NEVADA GAMING COMMISSION  
ANNUAL LICENSE FEE REPORT  
for the issuance or renewal of an  
OPERATOR OF A SLOT MACHINE ROUTE 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: __________________________

| Account Number: |  | Check Number: |  |
|-----------------|---------------------|------------------|
| Legal Name: |  | Batch Number: |  |
| Trade Name: |  | Entry Date: |  |
| Address: |  |  |
| City, State, Zip: |  |  |

Line 1. Application for the issuance or renewal of an Operator of a Slot Machine Route License ($500)  $ __________

Line 2. Penalty for late payment ($125) NRS 463.270 (5)  $ __________

Line 3. TOTAL AMOUNT DUE [Total of lines 1 and 2]  $ __________

Instructions

A. This form is for the use of an OPERATOR of a SLOT MACHINE ROUTE only (NRS 463.3855).

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 463.3855 shall be those fees fixed as an annual license fee for an operator of a slot machine route.

C. For the issuance or renewal of an operator of a slot machine route 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.

Effective November 1, 2016, pursuant to Nevada Gaming Commission Regulation 6.030, all Nevada Gaming licensees must report and pay their gaming taxes and fees, and all reports relating thereto, pursuant to an electronic transfer approved by the Nevada Gaming Control Board.

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 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