APPLICATION FOR A NEVADA GAMING LICENSE

**(To be typewritten or printed legibly)**

A. NAME OF APPLICANT

      Federal Tax I.D. No.

Name of Gaming Establishment

Physical Address of Gaming Establishment

Mailing Address

B. If location has previously been licensed, please indicate former name.

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

Attach additional sheet if necessary

D. TYPE OF LICENSE:  Restricted  Nonrestricted

(1-15 devices only) (over 15 devices and/or live gaming)

E. PLEASE MARK APPROPRIATE NUMBER(S):

1.  New License at Location (Proposed date of opening       )

2.  Application for Interest in Existing License:      % / Number of shares/units

Purchased From:  Treasury  Individual  Other

(Please specify)

3.  Officer  Director  Key Employee

Title(s)

Written Employment Agreement:  Yes  No (If yes, attach a copy of the agreement.)

4.  Slot Route Operator (Do Not Check if Space Lease Application)

5.  Manufacturer

6.  Distributor

7.  Finding of Suitability:  Lender  Landlord  Other

(Please specify)

8.  Other: (Please specify)

F. **NOTE: If this application is for 2, 3, or 7, signature of a present licensee is required:**

Signature

     

Name (Print) Title

G. Breakdown of Games and Gaming Devices. **To be completed when the application is for a new location**:

| GAMES | NO. |  | TABLES | NO. |  | GAMING DEVICES | NO. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Craps |  |  | Panguingui |  |  | 5¢ |  |
| Roulette |  |  | Poker |  |  | 10¢ |  |
| Twenty-one |  |  | Other (describe): |  |  | 25¢ |  |
| Keno |  |  |  |  |  | 50¢ |  |
| Bingo |  |  |  |  |  | $1 |  |
| Wheel of Fortune |  |  |  |  |  | $5 |  |
| Baccarat |  |  |  |  |  | $25 |  |
| Pai Gow |  |  |  |  |  | $100 |  |
| Race Book |  |  |  |  |  | Multi-denominational |  |
| Pari-Mutuel? (Yes/No) |  |  |  |  |  | Other (describe): |  |
| Sports Pool |  |  |  |  |  |  |  |
| Pari-Mutuel? (Yes/No) |  |  |  |  |  |  |  |
| Other (describe): |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| TOTAL |  |  | TOTAL …………..…… |  |  | TOTAL …………..…… |  |

Progressive Slots Total

H. FEE(S) TO ACCOMPANY THIS APPLICATION:

STATE (To be paid to Nevada Gaming Control Board):

(a) Restricted Application - $150 per applicant and/or entity, plus appropriate investigative fee

(b) Nonrestricted Application - $500 per applicant and/or entity

COUNTY:

CITY:

NOTE: APPROPRIATE BACK-UP MATERIAL MUST ACCOMPANY THIS APPLICATION TO STATE, CITY, AND/OR COUNTY, WHERE APPLICABLE.

STATE OF

ss.

COUNTY OF

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

**DURING THE COURSE OF THE INVESTIGATION OF THE APPLICATION, AN APPLICANT MAY BE REQUIRED TO UNDERGO A DRUG TEST. REFUSAL TO UNDERGO A DRUG TEST COULD BE DEEMED GROUNDS FOR DENIAL, PURSUANT TO NRS 463.170 AND NGC REGULATION 4.040.**