

LOCATION / LANDLORD INFORMATION SHEET

(Please attach additional sheets where necessary)

1. Name of location (as it appears on application) _____

Address _____

2. Owner of **business**: Corporation General Partnership Limited Partnership
 Sole Proprietor Limited Liability Company Other _____

Name of entity _____

Mailing address _____

Name of business contact person and phone number _____

List **ALL** owners, officers, directors, partners, etc. **and** all individuals holding a controlling position. If the number of owners is greater than 10, identify all individuals holding an **effective** interest of greater than 10%.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Position</u>	<u>% of Interest</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Owner of **PROPERTY**: Corporation General Partnership Limited Partnership
 Sole Proprietor Limited Liability Company Other _____

Name of entity _____

List **ALL** owners, officers, directors, partners, etc., **and** all individuals holding a controlling position. If the number of owners is greater than 10, identify all individuals holding an **effective** interest of greater than 10%. (This information is required pursuant to NRS 463.162(5) and NGC Regulation 3.020(2), and must be provided *before* the application can be processed. The property owner may provide the information directly to the Gaming Control Board, if desired.)

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Position</u>	<u>% of Interest</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Include an executed Landlord Sworn Statement (utilizing the attached form) and copies of any and all lease agreements, sublease agreements, or other documents evidencing your rights to the premises.

5. Type of business _____
 (Attach, **on a separate sheet of paper**, a meaningful narrative written description of the primary business)

6. Will the business provide live entertainment? Yes No

Describe _____

6a. Will there be a cover charge or drink minimum during periods of live entertainment? Yes No

6b. What is the maximum occupancy allowed in the establishment? _____

7. Does/will the location offer: Check Cashing Services? Yes No
 Short Term Loans (aka: payday loans)? Yes No
 Wire Transfer Services? Yes No
8. Type of liquor license: On Sale Off Sale Beer and Wine Only None
9. Indicate the city or county which has local licensing authority for this location _____

What dates were applications made to local authority for: Gaming license _____? Liquor License _____?

Note: If the location is in the unincorporated area of **Clark County**, an application must be made and the applicants must submit to a personal and location suitability investigation independent of that conducted by the State. Clark County Code 8.04.030, subsection 2, requires that the application be filed with Clark County within ten (10) working days after application with the State Gaming Control Board. If the location is within the jurisdiction of the **City of Las Vegas**, Las Vegas Municipal Code 6.40.090 also requires that an applicant submit to a suitability investigation independent of that conducted by the State. The City of Las Vegas recommends that you submit the City of Las Vegas gaming application within thirty (30) days of application with the State Gaming Control Board.

Clark County
Department of Business License
 500 S. Grand Central Pkwy, 3rd Floor
 Las Vegas, NV 89155
 702/455-4125

City of Las Vegas
Department of Finance & Business Services
 400 Stewart Ave., 3rd Floor
 Las Vegas, NV 89101
 702/229-5262

If the location is in a city or county other than Las Vegas or Clark County, contact the city or county in which the business operates or plans to operate, for any additional licensing requirements which the local jurisdiction may have in relation to gaming.

10. What percentage of business patrons do you expect to be minors? _____

11. Indicate what hours and what days your business will operate:

12. If the property is under construction/remodel, what date do you expect the construction to be completed? _____

13. Provide the following information for the on-site manager(s):

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security No.</u>
_____	_____	_____
_____	_____	_____

14. Names of owners/employees who will count the gaming revenue:

15. Source of gaming devices _____

16. Method of acquiring gaming devices:
- Purchase (provide contract of sale)
 - Lease (provide copy of lease)
 - Participation (provide copy of agreement)
 - Other (explain) _____

17. If gaming revenues are to be split with others, please explain (i.e., 50/50, 60/40, etc.)

18. If dollar gaming devices are to be used in the operation, check any of the following which will be used:

- Eisenhower Dollars Tokens Bill Acceptors

19. Progressive devices: Yes No Number of Progressive Systems _____

	<u>System 1</u>	<u>System 2</u>	<u>System 3</u>
Number of devices in each system	_____	_____	_____
Denomination of coin in each system.....	_____	_____	_____
Minimum progressive jackpot amount.....	_____	_____	_____
Maximum progressive jackpot amount.....	_____	_____	_____
Who will maintain cash reserves?			

Who will maintain the daily reporting requirements identified in NGC Regulation 5.110?

20. Along with your application, you must submit an **ORIGINAL** floor plan. The minimum criteria follows:

- a. Must be TO SCALE on an 8 ½" x 11" sheet of white paper, allowing a MINIMUM ½" border from the edge on all sides. Computer generated or professionally drawn diagrams are preferred, but architectural drawings are not acceptable due to the detail requests below. All diagrams must be prepared in black ink and should be computer generated, if not, then diagram must be prepared using a straight edge (ruler) and be to SCALE.
- b. Must accurately depict the entire interior of the location, including placement and number of gaming devices with seating shown, amusement devices, ATMs, merchandise gondolas, tables/booths with ALL seating shown, kitchen, offices, restrooms, bar(s), cash registers, etc., labeled as appropriate.
- c. Designate the point of primary supervision which provides an unobstructed view of each gaming device.
- d. Designate any security system cameras, monitors, and mirrors necessary to maintain adequate supervision.
- e. Provide exact measurements of the distance from the gaming devices to:
 - Cash registers and/or point of supervision
 - The dining area(s)
 - The amusements devices (such as pool tables, arcade game machines)
 - Automated Teller Machines (ATMs)
- f. If no ATM will be installed, note "No ATM" on the diagram.
- g. Indicate the direction each gaming device will face by showing seating.
- h. Provide the dimensions of the building along the outside walls.
- i. Note on the diagram in a square block type format:

Name of the location
 Physical address of the location
 Total location square feet
 Total patron use square feet
 Date the diagram was prepared
 SCALE < inch> = < # of feet>

SEE EXAMPLES

21. Provide a minimum of three (3) photographs of your location. The photos must include the front of the establishment, the interior of the establishment (which is representative of the type of business to be operated), and the view from the primary point of supervision to the proposed slot machine area. Identify each photo with the name and address of the establishment, either on the back of each photo or under each photo if they are mounted. If your location is under construction at the time of application, the photographs must be submitted prior to completion of the processing of your application.

**ADDENDUM TO APPLICATION FOR RESTRICTED GAMING LICENSE
(LANDLORD SWORN STATEMENT)**

NAME OF LOCATION (as it appears on application): _____

PROPERTY ADDRESS: _____

This addendum is to be completed pursuant to NRS 463.200(3) **by the owner or lessor of the premises** (real property), when an application seeks to allow the operation of gaming on premises **not owned by the applicant or lessee** of the location.

Select one of the following two Options:

➤ **Option 1:**

I, _____, being duly sworn, depose and say under penalty of perjury, that as the owner or lessor of the premises wherein or whereon gaming is to be conducted, that the consideration to be paid by the lessee/tenant for the use of the premises has been or will be increased because of the operation of gaming on the premises. The amount or manner of increase in consideration to be paid by the tenant is (or will be) as follows (**describe in detail**):

OWNER/LESSOR _____

BY _____

Title

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Notary Public

=====

➤ **Option 2:**

I, _____, being duly sworn, depose and say under penalty of perjury, that as the owner or lessor of the premises wherein or whereon gaming is to be conducted, that the consideration to be paid by the lessee/tenant for the use of the premises has **not** been or will **not** be increased because of the operation of gaming on the premises.

OWNER/LESSOR _____

BY _____

Title

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Notary Public

APPLICANT/LESSEE/TENANT:

Refers to the person(s) or entity which operates or will operate the primary business at the premises.

OWNER/LESSOR:

Refers to the person(s) or entity which owns the real property for the premises at which the primary business is (will be) operated.

CONSIDERATION:

Refers to the rent or lease payments required for the use of the premises by the primary business.