

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

OPERATOR OF INTERACTIVE GAMING 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 OPERATORS of INTERACTIVE GAMING only (NRS 463.765).
- B. Each initial license is issued for a 2-year period beginning on January 1 of the first year and ending on December 31 of the second year -- \$500,000.
- C. The initial license fee is prorated 1/24 for each month between January 1 of the calendar year and the date of issuance of the license.
- D. The renewal license is issued for a 1-year period beginning on January 1 and ending December 31 -- \$250,000.

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 Interactive Gaming License:
 Initial license for a 2-year period (\$500,000)
 Renewal license for a 1-year period (\$250,000) \$ _____

Line 2. Penalty for late payment NRS 463.270 (5): Enter number of day(s) late: _____
 A. Less than 10 days late: \$1,000 _____
 B. Ten or more days late: \$5,000 _____

Line 3. **TOTAL AMOUNT DUE** [Total of lines 1 and 2A or 2B] \$ _____

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