



Pennsylvania Gaming Control Board

Key Employee/Qualifier Waiver Form

REVISED 7/18/2005

INSTRUCTIONS

I. COMPLETING THIS FORM:

A. You may request that the Pennsylvania Gaming Control Board ("Board") waive your obligation to be licensed as a key employee qualifier or key employee as part of a license issuance or renewal by completing and having approved this waiver application.

1. Key Employee Qualifier/Officer Waiver - You may receive a waiver as an officer of an entity if you can demonstrate that you are not significantly involved in and have no authority over the conduct of business with an applicant or licensee. Such a request shall include, at a minimum, the following:

- a. A description of your title, duties, and responsibilities with the applicant, licensee or with any of its affiliates, intermediaries, subsidiaries or holding companies;
- b. The terms of your compensation;
- c. A certification stating that you are not significantly involved in and have no authority over the conduct of business with any licensee or applicant.

2. Key Employee Qualifier/Outside Director Waiver - If you are required to be licensed as a key employee qualifier as an outside director of an affiliate, intermediary, subsidiary or holding company of the applicant or licensee, you shall be required to demonstrate that you are not significantly involved in the management or ownership of the applicant or licensee. Such a request shall include, at a minimum the following:

- a. A description of your title, duties, and responsibilities with the applicant, licensee or with any of its affiliates, intermediaries, subsidiaries or holding companies;
- b. The terms of your compensation;
- c. Any board committee memberships, including a description of the functions and responsibilities of any such committee;
- d. A description of your ownership interest; and
- e. A certification stating that you are not significantly involved in the management of the applicant or licensee.

3. Key Employee Qualifier/Institutional Investor Waiver - If you are required to be licensed as a key employee qualifier as an owner of the applicant or licensee or any of its affiliates, intermediaries, subsidiaries or holding companies, and request a waiver as an institutional investor, you shall be required to demonstrate the following:

- a. The institutional investor must demonstrate that its ownership interest consists of the following:
 - (1.) Under 10% of the equity securities of a licensee's holding or intermediary companies, if such securities are those of a publicly traded corporation and its holdings of such securities were purchased for investment purposes only; or
 - (2.) Debt securities of a licensee's affiliates, intermediaries, subsidiaries or holding companies or another affiliate, intermediary, subsidiary or holding company of a licensee's affiliate, intermediary, subsidiary or holding company which is related in any way to the financing of the licensee, where the securities represent a percentage of the outstanding debt of the company not exceeding 20% or a percentage of any issue of the outstanding debt of the company not exceeding 50%, if such securities are those of a publicly traded corporation or its holdings of such securities were purchased for investment purposes only.
- b. A request for a waiver by an institutional investor shall include, at a minimum, the following:
 - (1.) The number of shares or units held by it and the percentage of ownership of the equity that such shares or units represent;
 - (2.) A copy of the most recent notice filed by it with the Securities and Exchange Commission;

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- (3.) A list of any direct or indirect owners of the institutional investor;
 - (4.) An explanation as to why such investor should be considered an institutional investor under the definition section in the regulations;
 - (5.) A certification by the investor stating that the investor has no present involvement in, and no intention of influencing the business activities of, the applicant or licensee or any of its affiliates, intermediaries, subsidiaries or holding companies and will give the Board 30 days notice if the investor intends to become involved in or to influence such activities in the future.
- c. Any board committee memberships, including a description of the functions and responsibilities of any such committee;
 - d. A description of your ownership interest; and
 - e. A certification stating that you are not significantly involved in the management of the applicant or licensee.
4. **Key Employee Waiver** - If you are required to be licensed as a key employee and request a waiver as a key employee, you shall:
- a. Be required to demonstrate the following:
 - (1.) You are not assigned to the licensee's gaming operations in this Commonwealth; or
 - (2.) Your duties do not have an effect on or require contact with slot machines for use or play in this Commonwealth.
 - b. Such a request shall include, at a minimum, the following:
 - (1.) A description of your title, duties, and responsibilities with the applicant, licensee or with any of its affiliates, intermediaries, subsidiaries or holding companies; and
 - (2.) A certification by the chief executive officer stating that you are not assigned to the licensee's gaming operation in this Commonwealth or that the employee's duties do not have an effect on or require contact with the slot machines for use or play in this Commonwealth.

II. FILING THIS FORM WITH THE BOARD:

- A.** Submit an original and seven (7) photocopies of this form, the Key Employee/Qualifier Waiver Form and all attachments. If the original forms and photocopies of these forms are not clearly legible, the application will not be accepted for processing.
- B.** Once your application is received, it becomes the property of the Board regardless of whether it is accepted, and it may not be withdrawn without the permission of the Board.

III. IMPORTANT NOTICES:

- A.** Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B.** All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Board of any change of address.
- C.** Failure to answer any question completely and truthfully will result in denial of your license application.
- D.** Any person who applies for and obtains a license and/or permit from the Board or is required to qualify is subject to warrantless searches when present in a licensed facility pursuant to section 1517 of the act.

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- E.** By submitting this application, the signatory of this form whether an applicant, licensee or person required to qualify, waives any liability of the Commonwealth of Pennsylvania and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure of publication.

- F.** The act authorizes the Board or its designees to ask for your social security number. In accordance with section 5 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. The request for your social security number is made pursuant to the act. If provided, your social security number will be used by the Board and its agents to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the final determination of your application.

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Key Employee/Qualifier Waiver Form

Name and Home Address						
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)			
MAIDEN NAME					DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE		
COUNTRY	EMAIL ADDRESS	PHONE	FAX	COUNTY		
Mailing Address (if different from Home Address)						
ADDRESS LINE 1			ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE		
COUNTRY	EMAIL ADDRESS	PHONE	FAX	COUNTY		
Descriptive Information						
HEIGHT _____ FT IN	WEIGHT _____ LBS	SOCIAL SECURITY NUMBER		DRIVERS' LICENSE NO. _____		
				STATE ISSUED: _____		
				OPERATOR'S NUMBER: _____		
TATTOOS, SCARS OR DISTINGUISHING MARKS:				MARITAL STATUS:		
				<input type="checkbox"/> SINGLE (NEVER MARRIED) <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
HAIR COLOR	EYE COLOR	SEX		RACE**		
<input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (BD) BLOND <input type="checkbox"/> (RD) RED <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (WH) WHITE <input type="checkbox"/> (BA) BALD	<input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (HZ) HAZEL <input type="checkbox"/> (BL) BLUE <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (GR) GREEN	<input type="checkbox"/> (M) MALE <input type="checkbox"/> (F) FEMALE		<input type="checkbox"/> (C) CAUCASIAN <input type="checkbox"/> (B) BLACK <input type="checkbox"/> (H) HISPANIC <input type="checkbox"/> (A) ASIAN <input type="checkbox"/> (N) NATIVE AMERICAN <input type="checkbox"/> (I) INDIAN (INDIA) <input type="checkbox"/> (O) OTHER		
List any other name or names you have been known by (include aliases; nicknames; married names)						
HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.						
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	FROM DATE	TO DATE	
				INITIALS	DATE	

* Under the Federal Privacy Act, disclosure of your social security number is voluntary. If you choose not to provide your social security number, the processing of your application and background investigation may be delayed.

** You are NOT REQUIRED to provide this information, it is optional.

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Applicant Name			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
MAIDEN NAME			DATE OF BIRTH
Type of Waiver Requested			
ANY ONE OF THE FOLLOWING			
<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER/OFFICER WAIVER	<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER/INSTITUTIONAL INVESTOR WAIVER
<input type="checkbox"/>	KEY EMPLOYEE QUALIFIER/OUTSIDE DIRECTOR WAIVER	<input type="checkbox"/>	KEY EMPLOYEE WAIVER

Business Entity Information

Provide the following information about the licensee or applicant for a license with which you are seeking to be associated.

Business Entity Name			
BUSINESS NAME AS IT APPEARS ON THE BUSINESS ENTITY'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)			
TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES			
Business Entity Principal Address			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS		
COUNTY(IES)	TOWNSHIP(S)	WEB URL	
PHONE NUMBER () - -	FAX NUMBER () - -		
Business Entity Location In Pennsylvania			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS		
COUNTY(IES)	TOWNSHIP(S)	WEB URL	
PHONE NUMBER () - -	FAX NUMBER () - -		
Employment or Other Association With Slot Machine Licensee or Applicant			
CHECK THE BLOCKS AND FILL IN THE INFORMATION THAT DESCRIBES THE REASON YOU ARE SUBMITTING THIS APPLICATION			
<input type="checkbox"/>	I AM APPLYING AS A KEY EMPLOYEE OF THE BUSINESS ENTITY	TITLE OR POSITION HELD OR WILL HOLD	
<input type="checkbox"/>	I AM APPLYING AS A QUALIFIER OF THE BUSINESS ENTITY	QUALIFIER ROLE	
		<input type="checkbox"/> OFFICER <input type="checkbox"/> OUTSIDE DIRECTOR <input type="checkbox"/> INSTITUTIONAL INVESTOR	
NAME OF GAMING BUSINESS ENTITY OF WHICH I AM CURRENTLY A QUALIFIER :			
		INITIALS	DATE

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Financial Interest & Citizenship Information

Applicant Ownership Interest or Financial Interests

DO YOU HAVE ANY OWNERSHIP INTEREST, FINANCIAL INTEREST OR FINANCIAL INVESTMENT IN ANY BUSINESS ENTITY APPLYING TO, OR PRESENTLY LICENSED BY, THE PENNSYLVANIA GAMING CONTROL BOARD? DETAIL ALL DEBT AND EQUITY HOLDINGS IN THE APPLICANT/LICENSEE/BUSINESS ENTITY IDENTIFIED ABOVE.

YES NO

IF YES, COMPLETE THE INFORMATION REQUIRED

NAME OF BUSINESS ENTITY

AMOUNT (NUMBER OF SHARES/UNITS) AND DESCRIPTION OF YOUR INTEREST/INVESTMENT/DEBT HOLDING	PERCENT OF OWNERSHIP IN THE BUSINESS ENTITY

Attach a copy of the most recent notice filed with the Securities and Exchange Commission.

Applicant Participation in Businesses

DURING THE LAST TEN YEARS, HAVE YOU HELD A 5% OR GREATER INTEREST IN OR BEEN A DIRECTOR, OFFICER OR PRINCIPAL EMPLOYEE OF ANY ENTITY THAT:

HAS MADE OR HAS BEEN CHARGED WITH (EITHER ITSELF OR THROUGH THIRD PARTIES ACTING FOR IT) BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN, TO OBTAIN FAVORABLE TREATMENT OR TO ANY COMPANY, EMPLOYEE OR ORGANIZATION TO OBTAIN A COMPETITIVE ADVANTAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS HELD A FOREIGN BANK ACCOUNT OR HAS HAD AUTHORITY TO CONTROL DISBURSEMENTS FROM A FOREIGN BANK ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS MAINTAINED A BANK ACCOUNT, OR OTHER ACCOUNT, WHETHER DOMESTIC OR FOREIGN, WHICH WAS NOT REFLECTED ON THE BOOKS OR RECORDS OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS MAINTAINED A DOMESTIC OR FOREIGN NUMBERED BANK ACCOUNT OR OTHER BANK ACCOUNT IN A NAME OTHER THAN THE NAME OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS DONATED OR LOANED CORPORATE FUNDS OR CORPORATE PROPERTY FOR THE USE OR BENEFIT OF, OR FOR THE PURPOSE OF OPPOSING, ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE EITHER DOMESTIC OR FOREIGN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS COMPENSATED ANY OF ITS DIRECTORS, OFFICERS OR EMPLOYEES FOR TIME AND EXPENSES INCURRED IN PERFORMING SERVICES FOR THE BENEFIT OF OR IN OPPOSING ANY GOVERNMENT OR POLITICAL PARTY DOMESTIC OR FOREIGN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO ITS DIRECTORS, OFFICERS OR EMPLOYEES FOR THE PURPOSE OF MAKING POLITICAL CONTRIBUTIONS OR REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

INITIALS

DATE

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Federal and State Tax Background Information

Applicant Tax Compliance History

STATE WHERE YOU FILED YOUR LAST FEDERAL INCOME TAX RETURN	PERIOD COVERED	IRS OFFICE LOCATION
ATTACH TO THE BACK OF THIS FORM, A COPY OF EACH IRS FORM(S) FILED AND ALL SUPPORTING IRS SCHEDULES* FILED BY YOU IN EACH OF THE LAST FIVE YEARS. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS FOR ANY YEAR IN THE LAST FIVE YEARS, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS.		
HAS YOUR TAX RETURN EVER BEEN AUDITED OR ADJUSTED?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, FOR WHAT TAX YEAR(S)?		
HAVE YOU EVER FAILED TO FILE FEDERAL OR STATE INCOME TAX RETURNS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, FOR WHAT YEAR(S)?		
HAVE YOU OR YOUR SPOUSE EVER FILED ANY TYPE OF TAX RETURN, STATEMENT OR FORM IN ANY JURISDICTION OUTSIDE THE UNITED STATES WITHIN THE LAST TEN YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO

List all Direct and Indirect Owners (Institutional Investors Only)

INSTITUTIONAL INVESTORS MUST LIST ALL DIRECT AND INDIRECT OWNERS WITH MORE THAN 5% OWNERSHIP.

NAME OF OWNER	PERCENT OF OWNERSHIP IN INSTITUTIONAL INVESTOR

Description of Ownership Interest (Institutional Investors Only)

	Initials	Date
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APPLICATION FOR TAX CLEARANCE REVIEW

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue ("DOR") and the Department of Labor and Industry ("DLI") to review the tax records of the person(s) and or entity(ies) as part of the licensing evaluation by the Pennsylvania Gaming Control Board. Your signature on this form also represents a waiver of confidentiality of tax information. Your signature allows the DOR and DLI to provide tax information to the Pennsylvania State Police and the Pennsylvania Gaming Control Board. It allows the Pennsylvania State Police to provide the information to the DOR and Pennsylvania Gaming Control Board. Pennsylvania tax records are confidential information. Unauthorized disclosure of tax records is a criminal offense.

Please print or type the following information:

_____ **Full Name as Listed on Personal Tax Return** _____ **Social Security Number**

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code**

Please provide the following tax numbers for any entity doing business in Pennsylvania in which you have a controlling interest and/or a five percent interest, whichever is less. Also list any entity (including non-profit or for profit organizations) in which you are a responsible corporate officer:

Name of Business	Federal Identification Number (EIN)	Labor and Industry Tax Number

(If you have additional businesses, please attach a separate sheet with the names, EINs and Labor and Industry Tax Numbers)

I certify that I am the individual whose tax records are to be reviewed.

_____ **Signature** _____ **Telephone Number** _____ **Date**

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AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

Certification: The applicant hereby certifies that the undersigned is authorized to sign this application on behalf of the applicant and that there is no misrepresentation or falsification in this application. I further agree to the terms of licensing as specified within the regulations and specifications of the Pennsylvania Gaming Control Board.

I am aware that false or misleading statements will be cause for rejection or revocation of the license and will be subject to criminal penalties under 18 Pa. C.S.A. Section 4903.

NAME OF APPLICANT

BY (SIGNATURE)

TITLE

DATE

INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT

Subscribed and sworn to me this _____ day of _____ of, 20__

NOTARY PUBLIC

My Commission expires on: ____/____/20____

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – Federal, state, local, without exception, both foreign and domestic: I, _____, the undersigned, have authorized the Pennsylvania Gaming Control Board (“Board”) and its investigatory agents (including but not limited to the Pennsylvania State Police (“PSP”), Bureau of Investigation and Enforcement (“BIE”), and/or vendor agents) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Board or PSP. A photocopy of this authorization will be considered as effective and valid as the original. I am aware that false or misleading statements will be cause for rejection or revocation of the license.

By signing this form, I am knowingly, willingly and voluntarily waiving any and all present or future claims or causes of action that could be asserted against the Board, the PSP or the BIE relative to the obtaining and/or disseminating of information referenced by this release.

Date

Signature of Applicant (Legal Signature)

Printed Name of Applicant

()

Daytime Telephone Number

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Subscribed and sworn to me this _____ day of
_____ of, 20__

NOTARY PUBLIC

My Commission expires on: ____/____/20__

AFFIDAVIT

STATE OF _____ :
COUNTY OF _____ :
_____ :

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The Chief Executive Officer (“CEO”) hereby certifies that the applicant for an officer waiver, outside director waiver or key employee waiver is not significantly involved in and has no authority over the conduct of the applicant/licensee to which the applicant is associated and that, to the best of the CEO’s knowledge, the information contained herein is true and correct and that there is no misrepresentation or falsification in this application. Further, the CEO/Applicant is aware that any false or misleading statement will be cause for rejection or revocation of a license and will be subject to criminal penalties under 18 Pa. C.S.A. Section 4903.

The CEO hereby certifies that the applicant for an institutional investor waiver holds an ownership interest under 10% of the equity securities of a manufacturer applicant/licensee’s holding or intermediary companies, if such securities are those of a publicly traded corporation and its holdings of such securities were purchased for investment purposes only; or debt securities of a licensee’s affiliates, intermediaries, subsidiaries or holding companies or another affiliate, intermediary, subsidiary or holding company of a licensee’s affiliate, intermediary, subsidiary or holding company which is related in any way to the financing of the licensee, where the securities represent a percentage of the outstanding debt of the company not exceeding 20% or a percentage of any issue of the outstanding debt of the company not exceeding 50%, if such securities are those of a publicly traded corporation or its holdings of such securities were purchased for investment purposes only.

Certification (Required) Date: ____/____/20____ Subscribed and sworn to me this _____ day of
NAME OF CEO _____ OF 20 ____.
TITLE
SIGNATURE OF CEO NOTARY PUBLIC
MY COMMISSION EXPIRES ON ____/____/20____

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