

APPLICATION FOR REGISTRATION APPROVAL BY A CORPORATION/PARTNERSHIP/LIMITED LIABILITY COMPANY

The undersigned hereby makes application for a registration:

1. Name of applicant entity _____
 Trade name to be used _____
 Federal I.D. No. _____

Physical Address _____
Street Address *Suite/Unit*

_____ *City* *State* *ZIP Code*

Mailing Address _____
Street Address *Suite/Unit*

_____ *City* *State* *ZIP Code*

Contact Person _____
Last *First* *M.I.*

_____ *Email Address REQUIRED* *Telephone Number*

2. Complete the following (if the applicant is a partnership, limited liability company, or other form of business organization, furnish similar information as that requested below):

a. State of incorporation/organization _____ Date _____
 Date of qualification to do business in the State of Nevada _____

b. A certified copy of the Articles of Incorporation, Articles of Organization, or true copy of the Partnership Agreement is attached:
 Yes No If no, state reasons _____

c. A complete list of all stockholders, partners, or members showing the number of shares/interest held of record by each is filed herewith:
 Yes No If no, state reasons _____

d. List below the following information with respect to all partners, members, directors, officers, and shareholders. Each of the persons named below may be required to complete and file a Personal History Record/Disclosure and other related application documents.

Full Name	Title/Position	Percentage of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. If applicable, the terms, positions, rights, and privileges of the different classes of securities outstanding:

Security	Terms and Position	Rights and Privileges
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. Options existing or to be created in respect of their securities or other interest:

Name	Address	Title	Options (Shares) or Other Interests
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH ADDITIONAL SHEETS, IF NECESSARY

g. A general description of the business. (*Attach a separate page if necessary.*)

3. Type of Registration:

- Associated Equipment
 - Manufacturer of Associated Equipment
 - Distributor of Associated Equipment
- Independent Agent List casino(s) submitting application on your behalf (sponsor) _____
- Independent Host
- Independent Testing Lab
- Minority Interest Holder of a Licensee/Holding Company

4. Fee(s) to accompany this application (To be paid to Nevada Gaming Control Board):

Send a check or money order in the amount as described below:

- Independent Agent – \$2,000
- Independent Host – \$2,000
- Manufacturer and/or Distributor of Associated Equipment – \$2,000
- Independent Testing Lab – \$500 non-refundable application fee
- Minority Interest Holder
 - Registrants of a Nonrestricted Licensee - \$2,500 per registrant and/or entity
 - Registrants of a Restricted Licensee with two (2) or less restricted locations - \$550 per registrant and/or entity
 - Registrants of a Restricted Licensee with three (3) or more restricted locations - \$2,500 per registrant and/or entity

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.

**THE OBLIGATIONS HEREIN CONTAINED ARE NOT INTENDED TO BE COMPLETE.
CITY, COUNTY AND NEVADA LAWS AND REGULATIONS MUST BE FOLLOWED
AND ARE APPLICABLE AT ALL TIMES.**

I, _____, being duly sworn, depose and say that the above 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 objection to the issuance of a gaming registration by the Chair of the Nevada Gaming Control Board (Board), the Board, or the Nevada Gaming Commission (Commission). Will provide complete and accurate information to the Board, and will cooperate with all requests, inquires, and investigations of the Board or Commission. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the cancelation of a gaming registration. 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 licenses.

APPLICANT _____
Entity

BY _____
Signature

Title

STATE OF _____

COUNTY OF _____ (SS)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON

THIS _____ DAY OF _____, _____

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

(SEAL)

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