NGC-21D (05-20-99)

NEVADA GAMING COMMISSION
ANNUAL LICENSE FEE REPORT
for the issuance or renewal of a
DISTRIBUTOR'S LICENSE

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the issuance of a new license; PRIOR to the commencement of operations; and ON or BEFORE December 31 for the ensuing calendar year.

Account No., Name, Address, Zip Code

Please correct if in error

For Office Use Only

Check Number _____

Batch Number _____

Entry Date _____

INSTRUCTIONS

A. This form is for the use of DISTRIBUTORS of GAMING DEVICES only.

B. All licenses shall be issued for the calendar year beginning January 1 and **(expiring December 31),** and regardless of the date of application or date of issuance of the license, the fees to be charged and collected under the provisions of NRS 463.660 shall be those fees fixed as an annual license fee for distributors of gaming devices.

C. For the issuance or renewal of a seller's or distributor's license the commission shall charge and collect from each applicant -- $500.

PLEASE COMPLETE THE FOLLOWING:

1. Application for the issuance or renewal of a distributor's license ($500) . . . . . $_____

2. Penalty for Late Payment ($125) NRS 463.270(5) . . . . . _____

3. REMITTANCE DUE (Total of Line 1 and Line 2 above). . . . . $_____

Please make remittance payable to the Nevada Gaming Commission and return to State Gaming Control Board, Tax and License Division, P.O. Box 8004, Carson City, NV 89702-8004

INDICATE IN THE SPACE PROVIDED BELOW THE TYPE OR TYPES OF EQUIPMENT, MATERIAL, DEVICE OR MACHINE TO BE DISTRIBUTED:

_____

_____

_____

I, _____, certify and declare under the penalties of perjury that I am the

_____ of the business named above; that this is a true, correct and complete report
(Owner, Partner, President, Treasurer, Other - describe)

to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS