

APPLICATION FOR APPROVAL FROM NEVADA GAMING AUTHORITIES

(To be typewritten or printed legibly)

NATURE OF APPROVAL(S) REQUESTED:

- Approval to Participate in Pari-Mutuel Commissions
- License to Act as a Pari-Mutuel Systems Operator
- Other (*Please specify*) _____

1. Name of Applicant entity _____
Business address (Nevada) _____
Other _____
Trade name to be used _____

2. Indicate whether applicant is a:
 Corporation Partnership Limited Liability Company Other _____
Federal I.D. No. _____

3. Complete the following (If the applicant is a partnership, limited liability company, or other form of business organization, furnish similar information as that requested below):

(a) State of incorporation/organization _____ Date _____
Date of qualification to do business in the State of Nevada _____

(b) A certified copy of the Articles of Incorporation, Articles of Organization, or a true copy of the Partnership Agreement is attached: Yes No
If no, state reasons _____

(c) A general description of the nature of the business. (*Attach a separate sheet if necessary*)

(d) A complete list of all stockholders, partners, or members showing the number of shares/interest held of record by each is filed herewith: Yes No
If no, state reasons _____

(e) List below the following information with respect to all partners, members, directors, officers, shareholders, and key employees. Each of the persons named below may be required to complete and file a Personal History Record/Disclosure and other related application documents.

FULL NAME	NATURE OF INTEREST	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(f) If applicable, the terms, position, rights, and privileges of the different classes of securities outstanding:

SECURITY	TERMS AND POSITION	RIGHTS AND PRIVILEGES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(g) Options existing or to be created in respect of their securities or other interest:

NAME	ADDRESS	TITLE	OPTIONS (Shares) OR OTHER INTERESTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATE OF _____ }
 COUNTY OF _____ } ss.

I, _____, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by a municipality, or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a gaming license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Gaming Control Act (NRS 463.140(5)) provides that "Any person making false oath in any matter before either the board or commission is guilty of perjury." I am voluntarily submitting this application under oath with full knowledge that I may be required to submit this application to appropriate municipal and county authorities charges by law with granting gaming licenses.

APPLICANT _____
 Entity
 By _____
 Signature

 Title

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

 Notary Public

NOTICE
THIS APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE PERMISSION OF THE LICENSING AGENCY