

NEVADA GAMING COMMISSION  
 ANNUAL LICENSE FEE REPORT  
 for the issuance or renewal of an

**OPERATOR OF A PARI-MUTUEL SYSTEM LICENSE**

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

For Calendar Year: \_\_\_\_\_

Filing Deadline: \_\_\_\_\_

For Office Use Only

Account Number:	_____	Check Number	_____
Legal Name:	_____	Batch Number	_____
Trade Name:	_____	Entry Date	_____
Address:	_____		
City, State, Zip:	_____		
Please correct if in error			

**Instructions**

- A. This form is for the use of an OPERATOR of a PARI-MUTUEL SYSTEM only (NRS 464.015).
- 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 464.015 shall be those fees fixed as an annual license fee for an operator of a pari-mutuel system.
- C. For the issuance or renewal of an operator of a pari-mutuel system license the Nevada Gaming Commission shall charge and collect from each applicant -- \$500.

If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

Line 1.	Application for the issuance or renewal of an Operator of a Pari-Mutuel System License (\$500)	\$ _____
Line 2.	Penalty for late payment (\$125) NRS 463.270 (5)	_____
Line 3.	<b>TOTAL AMOUNT DUE</b> [Total of lines 1 and 2]	<b>\$ _____</b>

Please make remittance payable to: NEVADA GAMING COMMISSION  
 Return to the Nevada Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.  
 Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

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**