

**APPLICATION FOR A SERVICE PROVIDER LICENSE
(CLASS 2)**

A. NAME OF INDIVIDUAL APPLICANT: _____

_____ (if applicable) Federal Tax I.D. No. _____ (if applicable)
Name of Service Provider

_____ (if applicable)
Physical Service Provider

Mailing Address _____

B. Individual Applicants: (Include name, percentage of interest, and/or position.)

Attach additional sheet if necessary

C. PLEASE MARK APPROPRIATE NUMBER(S):

1. Geo-Location Service Provider
2. Patron Identification Service Provider
3. Payment Processing Service Provider
4. Information Technology Service Provider
5. Cash Access and Wagering Instrument Service Provider
6. Application for Interest in Existing License: _____ % / Number of shares/units _____
Purchased From: Treasury Individual Other _____
(Please specify)
7. Officer Director Key Employee _____
Title(s)
Written Employment Agreement: Yes No (If yes, attach a copy of the agreement.)
8. Other: (Please specify) _____

D. FEE(S) TO ACCOMPANY THIS APPLICATION (To be paid to Nevada Gaming Control Board):

Class 2: Geo-Location Service Provider/Patron Identification Service Provider/Payment Processing Service Provider/Information Technology Service Provider/Cash Access and Wagering Instrument Service Provider:

Entity and one individual - \$3,000 (\$500 Application Fee/\$2,500 Investigative Fee)
Entity and up to three individuals - \$5,500 (\$500 Application Fee/\$5,000 Investigative Fee)
Entity and up to six individuals - \$8,000 (\$500 Application Fee/\$7,500 Investigative Fee)
Entity and more than six individuals \$10,500 (\$500 Application Fee/\$10,000 Investigative Fee requested by Investigations Division **after** application is filed. See below)

In accordance with NRS 353.1467, all payments of money owed to a state agency for taxes, interest, penalties or any other obligations that, in the aggregate, amount to \$10,000 or more, must be made by electronic transfer in a method allowed by the state agency.

STATE OF _____ }
COUNTY OF _____ } ss.

I, _____, being duly sworn, depose and say that the above
Applicant's Name
statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by a municipality, or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a gaming license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Gaming Control Act (NRS 463.140(5)) provides that "Any person making false oath in any matter before either the board or commission is guilty of perjury." I am voluntarily submitting this application under oath with full knowledge that I may be required to submit this application to appropriate municipal and county authorities charged by law with granting gaming licenses.

APPLICANT _____
Signature

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Notary Public

NOTICE
**THIS APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE
PERMISSION OF THE LICENSING AGENCY**