APPLICATION FOR INTERACTIVE GAMING LICENSE

Α.	NAME OF INDIVIDUAL APPLICANT:		
	(if applicable) F Name of Gaming Establishment	ederal Tax I.D. No. (if applicable)	
	(if applicable)		
	Physical Address of Gaming Establishment		
	Mailing Address		
В.	B. Individual Applicants: (Include name, percentage of interest, and/or p	position.)	
	Attach additional sheet if necessary		
C.	C. PLEASE MARK APPROPRIATE NUMBER(S):		
-	New License at Location (Proposed date of opening)	
	2. Application for Interest in Existing License:% / N		
	Purchased From: Treasury Individual Other_	(Please specify)	
	3. Officer Director Key Employee		
	Written Employment Agreement: Yes No (If yes, a 4. Manufacturer of Interactive Gaming Systems 5. Distributor of Interactive Gaming Systems 6. Manufacturer of Equipment Associated with Interactive Gaming 7. Interactive Gaming Service Provider 8. Operator of Interactive Gaming 9. Other: (Please specify)	Title(s) ttach a copy of the agreement.) ng	
n	D FEE(S) TO ACCOMPANY THIS APPLICATION:		

• Nonrestricted Application - \$500 per applicant and/or entity to be paid to Nevada Gaming Control Board.

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

STATE OF		
COUNTY OFss.		
I,		
APPLICANTSignature		
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THIS APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE PERMISSION OF THE LICENSING AGENCY