H. RACING OFFICIAL LICENSE AND DISCLOSURE INFORMATION FORM**
(FOR EACH OF THE RACETRACK LICENSE APPLICANT'S EMPLOYEES).

4. KEY EMPLOYEE/QUALIFIER DEFINITIONS AND INSTRUCTIONS

KEY EMPLOYEE - DEFINED AS "ANY INDIVIDUAL WHO IS EMPLOYED IN A DIRECTOR OR DEPARTMENT HEAD CAPACITY AND WHO IS EMPOWERED TO MAKE DISCRETIONARY DECISIONS THAT AFFECT HORSE RACING OPERATIONS IN THIS COMMONWEALTH, INCLUDING, BUT NOT LIMITED TO, THE GENERAL MANAGER AND ASSISTANT MANAGER OF THE LICENSED FACILITY, DIRECTOR OF RACING OPERATIONS, DIRECTOR OF SIMULCASTING AND CREDIT OPERATIONS, DIRECTOR OF SURVEILLANCE, DIRECTOR OF MARKETING, DIRECTOR OF MANAGEMENT INFORMATION SYSTEMS, DIRECTOR OF SECURITY, COMPTROLLER AND ANY EMPLOYEE WHO SUPERVISES THE OPERATIONS OF THESE DEPARTMENTS OR TO WHOM THESE DEPARTMENT DIRECTORS OR DEPARTMENT HEADS REPORT AND OTHER POSITIONS WHICH THE COMMISSION WILL DETERMINE BASED ON DETAILED ANALYSES OF JOB DESCRIPTIONS AS REQUIRED BY THE COMMISSION. ALL OTHER RACETRACK EMPLOYEES UNLESS OTHERWISE DESIGNATED BY THE COMMISSION, WILL BE CLASSIFIED AS NON-KEY EMPLOYEES".

KEY EMPLOYEE QUALIFIER – DEFINED AS "OFFICERS; DIRECTORS; PERSONS WHO DIRECTLY OR INDIRECTLY HOLD ANY BENEFICIAL INTEREST IN OR OWNERSHIP OF AN AMOUNT EQUAL TO 5% OR MORE OF THE SECURITIES OF AN APPLICANT OR LICENSEE; A PERSON WHO HAS THE ABILITY TO CONTROL THE APPLICANT OR LICENSEE, HAS A CONTROLLING INTEREST IN THE APPLICANT OR LICENSEE, ELECTS A

MAJORITY OF THE BOARD OF DIRECTORS OF THE APPLICANT OR LICENSEE, OR OTHERWISE HAS THE ABILITY TO CONTROL THE APPLICANT OR LICENSEE; A LENDER, OTHER THAN A BANK OR LENDING INSTITUTION WHICH MAKES A LOAN OR HOLDS A MORTGAGE OR OTHER LIEN ACQUIRED IN THE ORDINARY COURSE OF BUSINESS; AN UNDERWRITER; A FINANCIAL BACKER WHOSE HOLDINGS ARE VALUED AT AN AMOUNT EQUAL TO 5% OR MORE OF AN EQUITY INTEREST IN THE APPLICANT OR LICENSEE INCLUDING HOLDERS OF CONVERTIBLE BONDS, THE CONVERSION OF WHICH WOULD OR DOES RESULT IN THE HOLDER OWNING 5% OR MORE OF AN EQUITY INTEREST IN THE APPLICANT OR LICENSEE; EMPLOYEES OF A SLOT MACHINE APPLICANT OR LICENSEE, MANUFACTURER APPLICANT OR LICENSEE OR SUPPLIER APPLICANT OR LICENSEE REQUIRED TO BE LICENSED BY THE COMMISSION; AND ANY OTHER PERSON REQUIRED TO BE LICENSED BY THE COMMISSION”.

CONTROLLING INTEREST - “A PERSON SHALL BE DEEMED TO HAVE THE ABILITY TO CONTROL A PUBLICLY TRADED ENTITY, OR TO ELECT ONE OR MORE OF THE MEMBERS OF ITS BOARD OF DIRECTORS, IF THE HOLDER OWNS OR BENEFICIALLY HOLDS 5% OR MORE OF THE SECURITIES OF THE PUBLICLY TRADED DOMESTIC OR FOREIGN CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER FORM OF LEGAL ENTITY, UNLESS THE PRESUMPTION OF CONTROL OR ABILITY TO ELECT IS REBUTTED BY CLEAR AND CONVINCING EVIDENCE. A PERSON WHO IS A HOLDER OF SECURITIES OF A PRIVATELY HELD DOMESTIC OR FOREIGN CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER FORM OF LEGAL ENTITY SHALL BE DEEMED TO POSSESS A CONTROLLING INTEREST UNLESS THE PRESUMPTION OF CONTROL IS REBUTTED BY CLEAR AND CONVINCING EVIDENCE.”

INSTITUTIONAL INVESTOR – AS DEFINED IN 4 PA.C.S.A. SEC. 1103, AN INSTITUTIONAL INVESTOR AS “A RETIREMENT FUND ADMINISTERED BY A PUBLIC AGENCY FOR THE EXCLUSIVE BENEFIT OF FEDERAL, STATE OR LOCAL PUBLIC EMPLOYEES, INVESTMENT COMPANY REGISTERED UNDER THE INVESTMENT COMPANY ACT OF 1940 (15 U.S.C.A. §§ 80A-1 – 80A-64), COLLECTIVE INVESTMENT TRUST ORGANIZED BY BANKS UNDER PART NINE OF THE RULES OF THE COMPTROLLER OF THE CURRENCY, CLOSED END INVESTMENT TRUST, CHARTERED OR LICENSED LIFE INSURANCE COMPANY OR PROPERTY AND CASUALTY INSURANCE COMPANY, BANKING AND OTHER CHARTERED OR LICENSED LENDING INSTITUTION, INVESTMENT ADVISOR REGISTERED UNDER THE INVESTMENT ADVISORS ACT OF 1940 (15 U.S.C.A. §§ 80B-1 – 80B-21), AND SUCH OTHER PERSONS AS THE COMMISSION MAY DETERMINE CONSISTENT WITH THIS PART.”

FINANCIAL BACKER – AS DEFINED IN 4 PA.C.S.A SEC. 1103, FINANCIAL BACKER AS “AN INVESTOR, MORTGAGEE, BONDHOLDER, NOTE HOLDER OR OTHER SOURCE OF EQUITY OR CAPITAL PROVIDED TO AN APPLICANT OR LICENSED ENTITY.”

UNLESS OTHERWISE PROVIDED FOR IN THE HORSE RACING INDUSTRY REFORM ACT AND REGULATIONS, EACH KEY EMPLOYEE; KEY EMPLOYEE QUALIFIER; PERSON WITH CONTROLLING INTEREST; INSTITUTIONAL INVESTOR; AND FINANCIAL BACKER WHO IS A NATURAL PERSON MUST COMPLETE A MULTI-JURISDICTIONAL PHD AND PA SUPPLEMENT OR A QUALIFIER WAIVER FORM. EACH KEY EMPLOYEE QUALIFIER; PERSON WITH CONTROLLING INTEREST; INSTITUTIONAL INVESTOR; AND FINANCIAL BACKER THAT IS AN ENTITY MUST COMPLETE AN ENTITY QUALIFIER FORM OR AN ENTITY WAIVER FORM.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE FORMS OR THE INFORMATION REQUIRED TO COMPLETE THIS APPLICATION, PLEASE CONTACT THE STATE HORSE RACING COMMISSION – EXECUTIVE OFFICE (717) 787-5196.

HORSE RACETRACK LICENSE	
APPLICANT MUST CHECK ONE OF THE FOLLOWING BLOCKS TO DESIGNATE THIS AS AN APPLICATION FOR A HORSE RACETRACK LICENSE OR A RENEWAL LICENSE.	
<input type="checkbox"/>	INITIAL LICENSE
<input type="checkbox"/>	RENEWAL LICENSE
INSERT THE NUMBER OF EACH OF THE FOLLOWING FORMS INCLUDED IN THIS HORSE RACETRACK LICENSE APPLICATION PACKAGE.	
<input type="checkbox"/>	HORSE RACETRACK LICENSE APPLICATION AND DISCLOSURE INFORMATION FORM (C1) (FOR APPLICANT AND EACH OF APPLICANT'S AFFILIATED ENTITIES)
<input type="checkbox"/>	MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (MULTI-JURISDICTIONAL PHD) (FOR EACH KEY EMPLOYEE AND KEY EMPLOYEE QUALIFIER)
<input type="checkbox"/>	KEY EMPLOYER/QUALIFIER FORM – PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (PA SUPPLEMENT) (FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER)
<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER ENTITY FORM (ENTITY QUALIFIER) (FOR EACH ENTITY THAT IS A KEY EMPLOYEE QUALIFIER)
<input type="checkbox"/>	KEY EMPLOYEE/QUALIFIER WAIVER FORM (QUALIFIER WAIVER) (FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE AND EACH KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED)
<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM (ENTITY WAIVER) (FOR EACH ENTITY THAT IS A KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED)
<input type="checkbox"/>	RACING OFFICIAL EMPLOYEE LICENSE (FOR EACH RACETRACK EMPLOYEE APPLICANT'S KNOWN KEY EMPLOYEES)

APPLICANT INFORMATION

APPLICANT'S BUSINESS NAME			
BUSINESS NAME AS IT APPEARS ON APPLICANT'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)			
TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES			
THE ABOVE NAMED ENTITY HEREBY MAKES APPLICATION FOR A LICENSE TO CONDUCT A HORSE RACE MEETING WITH PARI-MUTUEL WAGERING WITHIN PENNSYLVANIA IN ACCORDANCE WITH THE PROVISIONS OF THE ACT 114 OF OCTOBER, 2016 (3 PA. C.S. §93181), AND THE RULES AND REGULATIONS OF THE STATE HORSE RACING COMMISSION, 58 PA CODE, 183.1 <u>ET SEQ.</u>			
APPLICANT'S PRINCIPAL ADDRESS			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP		WEB URL
PHONE NUMBER ()		FAX NUMBER ()	
APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP		WEB URL
PHONE NUMBER ()		FAX NUMBER ()	
CONTACT NAME FOR THIS APPLICATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
TITLE		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER ()		FAX NUMBER ()	
APPLICANT'S FORM OF ORGANIZATION			
CHECK ONE			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> C-CORPORATION
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> S-CORPORATION	<input type="checkbox"/> TRUST	

OTHER (DESCRIBE) _____

APPLICANT'S ORGANIZATION DOCUMENTS

STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION	DATE OF FORMATION
APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS	
LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS	
COMPLETE SCHEDULE 1 CONCERNING APPLICANT'S INCORPORATORS/FOUNDERS	
IS APPLICANT REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S IDENTIFICATION NUMBERS

FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER	PA LIQUOR CONTROL BOARD LICENSE NUMBER
PA WORKERS COMPENSATION POLICY NUMBER	PA DEPARTMENT OF STATE – ENTITY NUMBER

DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER STATE OR THE FEDERAL GOVERNMENT? YES NO

IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.

CRIMINAL HISTORY

THE NEXT SECTION ASKS ABOUT ANY OFFENSES OR CHARGES APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, OR STOCKHOLDERS (5% OR MORE) CHARGED WITH OR HAD FILED AGAINST THEM. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.

DEFINITIONS	<p>FOR PURPOSES OF THIS SECTION:</p> <p>A. "CRIMINAL OFFENSE" INCLUDES ALL FELONIES, MISDEMEANORS, AND SUMMARY OFFENSES.</p> <p>B. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY OFFENSE.</p>
INSTRUCTIONS	<p>1. ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF:</p> <p>A. THE APPLICANT OR ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES DID NOT COMMIT THE OFFENSE CHARGED;</p> <p>B. THE CHARGES WERE DISMISSED;</p> <p>C. THE APPLICANT OR ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES WERE NOT CONVICTED;</p> <p>D. THE CHARGES OR OFFENSES HAPPENED A LONG TIME AGO.</p> <p>2. ANSWER "NO" IF THE RECORDS RELATING TO THE CHARGES HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER.</p>
<p>1. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNER, TRUSTEES OR 5% STOCKHOLDERS EVER BEEN INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?</p>	
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

<p>1. A. HAS APPLICANT OR ANY OF ITS DIRECTORS, OWNERS OR KEY EMPLOYEES EVER BEEN CONVICTED OF A FELONY OR GAMBLING OFFENSE WITHIN THE PAST FIFTEEN (15) YEARS? IF YOU ANSWER YES TO EITHER QUESTION YOU MUST COMPLETE SCHEDULE 23 CONCERNING CRIMINAL HISTORY TO THIS FORM.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

<p>2. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, KEY EMPLOYEES OR KEY EMPLOYEE QUALIFIERS EVER BEEN CALLED TO TESTIFY BEFORE, BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY, OR REQUESTED TO TAKE A POLYGRAPH EXAM BY ANY GOVERNMENTAL AGENCY, COURT, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (MUNICIPAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO MINOR TRAFFIC RELATED OFFENSES? IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 24 CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

<p>3. HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES EVER HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO A VIOLATION OR ALLEGED VIOLATION OF THE FEDERAL ANTITRUST, TRADE REGULATION OR SECURITIES LAWS, OR SIMILAR LAWS OF ANY STATE, PROVINCE OR COUNTRY ENTERED AGAINST IT?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. IN THE PAST TEN (10) YEARS, HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO ANY STATE OR FEDERAL STATUTE, REGULATION OR CODE THAT RESULTED IN A FINE OR PENALTY OF \$50,000 OR MORE ENTERED AGAINST IT? IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE SCHEDULE 26 CONCERNING ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

<p>5. HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD ANY PETITION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW FILED BY OR AGAINST IT IN THE LAST TEN (10) YEAR PERIOD?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES SOUGHT RELIEF UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES IN THE LAST TEN (10) YEARS? IF YOU ANSWER YES TO ANY OF THESE QUESTION, YOU MUST COMPLETE SCHEDULE 27 CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

APPLICANT'S LICENSES AND PERMITS

<p>8. HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY FOR THE COLLECTION OF SALES AND USE TAX, SELLING AND SERVING LIQUOR AND MALT BEVERAGES, PROVIDING OVERNIGHT LODGING SERVICES OR ANY OTHER ACTIVITY REQUIRING A LICENSE OR PERMIT? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p>AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 28 CONCERNING NON-GAMING LICENSES AND PERMITS.</p>	
<p>9. HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY CHARGED WITH REGULATING GAMES OF CHANCE, INCLUDING BUT NOT LIMITED TO SLOT MACHINES, VIDEO LOTTERY TERMINALS, TABLE GAMES, HORSE RACING, JAI ALAI, ETC.? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 29 CONCERNING GAMING LICENSES AND PERMITS.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS</p>	
<p>10. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY EMPLOYEE, PERSON, COMPANY OR ORGANIZATION TO OBTAIN FAVORABLE TREATMENT?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF THE APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN TO OBTAIN FAVORABLE TREATMENT?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>12. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT LOANED FUNDS FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>13. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT DONATED OR LOANED PROPERTY OR ANY OTHER THING OF VALUE FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>14. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR THE PURPOSE OF REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS EITHER FOREIGN OR DOMESTIC?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>15. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY BANK ACCOUNT, DOMESTIC OR FOREIGN, NOT REFLECTED ON THE APPLICANT'S BOOKS OR RECORDS?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>16. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY NUMBERED ACCOUNT OR ANY ACCOUNT IN THE NAME OF A NOMINEE FOR APPLICANT?</p> <p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE SCHEDULE 30 CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

APPLICATION CHECKLIST

PLACE A CHECKMARK IN EACH BOX NEXT TO EACH ITEM APPLICANT HAS ATTACHED TO THIS RACETRACK LICENSE APPLICATION AND DISCLOSURE INFORMATION FORM.

EACH ITEM MARKED AS MANDATORY MUST BE COMPLETED AND SUBMITTED AS PART OF THIS APPLICATION FORM. IF ANY ITEM IS MISSING, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IF A QUESTION, SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT, YOU MUST WRITE "DOES NOT APPLY" IN EACH FIELD OF THE QUESTION, SCHEDULE OR ADDENDUM.

<input type="checkbox"/>	SCHEDULE 1: INCORPORATORS/FOUNDERS	MANDATORY
<input type="checkbox"/>	SCHEDULE 2: OTHER NAMES USED BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 4: ADDRESSES USED BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES	MANDATORY
<input type="checkbox"/>	SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES	MANDATORY
<input type="checkbox"/>	SCHEDULE 7: EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS	MANDATORY
<input type="checkbox"/>	SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	MANDATORY
<input type="checkbox"/>	SCHEDULE 10: VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	MANDATORY
<input type="checkbox"/>	SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)	MANDATORY
<input type="checkbox"/>	SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)	MANDATORY
<input type="checkbox"/>	SCHEDULE 11: NON-VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)	MANDATORY
<input type="checkbox"/>	SCHEDULE 12: LONG TERM DEBT	MANDATORY
<input type="checkbox"/>	SCHEDULE 13: HOLDERS OF LONG TERM DEBT	MANDATORY
<input type="checkbox"/>	SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES	MANDATORY
<input type="checkbox"/>	SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS	MANDATORY
<input type="checkbox"/>	SCHEDULE 16: SECURITIES OPTIONS	MANDATORY

<input type="checkbox"/>	SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 18: OTHER KEY EMPLOYEE QUALIFIERS	MANDATORY
<input type="checkbox"/>	SCHEDULE 19: FINANCIAL INSTITUTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 20: CONTRACTS	MANDATORY
<input type="checkbox"/>	SCHEDULE 21: STOCK HELD BY APPLICANT	MANDATORY
<input type="checkbox"/>	SCHEDULE 22: INSIDER TRANSACTIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 23: CRIMINAL HISTORY	MANDATORY
<input type="checkbox"/>	SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	MANDATORY
<input type="checkbox"/>	SCHEDULE 25: EXISTING LITIGATION	MANDATORY
<input type="checkbox"/>	SCHEDULE 26: ANTITRUST, TRADE REGULATION AND SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS	MANDATORY
<input type="checkbox"/>	SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS	MANDATORY
<input type="checkbox"/>	SCHEDULE 28: NON-GAMING LICENSES AND PERMITS	MANDATORY
<input type="checkbox"/>	SCHEDULE 29: GAMING LICENSES AND PERMITS	MANDATORY
<input type="checkbox"/>	SCHEDULE 30: APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS	MANDATORY
<input type="checkbox"/>	SCHEDULE 31: APPLICANT BACKGROUND PART 1	MANDATORY
<input type="checkbox"/>	SCHEDULE 32: APPLICANT BACKGROUND PART 2	MANDATORY
<input type="checkbox"/>	APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW	MANDATORY
<input type="checkbox"/>	IRS FORM 8821 TAX INFORMATION AUTHORIZATION (FOR 3 YEARS)	MANDATORY
<input type="checkbox"/>	AFFIDAVIT	MANDATORY
<input type="checkbox"/>	RELEASE AUTHORIZATION	MANDATORY
<input type="checkbox"/>	WAIVER OF LIABILITY	MANDATORY
<input type="checkbox"/>	MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (ONE FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER NOT COMPLETING THE KEY EMPLOYEE/QUALIFIER WAIVER FORM)	MANDATORY
<input type="checkbox"/>	KEY EMPLOYEE/QUALIFIER FORM PENNSYLVANIA SUPPLEMENT TO THE MULTI- JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM (ONE FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER NOT COMPLETING THE KEY EMPLOYEE/QUALIFIER WAIVER FORM)	MANDATORY
<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER ENTITY FORM (ONE FOR EACH ENTITY THAT IS A KEY EMPLOYEE QUALIFIER NOT COMPLETING THE KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM)	MANDATORY

<input type="checkbox"/>	KEY EMPLOYEE/QUALIFIER WAIVER FORM (ONE FOR EACH NATURAL PERSON WHO IS A KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED)	OPTIONAL
<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM (ONE FOR EACH KEY EMPLOYEE QUALIFIER ENTITY REQUESTING A WAIVER FROM THE OBLIGATION TO BE LICENSED)	OPTIONAL
<input type="checkbox"/>	GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM (ONE FOR EACH OF APPLICANT'S GAMING EMPLOYEES)	OPTIONAL

APPENDICES: THE APPENDICES ARE DOCUMENTS THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDICES ARE NOT REPRESENTED IN THE APPLICATION QUESTIONS OR ITS SCHEDULES OR ADDENDA. EACH APPENDIX SHALL BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX DOES NOT APPLY TO AN APPLICANT, WRITE "DOES NOT APPLY" ON THE APPENDIX PAGE.

<input type="checkbox"/>	APPENDIX 1: DESCRIPTION OF THE BUSINESS CURRENTLY PERFORMED AND THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH. THIS INFORMATION MUST BE SPECIFIC AND MUST BE ORGANIZED AROUND THE TOPICS SHOWN IN SCHEDULES 31 AND 32 . ADDITIONALLY, APPLICANT MUST INDICATE THE RELATIONSHIP BETWEEN IT AND ITS AFFILIATED ENTITIES AS IT RELATES TO THE BUSINESS INTENDED TO BE PERFORMED IN THE COMMONWEALTH IN THE FORM OF AN ORGANIZATION CHART WITH A NARRATIVE DESCRIPTION.	MANDATORY
<input type="checkbox"/>	APPENDIX 2: DESCRIPTION OF ANY FORMER BUSINESS ENGAGED IN DURING THE LAST TEN (10) YEARS AND THE REASON FOR CESSATION OF THE BUSINESS.	MANDATORY
<input type="checkbox"/>	APPENDIX 3: DESCRIPTION OF ALL BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULE 8 .	MANDATORY
<input type="checkbox"/>	APPENDIX 4: DESCRIPTION OF LONG TERM DEBT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULES 12 AND 13 .	MANDATORY
<input type="checkbox"/>	APPENDIX 5: DESCRIPTION OF OTHER INDEBTEDNESS AND SECURITY DEVICES. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULES 14 AND 15 .	MANDATORY
<input type="checkbox"/>	APPENDIX 6: DESCRIPTION OF SECURITIES OPTIONS. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULES 16 AND 17 .	MANDATORY
<input type="checkbox"/>	APPENDIX 7: DESCRIPTION OF EXISTING LITIGATION. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULE 25 .	MANDATORY
<input type="checkbox"/>	APPENDIX 8: AUDITED FINANCIAL STATEMENT FOR THE LAST FISCAL YEAR. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 9: AUDITED FINANCIAL STATEMENTS FOR THE LAST THREE (3) YEARS. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 10: ANNUAL REPORTS FOR THE LAST THREE (3) YEARS.	MANDATORY

<input type="checkbox"/>	APPENDIX 11: ANNUAL REPORTS PREPARED ON THE SEC'S 10K FOR THE LAST THREE (3) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 12: A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT.	MANDATORY
<input type="checkbox"/>	APPENDIX 13: A COPY OR COPIES OF ANY INTERIM REPORTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 14: A COPY OF THE LAST DEFINITIVE PROXY OR INFORMATION STATEMENT (SEC).	MANDATORY
<input type="checkbox"/>	APPENDIX 15: A COPY OF ALL REGISTRATION STATEMENTS FOR THE LAST THREE (3) YEARS FILED IN ACCORDANCE WITH THE SECURITIES ACT OF 1933.	MANDATORY
<input type="checkbox"/>	APPENDIX 16: COPIES OF ALL OTHER REPORTS PREPARED IN THE LAST THREE (3) YEARS BY INDEPENDENT AUDITORS OF THE APPLICANT.	MANDATORY
<input type="checkbox"/>	APPENDIX 17: CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 18: CURRENT OWNERSHIP TABLE OF ORGANIZATION.	MANDATORY
<input type="checkbox"/>	APPENDIX 19: FUNCTIONAL TABLE OF ORGANIZATION FOR APPLICANT WITH, JOB DESCRIPTIONS, AND NAMES OF EMPLOYEES EARNING IN EXCESS OF \$100,000 IN ANNUAL COMPENSATION.	MANDATORY
<input type="checkbox"/>	APPENDIX 20: COPIES OF 1120 FORMS, 941 FORMS AND ALL OTHER BUSINESS RELATED TAX FORMS FILED WITH THE IRS IN THE LAST THREE (3) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 21: COPIES OF 5500 FORMS FILED WITH THE IRS IN THE LAST THREE (3) YEARS.	MANDATORY
<input type="checkbox"/>	APPENDIX 22: DESCRIBE CRIMINAL HISTORY OF APPLICANT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN SCHEDULE 23 . NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.	MANDATORY
<input type="checkbox"/>	APPENDIX 23: PROVIDE A COPY OF THE PHYSICAL SECURITY MEASURES TO BE TAKEN ON THE RACETRACK ENCLOSURE AND OFF TRACK WAGERING LOCATIONS. INCLUDE SURVEILLANCE SYSTEM DETAILS, SECURITY GUARD REQUIREMENTS, TRAINING AND OTHER PHYSICAL SECURITY AND REPORTING MEASURES TO BE TAKEN.	MANDATORY
<input type="checkbox"/>	APPENDIX 24: PROVIDE A COPY OF A "LIVE RACING AGREEMENT" WITH THE RESPECTIVE HORSEMEN'S GROUP PRIOR TO THE COMMENCEMENT OF LIVE HORSE RACING.	MANDATORY
<input type="checkbox"/>	APPENDIX 25: SUBMIT AN INITIAL NARRATIVE DESCRIPTION OF PROPOSED ADMINISTRATIVE AND ACCOUNTING PROCEDURES, INCLUDING A WRITTEN SYSTEM OF INTERNAL CONTROL, INCLUDE STANDARD PRACTICES THE FOR COMPANY USED AS THE COMMON POOL WAGERING AND SIMULCAST TABULATION AND REPORTING SYSTEM (TOTE COMPANY)	MANDATORY

<input type="checkbox"/>	APPENDIX 26: PROVIDE MARKETING PLANS AND PROPOSALS AND DETAILS OF THE PROXIMITY OF THE FACILITY TO ITS MARKETING SERVICE AREA.	MANDATORY
<input type="checkbox"/>	APPENDIX 27: PROVIDE COPIES OF LOCAL ZONING AND LAND USE APPROVALS OR A DETAILED EXPLANATION OF THE STATUS OF THE REQUEST WITH COPIES OF ALL FILINGS.	MANDATORY
<input type="checkbox"/>	APPENDIX 28: PURSUANT TO THE RACE HORSE INDUSTRY REFORM ACT AND/OR ITS REGULATIONS, SUBMIT A COMPLETE PROPOSED SITE PLAN OF THE PROPOSED LICENSED FACILITY, INCLUSIVE OF TRAFFIC STUDIES AND THE PARKING PLAN, ACCOMPANIED BY ARCHITECTURAL DRAWINGS AND A PROPOSED RACING AND GAMING FACILITY. THE PLANS SHOULD CLEARLY DELINEATE RACETRACK, BACKSTRETCH AND RELATED AMENITIES AS OUTLINED IN THE ACT. (NOTE: THE SITE PLAN, AND RELATED SURVEILLANCE AND SECURITY PROPOSALS MUST BE FINALIZED AND APPROVED BY THE COMMISSION PRIOR TO OPERATION).	MANDATORY
<input type="checkbox"/>	APPENDIX 29: PROVIDE DETAILS OF PLANNED RETAIL AND FOOD VENUES FOR THE FACILITY AND THE IDENTIFICATION OF THE OPERATORS OF EACH RETAIL FOOD VENUE PURSUANT TO THE RACE HORSE INDUSTRY REFORM ACT AND/OR ITS REGULATIONS INCLUDE SEATING CAPACITY AND MAXIMUM CAPACITY OF EACH PART OF THE FACILITY ALONG WITH HANDICAP ACCESS.	MANDATORY
<input type="checkbox"/>	APPENDIX 30: PROVIDE A LOCAL IMPACT REPORT, ENGINEERING REPORTS AND TRAFFIC STUDIES, INCLUDING DETAILS OF ANY ADVERSE IMPACT ON TRANSPORTATION, TRANSIT ACCESS, WATER AND SEWER SYSTEMS OR OTHER MUNICIPAL SERVICE OR RESOURCE.	MANDATORY
<input type="checkbox"/>	APPENDIX 31: PROVIDE DETAILS OF LAND ACQUISITION COSTS.	MANDATORY
<input type="checkbox"/>	APPENDIX 32: PROVIDE DETAILS OF A COMPULSIVE OR PROBLEM GAMBLING PLAN.	MANDATORY
<input type="checkbox"/>	APPENDIX 33: DESCRIBE THE HORSE RACING STRIP, PROVIDE COMPLETE DIMENSIONS AND TRACK MEASUREMENTS, INCLUDING THE LENGTH AND WIDTH; INCLUDE A DESCRIPTION OF THE LIGHTING FACILITIES OF THE RACING STRIP AND STABLE AREAS (SEE, SECTION 9312(8)).	MANDATORY
<input type="checkbox"/>	APPENDIX 34: PROVIDE A PLAN, WITH DETAILS, FOR THE FOLLOWING: (1) THE LOCATION AND QUALITY OF THE PROPOSED FACILITY, INCLUDING, BUT NOT LIMITED TO, ROAD AND TRANSIT ACCESS, PARKING AND CENTRALITY TO MARKET SERVICE AREA; (2) THE POTENTIAL FOR NEW JOB CREATION AND ECONOMIC DEVELOPMENT WHICH WILL RESULT FROM GRANTING A LICENSE TO THE APPLICANT; (3) THE APPLICANT'S GOOD FAITH PLAN TO RECRUIT, TRAIN AND UPGRADE DIVERSITY IN ALL EMPLOYMENT CLASSIFICATIONS IN THE FACILITY; (4) THE APPLICANT'S GOOD FAITH PLAN FOR ENHANCING THE REPRESENTATION OF DIVERSE GROUPS IN THE OPERATION OF ITS FACILITY THROUGH THE OWNERSHIP AND OPERATION OF BUSINESS ENTERPRISES ASSOCIATED WITH OR UTILIZED BY ITS FACILITY OR THROUGH THE PROVISION OF GOODS OR SERVICES UTILIZED BY ITS FACILITY AND THROUGH THE PARTICIPATION IN THE OWNERSHIP OF THE APPLICANT; (5) THE APPLICANT'S GOOD FAITH EFFORT TO ASSURE THAT ALL PERSONS ARE ACCORDED EQUALITY OF OPPORTUNITY IN EMPLOYMENT AND CONTRACTING BY IT AND ANY CONTRACTORS, SUBCONTRACTORS, ASSIGNEES, LESSEES, AGENTS, VENDORS AND SUPPLIERS IT MAY EMPLOY DIRECTLY OR INDIRECTLY; (6) THE HISTORY AND SUCCESS OF THE APPLICANT IN DEVELOPING TOURISM FACILITIES ANCILLARY TO HORSE RACING, IF APPLICABLE TO THE APPLICANT; (7) THE DEGREE TO WHICH THE	MANDATORY

	<p>APPLICANT PRESENTS A PLAN FOR THE PROJECT WHICH WILL LIKELY LEAD TO THE CREATION OF QUALITY, LIVING-WAGE JOBS AND FULL-TIME PERMANENT JOBS FOR RESIDENTS OF THIS COMMONWEALTH GENERALLY AND FOR RESIDENTS OF THE HOST POLITICAL SUBDIVISION IN PARTICULAR; (8) THE RECORD OF THE APPLICANT AND ITS DEVELOPER IN MEETING COMMITMENTS TO LOCAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS AND EMPLOYEES IN OTHER LOCATIONS; (9) THE DEGREE TO WHICH POTENTIAL ADVERSE EFFECTS WHICH MIGHT RESULT FROM THE PROJECT, INCLUDING COSTS OF MEETING THE INCREASED DEMAND FOR PUBLIC HEALTH CARE, CHILD CARE, PUBLIC TRANSPORTATION, AFFORDABLE HOUSING AND SOCIAL SERVICES, WILL BE MITIGATED; (10) THE RECORD OF THE APPLICANT AND ITS DEVELOPER REGARDING COMPLIANCE WITH (I) FEDERAL, STATE AND LOCAL DISCRIMINATION, WAGE AND HOUR, DISABILITY AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS AS WELL AS (II) STATE AND LOCAL LABOR RELATIONS AND EMPLOYMENT LAWS; (III) THE APPLICANT'S RECORD IN DEALING WITH ITS EMPLOYEES AND THEIR REPRESENTATIVES AT OTHER LOCATIONS.</p>	
<input type="checkbox"/>	<p>APPENDIX 35: PROVIDE INFORMATION DEMONSTRATING ADEQUATE FINANCING FOR THE PROPOSED FACILITY AND TERMS OF FINANCING INCLUDING PAYBACK PERIOD.</p>	MANDATORY
<input type="checkbox"/>	<p>APPENDIX 36: PROVIDE BUSINESS AND ECONOMIC DEVELOPMENT PLANS AND TIMETABLES, PROJECTED DEBT SERVICE EXPENSES, PROJECTED EBITDA AND INTERNAL RATE OF RETURN, PROJECTED ANNUAL GROSS TERMINAL REVENUE, PROJECTED OPERATING AND CAPITAL EXPENSES AND DEFINED GAMING MARKET AND PROJECTED VISITATION.</p>	MANDATORY
<input type="checkbox"/>	<p>APPENDIX 37: PROVIDE A LETTER OF REFERENCES FROM LAW ENFORCEMENT AGENCIES HAVING JURISDICTION IN THE APPLICANT'S AND KEY EMPLOYEE QUALIFIER'S PRINCIPAL PLACE OF RESIDENCE AND PLACE OF BUSINESS INDICATING THAT THE AGENCY DOES NOT HAVE ANY PERTINENT INFORMATION RELATING TO THE APPLICANT OR ITS KEY EMPLOYEE QUALIFIERS. IF THE LAW ENFORCEMENT AGENCY HAS INFORMATION PERTAINING TO THE APPLICANT OR ITS KEY EMPLOYEE QUALIFIERS, THE LETTER SHALL SPECIFY THE DETAILS OF THE INFORMATION.</p> <p>IF NO LETTERS ARE RECEIVED WITHIN 30 DAYS OF THE REQUEST, THE APPLICANT OR KEY EMPLOYEE QUALIFIER MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT OR KEY EMPLOYEE QUALIFIER IS A CITIZEN IN GOOD STANDING IN HIS JURISDICTION OF RESIDENCE AND PRINCIPAL PLACE OF BUSINESS.</p>	MANDATORY
<input type="checkbox"/>	<p>APPENDIX 38: IF THE APPLICANT HAS HELD A OR GAMING/RACING LICENSE IN ANY JURISDICTION, PROVIDE A LETTER OF REFERENCE FROM THE GAMING/RACING JURISDICTION OR CASINO ENFORCEMENT OR REGULATORY AGENCY IN THE OTHER JURISDICTION, SPECIFYING THE EXPERIENCES OF THE AGENCY WITH THE APPLICANT, THE APPLICANT'S ASSOCIATES AND THE APPLICANT'S GAMING/RACING OPERATION.</p> <p>IF NO LETTER IS RECEIVED WITHIN 30 DAYS OF REQUEST BY THE APPLICANT, THE APPLICANT MAY SUBMIT A SWORN OR AFFIRMED STATEMENT THAT THE APPLICANT'S OPERATION IS IN GOOD STANDING WITH THE REGULATORY AGENCY.</p>	MANDATORY
<input type="checkbox"/>	<p>APPENDIX 39: PROVIDE A STATEMENT DETAILING THE APPLICANT'S REGULATORY HISTORY AS A LICENSED RACING ENTITY UNDER THE JURISDICTION OF THE STATE HORSE RACING COMMISSION, INCLUDING THE APPLICANT'S HISTORY OF SUITABILITY AND COMPLIANCE WITH THE RACE HORSE INDUSTRY REFORM ACT IN THE OPERATION OF THE RACE TRACK AND NONPRIMARY LOCATIONS AND THE CONDUCT OF PARI-MUTUEL WAGERING.</p>	MANDATORY

<input type="checkbox"/>	<p>APPENDIX 40: PROVIDE A DETAILED PLAN FOR THE MANAGEMENT AND USE OF BACKSIDE AREA IMPROVEMENT AND MAINTENANCE ACCOUNTS UNDER §1404 OF THE GAMING ACT (RELATING TO DISTRIBUTION FROM LICENSEE'S REVENUE RECEIPTS).</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 41: PROVIDE A DETAILED PLAN FOR THE MANAGEMENT OF ACCOUNTS CREATED FROM FUNDS ALLOCATED UNDER § 1406 OF THE GAMING ACT (RELATING TO DISTRIBUTIONS FROM PENNSYLVANIA RACE HORSE DEVELOPMENT FUND).</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 42: LIST THE PRINCIPAL MUNICIPALITIES AND THE POPULATION OF EACH WITHIN A RADIUS OF FIFTY (50) MILES, AND DESCRIBE THE ACCESS ROUTES TO AND FROM THE RACETRACK ENCLOSURE.</p>	<p>MANDATORY</p>
<input type="checkbox"/>	<p>APPENDIX 43: DETAIL THE REASONS FOR BELIEVING THERE IS A PUBLIC NEED AND NECESSITY FOR THE TRACK AND IN WHAT MANNER THE EXISTENCE OF THE TRACK WILL ADVANCE THE BEST INTERESTS OF HORSE RACING. PROVIDE SUPPORT FOR EACH ALLEGATION OF FACT. IN ADDITION, INCLUDE ANY PREFERENCE FOR DATES OF RACING MEETS ASSUMING A LICENSE WOULD BE ISSUED.</p>	<p>MANDATORY</p>

SCHEDULE 1: INCORPORATORS/FOUNDERS

NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
OCCUPATION		TITLE	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()
FAX NUMBER ()		MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
OCCUPATION		TITLE	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()
FAX NUMBER ()		MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
OCCUPATION		TITLE	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()
FAX NUMBER ()		MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SCHEDULE 2: OTHER NAMES USED BY APPLICANT

LIST ALL OTHER NAMES UNDER WHICH APPLICANT HAS DONE BUSINESS AND GIVE APPROXIMATE TIME PERIODS DURING WHICH NAME WAS USED.

ENTITY TRADE & DBA NAMES				
NAME	TRADE NAME/DOING BUSINESS As (DBA)	NAME USED FROM	NAME USED TO	EMPLOYER IDENTIFICATION NUMBER/TIN

SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT

PROVIDE ALL ADDRESSES CURRENTLY USED BY APPLICANT.

ADDRESSES			
ADDRESS PURPOSE			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS PURPOSE			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS PURPOSE			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()

SCHEDULE 4: ADDRESSES USED BY APPLICANT

PROVIDE ALL ADDRESSES, OTHER THAN THOSE LISTED ON SCHEDULE 3, WHICH APPLICANT HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS PURPOSE		ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS PURPOSE		ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS PURPOSE		ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS PURPOSE		ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()

SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
APPLICANT ADDRESS				
APPLICANT NAME:		CURRENT TITLE OR POSITION		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)				
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION \$ VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAS TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
APPLICANT ADDRESS				
APPLICANT NAME:		MOST RECENT TITLES OR POSITIONS		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)				
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	REASON FOR LEAVING

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 7: EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM APPLICANT

PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES EARNING OVER \$100,000 IN ANNUAL COMPENSATION FROM APPLICANT. DO NOT INCLUDE PERSONS ALREADY LISTED ON SCHEDULE 5.

NAME AND HOME (BUSINESS) ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
APPLICANT ADDRESS				
APPLICANT NAME:		CURRENT TITLE OR POSITION		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)				
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY

SCHEDULE 8: BONUS, PROFIT SHARING, PENSION RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

PROVIDE THE FOLLOWING INFORMATION AND ATTACH A DESCRIPTION OF PLANS AS APPENDIX 3. ADDITIONALLY ATTACH AS APPENDIX 21 COPIES OF APPLICANT'S 5500 FORMS FILED WITH THE IRS FOR THE PAST THREE (3) YEARS.

PLAN			
TITLE OR NAME OF PLAN			
PLAN TRUSTEE NAME & ADDRESS			
TRUSTEE NAME			
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
		POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
PLAN SPECIFICATIONS			
MATERIAL FEATURES OF THE PLAN			
METHODS OF FINANCING PLAN			
CLASS OF PERSONS IN PLAN	NUMBER OF INDIVIDUALS IN EACH CLASS	AMOUNT DISTRIBUTED TO EACH CLASS OF PERSONS DURING THE LAST FISCAL YEAR THE PLAN WAS IN EFFECT	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 9: STOCK DESCRIPTION (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)

PROVIDE THE FOLLOWING INFORMATION FOR ALL OF APPLICANT'S STOCK.

STOCK TYPES/CLASSES INVENTORY					
STOCK TYPE OR CLASS	NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED	NUMBER OF SHARES OUTSTANDING	VOTING?	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

IF THE RIGHT OF HOLDERS OF ANY CLASS OF STOCK MAY BE MODIFIED OTHERWISE THAN BY A VOTE OF A MAJORITY OR MORE OF OUTSTANDING SHARES SO AFFECTED, VOTING AS A CLASS, SO STATE AND EXPLAIN BRIEFLY.

SCHEDULE 10: VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS A CONTROLLING INTEREST AND PROVIDED IN THE INSTRUCTIONS ON PAGE 6.

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ()	FAX NUMBER ()
VOTING STOCK/SHARES HELD SCHEDULE				
STOCK TYPE OR CLASS	NUMBER OF SHARES HELD	DATE ACQUIRED	PERCENTAGE OF OUTSTANDING VOTING STOCK HELD	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				□ YES □ NO
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				□ YES □ NO
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?				□ YES □ NO
KEY EMPLOYEE QUALIFIER ENTITY FORM ATTACHED?				□ YES □ NO
KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM ATTACHED?				□ YES □ NO

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 10A: INTEREST OF CURRENT PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)

PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER.

PARTNER NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
PARTNERSHIP INTEREST				
PARTNER TYPE	PERCENTAGE OF OWNERSHIP IN APPLICANT	PARTNERSHIP PARTICIPATION FROM	DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE APPLICANT	
<input type="checkbox"/> GENERAL/FULL PARTNER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER <input type="checkbox"/> NOMINAL PARTNER <input type="checkbox"/> OTHER: _____				
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER ENTITY FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 10B: INTEREST OF FORMER PARTNERS (FOR PARTNERSHIPS, LLPs, LIMITED PARTNERSHIPS)

PROVIDE THE FOLLOWING INFORMATION FOR EACH FORMER PARTNER FOR THE LAST TEN (10) YEARS.

FORMER PARTNER NAME AND HOME ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ()	FAX NUMBER ()	
PARTNERSHIP INTEREST					
PARTNER TYPE	PERCENTAGE OF OWNERSHIP APPLICANT	PARTNERSHIP PARTICIPATION FROM	PARTNERSHIP PARTICIPATION TO	DESCRIPTION OF PARTICIPATION IN THE OPERATION OF THE APPLICANT	REASONS FOR AND TERMS OF SEPARATION
<input type="checkbox"/> GENERAL/FULL PARTNER <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> DORMANT/SILENT/SECRET PARTNER <input type="checkbox"/> NOMINAL PARTNER <input type="checkbox"/> OTHER _____					

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 11: NON-VOTING SHAREHOLDERS (FOR C CORPORATIONS, S-CORPORATIONS, LLCs)

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO HAS CONTROLLING INTEREST

NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ()	FAX NUMBER ()
NON-VOTING STOCK/SHARES HELD SCHEDULE				
STOCK TYPE OR CLASS	NUMBER OF SHARES HELD	DATE ACQUIRED	PERCENTAGE OF OUTSTANDING NON-VOTING STOCK HELD	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
KEY EMPLOYEE QUALIFIER ENTITY FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM ATTACHED?				<input type="checkbox"/> YES <input type="checkbox"/> NO

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 12: LONG TERM DEBT

DESCRIBE THE NATURE, TYPE, COVENANTS AND PRIORITIES OF ALL OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS ISSUED OR EXECUTED (INCLUDING LOANS MADE BY SHAREHOLDERS), OR TO BE ISSUED OR EXECUTED, BY THE APPLICANT, WHICH MATURE MORE THAN ONE YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE. ATTACH DESCRIPTIONS AND DOCUMENTATIONS AS APPENDIX 4.

LONG TERM DEBT INSTRUMENT								
LINE	LONG TERM DEBT INSTRUMENT TYPE		ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE?	DESCRIPTION AND DOCUMENTATION ATTACHED?
	<input type="checkbox"/> BOND <input type="checkbox"/> LOAN <input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST DEED	<input type="checkbox"/> NOTE <input type="checkbox"/> DEBENTURE <input type="checkbox"/> SHAREHOLDER LOAN <input type="checkbox"/> OTHER _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT								
LONG TERM DEBT INSTRUMENT								
LINE	LONG TERM DEBT INSTRUMENT TYPE		ISSUE DATE	REPAYMENT DUE DATE	PRINCIPLE	ANNUAL INTEREST RATE	RENEWABLE?	DESCRIPTION AND DOCUMENTATION ATTACHED?
	<input type="checkbox"/> BOND <input type="checkbox"/> LOAN <input type="checkbox"/> MORTGAGE <input type="checkbox"/> TRUST DEED	<input type="checkbox"/> NOTE <input type="checkbox"/> DEBENTURE <input type="checkbox"/> SHAREHOLDER LOAN <input type="checkbox"/> OTHER _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

	TERMS, COVENANTS, CONDITIONS AND PRIORITIES FOR THIS DEBT INSTRUMENT
--	--

SCHEDULE 13: HOLDERS OF LONG TERM DEBT

PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON OR ENTITY HOLDING ANY OUTSTANDING BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS EXECUTED OR ISSUED BY APPLICANT, WHICH MATURE MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE OR WHICH, BY THEIR TERMS, ARE RENEWABLE FOR A PERIOD OF MORE THAN ONE (1) YEAR FROM THE DATE OF ISSUANCE.

NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
LONG TERM DEBT HELD BY PERSON NAMED ABOVE				
PAGE	LINE	TYPE AND CLASS OF DEBT	DOLLAR AMOUNT OF DEBT HELD	
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER ENTITY FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 14: OTHER INDEBTEDNESS AND SECURITY DEVICES

DESCRIBE THE NATURE, TYPE, TERMS, CONDITIONS AND COVENANTS OF ALL OUTSTANDING LOANS, MORTGAGES, TRUST DEEDS, PLEDGES, LINES OF CREDIT, OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT OTHER THAN THOSE DESCRIBED IN SCHEDULE 12. ATTACH DESCRIPTION AND DOCUMENTATION AS APPENDIX 5.

OTHER INDEBTEDNESS AND SECURITY DEVICES

SCHEDULE 15: HOLDER OF OTHER INDEBTEDNESS

PROVIDE THE FOLLOWING INFORMATION FOR EACH HOLDER OF ANY OUTSTANDING LOAN, MORTGAGE, TRUST DEED, PLEDGE OR OTHER EVIDENCE OF INDEBTEDNESS OR SECURITY DEVICES UTILIZED BY APPLICANT AND DESCRIBED IN RESPONSE TO SCHEDULE 14.

NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
TYPE OF DEBT INSTRUMENT HELD		DOLLAR AMOUNT OF DEBT HELD (BOTH ORIGINAL AND CURRENT BALANCE)		
NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
TYPE OF DEBT INSTRUMENT HELD		DOLLAR AMOUNT OF DEBT HELD (BOTH ORIGINAL AND CURRENT BALANCE)		
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
KEY EMPLOYEE QUALIFIER ENTITY FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM ATTACHED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 16: SECURITIES OPTIONS

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 6 A DETAILED DESCRIPTION OF ANY OPTIONS EXISTING OR TO BE CREATED WITH RESPECT TO SECURITIES ISSUED BY APPLICANT WHICH DESCRIPTION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE TITLE AND AMOUNT OF SECURITIES SUBJECT TO OPTION, THE YEAR OR YEARS DURING WHICH THE OPTIONS WERE OR WILL BE GRANTED, THE CONDITIONS UNDER WHICH THE OPTIONS WERE OR WILL BE GRANTED, THE CONSIDERATION FOR GRANTING THE OPTION AND THE YEAR OR YEARS DURING WHICH, AND THE TERMS UNDER WHICH, OPTIONEES BECAME OR WILL BECOME, ENTITLED TO EXERCISE THE OPTIONS, AND WHEN SUCH OPTIONS EXPIRE. (OR INCLUDE COPIES OF ANY OUTSTANDING OPTION PLANS OR PROXY STATEMENTS THAT PROVIDE THE REQUESTED INFORMATION.) NOTE: FOR THE PURPOSE OF THIS SCHEDULE, OPTION SHALL MEAN RIGHT, WARRANT OR OPTION TO SUBSCRIBE TO OR PURCHASE ANY SECURITIES ISSUED BY APPLICANT.

SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				
SECURITY OPTION				
OPTION NAME	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT YEARS	OPTION EXPIRATION DATE	COPY OF OPTION PLAN OR PROXY STATEMENT ATTACHED AS APPENDIX 6? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITIONS UNDER WHICH OPTION HOLDER MAY BECOME OR WILL BECOME ENTITLED TO EXERCISE OPTIONS				

SCHEDULE 17: BENEFICIAL OWNER OF OPTIONS

PROVIDE THE FOLLOWING INFORMATION FOR PERSONS HOLDING THE OPTIONS DESCRIBED IN SCHEDULE 16.

OPTION BENEFICIAL OWNER NAME AND HOME ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	

LIST OF OPTIONS BENEFICIALLY OWNED BY INDIVIDUAL						
OPTION NAME (FROM SCHEDULE 16)	SECURITY TYPE OR CLASS OPTIONED	OPTION GRANT (YEARS)	OPTION EXPIRATION DATE	NUMBER OF VOTING SHARES	MARKET VALUE AT ISSUANCE	NUMBER OF NON VOTING SHARES

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 18: OTHER KEY EMPLOYEE QUALIFIERS

PROVIDE THE FOLLOWING INFORMATION FOR ALL KEY EMPLOYEE QUALIFIERS NOT OTHERWISE DISCLOSED ON SCHEDULES 1, 5, 10, 10A, 11, 13 AND 15.

NAME AND ADDRESS				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()	
DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF INTEREST IN OR CONTROL OVER APPLICANT				
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE/QUALIFIER FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER ENTITY FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEY EMPLOYEE QUALIFIER ENTITY WAIVER FORM ATTACHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 19: FINANCIAL INSTITUTIONS

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH BANK, SAVINGS AND LOAN ASSOCIATION OR OTHER FINANCIAL INSTITUTION, WHETHER DOMESTIC OR FOREIGN, IN WHICH APPLICANT HAS OR HAS HAD AN ACCOUNT OVER THE LAST TEN (10) YEAR PERIOD REGARDLESS OF WHETHER SUCH ACCOUNT WAS HELD IN THE NAME OF APPLICANT, A NOMINEE OF APPLICANT OR WAS OTHERWISE UNDER THE DIRECT OR INDIRECT CONTROL OF APPLICANT.

FINANCIAL INSTITUTION NAME AND ADDRESS			
FINANCIAL INSTITUTION NAME			FEDERAL EMPLOYER IDENTIFICATION NUMBER
PURPOSE FOR ACCOUNT	ACCOUNT HELD FROM		ACCOUNT HELD TO
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY		PHONE NUMBER ()	POSTAL CODE
EMAIL ADDRESS		FAX NUMBER ()	
ACCOUNTS AT THIS FINANCIAL INSTITUTION			
ACCOUNT NUMBER	ACCOUNT TYPE	OPEN DATE	CLOSE DATE

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 20: CONTRACTS

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO ALL CONTRACTS OR AGREEMENTS (WHETHER WRITTEN OR ORAL) THAT APPLICANT HAS ENTERED INTO WITHIN THE PAST SIX (6) MONTHS, FOR GOODS AND/OR SERVICES IN EXCESS OF \$10,000. CONTRACTS AND AGREEMENTS DISCLOSED ELSEWHERE IN THIS APPLICATION NEED NOT BE PROVIDED ON THIS SCHEDULE.

NAME AND ADDRESS			
NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER/TAX IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	
ADDRESS		CONTRACT START DATE	CONTRACT COMPLETION DATE
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
		POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
NATURE OF CONTRACT OR AGREEMENT AND GOODS AND/OR SERVICES TO BE PROVIDED		TERMS OF COMPENSATION	

SCHEDULE 21: STOCK HELD BY APPLICANT

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH COMPANY IN WHICH APPLICANT HOLDS STOCK.

NAME & ADDRESS OF COMPANY	TYPE OF STOCK HELD	EXCHANGE	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP IF MORE THAN 5%	TERMS, CONDITIONS, RIGHTS AND PRIVILEGES	VOTING?
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
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							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 22: INSIDER TRANSACTIONS

PROVIDE THE FOLLOWING INFORMATION FOR EACH CHANGE IN THE BENEFICIAL OWNERSHIP OF THE EQUITY SECURITIES OF APPLICANT ON THE PART OF ANY PERSON WHO IS INDIRECTLY OR DIRECTLY A BENEFICIAL OWNER OF MORE THAN TEN PERCENT (5%) OF ANY CLASS OF AN EQUITY SECURITY OF APPLICANT OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF APPLICANT THAT OCCURRED WITHIN THE THREE (3) YEARS PRECEDING THIS APPLICATION. [INCLUDE CHANGES RESULTING FROM (A) GIFT, (B) PURCHASE, (C) SALE, (D) EXERCISE OF AN OPTION TO PURCHASE, (E) EXERCISE OF AN OPTION TO SELL, (F) GRANT OR RECEIPT OF A PUT OR (G) GRANT OR RECEIPT OF A CALL.]

NAME AND HOME ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS		PHONE NUMBER ()	FAX NUMBER ()	
POSITION					
INSIDER TRANSACTION DESCRIPTION					
DATE OF TRANSACTION	NATURE OF TRANSACTION	NUMBER OF SHARES INVOLVED	DOLLAR VALUE OF TRANSACTION	OTHER PARTIES (NAMES & POSITIONS)	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 23: CRIMINAL HISTORY

IF APPLICANT ANSWERED YES TO QUESTIONS 1 OR 1A ON PAGES 10-11, PROVIDE THE FOLLOWING INFORMATION:

CRIMINAL HISTORY INCIDENT						
NAME OF CASE & DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE	NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE OR KEY EMPLOYEE

SCHEDULE 24: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

IF APPLICANT ANSWERED YES TO QUESTION 2 ON PAGE 11, PROVIDE THE FOLLOWING INFORMATION:

TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
NAME AND ADDRESS OF COURT OR AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE, KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER INVOLVED.			
TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE, KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER INVOLVED.			
TESTIMONY, INVESTIGATION OR POLYGRAPH INCIDENT			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME OF OFFICER, DIRECTOR/PARTNER, TRUSTEE, KEY EMPLOYEE OR KEY EMPLOYEE QUALIFIER INVOLVED.			

SCHEDULE 25: EXISTING LITIGATION

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 7 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH APPLICANT, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$10,000, OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$10,000, BUT WHICH INVOLVES CLAIMS AGAINST APPLICANT WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE APPLICANT WITH A LICENSED INSURANCE CARRIER. THIS DESCRIPTION MUST INCLUDE THE TITLE AND DOCKET NUMBER OF THE LITIGATION, THE NAME AND LOCATION OF THE COURT BEFORE WHICH IT IS PENDING, THE IDENTITY OF ALL PARTIES TO THE LITIGATION AND THE GENERAL NATURE OF ALL CLAIMS BEING MADE.

EXISTING LITIGATION	
NAME OF CASE AND DOCKET NUMBER	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	
EXISTING LITIGATION	
NAME OF CASE AND DOCKET NUMBER	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	

SCHEDULE 26: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 11, PROVIDE THE FOLLOWING INFORMATION:

VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS

IF APPLICANT ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 11, PROVIDE THE FOLLOWING:

BANKRUPTCY OR INSOLVENCY PROCEEDINGS			
NAME OF CASE & DOCKET NUMBER	DATE PETITION FILED OR RELIEF SOUGHT	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
	DATE JUDGMENT OR RELIEF ENTERED	NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED
NATURE OF JUDGMENT OR RELIEF			

SCHEDULE 28: NON-GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 8 ON PAGE 11, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED – NON-GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

SCHEDULE 29: GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 12 PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED –GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

SCHEDULE 30: APPLICANT’S CONTRIBUTIONS AND DISBURSEMENTS

IF APPLICANT ANSWERED YES TO ANY OF QUESTIONS 10 THROUGH 16 ON PAGE 12, PROVIDE THE FOLLOWING INFORMATION FOR ANY PRESENT OR FORMER DIRECTORS, OFFICERS, EMPLOYEES OR THIRD PARTIES WHO WOULD HAVE KNOWLEDGE OR INFORMATION OF THE CONTRIBUTIONS AND/OR DISBURSEMENTS DURING THE LAST TEN (10) YEAR PERIOD:

NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
NAME AND ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	FAX NUMBER ()
NATURE OF CONTRIBUTIONS OR DISBURSEMENTS			

SCHEDULE 31: BUSINESS BACKGROUND PART 1

DESCRIPTION OF PRESENT BUSINESS
DESCRIPTION OF COMPETITIVE CONDITIONS
PRINCIPAL PRODUCTS PRODUCED AND/OR SERVICES RENDERED
AVAILABILITY OF RAW MATERIALS, CRITICAL TECHNOLOGY & EMPLOYEES
INTELLECTUAL PROPERTY OWNED BY APPLICANT & IMPORTANCE TO BUSINESS

SCHEDULE 32: BUSINESS BACKGROUND PART 2

DESCRIPTION OF BUSINESS DEVELOPMENTS INCLUDING BANKRUPTCY, RECEIVERSHIP OR SIMILAR PROCEEDINGS
DESCRIPTION OF ANY OTHER MATERIAL REORGANIZATION, READJUSTMENT OR SUCCESSION OF APPLICANT OR ANY OF ITS SUBSIDIARIES OR ACQUISITIONS
HISTORY OF PREVIOUS BUSINESS CONDUCTED BY APPLICANT

APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW

COMPLETION OF THIS FORM IS A CONDITION OF THIS APPLICATION AND WILL AUTHORIZE THE PENNSYLVANIA DEPARTMENT OF REVENUE ("DOR") AND THE DEPARTMENT OF LABOR AND INDUSTRY ("DLI") TO REVIEW THE TAX RECORDS OF THE PERSON AND/OR ENTITY AS PART OF THE LICENSING EVALUATION BY THE STATE HORSE RACING COMMISSION ("COMMISSION"). YOUR SIGNATURE ON THIS FORM ALSO REPRESENTS A WAIVER OF CONFIDENTIALITY OF TAX INFORMATION. YOUR SIGNATURE ALLOWS THE DOR AND DLI TO PROVIDE TAX INFORMATION TO THE BOARD AND ITS AUTHORIZED INVESTIGATORY AGENTS.

NAME AS LISTED ON TAX RETURN

EMPLOYER IDENTIFICATION NUMBER/TAX
IDENTIFICATION NUMBER/SOCIAL SECURITY
NUMBER

ADDRESS

CITY

STATE

ZIP CODE

I CERTIFY THAT I AM THE INDIVIDUAL WHOSE TAX RECORDS ARE TO BE REVIEWED. IF THE TAX RECORDS ARE FOR AN ENTITY, I CERTIFY THAT I AM THE AUTHORIZED SIGNATORY FOR THE APPLICANT.

CEO/APPLICANT SIGNATURE

TELEPHONE NUMBER

DATE

Form **8821**
 (Rev. April 2004)
 Department of the Treasury
 Internal Revenue Service

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone (____) _____
 Function _____
 Date ____/____/____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s) _____ _____	Employer identification number _____
	Daytime telephone number (____) _____	Plan number (if applicable) _____

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
------------------	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 ▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶

b If you do not want any copies of notices or communications sent to your appointee, check this box. ▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box ▶
 To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

 Signature Date

 Signature Date

 Print Name Title (if applicable)

 Print Name Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Authorization to file Form 8821 electronically. Your appointee may be able to file Form 8821 with the IRS electronically. PIN number boxes have been added to the taxpayer's signature section. Entering a PIN number will give your appointee authority to file Form 8821 electronically using the PIN number as the electronic signature. You can use any five digits other than all zeroes as a PIN number. You may use the same PIN number that you used on other filings with the IRS. See **Where To File** on page 3 if completing Form 8821 only for this purpose.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 4506, Request for Copy of Tax Return, to get a copy of your tax return.

Use new Form 4506-T, Request for Transcript of Tax Return, to order: (a) transcript of tax account information and (b) Form W-2 and Form 1099 series information.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

When To File

Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

Where To File Chart

IF you live in . . .	THEN use this address . . .	Fax Number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center Stop 8423 5333 Getwell Road Memphis, TN 38118	901-546-4115
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service Ogden Accounts Management Center 1973 N. Rulon White Blvd. Mail Stop 6737 Ogden, UT 84404	801-620-4249
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service Philadelphia Accounts Management Center DPSW 312 11601 Roosevelt Blvd. Philadelphia, PA 19255	215-516-1017

*These numbers may change without notice.

**Permanent residents of Guam should use Department of Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921; permanent residents of the Virgin Islands should use: V.I. Bureau of Internal Revenue, 9601 Estate Thomas Charlotte Amaile, St. Thomas, V.I. 00802.

Where To File

Generally, mail or fax Form 8821 directly to the IRS. See the **Where To File Chart** on page 2. Exceptions are listed below.

- If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.
- If you complete Form 8821 only for the purpose of electronic signature authorization, do not file Form 8821 with the IRS. Instead, give it to your appointee, who will retain the document.

Revocation of an Existing Tax Information Authorization

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to the IRS, using the **Where To File Chart** on page 2. The copy of the tax information authorization must have a current signature of the taxpayer under the original signature on line 7. Write "REVOKE" across the top of Form 8821. If you do not have a copy of the tax information authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the tax information authorization is revoked, list the tax matters, must be signed and dated by the taxpayer, and list the name and address of each recognized appointee whose authority is revoked.

To revoke a specific use tax information authorization, send the tax information authorization or statement of revocation to the IRS office handling your case, using the above instructions.

Taxpayer Identification Numbers (TINs)

TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Partnership Items

Sections 6221–6234 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

Specific Instructions

Line 1. Taxpayer Information

Individuals. Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

Corporations, partnerships, or associations. Enter the name, EIN, and business address.

Employee plan. Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, indicate so on this line and attach a list of appointees to Form 8821.

Check the appropriate box to indicate if either the address, telephone number, or fax number is new since a CAF number was assigned.

Line 3. Tax Matters

Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

For example, you may list "Income tax, Form 1040" for calendar year "2003" and "Excise tax, Form 720" for the "1st, 2nd, 3rd, and 4th quarters of 2003." For multiple years, you may list "2001 through (thru or a dash (—)) 2003" for an income tax return; for quarterly returns, list "1st, 2nd, 3rd, and 4th quarters of 2001 through 2002" (or 2nd 2002 — 3rd 2003). For fiscal years, enter the ending year and month, using the YYYYMM format. Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list any tax years or periods that have already ended as of the date you sign the tax information authorization. Also, you may include on a tax information authorization future tax periods that end no later than 3 years after the date the tax information authorization is received by the IRS. The 3 future periods are determined starting after December 31 of the year the tax information authorization is received by the IRS. You must enter the type of tax, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period.

In **column (d)**, enter any specific information you want the IRS to provide. Examples of column (d) information are: lien information, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information as instructed on Form 8802.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (a) requests to disclose information to loan companies or educational institutions, (b) requests to disclose information to Federal or state agency investigators for background checks, (c) application for EIN, or (d) claims filed on Form 843, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 6. Retention/Revocation of Tax Information Authorizations

Check the box on this line and attach a copy of the tax information authorization you do not want to revoke. The filing of Form 8821 will not revoke any Form 2848 that is in effect.

Line 7. Signature of Taxpayer(s)

Individuals. You must sign and date the authorization. Either husband or wife must sign if Form 8821 applies to a joint return.

Corporations. Generally, Form 8821 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (d) any other person authorized to access information under section 6103(e).

Partnerships. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See **Partnership Items** on page 3.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on Form 8821. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN). If you do not provide all the information requested on this form, we may not be able to honor the authorization.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also give this information to other countries pursuant to tax treaties. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not send Form 8821 to this address.** Instead, see the **Where To File Chart** on page 2.

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

THE CHIEF EXECUTIVE OFFICER ("CEO")/ APPLICANT HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION OR FALSIFICATION IN THIS APPLICATION. FURTHER, THE CEO/APPLICANT IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 Pa. C.S.A. §4903.

THE APPLICANT HAS FAMILIARIZED ITSELF WITH THE CONTENTS OF THE HORSE RACING INDUSTRY REFORM ACT AND ITS REGULATIONS AND AGREES, IF LICENSED, TO ABIDE BY SAME, AND SPECIFICALLY AGREES AND AFFIRMS THE FOLLOWING:

THE STATE HORSE RACING COMMISSION, THE DEPARTMENT OF REVENUE ("DOR") AND THE PENNSYLVANIA STATE POLICE ("PSP") SHALL HAVE THE AUTHORITY, WITHOUT NOTICE AND WITHOUT WARRANT, TO DO ALL OF THE FOLLOWING IN THE PERFORMANCE OF THEIR DUTIES:

1. INSPECT AND EXAMINE ALL PREMISES WHERE RACING OPERATIONS ARE CONDUCTED, GAMING DEVICES OR EQUIPMENT ARE MANUFACTURED, SOLD, DISTRIBUTED OR SERVICED OR WHERE RECORDS OF THESE ACTIVITIES ARE PREPARED OR MAINTAINED.
2. INSPECT ALL EQUIPMENT AND SUPPLIES IN, ABOUT, UPON OR AROUND PREMISES REFERRED TO IN PARAGRAPH 1.
3. SEIZE, SUMMARILY REMOVE AND IMPOUND EQUIPMENT AND SUPPLIES FROM PREMISES REFERRED TO IN PARAGRAPH 1 FOR THE PURPOSES OF EXAMINATION AND INSPECTION.
4. INSPECT, EXAMINE AND AUDIT ALL BOOKS, RECORDS AND DOCUMENTS PERTAINING TO A LICENSEE'S OPERATION.
5. SEIZE, IMPOUND OR ASSUME PHYSICAL CONTROL OF ANY BOOK, RECORD, LEDGER, GAME, DEVICE, CASH BOX AND ITS CONTENTS, COUNTING ROOM OR ITS EQUIPMENT.

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE HORSE RACING INDUSTRY REFORM ACT AND ITS REGULATIONS, THE OFFICE OF ENFORCEMENT (OE) AND THE PSP MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY AN APPLICANT, LICENSEE, PERMITTEE, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR HOLDING COMPANY.

ANY LICENSEE, KEY EMPLOYEE OR RACETRACK EMPLOYEE SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE STATE HORSE RACING COMMISSION ("COMMISSION"), OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTION, SEARCHES AND SEIZURES;
3. INFORM THE COMMISSION OF ANY ACTIONS WHICH THEY BELIEVE WOULD CONSTITUTE A VIOLATION OF THIS PART; AND
4. INFORM THE COMMISSION OF ANY ARRESTS FOR ANY CRIMINAL VIOLATIONS OR OFFENSES INCLUDING THOSE ENUMERATED UNDER 18 Pa. C.S.A. (RELATING TO CRIMES AND OFFENSES).

FURTHERMORE, BY SIGNING BELOW, THE CEO/APPLICANT CERTIFIES THAT THE APPLICANT HAS DEVELOPED AND IMPLEMENTED INTERNAL SAFEGUARDS AND POLICIES INTENDED TO PREVENT A VIOLATION OF APPLICABLE REGULATIONS AND LAWS AND THAT THE APPLICANT HAS CONDUCTED A GOOD FAITH INVESTIGATION THAT HAS NOT REVEALED ANY VIOLATION OF THIS PROVISION DURING THE PAST YEAR. FURTHERMORE, THE APPLICANT HEREBY CERTIFIES THAT THE UNDERSIGNED IS AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT THERE IS NO MISREPRESENTATION OR FALSIFICATION IN THIS APPLICATION AND FURTHER AGREES TO THE TERMS OF LICENSING AS SPECIFIED WITHIN THE REGULATIONS AND SPECIFICATIONS OF THE STATE HORSE RACING COMMISSION.

I HEREBY EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE THE COMMONWEALTH OF PENNSYLVANIA, THE LICENSING AGENCY AND THEIR AGENTS FROM ANY AND ALL MANNER OF ACTION AND CAUSES OF ACTION WHATSOEVER WHICH I, MY ADMINISTRATORS OR EXECUTORS CAN, SHALL, OR MAY HAVE AGAINST THE COMMONWEALTH OF PENNSYLVANIA, THE LICENSING AGENCY AND THEIR AGENDA, AS A RESULT OF MY APPLYING FOR A LICENSE IN THE COMMONWEALTH OF PENNSYLVANIA.

APPLICANT CERTIFICATION (REQUIRED) DATE: ____/____/20____

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF

~~NAME OF APPLICANT~~ _____

_____ OF 20____.

~~NAME OF CEO~~ _____

~~SIGNATURE OF CEO/APPLICANT~~ _____

NOTARY PUBLIC

~~INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM CEO/APPLICANT~~ _____

MY COMMISSION EXPIRES ON ____/____/20____

~~(NAME, TITLE AND SIGNATURE)~~ _____

RELEASE AUTHORIZATION

TO: _____
(DO NOT WRITE ABOVE THIS LINE – FOR HORSE RACING COMMISSION USE ONLY)

FROM: _____
APPLICANT'S NAME (PLEASE PRINT)

1. I/WE HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING ANY KNOWLEDGE ABOUT, RELATING TO OR CONCERNING ME/US TO FULLY DISCUSS WITH, AND ANSWER ANY INQUIRY MADE BY ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION.
2. I/WE HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME/US TO FURNISH SUCH INFORMATION TO ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE.
3. I/WE HEREBY AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING ME/US TO PERMIT ANY DULY APPOINTED AGENT THE STATE HORSE RACING COMMISSION TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, REGULATORY, OR COMMON LAW PRIVILEGE.
4. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF SAME, I/WE HEREBY AUTHORIZE AND REQUEST THAT ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME/US, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES CO-SIGNED BY ME/US, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
5. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A REGULATORY AGENCY, INCLUDING ANY GRIEVANCE OR DISCIPLINARY AGENCY, IN ANY STATE TO WHICH I/WE HAVE BEEN GRANTED A PERMIT, LICENSE, CREDENTIAL, PRIVILEGE OR ANY SIMILAR AUTHORITY, I/WE HEREBY AUTHORIZE AND REQUEST THAT ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION BE PERMITTED BY SAID AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME/US, AND I/WE HEREBY AUTHORIZE SAID AGENCY, TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, COMPLAINTS FILED AGAINST ME/US, DISPOSITION THEREOF, IMPOSITION OF DISCIPLINE, WHETHER PRIVATE OR PUBLIC, AS WELL AS SUCH OTHER INFORMATION ON FILE OR AVAILABLE CONCERNING ME/US.

6. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A FEDERAL, STATE OR LOCAL LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY, I/WE HEREBY AUTHORIZE AND REQUEST THAT ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION BE PERMITTED BY SAID LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME/US, AND I/WE HEREBY AUTHORIZE SAID LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCY TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME/US.
7. IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A FEDERAL, STATE OR LOCAL TAXING AUTHORITY, INCLUDING THE INTERNAL REVENUE SERVICE OR OTHER INCOME TAXING AUTHORITY, PERSONAL PROPERTY TAXING AUTHORITY, WAGE TAXING AUTHORITY, SCHOOL TAXING AUTHORITY, AND ANY OTHER TAXING BODY AS MAY RECEIVE TAXES OR RETURNS FILED BY ME/US, I/WE HEREBY AUTHORIZE AND REQUEST THAT ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION BE PERMITTED BY SAID TAXING AUTHORITY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, TAX RETURNS, SCHEDULES AND SUPPORTING DOCUMENTATION, AUDITS, REPORTS, OR CORRESPONDENCE PERTAINING TO ME/US, AND I/WE HEREBY AUTHORIZE SAID TAXING AUTHORITY TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME/US.
8. PURSUANT TO THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, UNITED STATES OF AMERICA, I/WE DO HEREBY MAKE, CONSTITUTE, AND APPOINT ANY DULY APPOINTED AGENT OF THE STATE HORSE RACING COMMISSION MY/OUR TRUE AND LAWFUL ATTORNEY IN FACT FOR ME/US IN MY/OUR NAME, PLACE, STEAD, AND ON MY/OUR BEHALF AND FOR MY/OUR USE AND BENEFIT:
 - (a) TO REQUEST, REVIEW, COPY, SIGN FOR, OR OTHERWISE ACT FOR INVESTIGATIVE PURPOSES WITH RESPECT TO DOCUMENTS AND INFORMATION IN THE POSSESSION OF THE PERSON TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED AS I/WE MIGHT;
 - (b) TO NAME THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND INSERT THAT PERSON'S NAME IN THE APPROPRIATE LOCATION ON THIS RELEASE AUTHORIZATION;
 - (c) TO PLACE THE NAME OF THE STATE HORSE RACING COMMISSION AGENT PRESENTING THIS RELEASE AUTHORIZATION IN THE APPROPRIATE LOCATION ON THIS RELEASE AUTHORIZATION.
9. I/WE GRANT TO SAID ATTORNEY IN FACT FULL POWER AND AUTHORITY TO DO, TAKE, AND PERFORM ALL AND EVERY ACT AND THING WHATSOEVER REQUISITE, PROPER, OR NECESSARY TO BE DONE, IN THE EXERCISE OF ANY OF THE RIGHTS AND POWERS HEREIN GRANTED, AS FULLY TO ALL INTENTS AND PURPOSES AS I/WE MIGHT OR COULD DO IF PERSONALLY PRESENT, WITH FULL POWER OF SUBSTITUTION OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID ATTORNEY IN FACT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS POWER OF ATTORNEY AND THE RIGHTS AND POWERS HEREIN GRANTED.
10. THE RIGHTS AND POWERS HEREIN GRANTED ARE INTENDED TO FACILITATE THE BACKGROUND INVESTIGATION BEING CONDUCTED BY THE STATE HORSE RACING COMMISSION AT MY/OUR REQUEST AND IS NOT OTHERWISE INTENDED TO CREATE OR ESTABLISH A FIDUCIARY RELATIONSHIP BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD, IT AGENTS OR EMPLOYEES AND ME/US. I/WE HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS.
11. THIS POWER OF ATTORNEY ENDS TWO (2) YEARS FROM THE DATE OF EXECUTION AND SHALL BE CONSTRUED IN ACCORDANCE WITH 20 PA.C.S. CH. 56 (RELATING TO POWERS OF ATTORNEY). I/WE AM/ARE FAMILIAR WITH THE PROVISIONS OF 20 PA.C.S. § 5601(c), (d) AND (e) (RELATING TO GENERAL PROVISIONS) AND HEREBY EXPRESSLY WAIVE THE APPLICATIONS OF THE REQUIREMENTS CONTAINED IN THOSE SUBSECTIONS TO THIS POWER OF ATTORNEY GRANTING RIGHTS AND POWERS TO ANY DULY AUTHORIZED AGENT OF THE STATE HORSE RACING COMMISSION I/WE THE UNDERSIGNED APPLICANT(S) HAVE FILED WITH THE STATE HORSE RACING COMMISSION I/WE UNDERSTAND THAT I/WE AM/ARE SEEKING THE GRANTING OF A PRIVILEGE AND ACKNOWLEDGE THAT THE BURDEN OF PROVING MY/OUR QUALIFICATIONS AND SUITABILITY FOR A FAVORABLE DETERMINATION IS AT ALL TIMES ON ME/US. I/WE ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION WITH RESPECT TO THIS APPLICATION.

12. I/WE DO, FOR MYSELF/OURSELVES, MY/OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE THE STATE HORSE RACING COMMISSION, ITS MEMBERS, AGENTS AND EMPLOYEES, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND ANY AGENTS AND EMPLOYEES THEREOF, FROM ANY AND ALL LIABILITIES OF EVERY NATURE AND KIND, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I/WE EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE, AGAINST THE STATE HORSE RACING COMMISSION, ITS MEMBERS, AGENTS AND EMPLOYEES, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND ANY AGENTS AND EMPLOYEES THEREOF, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY/OUR INVESTIGATION.

13. I/WE DO, FOR MYSELF/OURSELVES, MY/OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, EXONERATE, AND FOREVER DISCHARGE EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED, AND ANY AGENTS AND EMPLOYEES THEREOF, FROM ANY AND ALL LIABILITIES OF EVERY NATURE AND KIND, INCLUDING BUT NOT LIMITED TO ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I/WE EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED, AND ANY AGENTS OR EMPLOYEES THEREOF, ARISING OUT OF OR BY REASON OF, THE FURNISHING OF OR INSPECTION OF DOCUMENTS, RECORDS, AND OTHER INFORMATION RELEASED IN COMPLIANCE WITH A REQUEST MADE PURSUANT TO, OR AS A RESULT OF HAVING BEEN PRESENTED WITH, THIS RELEASE AUTHORIZATION.

14. I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS EVERY PERSON, FIRM, COMPANY, CORPORATION, BOARD, ASSOCIATION OR INSTITUTION OF ANY KIND, AND EVERY FEDERAL, STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING, BUT NOT LIMITED TO, EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, TO WHOM THIS REQUEST IS PRESENTED AND ANY AGENTS AND EMPLOYEES THEREOF, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF, COMPLYING WITH THIS RELEASE AUTHORIZATION.

15. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

16. THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPY OF ANY INFORMATION PROTECTED FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AUTHORIZATION AT _____, _____
CITY STATE

ON THIS, THE _____ DAY OF _____, _____. _____
SIGNATURE OF APPLICANT

ON THIS, THE _____ DAY OF _____, 20_____, BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC, IN

AND FOR _____, _____, PERSONALLY APPEARED
COUNTY STATE

_____, (KNOWN BY ME OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THIS RELEASE AUTHORIZATION, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSE HEREIN CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AUTHORIZATION AT _____, _____
CITY STATE

ON THIS, THE _____ DAY OF _____, _____. _____
SIGNATURE OF APPLICANT'S SPOUSE

ON THIS, THE _____ DAY OF _____, 20_____, BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC, IN

AND FOR _____, _____, PERSONALLY APPEARED
COUNTY STATE

_____, (KNOWN BY ME OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THIS RELEASE AUTHORIZATION, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSE HEREIN CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

SIGNATURE OF THE STATE HORSE RACING COMMISSION AGENT PRESENTING THIS REQUEST:

_____ DATE: _____

WAIVER OF LIABILITY

ON BEHALF OF _____, (NAME OF APPLICANT) I, _____ (NAME OF CHIEF EXECUTIVE OFFICER/APPLICANT SIGNING THIS FORM), HEREBY WAIVE LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE SAID APPLICANT FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

I/WE AM/ARE AWARE THAT FALSE OR MISLEADING STATEMENTS WILL BE CAUSE FOR REJECTION OR REVOCATION OF THE LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA C.S.A. § 4903.

APPLICANT NAME

DATE

BY: SIGNATURE OF CEO/APPLICANT (LEGAL SIGNATURE)

PRINTED NAME OF CHIEF EXECUTIVE OFFICER

()

DAYTIME TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO ME THIS _____ DAY

OF

_____ OF 20__

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20__