

PENNSYLVANIA TAVERN GAMING LICENSE APPLICATION FORMS PACKET AND INSTRUCTIONS

PACKET INCLUDES:

PLCB-2536 — TAVERN GAMING LICENSE APPLICATION PACKET INSTRUCTIONS

PLCB-2537 — TAVERN GAMING LICENSE FINGERPRINT PACKET INSTRUCTIONS

PLCB-2538 — TAVERN GAMING LICENSE ENTITY APPLICATION AND DISCLOSURE INFORMATION FORM

PLCB-2539 — TAVERN GAMING LICENSE TAVERN APPLICATION AND DISCLOSURE INFORMATION FORM

PLCB-2540 — TAVERN GAMING LICENSE INDIVIDUAL APPLICATION AND DISCLOSURE INFORMATION FORM

**TAVERN GAMING LICENSE
 APPLICATION PACKET INSTRUCTIONS**

An application that has been accepted for filing and all related materials submitted by the applicant to the Pennsylvania Liquor Control Board (“Board”) and the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”) shall become the property of the Board and Bureau and will not be returned to the applicant.

I. Tavern Gaming License Application Packet — An application packet for a tavern gaming license includes the following:

A. Tavern Gaming License Application Packet Instructions (PLCB-2536)

B. Tavern Gaming License Fingerprint Packet Instructions (PLCB-2537)

C. Tavern Gaming License Entity Application and Disclosure Information Form (PLCB-2538)

Any entity that owns 10% or more of the tavern, or has a controlling interest in the tavern, or serves as the management company for the tavern. “Controlling interest” is defined as the power or authority to manage, direct, govern, administer or oversee the operation of a licensed business.

D. Tavern Gaming License Tavern Application and Disclosure Information Form (PLCB-2539)

The holder of the Tavern Gaming License. (This must be the same entity that currently holds the liquor, malt or brewed beverage license issued by the Board.)

E. Tavern Gaming License Individual Application and Disclosure Information Form (PLCB-2540)

Any individual that serves as an officer of the tavern, or owns 10% or more of the tavern, or has a controlling interest in the tavern. The term officer includes, but is not limited to, president, treasurer, secretary, chief executive officer, chief financial officer, chief operating officer and manager of the tavern.

Individuals who submit an individual application and disclosure information form will be required to obtain a criminal history summary from the FBI. For more information, see the Tavern Gaming License Fingerprint Packet Instructions (PLCB-2537).

F. Apply and Submit the Completed Tavern Gaming Application Packet in PLCB+

Instructions on how to apply and submit the application packet can be found at lcb.pa.gov, please click [here](#).

II. Fees

The application and investigation fees must be submitted on PLCB+ with the application packet. The application fee will be used by the Board to process the application. The investigation fee will be used by the Bureau as a deposit toward the investigative costs associated with processing this application.

All additional costs or expenses related to the background investigation will be billed at an hourly rate for Pennsylvania Gaming Control Board personnel (\$65 per hour for investigators and attorneys, \$55 per hour for investigative analysts) and for the actual associated expenses. All background investigation costs and expenses shall be paid in full by the applicant prior to the application being considered by the Pennsylvania Liquor Control Board.

The application and investigation fees shall be paid when the application is filed by either a credit card or a checking account via ACH.

Application fee \$1,000.00
 Investigation fee \$1,000.00
Total fees \$2,000.00

Note: All applications will be held until it is verified that the funds have cleared prior to the application being forwarded to the Pennsylvania Gaming Control Board.

III. Tavern, Entity and Individual Application Forms

As used in this form, the word “you” shall mean the tavern, entity and/or individual completing the application form.

All entries on the form must be typed.

Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply, write “**Does Not Apply**” in response to that question.

Disclosure of your social security number is mandatory in order for the Bureau to comply with the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 PA.C.S. § 4304.1(A). The social security number will also be used to confirm the identification of the applicant or licensee and will not be used as a personal identification number by the Bureau.

All pages of the form must be initialed where applicable by the person who supplied the information in the application form. 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.

All required documentation must be submitted at the time of filing this form. The applicant is under a continuing duty to promptly notify the Board and/or Bureau if there is a change in any information provided to the Board and/or Bureau. The Bureau will determine the scope of the investigation and may require additional applications and/or information. The applicant shall cooperate with the Bureau as requested during the conduct of the background investigation. Any refusal to provide the information required under the local option small games of chance act or to consent to a background investigation shall result in the immediate denial of an application.

The application for Pennsylvania Tax Clearance Review and IRS Form 4506-T must be completed and signed by the applicant. All authorizations, affidavits and waivers of liability and conditional licensing agreements must be signed by the applicant and notarized. The applicant’s affirmation must be signed by an authorized representative of the applicant.

Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Board and the Bureau if you change your contact information.

Failure to answer any question completely and truthfully will be cause for the denial of your application and may subject you to criminal penalties under 18 PA.C.S.A. § 4903.

Upon completion of your application, you must complete an affidavit and waiver of liability certifying that the information provided in the application is true and correct and that there is no misrepresentation, falsification or omission in the application. You will be further certifying that you are aware that any false or misleading statement or omitted information may be cause for the denial of your application or revocation of a tavern gaming license and may subject you to criminal penalties under 18 PA.C.S.A. § 4902, 4903 And 4904.

Please note: A Tavern Gaming License is a revocable privilege. There is no property right in a Tavern Gaming License.

A license may not be sold, transferred or assigned to any other person. A licensee may not pledge or otherwise grant a security interest in or lien on the license. The Board shall have sole discretion to issue, renew, condition, suspend, revoke or deny a license.

Once the application packet has been filed, the applicant may not withdraw its application packet without permission from the Board.

If you have any questions regarding the Application Forms Packet or the information required to complete any application, please contact the Pennsylvania Liquor Control Board by email at lbtavern gaming@pa.gov.

CONTACT INFORMATION FOR TAVERN

CONTACT NAME:	TITLE:
---------------	--------

ADDRESS:

PHONE NUMBER:	EMAIL:	FAX NUMBER:
---------------	--------	-------------

I, _____ (Name), am the individual who supplied the information in this application. In the event that this application packet is deemed incomplete, I am the individual that should be contacted.

SIGNATURE:	POSITION OR TITLE
------------	-------------------

CONTACT INFORMATION FOR ATTORNEY (IF APPLICABLE)

NAME OF ATTORNEY:

ADDRESS:

PHONE NUMBER:	EMAIL:	FAX NUMBER:
---------------	--------	-------------

SIGNATURE:



INITIAL HERE:

**TAVERN GAMING LICENSE
FINGERPRINT PACKET INSTRUCTIONS**

As part of your background investigation, the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”) requires that you provide an **original criminal history summary** from the Federal Bureau of Investigation (“FBI”). This will require you to submit your fingerprints to the FBI, obtain a criminal history summary from the FBI and submit the criminal history summary as Appendix 4 of the Tavern Gaming License Individual Application and Disclosure Information Form (PLCB-2539). Your application will **not be considered complete** without an original criminal history summary or documentation from the FBI indicating that no record exists.

To obtain a criminal history summary:

- 1. Obtain a set of fingerprints.** Fingerprints must be provided on a standard Fingerprint Form (FD-258), a copy of which is attached. You must provide a complete set of fingerprints, which may be taken with ink or live scan technology. Fingerprints can be obtained from your local police department.
- 2. Complete the attached request form.**
- 3. Submit the completed request form,** completed credit card payment form, check or money order payable to the Treasury of the United States, and fingerprints to the FBI at the address noted on the form.
- 4. Await response and criminal history summary from the FBI.**
- 5. After you have received a criminal history summary from the FBI,** submit the original criminal history summary (or documentation from the FBI indicating that no record exists) as part of your application. Keep a copy for your records.

If you have any questions regarding the fingerprint process, please send an email to taverngamespgcb@pa.gov and include your telephone number.

FBI Criminal History Summary Checks Frequently Asked Questions

1. Does the FBI accept personal checks, business checks or cash?

No. Do not send personal checks, business checks or cash, as they are not an acceptable form of payment for Departmental Order (DO) requests. Personal or business checks submitted with a DO request will not be returned. The Criminal Justice Information Services (CJIS) division will destroy the monetary instrument and will provide the customer a letter explaining why the monetary instrument could not be used.

2. What if my fingerprints are continuously rejected?

Have multiple sets of fingerprints taken, preferably by a fingerprinting technician. This service may be available at a law enforcement agency. Mail all fingerprint forms to the CJIS division with your request. For more information on taking legible fingerprints, refer to the recording legible fingerprints brochure.

Note: The FBI does not provide name checks for DO requests.

3. Can I use the fingerprint card I download from this site?

Yes, but if you go to a law enforcement agency or private fingerprinting agency to be fingerprinted, they may prefer to use a fingerprint card on standard card stock. You may use the fingerprint card provided by the printing agency.

4. Will my fingerprint card be returned?

No. Due to concerns related to the protection of personally identifiable information, fingerprint cards are no longer being returned either for a “no summary” response or with a criminal history summary.

5. How do I notify the FBI if my address has changed since I submitted my request for my criminal history summary or if I want to verify my correct address was submitted?

Please complete and sign the address change request form and fax it to (304) 625-9792, or scan the form and email it to liaison@leo.gov.

Note: Changes will not be made unless a signature is present on the form.

6. Does the FBI provide apostilles*?

*An apostille is a certification that a document has been “legalized” or “authenticated” by the issuing agency through a process in which various seals are placed on the document.

The CJIS division will authenticate all U.S. Department of Justice Order 556-73 Fingerprint Search Results by placing the FBI Seal and the signature of a division official on the results at the time of submission.

Note: The FBI Seal is no longer a raised seal. Documents authenticated by the FBI may then be sent to the U.S. Department of State by the requestor to obtain an apostille if necessary. Requests to authenticate previously processed results will not be accepted.

Note: If a channeler will be used and an authentication (apostille) is needed, please contact the channeler to determine if this service is provided.

7. How do I challenge my FBI record?

Review the challenge of a criminal history summary to obtain information regarding your FBI criminal history summary.

8. How can law enforcement entities request certified copies of fingerprints and/or criminal history summary information?

Visit the Certified Copies of Fingerprint and/or Criminal History Summaries page to obtain information on requesting certified copies of fingerprints and/or criminal history summary information by law enforcement entities.

Note: An individual cannot request a certified copy of fingerprints and/or criminal history summary information.

FBI Criminal History Summary Checks Checklist

Please check the boxes to ensure that you have included everything needed to process your request.

Include a completed application form.

Sign your application.

Note: If for a couple, family, etc., **all must sign the application.**

Include a completed fingerprint card. A completed fingerprint card includes the following:

1. Name
2. Date of birth
3. Descriptive data
4. All 10 rolled fingerprint impressions.
5. The plain impressions including thumbs of both hands.
6. Current fingerprint card (no older than 18 months.)

Include a credit card payment form, certified check*, or money order for \$18.00 per request.


Note: This amount must be exact.

If using a credit card, please ensure the credit card payment form is filled out completely. Don't forget to include the expiration date of the credit card that you are using.

If paying with a certified check or money order, make it payable to the *"Treasury of the United States."*
Cash or personal/business checks are not an accepted form of payment.

Include a form of contact information (i.e., email, telephone number) in case we need to contact you.

*To issue a certified check, the bank verifies that sufficient funds exist in the requestor's account to cover the check and so certifies payment at the time the check is written. Those funds are then set aside in the bank's internal account until the check is cashed or returned to the payee.



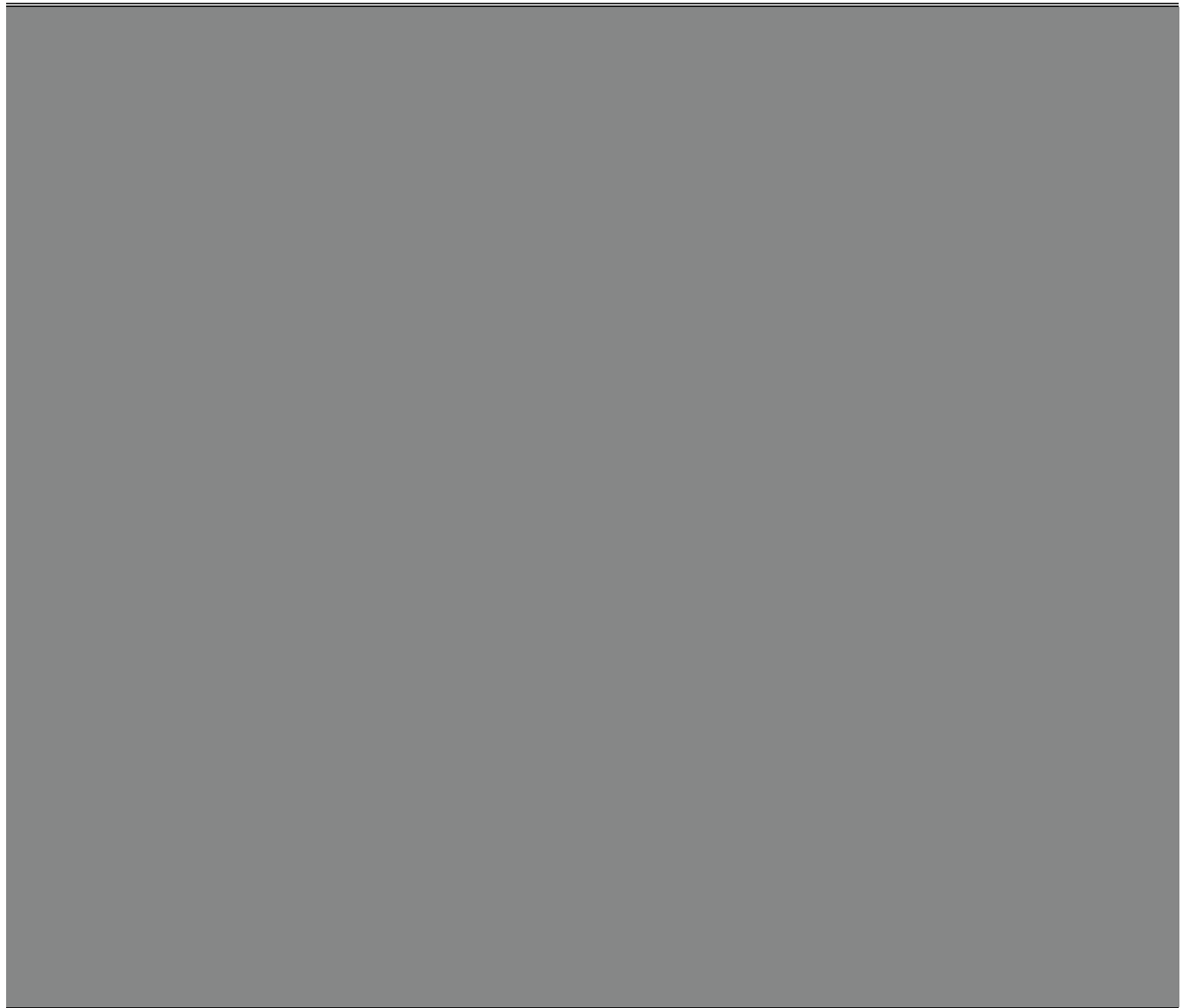
**TAVERN GAMING LICENSE
ENTITY APPLICATION AND
DISCLOSURE INFORMATION FORM**

To be completed by any entity that owns 10% or more of the tavern, or has a controlling interest in the tavern, or serves as the management company for the tavern.

Appendix: The appendix is a document the applicant must provide or create. The appendix is not represented in the application questions. Each appendix must 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.

APPENDIX 1 - MANDATORY

Current ownership and management tables of organization, including ownership percentages. Percentages must total 100%.



LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

ENTITY INFORMATION

BUSINESS NAME AS IT APPEARS ON ENTITY'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS):

LIST ALL TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES:

ENTITY'S PRINCIPAL ADDRESS:

EMAIL:	WEB ADDRESS:
--------	--------------

PHONE NUMBER:	FAX NUMBER:	
---------------	-------------	--

ENTITY'S FORM OF ORGANIZATION (CHECK ONE):
 SOLE PROPRIETORSHIP
 PARTNERSHIP
 LIMITED PARTNERSHIP
 C-CORPORATION
 TRUST
 LIMITED LIABILITY COMPANY
 S-CORPORATION
 OTHER (DESCRIBE)

ENTITY'S STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION:	DATE OF FORMATION:
---	--------------------

BUSINESS NAME AS IT APPEARS ON FORMATION DOCUMENTS:

PERCENTAGE OF OWNERSHIP:	DATE ACQUIRED:	IS THE ENTITY REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------	----------------	--

LIST ALL STATES IN WHICH THE ENTITY IS CURRENTLY LICENSED TO OFFER GAMING:

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

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

HAVE YOU BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY UNDER ANY BANKRUPTCY OR INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD? IF YES, ATTACH A COPY OF THE BANKRUPTCY PETITION AND DISCHARGE, IF GRANTED.
 YES NO

CASE NAME:	DOCKET NUMBER:	DATE FILED:
------------	----------------	-------------

NAME AND ADDRESS OF AGENCY OR COURT INVOLVED:	DATE OF DISPOSITION:
---	----------------------

NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE:	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED:
---	--

NATURE OF JUDGMENT OR RELIEF (ATTACH ADDITIONAL PAGES AS NECESSARY):

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

HAVE YOU HAD ANY FINANCIAL LIENS OR JUDGMENTS FILED AGAINST YOU IN THE LAST FIVE (5) YEAR PERIOD? (INCLUDE FEDERAL TAX LIENS, STATE TAX LIENS, UNEMPLOYMENT COMPENSATION JUDGMENTS, ETC.)
 YES NO

DO YOU HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER LOCAL, MUNICIPAL, COUNTY, STATE, FEDERAL OR FOREIGN JURISDICTIONS?
 YES NO

IF YOU ANSWER **YES** TO EITHER QUESTION, COMPLETE THE FOLLOWING:

VIOLATION

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

NATURE OF JUDGMENT, DECREE OR ORDER (ATTACH ADDITIONAL PAGES AS NECESSARY):

VIOLATION

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

NATURE OF JUDGMENT, DECREE OR ORDER (ATTACH ADDITIONAL PAGES AS NECESSARY):

LID NUMBER:

LICENSE NUMBER:

CRIMINAL HISTORY

The next section asks about any criminal offenses the applicant may have committed and any charges that may have been filed against the applicant.

DEFINITIONS FOR THE PURPOSES OF THIS SECTION

- A. "Crime or Offense" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, traffic court, military court or any other court. Include all DUI/DWI offenses.
- B. "Arrest" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail or instructed to appear in court or subpoenaed to answer for conduct that is a crime as has been defined in paragraph "A."
- C. "Charge" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."

INSTRUCTIONS

1. Answer "**YES**" and provide all information to the best of your ability **EVEN IF**:
- A. You did not commit the offense charged;
 - B. The charges were dismissed or the charges were subsequently downgraded to a lesser charge;
 - C. You pleaded not guilty or nolo contendere;
 - D. You completed an accelerated rehabilitative disposition ("ARD") or equivalent diversionary program;
 - E. The charges or conviction were expunged from your record, even if you have expungement papers;
 - F. You were granted a pardon;
 - G. You were not convicted or were found "Not Guilty";
 - H. You did not serve any time in prison or jail;
 - I. The arrests, charges or offenses happened a long time ago;
 - J. You were arrested or charged in another state (a state other than Pennsylvania);
 - K. You were never physically taken into custody and/or transported to a police station or jail.
2. Answer "**NO**" if:
- A. You have never been arrested or charged with any crime or offense.

FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

INITIAL HERE:

CONTINUED ON PAGE 5

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

HAS THE APPLICANT EVER BEEN ARRESTED, INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE, INCLUDING A NON-TRAFFIC SUMMARY OFFENSE, OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?
 YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION.

CRIMINAL HISTORY INCIDENT

CASE NAME:	DOCKET NUMBER:
NATURE OF CHARGE OR COMPLAINT:	DATE OF CHARGE OR COMPLAINT:
NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED:	DISPOSITION: <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> EXPUNGED <input type="checkbox"/> OTHER:
SENTENCE (ATTACH PAGES AS NECESSARY):	NAME OF OFFICER, DIRECTOR/ PARTNER OR TRUSTEE:

REGULATORY HISTORY

IF THE APPLICANT HAS APPLIED FOR ANY TYPE OF LICENSE, INCLUDING LIQUOR LICENSES, BY ANY GOVERNMENTAL AGENCY IN THE COMMONWEALTH OF PENNSYLVANIA, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST FIVE (5) YEAR PERIOD.

APPLICANT LICENSING

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:

IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:

IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:

IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):

INITIAL HERE:

CONTINUED ON PAGE 6

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

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 tavern, individual and/or entity as part of the investigation by the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”). 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 Bureau and its authorized investigatory agents. In addition, your signature authorizes the DOR, DLI and the Bureau to provide your tax information to the Pennsylvania Liquor Control Board.

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.

APPLICANT SIGNATURE:	TELEPHONE NUMBER:	DATE:
----------------------	-------------------	-------



LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

The tavern, individual and/or entity does hereby give full consent to the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”) to conduct a full background investigation of the application(s) submitted to the Pennsylvania Liquor Control Board (“Board”) for a license to conduct tavern games at its licensed premises. The tavern, individual and/or entity does hereby give full consent to the release of all background investigation information to the board.

The tavern, individual and/or entity does hereby certify that the information contained herein is true and correct and that there is no misrepresentation, falsification or omission in this application. Further, the tavern, individual and/or entity is aware that any false or misleading statement or omitted information will be cause for rejection of a tavern gaming license and may be subject to criminal penalties under 18 Pa. C.S.A. §§ 4902, 4903, 4904.

The tavern, individual and/or entity agrees to the terms of application and licensure in the local option small games of chance act (“Act”), the Board’s regulations and the Pennsylvania Department of Revenue (“DOR”) regulations and agrees, if licensed, to abide by the same.

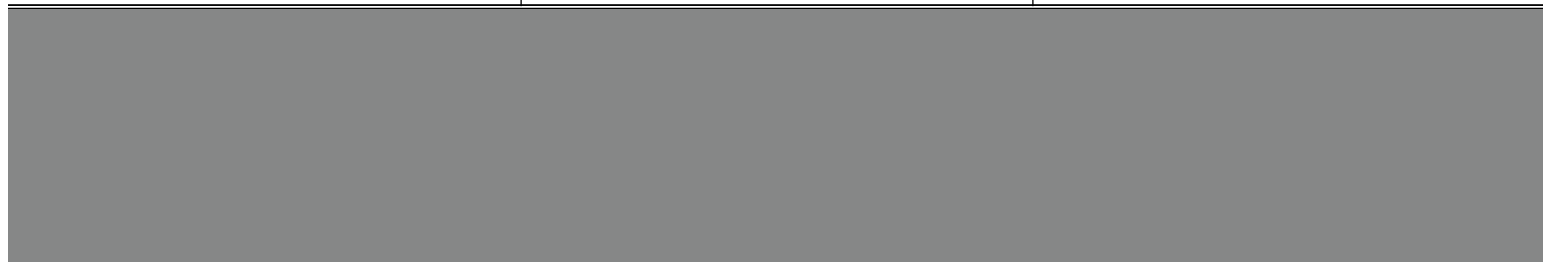
Applicant agrees to:

1. Provide any assistance or information required by the Board, Bureau and/or DOR and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspection of the premises applying for or seeking renewal of a license to conduct tavern games;
3. Inform the Board, Bureau and/or DOR of any actions which applicant believes would constitute a violation of the Act or associated regulations; and
4. Inform the Board and Bureau of any arrests for any criminal violations or offenses including those enumerated under 18 PA. C.S.A. (Relating to crimes and offenses).

The tavern, individual and/or entity hereby expressly waives, releases and forever discharges the Board, the Bureau, the DOR, the Department of Labor and Industry (“DLI”), Pennsylvania State Police (“PSP”), the Commonwealth of Pennsylvania and its instrumentalities, and their agents, employees and representatives from any and all manner of action and causes of action whatsoever which its administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, Board, Bureau, DOR and/or PSP and their agents, as a result of applying for the licensed privilege of conducting tavern games in the Commonwealth of Pennsylvania.

Furthermore, the applicant waives liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the applicant from any disclosure or publication, in any manner, other than a willful unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings related thereto.

APPLICANT CERTIFICATION DATE (REQUIRED):	NAME OF APPLICANT:	SIGNATURE OF APPLICANT:
IF INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT — NAME:	TITLE:	SIGNATURE:



INITIAL HERE:

PENNSYLVANIA GAMING CONTROL BOARD — APPLICATION RELEASE AUTHORIZATION

This release authorization extends to the review and copying of any information protected from disclosure, privilege or obligation.

To: All courts, probation departments, employers, banks, financial and other such institutions, and all governmental agencies, federal, state and local, without exception, both foreign and domestic.

From: _____
LEGAL NAME OF APPLICANT OR INDIVIDUAL (PLEASE PRINT.)

I, the undersigned applicant, have filed an application for a Tavern Gaming License with the Pennsylvania Liquor Control Board. I understand that a background investigation of me will be conducted by agents of the Pennsylvania Gaming Control Board's Bureau of Investigations and Enforcement pursuant to their statutory duty to investigate the character, honesty, integrity and suitability of myself and any entity with which I am associated. I understand that I am seeking the granting of a privilege and acknowledge that it is at all times my burden to prove my qualifications and suitability for a favorable determination. I 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.

I hereby authorize and request all persons, institutions, 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, referenced herein above to furnish such information, including the review and copying of documents, to the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

This release authorization expires thirty-six (36) months from the date of issuance or at the termination of a tavern gaming license issued to me.

If the person or entity to whom this release authorization is presented is a brokerage firm, bank, savings and loan or other financial institution or an officer of the same, I hereby authorize and request that the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

If this release authorization is presented to a regulatory agency, including any grievance or disciplinary agency, in any jurisdiction to which i have been granted a permit, license, credential, privilege or any similar authority, I hereby authorize and request that the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents be permitted by said agency to review and obtain copies of any and all documents, records or correspondence pertaining to me, and I hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.

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, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board and/or the Pennsylvania Liquor Control Board 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, and I hereby authorize said taxing authority to make full and complete disclosure of any and all information on file or available concerning me.

The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Pennsylvania Gaming Control Board and its agents at my request and are not otherwise intended to create or establish a fiduciary relationship between the Pennsylvania Gaming Control Board, its agents or employees and me, or the Pennsylvania Liquor Control Board, its agents and employees and me. I hereby acknowledge that no such relationship exists.

I hereby release, remise, indemnify, hold harmless and forever discharge the person or entity to whom this release authorization is presented, the Commonwealth of Pennsylvania, the Pennsylvania Liquor Control Board and the Pennsylvania Gaming Control Board and their agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have or claim to have against the aforementioned persons or entities to whom this release authorization is presented by the Commonwealth of Pennsylvania, the Pennsylvania Liquor Control Board and the Pennsylvania Gaming Control Board and their agents or employees arising out of or by reason of complying with this release authorization other than a willfully unlawful disclosure or publication of material or information acquired during my investigation.

I hereby authorize the Pennsylvania Gaming Control Board to disclose any information obtained through my background investigation to the Pennsylvania Liquor Control Board.

A reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original.

This authorization, request and release is granted and given in connection with the application of the applicant or individual listed above.



**TAVERN GAMING LICENSE
TAVERN APPLICATION AND DISCLOSURE
INFORMATION FORM**

To be completed by the holder of the liquor license.

Appendix: The appendix is a document the applicant must provide or create. The appendix is not represented in the application questions. Each appendix document must be named with the appendix number as listed below. If an appendix does not apply to an applicant, create a document that has **“Does not apply”** in the document and name that document with the applicable appendix number.

APPENDIX 1 - MANDATORY

Current ownership and management tables of organization, including ownership percentages. Percentages must total 100%.

APPENDIX 2 - MANDATORY

IRS Form 4506-T. This must be completed for the most recent federal tax return as noted in Appendix 3.

APPENDIX 3 - MANDATORY

Most recent federal tax return.

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

TAVERN INFORMATION

BUSINESS NAME AS IT APPEARS ON TAVERN'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS):

LIST ALL TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES:

TAVERN'S PRINCIPAL ADDRESS (LOCATION OF LIQUOR LICENSED ESTABLISHMENT):

COUNTY:	MUNICIPALITY:	EMAIL:
PHONE NUMBER:	FAX NUMBER:	WEB ADDRESS:

BILLING CONTACT INFORMATION

NAME:	TITLE:
-------	--------

ADDRESS:

PHONE NUMBER:	FAX NUMBER:	EMAIL:
---------------	-------------	--------

TAVERN'S FORM OF ORGANIZATION (CHECK ONE):

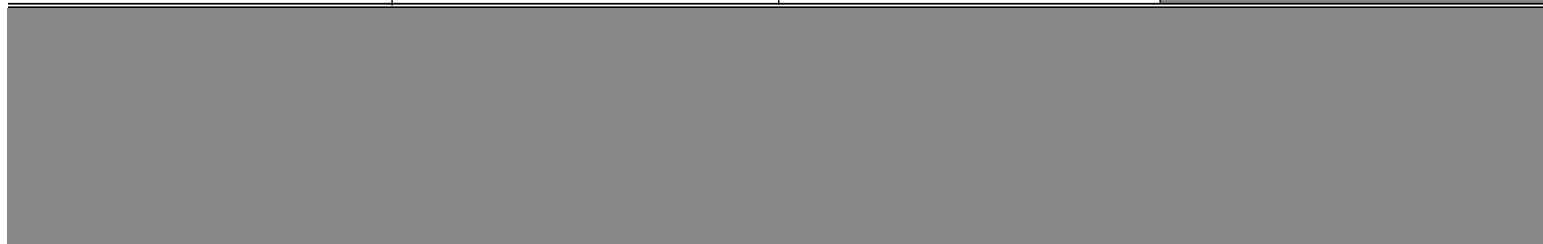
- SOLE PROPRIETORSHIP
 PARTNERSHIP
 LIMITED PARTNERSHIP
 C-CORPORATION
 TRUST
 LIMITED LIABILITY COMPANY
 S-CORPORATION
 OTHER (DESCRIBE)

TAVERN'S STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION:	DATE OF FORMATION:
---	--------------------

BUSINESS NAME AS IT APPEARS ON FORMATION DOCUMENTS:

LIST ALL STATES IN WHICH THE ENTITY IS CURRENTLY LICENSED TO OFFER GAMING:

IS THE ENTITY REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
FEDERAL EMPLOYER IDENTIFICATION NUMBER:	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER:	PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER:	PA WORKERS COMPENSATION POLICY NUMBER:
PA DEPARTMENT OF STATE – ENTITY NUMBER:	PA LIQUOR CONTROL BOARD LICENSE NUMBER:	PA LIQUOR CONTROL BOARD LID NUMBER:	



INITIAL HERE:

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

HAVE YOU BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY UNDER ANY BANKRUPTCY OR INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD? IF YES, ATTACH A COPY OF THE BANKRUPTCY PETITION AND DISCHARGE, IF GRANTED.

YES NO

CASE NAME:	DOCKET NUMBER:	DATE FILED:
NAME AND ADDRESS OF AGENCY OR COURT INVOLVED:		DATE OF DISPOSITION:
NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE:		DATE RECEIVER, AGENT OR TRUSTEE APPOINTED:
NATURE OF JUDGMENT OR RELIEF (ATTACH ADDITIONAL PAGES AS NECESSARY):		

HAVE YOU HAD ANY FINANCIAL LIENS OR JUDGMENTS FILED AGAINST YOU IN THE LAST FIVE (5) YEAR PERIOD? (INCLUDE FEDERAL TAX LIENS, STATE TAX LIENS, UNEMPLOYMENT COMPENSATION JUDGMENTS, ETC.).

YES NO

DO YOU HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER LOCAL, MUNICIPAL, COUNTY, STATE, FEDERAL OR FOREIGN JURISDICTIONS?

YES NO

IF YOU ANSWER **YES** TO EITHER QUESTION, COMPLETE THE FOLLOWING:

VIOLATION

CASE NAME:	DOCKET NUMBER:	DATE OF JUDGMENT, ORDER OR DECREE:
NAME AND ADDRESS OF AGENCY OR COURT INVOLVED:		DISPOSITION: <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER:
LIABILITY TYPE AND NATURE OF OFFENSE:		
NATURE OF JUDGMENT, DECREE OR ORDER (ATTACH ADDITIONAL PAGES AS NECESSARY):		

VIOLATION

CASE NAME:	DOCKET NUMBER:	DATE OF JUDGMENT, ORDER OR DECREE:
NAME AND ADDRESS OF AGENCY OR COURT INVOLVED:		DISPOSITION: <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER:
LIABILITY TYPE AND NATURE OF OFFENSE:		
NATURE OF JUDGMENT, DECREE OR ORDER (ATTACH ADDITIONAL PAGES AS NECESSARY):		

INITIAL HERE:

LID NUMBER:

LICENSE NUMBER:

CRIMINAL HISTORY

The next section asks about any criminal offenses the applicant may have committed and any charges that may have been filed against the applicant.

DEFINITIONS FOR THE PURPOSES OF THIS SECTION

- A. "Crime or Offense" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, traffic court, military court or any other court. Include all DUI/DWI offenses.
- B. "Arrest" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail or instructed to appear in court or subpoenaed to answer for conduct that is a crime as has been defined in paragraph "A."
- C. "Charge" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."

INSTRUCTIONS

1. Answer "**YES**" and provide all information to the best of your ability **EVEN IF**:
- A. You did not commit the offense charged;
 - B. The charges were dismissed or the charges were subsequently downgraded to a lesser charge;
 - C. You pleaded not guilty or nolo contendere;
 - D. You completed an accelerated rehabilitative disposition ("ARD") or equivalent diversionary program;
 - E. The charges or conviction were expunged from your record, even if you have expungement papers;
 - F. You were granted a pardon;
 - G. You were not convicted or were found "Not Guilty";
 - H. You did not serve any time in prison or jail;
 - I. The arrests, charges or offenses happened a long time ago;
 - J. You were arrested or charged in another state (a state other than Pennsylvania);
 - K. You were never physically taken into custody and/or transported to a police station or jail.
2. Answer "**NO**" if:
- A. You have never been arrested or charged with any crime or offense.

FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

INITIAL HERE:

CONTINUED ON PAGE 5

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

HAS THE APPLICANT EVER BEEN ARRESTED, INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE, INCLUDING A NON-TRAFFIC SUMMARY OFFENSE, OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?
 YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION.

CRIMINAL HISTORY INCIDENT

CASE NAME:	DOCKET NUMBER:
NATURE OF CHARGE OR COMPLAINT:	DATE OF CHARGE OR COMPLAINT:
NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED:	DISPOSITION: <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> EXPUNGED <input type="checkbox"/> OTHER:
SENTENCE (ATTACH ADDITIONAL PAGES AS NECESSARY):	NAME OF OFFICER, DIRECTOR/ PARTNER OR TRUSTEE:

REGULATORY HISTORY

IF THE APPLICANT HAS APPLIED FOR ANY TYPE OF LICENSE, INCLUDING LIQUOR LICENSES, BY ANY GOVERNMENTAL AGENCY IN THE COMMONWEALTH OF PENNSYLVANIA, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST FIVE (5) YEAR PERIOD.

APPLICANT LICENSING

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:

IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:

IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:

IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):

INITIAL HERE:

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

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 tavern, individual and/or entity as part of the investigation by the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”). 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 Bureau and its authorized investigatory agents. In addition, your signature authorizes the DOR, DLI and the Bureau to provide your tax information to the Pennsylvania Liquor Control Board.

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.

APPLICANT SIGNATURE:	TELEPHONE NUMBER:	DATE:
----------------------	-------------------	-------



LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

The tavern, individual and/or entity does hereby give full consent to the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”) to conduct a full background investigation of the application(s) submitted to the Pennsylvania Liquor Control Board (“Board”) for a license to conduct tavern games at its licensed premises. The tavern, individual and/or entity does hereby give full consent to the release of all background investigation information to the board.

The tavern, individual and/or entity does hereby certify that the information contained herein is true and correct and that there is no misrepresentation, falsification or omission in this application. Further, the tavern, individual and/or entity is aware that any false or misleading statement or omitted information will be cause for rejection of a tavern gaming license and may be subject to criminal penalties under 18 Pa. C.S.A. §§ 4902, 4903, 4904.

The tavern, individual and/or entity agrees to the terms of application and licensure in the local option small games of chance act (“Act”), the Board’s regulations, and the Pennsylvania Department of Revenue (“DOR”) regulations and agrees, if licensed, to abide by the same.

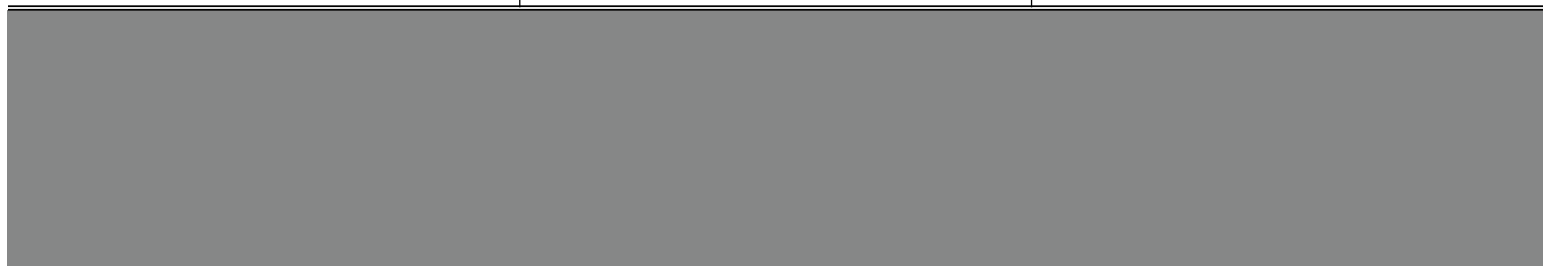
Applicant agrees to:

1. Provide any assistance or information required by the Board, Bureau and/or DOR and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspection of the premises applying for or seeking renewal of a license to conduct tavern games;
3. Inform the Board, Bureau and/or DOR of any actions which applicant believes would constitute a violation of the Act or associated regulations; and
4. Inform the Board and Bureau of any arrests for any criminal violations or offenses including those enumerated under 18 PA. C.S.A. (relating to crimes and offenses).

The tavern, individual and/or entity hereby expressly waives, releases, and forever discharges the Board, the Bureau, the DOR, the Department of Labor and Industry (“DLI”), Pennsylvania State Police (“PSP”), the Commonwealth of Pennsylvania and its instrumentalities, and their agents, employees and representatives from any and all manner of action and causes of action whatsoever which its administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, Board, Bureau, DOR and/or PSP and their agents, as a result of applying for the licensed privilege of conducting tavern games in the Commonwealth of Pennsylvania.

Furthermore, the applicant waives liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the applicant from any disclosure or publication, in any manner, other than a willful unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings related thereto.

APPLICANT CERTIFICATION DATE (REQUIRED):	NAME OF APPLICANT:	SIGNATURE OF APPLICANT:
IF INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT — NAME:	TITLE:	SIGNATURE:



PENNSYLVANIA GAMING CONTROL BOARD — APPLICATION RELEASE AUTHORIZATION

This release authorization extends to the review and copying of any information protected from disclosure, privilege or obligation.

To: All courts, probation departments, employers, banks, financial and other such institutions, and all governmental agencies - federal, state and local, without exception, both foreign and domestic.

From: _____
LEGAL NAME OF APPLICANT OR INDIVIDUAL (PLEASE PRINT)

I, the undersigned applicant, have filed an application for a Tavern Gaming License with the Pennsylvania Liquor Control Board. I understand that a background investigation of me will be conducted by agents of the Pennsylvania Gaming Control Board's Bureau of Investigations and Enforcement pursuant to their statutory duty to investigate the character, honesty, integrity and suitability of myself and any entity with which I am associated. I understand that I am seeking the granting of a privilege and acknowledge that it is at all times my burden to prove my qualifications and suitability for a favorable determination. I 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.

I hereby authorize and request all persons, and institutions, 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, referenced herein above to furnish such information, including the review and copying of documents, to the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

This release authorization expires thirty-six (36) months from the date of issuance or at the termination of a tavern gaming license issued to me.

If the person or entity to whom this release authorization is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

If this release authorization is presented to a regulatory agency, including any grievance or disciplinary agency, in any jurisdiction to which I have been granted a permit, license, credential, privilege or any similar authority, I hereby authorize and request that the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents be permitted by said agency to review and obtain copies of any and all documents, records or correspondence pertaining to me, and I hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.

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, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board and/or the Pennsylvania Liquor Control Board 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, and I hereby authorize said taxing authority to make full and complete disclosure of any and all information on file or available concerning me.

The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Pennsylvania Gaming Control Board and its agents at my request and are not otherwise intended to create or establish a fiduciary relationship between the Pennsylvania Gaming Control Board, its agents or employees and me, or the Pennsylvania Liquor Control Board, its agents and employees and me. I hereby acknowledge that no such relationship exists.

I hereby release, remise, indemnify, hold harmless and forever discharge the person or entity to whom this release authorization is presented, the Commonwealth of Pennsylvania, the Pennsylvania Liquor Control Board and the Pennsylvania Gaming Control Board and their agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the aforementioned persons or entities to whom this release authorization is presented by the Commonwealth of Pennsylvania, the Pennsylvania Liquor Control Board and the Pennsylvania Gaming Control Board and their agents or employees arising out of or by reason of complying with this release authorization other than a willfully unlawful disclosure or publication of material or information acquired during my investigation.

I hereby authorize the Pennsylvania Gaming Control Board to disclose any information obtained through my background investigation to the Pennsylvania Liquor Control Board.

A reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original.

This authorization, request and release is granted and given in connection with the application of the applicant or individual listed above.



**TAVERN GAMING LICENSE
INDIVIDUAL APPLICATION AND DISCLOSURE
INFORMATION FORM**

To be completed by any individual that serves as an officer (manager) of the tavern, or owns 10% or more of the tavern, or has a controlling interest in the tavern.

Appendix: The appendix is a document the applicant must provide or create. The appendix is not represented in the application questions. Each appendix must 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.

APPENDIX 1 - MANDATORY

Copy of social security card.

APPENDIX 2 - MANDATORY

Copy of driver's license. If you do not have a driver's license, provide a copy of another government-issued photo ID as set forth in Section 495 of the Pennsylvania Liquor Code, 47 P.S. § 4-495.

APPENDIX 3 - MANDATORY

Photograph. The photograph shall be 1.5 inches square, unmounted with a matte finish, and bear the name of the individual, applicant's subject, liquor license and LID numbers, and the address of the liquor-licensed premises. The photograph must be taken within 60 days before the application submission date.

APPENDIX 4 - MANDATORY

Criminal history summary. It is required that you provide an **original** criminal history summary from the Federal Bureau of Investigation (“FBI”). This will require you to submit your fingerprints to the FBI. An application to conduct tavern games that does not contain a criminal history summary for *each* individual who submits an individual application and disclosure information form will be returned (PLCB-2540). Please refer to the Tavern Gaming License Fingerprint Packet Instructions (PLCB-2537) for more information.

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

INDIVIDUAL INFORMATION

NAME (FIRST, MIDDLE, LAST):

MAIDEN NAME OR ALIASES:	EMAIL ADDRESS:
-------------------------	----------------

ADDRESS:	PHONE NUMBER:
----------	---------------

SOCIAL SECURITY NUMBER: (DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE BUREAU TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA.C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE BUREAU.)	FAX NUMBER:
--	-------------

POSITION OR TITLE:	DATE OF BIRTH:	PERCENTAGE OF OWNERSHIP:
--------------------	----------------	--------------------------

DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF OWNERSHIP:	DATE ACQUIRED:
---	----------------

HAVE YOU EVER BEEN ASSOCIATED (E.G. FAMILY MEMBER, BUSINESS ASSOCIATE, FRIEND) WITH ANY KNOWN FELON OR CORRUPT ORGANIZATION?
 YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY):

NAME:	RELATIONSHIP:
-------	---------------

OCCUPATION:	DATE OF BIRTH:
-------------	----------------

HOME ADDRESS:	TELEPHONE NUMBER:
---------------	-------------------

NAME:	RELATIONSHIP:
-------	---------------

OCCUPATION:	DATE OF BIRTH:
-------------	----------------

HOME ADDRESS:	TELEPHONE NUMBER:
---------------	-------------------

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

HAVE YOU BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY UNDER ANY BANKRUPTCY OR INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD? IF YES, ATTACH A COPY OF THE BANKRUPTCY PETITION AND DISCHARGE, IF GRANTED, YES NO

CASE NAME:	DOCKET NUMBER:	DATE FILED:
------------	----------------	-------------

NAME AND ADDRESS OF AGENCY OR COURT INVOLVED:	DATE OF DISPOSITION:
---	----------------------

NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE:	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED:
---	--

NATURE OF JUDGMENT OR RELIEF (ATTACH ADDITIONAL PAGES AS NECESSARY):

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

HAVE YOU HAD ANY FINANCIAL LIENS OR JUDGMENTS FILED AGAINST YOU IN THE LAST FIVE (5) YEAR PERIOD? (INCLUDE FEDERAL TAX LIENS, STATE TAX LIENS, UNEMPLOYMENT COMPENSATION JUDGMENTS, DEFAULTED STUDENT LOANS, DELINQUENT CHILD SUPPORT OBLIGATIONS, ETC.).
 YES NO

DO YOU HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER LOCAL, MUNICIPAL, COUNTY, STATE, FEDERAL OR FOREIGN JURISDICTIONS?
 YES NO

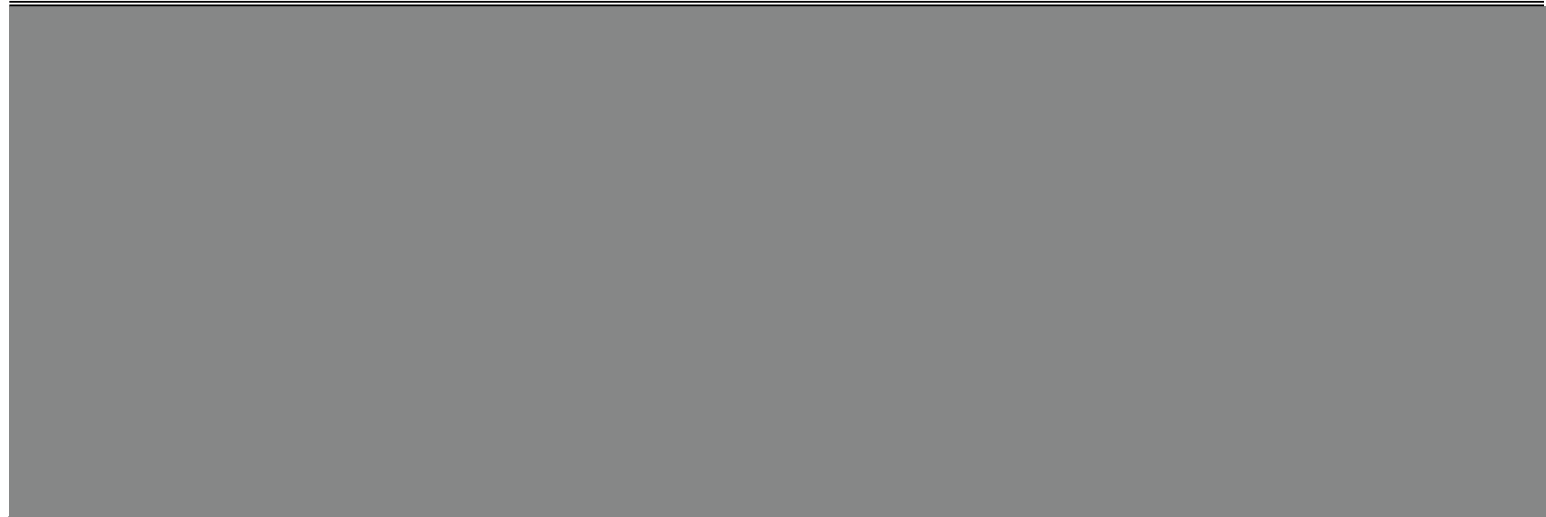
IF YOU ANSWER **YES** TO EITHER QUESTION, COMPLETE THE FOLLOWING:

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

NATURE OF JUDGMENT, DECREE OR ORDER (ATTACH ADDITIONAL PAGES AS NECESSARY):

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

NATURE OF JUDGMENT, DECREE OR ORDER (ATTACH ADDITIONAL PAGES AS NECESSARY):



INITIAL HERE:

LID NUMBER:

LICENSE NUMBER:

CRIMINAL HISTORY

The next section asks about any criminal offenses the applicant may have committed and any charges that may have been filed against the applicant.

DEFINITIONS FOR THE PURPOSES OF THIS SECTION

- A. "Crime or Offense" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, traffic court, military court or any other court. Include all DUI/DWI offenses.
- B. "Arrest" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail or instructed to appear in court or subpoenaed to answer for conduct that is a crime as has been defined in paragraph "A."
- C. "Charge" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."

INSTRUCTIONS

1. Answer "**YES**" and provide all information to the best of your ability **EVEN IF**:
- A. You did not commit the offense charged;
 - B. The charges were dismissed or the charges were subsequently downgraded to a lesser charge;
 - C. You pleaded not guilty or nolo contendere;
 - D. You completed an accelerated rehabilitative disposition ("ARD") or equivalent diversionary program;
 - E. The charges or conviction were expunged from your record, even if you have expungement papers;
 - F. You were granted a pardon;
 - G. You were not convicted or were found "Not Guilty";
 - H. You did not serve any time in prison or jail;
 - I. The arrests, charges or offenses happened a long time ago;
 - J. You were arrested or charged in another state (a state other than Pennsylvania);
 - K. You were never physically taken into custody and/or transported to a police station or jail.
 - L. Your arrest happened when you were under 18 years of age and your court appearance was in juvenile court.
2. Answer "**NO**" if:
- A. You have never been arrested or charged with any crime or offense.

FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

INITIAL HERE:

CONTINUED ON PAGE 5

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

HAS THE APPLICANT EVER BEEN ARRESTED, INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE, INCLUDING A NON-TRAFFIC SUMMARY OFFENSE, OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?
 YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION.

CRIMINAL HISTORY INCIDENT

CASE NAME:	DOCKET NUMBER:
NATURE OF CHARGE OR COMPLAINT:	DATE OF CHARGE OR COMPLAINT:
NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED:	DISPOSITION: <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> EXPUNGED <input type="checkbox"/> OTHER:
SENTENCE (ATTACH ADDITIONAL PAGES AS NECESSARY):	

REGULATORY HISTORY

IF THE APPLICANT HAS APPLIED FOR ANY TYPE OF LICENSE, INCLUDING LIQUOR LICENSES, BY ANY GOVERNMENTAL AGENCY IN THE COMMONWEALTH OF PENNSYLVANIA, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST FIVE (5) YEAR PERIOD.

APPLICANT LICENSING

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:
IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):		

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:
IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):		

TYPE OF LICENSE:	NAME AND LOCATION OF GOVERNMENT AGENCY:	LICENSE NUMBER(S):
DISPOSITION: <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		DATE OF DISPOSITION:
IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS. (ATTACH ADDITIONAL PAGES AS NECESSARY.):		

INITIAL HERE:

CONTINUED ON PAGE 6

LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

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 tavern, individual and/or entity as part of the investigation by the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”). 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 Bureau and its authorized investigatory agents. In addition, your signature authorizes the DOR, DLI and the Bureau to provide your tax information to the Pennsylvania Liquor Control Board.

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.

APPLICANT SIGNATURE:	TELEPHONE NUMBER:	DATE:
----------------------	-------------------	-------



LID NUMBER:	LICENSE NUMBER:
-------------	-----------------

The tavern, individual and/or entity does hereby give full consent to the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement (“Bureau”) to conduct a full background investigation of the application(s) submitted to the Pennsylvania Liquor Control Board (“Board”) for a license to conduct tavern games at its licensed premises. The tavern, individual and/or entity does hereby give full consent to the release of all background investigation information to the board.

The tavern, individual and/or entity does hereby certify that the information contained herein is true and correct and that there is no misrepresentation, falsification or omission in this application. Further, the tavern, individual and/or entity is aware that any false or misleading statement or omitted information will be cause for rejection of a tavern gaming license and may be subject to criminal penalties under 18 Pa. C.S.A. §§ 4902, 4903, 4904.

The tavern, individual and/or entity agrees to the terms of application and licensure in the local option small games of chance act (“Act”), the Board’s regulations and the Pennsylvania Department of Revenue (“DOR”) regulations and agrees, if licensed, to abide by the same.

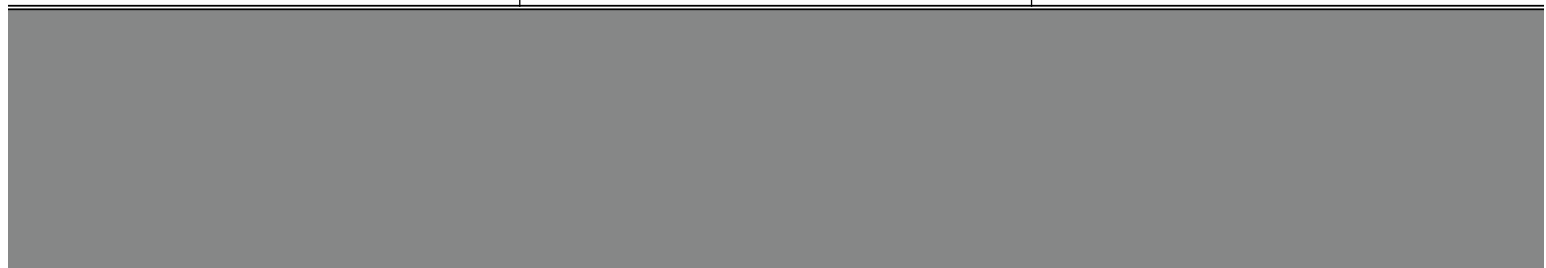
Applicant agrees to:

1. Provide any assistance or information required by the Board, Bureau and/or DOR and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspection of the premises applying for or seeking renewal of a license to conduct tavern games;
3. Inform the Board, Bureau and/or DOR of any actions which applicant believes would constitute a violation of the Act or associated regulations; and
4. Inform the Board and Bureau of any arrests for any criminal violations or offenses including those enumerated under 18 PA. C.S.A. (Relating to crimes and offenses).

The tavern, individual and/or entity hereby expressly waives, releases, and forever discharges the Board, the Bureau, the DOR, the Department of Labor and Industry (“DLI”), Pennsylvania State Police (“PSP”), the Commonwealth of Pennsylvania and its instrumentalities, and their agents, employees and representatives from any and all manner of action and causes of action whatsoever which its administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, Board, Bureau, DOR and/or PSP and their agents, as a result of applying for the licensed privilege of conducting tavern games in the Commonwealth of Pennsylvania.

Furthermore, the applicant waives liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the applicant from any disclosure or publication, in any manner, other than a willful unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings related thereto.

APPLICANT CERTIFICATION DATE (REQUIRED):	NAME OF APPLICANT:	SIGNATURE OF APPLICANT:
IF INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT, NAME:	TITLE:	SIGNATURE:



INITIAL HERE:

PENNSYLVANIA GAMING CONTROL BOARD — APPLICATION RELEASE AUTHORIZATION

This release authorization extends to the review and copying of any information protected from disclosure, privilege or obligation.

To: All courts, probation departments, employers, banks, financial and other such institutions, and all governmental agencies, federal, state and local, without exception, both foreign and domestic.

From: _____

LEGAL NAME OF APPLICANT OR INDIVIDUAL (PLEASE PRINT)

I, the undersigned applicant, have filed an application for a Tavern Gaming License with the Pennsylvania Liquor Control Board. I understand that a background investigation of me will be conducted by agents of the Pennsylvania Gaming Control Board's Bureau of Investigations and Enforcement pursuant to their statutory duty to investigate the character, honesty, integrity and suitability of myself and any entity with which I am associated. I understand that I am seeking the granting of a privilege and acknowledge that it is at all times my burden to prove my qualifications and suitability for a favorable determination. I 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.

I hereby authorize and request all persons, and institutions, 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, referenced herein above to furnish such information, including the review and copying of documents, to the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

This release authorization expires thirty-six (36) months from the date of issuance or at the termination of a tavern gaming license issued to me.

If the person or entity to whom this release authorization is presented is a brokerage firm, bank, savings and loan or other financial institution or an officer of the same, I hereby authorize and request that the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

If this release authorization is presented to a regulatory agency, including any grievance or disciplinary agency, in any jurisdiction to which i have been granted a permit, license, credential, privilege or any similar authority, I hereby authorize and request that the Pennsylvania Gaming Control Board, its agents and the Pennsylvania Liquor Control Board and its agents be permitted by said agency to review and obtain copies of any and all documents, records, or correspondence pertaining to me, and I hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me.

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, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board and/or the Pennsylvania Liquor Control Board 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, and I hereby authorize said taxing authority to make full and complete disclosure of any and all information on file or available concerning me.

The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Pennsylvania Gaming Control Board and its agents at my request and are not otherwise intended to create or establish a fiduciary relationship between the Pennsylvania Gaming Control Board, its agents or employees and me, or the Pennsylvania Liquor Control Board, its agents and employees and me. I hereby acknowledge that no such relationship exists.

I hereby release, remise, indemnify, hold harmless and forever discharge the person or entity to whom this release authorization is presented, the Commonwealth of Pennsylvania, the Pennsylvania Liquor Control Board and the Pennsylvania Gaming Control Board and their agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the aforementioned persons or entities to whom this release authorization is presented by the Commonwealth of Pennsylvania, the Pennsylvania Liquor Control Board and the Pennsylvania Gaming Control Board and their agents or employees arising out of or by reason of complying with this release authorization other than a willfully unlawful disclosure or publication of material or information acquired during my investigation.

I hereby authorize the Pennsylvania Gaming Control Board to disclose any information obtained through my background investigation to the Pennsylvania Liquor Control Board.

A reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original.

This authorization, request and release is granted and given in connection with the application of the applicant or individual listed above.



Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
/	/	/	/

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, 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 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 11-1-20) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME **NAM** FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

ALIASES **AKA**

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH **DOB**
Month Day Year

CITIZENSHIP **CTZ**

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH **POB**

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. **OCA**

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. **UCN**

CLASS

ARMED FORCES NO. **MNU**

REASON FINGERPRINTED

SOCIAL SECURITY NO. **SOC**

REF.

MISCELLANEOUS NO. **MNU**

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY