

NEVADA GAMING COMMISSION
NONRESTRICTED LICENSEES ONLY

QUARTERLY STATE LICENSE FEE REPORT

For Calendar Quarter: _____

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

Quarterly Filing (NRS 463.375 and NRS 463.383)				Additions During Quarter (NRS 463.375 and NRS 463.383)			
A - Slot Machines	# of Units	B - Games	# of Units	C - Slot Machines	# of Units	D - Games	# of Units
\$0.01	_____	Craps	_____	\$0.01	_____	Craps	_____
\$0.05	_____	Roulette	_____	\$0.05	_____	Roulette	_____
\$0.10	_____	Twenty-One	_____	\$0.10	_____	Twenty-One	_____
\$0.25	_____	Wheel of Fortune	_____	\$0.25	_____	Wheel of Fortune	_____
\$0.50	_____	Mini-Baccarat	_____	\$0.50	_____	Mini-Baccarat	_____
\$1.00	_____	Baccarat	_____	\$1.00	_____	Baccarat	_____
Megabucks	_____	Caribbean Stud	_____	Megabucks	_____	Caribbean Stud	_____
\$5.00	_____	Let it Ride	_____	\$5.00	_____	Let it Ride	_____
\$25.00	_____	Pai Gow	_____	\$25.00	_____	Pai Gow	_____
\$100.00	_____	Pai Gow Poker	_____	\$100.00	_____	Pai Gow Poker	_____
\$500.00	_____	3-Card Poker	_____	\$500.00	_____	3-Card Poker	_____
Mobile Gaming	_____	Keno	_____	Mobile Gaming	_____	Keno	_____
Multi-Denomination	_____	Bingo	_____	Multi-Denomination	_____	Bingo	_____
		Race Book	_____			Race Book	_____
		Sports Pool	_____			Sports Pool	_____
Additional Denominations (Describe Below)		Additional Games (Describe Below)		Additional Denominations (Describe Below)		Additional Games (Describe Below)	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
A. Total Slot Machines	=====	B. Total Games	=====	C. Total Slot Machines	=====	D. Total Games	=====

E. Card Games (No Fees Due on Card Games)

Quarterly Filing [NRS 463.383(5)]		Additions During Quarter [NRS 463.383(5)]	
Poker	_____	Poker	_____
Interactive Poker	_____	Interactive Poker	_____
Other Card Games	_____	Other Card Games	_____
Total Card Games	=====	Total Card Games	=====

Date of Addition: _____

Quarterly Filing

Line 1. Enter the total number of slots machines to be operated (shown on line A)

Line 1a. Fees Due on total number of slot machines to be operated (\$20 per slot) \$

Line 1b. Enter the total number of games to be operated (shown on line B)

Line 1c. Fees Due on total number of games to be operated _____

Line 1d. **TOTAL DUE ON ORIGINAL FILING BEFORE PENALTY** \$

Amendments (for slot and game additions during the calendar quarter)

A. Enter date of addition:

Line 2. Enter the number of slots to be added on the above date (shown on line C)

Line 2a. Fees Due on total number of slot machines to be added on the above date \$

Line 2b. Enter the number of games licensed before this addition

Line 2c. Enter the number of games to be added on the above date (shown on line D)

Line 2d. Total number of games licensed after addition

Line 2e. Fees Due on total number of games to be added on the above date _____

Line 2f. **TOTAL DUE ON AMENDED FILING BEFORE PENALTY** \$

Line 3. Penalty for late payment NRS 463.270 (5): Enter number of day(s) late: _____

A. Less than 10 days late: 25% of the amount due, but not less than \$50 and not more than \$1,000 _____

B. Ten or more days late: 25% of the amount due, but not less than \$50 and not more than \$5,000 _____

Line 4. **TOTAL AMOUNT DUE [Total of lines 1d or 2f and 3A or 3B]** \$

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