

#### A MESSAGE FROM THE DIRECTOR:

Dear Applicant:

Thank you for your interest in becoming a Racetrack Gaming Operator in Nebraska.

The licensing process you will be undergoing is a rigorous one, designed to support the Racetrack Gaming Act. The Racetrack Gaming Act's purpose is ensuring that the citizens of Nebraska can enjoy gaming in a fair and honest environment. The information requested in this application is extensive, but only by qualifying and regulating carefully those who become involved in gaming can we protect the public interest. We take our regulation of the industry very seriously, starting with the investigation of applications for Racetrack Gaming Operators licenses.

During the licensing process, we will conduct a thorough investigation of your business's background, as well as all the persons affiliated with your business. The results of this investigation will be presented to the Nebraska Racing and Gaming Commission, which will consider your application for the privilege of conducting business in our state.

I wish you all the best in your endeavors in Nebraska. The Nebraska Racing and Gaming Commission staff and I look forward to working with you.

**GAMING OPERATOR'S LICENSE** is required for any person who conducts gaming in Nebraska pursuant to the Nebraska Racetrack Gaming Act, Nebraska Revised Statues § 9-1101 et seq.

Sincerely,

Tom Sage Director Nebraska Racing and Gaming Commission

# Nebraska Racing and Gaming Commission Racetrack Gaming Operators License Application Instructions

### **APPLYING FOR YOUR**

# **Racetrack Gaming Operators License**

1

#### **OBTAIN YOUR APPLICATION**

Applications can be obtained by calling 402-471-4155 or emailing Tom.Sage@Nebraska.gov

2

#### FILL OUT YOUR APPLICATION

Items you must provide:

- Application forms (*completed*, *signed & notarized*)
- Supporting documentation as specified on the attached Application Instructions Checklist

3

#### SUBMIT YOUR APPLICATION

Deliver hard copy to: Nebraska Racing and Gaming Commission

5903 Walker Ave., Lincoln, NE 68507

Deliver electronic copy (in a text searchable portable document format) to:

Tom.Sage@Nebraska.gov

Make check or money order payable to Nebraska Racing and Gaming Commission

4

# ONLY UPON THE RECEIPT OF A COMPLETED APPLICATION WILL THE REVIEW PROCESS BEGIN

<b>1</b>	APPLICATION FULLY COMPLETED IN BLACK INK Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Nebraska Racing and Gaming Commission office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.
<b>2</b>	ALL FORMS SIGNED & ATTACHED  The following accompanying forms must be signed and returned with the application:  ☐ Affirmation & Consent ☐ Investigation Authorization/Authorization to Release Information ☐ Applicant's Request to Release Information (leave top line of form blank) ☐ REOUEST FOR FINANCIAL RECORDS AND RELEASE FROM LIABILITY
<b>3</b>	ALL REQUESTED INFORMATION ATTACHED  The following information must be attached, if applicable:  All applicable information requested on pages 1 through 15 of the application  Trade Name Registration if applicable  Certificate of authority to do business in the state of Nebraska if incorporated or organized outside NE  Articles of Incorporation, including amendments and restated articles  Articles of Organization or Certificates of Organization, including amendments  Bylaws  Organizational minutes and/or other corporate records reflecting ownership and election of officers or managers  Partnership Agreement or Operating Agreement, including amendments  Trust Agreement, including amendments  Tax fillings for the past three years  If a corporation, SEC filings for past 3 years and meeting minutes from past 12 months  If a partnership or limited liability company, a list of the amount and date of each capital contribution of any partner to the applicant  For manufacturers and distributors, a description of the business and a list of the make and types of machines to be manufactured or distributed  Organizational chart listing Key Applicants & positions being held for gaming operations, along with their duties & responsibilities  NOTE: The Commission reserves the right to request additional information and documentation throughout consideration of this application.
<b>4</b>	APPLICATIONS FOR KEY EXECUTIVES ATTACHED  Submit Key Persons Application forms for any warm-blooded person holding a 5% or more direct or indirect ownership interest in the applicant and officers, directors, partners, general partners, limited partners, trustees, beneficiaries and key executives, whether they have an ownership interest or not. In addition, submit Key Persons Application forms for any other persons, as directed by the application and supplemental forms.
<b>□</b> 5	APPLICATION FEES AND BACKGROUND DEPOSIT Submit appropriate license, application and background fees.  ☐ Operator (racetrack): \$1,000,000 nonrefundable license fee ☐ Check, money order or wire transfer payable to: Nebraska Racing and Gaming Commission
<b>6</b>	DELIVER APPLICATION  Deliver application by hard copy and electronic copy (in a text-searchable portable document format) to: Nebraska Racing and Gaming Commission 5903 Walker Ave, Lincoln, NE 68104 Tom.Sage@Nebraska.gov

### Nebraska Racing and Gaming Commission

### Nebraska Racetrack Gaming Operator

Applicant's Name				Control Number (A	ssigned by Gaming Control Board)
Doing Business As (DBA) & Trade Names				E-mail Address	
Street Address of Gaming Business (Re	equired for Operator applican	ts)			Business Phone Number
City		State	Zip		Business FAX Number
Mailing Address, if different from Street	et Address (city, state, zip)				1
On a separate sheet, list all p	rincipal places of bus	iness for the past	10 years if diffe	rent from above	14
Primary Contact Person for Business			Title		Primary Contact Phone Number
Primary Contact Address (city, state, zi	p)				Primary Contact FAX Number
Type of Business Structure					•
Sole Proprietorship	Partnership	Limited Partn	ership I	Limited Liability Co	C Corporation
S Corporation	Publicly Traded Corp	Trust		Other	
State of incorporation or creation of business entity  Date			Date		
Date of qualification to conduct business	ss in Nebraska (PROVIDE C	ERTIFICATE OF AUT	HORITY OR EQUIV	ALENT FROM NE S	Secretary of State)
If a corporation, list all states where co	rporation is authorized to cor	nduct business			
List all names used by the business enti	ty (other than above)				
Attach copies of all articles of copy of any partnership, trus					tion, operating agreement, or a true
Attach copies of biennial reports and SEC filings, if any, for past three years, and all minutes from all company meetings in the past 12 months.					
Premises Information	n (For Operators)				
Total Square Footage of the Building (Gross Building Area)  Total Square Footage to Be Licensed for Gaming  Anticipated # of Gaming Devices			Anticipated # of Gaming Davisos		
Total Square 1 Stage of the Bullaning (Stock Bullaning Med)				Anticipated # of Gaming Devices	
Drawing to scale of the building and each floor in which gaming will be conducted. Also attach a copy of your lease or rental agreement (and amendments thereto), property ownership, or other proof of legal possession of the premises.					

	FOR AGENCY USE ONLY		
Check #	☐ Money Order #	Application Control #	Entity Control #

#### OWNERSHIP STRUCTURE List all persons and/or entities with ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons affiliated with such entity; their ownership in the entity, and their effective ownership in the license. List all persons holding or other intermediary business interests. A Key Person Application form must be submitted for each person including officers, directors, equity security holders of 5% or more, partners, general partners, limited partners, trustees, beneficiaries, key persons and any other individuals who exert significant influence in the company. If a publicly traded corporation, submit recent shareholder list from your transfer agent for all shares of common and preferred stock. See attached Ownership structure example attached as appendix A. Make additional copies of this page, if necessary. Title SSN/FEIN Date of Birth Application Submitted? Name YES $\square$ NO Address (city, state, zip) Phone Business Affiliated With (Parent business or sub-entity) Own. % in Business Affiliated With Effective Own. % in Applicant Title SSN/FEIN Date of Birth Application Submitted? Name □YES □NO Phone Address (city, state, zip) Own. % in Business Affiliated With Business Affiliated With (Parent business or sub-entity) Effective Own. % in Applicant Application Submitted? Title SSN/FEIN Date of Birth Name YES □NO Phone Address (city, state, zip) Own, % in Business Affiliated With Business Affiliated With (Parent business or sub-entity) Effective Own. % in Applicant Title SSN/FEIN Date of Birth Application Submitted? Name YES □NO Phone Address (city, state, zip) Own. % in Business Affiliated With Business Affiliated With (Parent business or sub-entity) Effective Own. % in Applicant Title Date of Birth Application Submitted? Name SSN/FEIN □NO YES Address (city, state, zip) Phone Business Affiliated With (Parent business or sub-entity) Own. % in Business Affiliated With Effective Own. % in Applicant Title SSN/FEIN Date of Birth Application Submitted? Name YES $\square$ NO Address (city, state, zip) Phone Business Affiliated With (Parent business or sub-entity) Own. % in Business Affiliated With Effective Own. % in Applicant Title SSN/FEIN Date of Birth Application Submitted? Name YES □NO Phone Address (city, state, zip) Own. % in Business Affiliated With Business Affiliated With (Parent business or sub-entity) Effective Own. % in Applicant Type of Shares Issued Total Shares Authorized Total Shares Outstanding Common Preferred Are there any outstanding options and warrants? \*If YES, attach list of persons with outstanding options and warrants □NO

Are there any other persons, other than those listed in the ownership structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the gaming venture or who will enter into a contract or contracts with the applicant to manage its gaming operations or to conduct business in the applicant's gaming establishment or business operation? ☐ YES\*

\*If YES, attach list of persons and submit Key Person Application forms for each and attach copies of all agreements and/or contracts.

LICENSING HISTORY			
1. Has the applicant, the applicant's parent company or any other inte for a gaming license in this or any other jurisdiction, foreign or ever issued? If YES, provide details on a separate sheet, inclunumber, and dates license held or applied for.	domestic, whether or not the	license was	□YES □NO
2. Has the applicant, the applicant's parent company or any other in denied a gaming license, withdrawn a gaming license or had gaming license that they have held in this or any other jurisdict details on a separate sheet, including jurisdiction, type of action,	any disciplinary action taken ion, foreign or domestic? If Y	against any	□YES □ NO
3. Is the applicant, the applicant's parent company or any other in corporate standing in Nebraska, as certified by the Nebraska Sec Public Regulation Commission, and in all other states where it tr a separate sheet.	cretary of State or its successor	agency, the	□YES □ NO
4. Has the applicant, the applicant's parent company or any other in charged with, or convicted of, any illegal gaming activity in Ne provide details on a separate sheet, including jurisdiction, type of	ebraska or any other jurisdicti		□YES □NO
FINANCIAL HISTORY			
I. Is the applicant, the applicant's parent company or any other intermediate the payment of any judgments or tax liabilities due to any government details on a separate sheet and attach any documents to prove se	mental agency anywhere? If YI	ES, provide	YES NO
2. Has the applicant, the applicant's parent company or any other int a financial interest in a gambling venture, including but not limite dog, lottery, casino, bookmaking operation, internet casino, care or not a license to hold such interest was applied for or receive sheet.	ed to, a race track, dog track, ra I room, bingo parlor or pull tab	ce horse or os, whether	YES NO
3. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court. □ YES □ NO			YES NO
4. Does the applicant, the applicant's parent company or any other intermediary affiliate of applicant now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or another name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status? If YES, provide details on a separate sheet.			☐ YES ☐ NO
5. Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet.			□YES □NO
6. Has a complaint, judgment, consent decree, settlement or other distate or similar foreign antitrust, trade or security law or regulat applicant, the applicant's parent company or any other intermedia details on a separate sheet and attach any documents to prove the any items currently under formal dispute or legal appeal.	ion ever been filed or entered ary affiliate of applicant? If YI	against the ES, provide	□YES □NO
		CDG ID "	
Applicant's Printed Name	Federal Tax ID	CRS ID#	
Authorized Signature	L	Date	

FINANCIAL HISTORY (Continued)	
7. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever bee a party to a lawsuit within the last five years, either as a plaintiff or defendant, complainant or respondent or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	,
8. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant filed a business tax return in the past three years? If YES, attach all business tax returns filed in the past three years.	□YES □NO
9. Is the applicant a prospective business or has it recently (within two years) begun operations? If so, submit a estimated beginning balance sheet (proforma) and a statement of amount(s) and source(s) of funding for the business and specific documentation to support the declaration.	
10. Is the applicant a party to a lease of the land to be used for gaming operations? If YES, attach copies of all leases to which the business is a party.	YES NO
11. Does the applicant have a compliance committee or compliance officer? If YES, attach a copy of compliance committee minutes or compliance officer reports from the past 12 months.	YES NO
12. Has any interest or share in the profits from gaming been pledged or hypothecated as security for a debt of deposited as a security for the performance of an act or to secure the performance of a contract? If YES provide details on a separate sheet.	
13. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been a party to a bankruptcy within the last ten years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	YES NO
FINANCIAL HISTORY ATTACHMENTS	
1. Attach a list detailing the operating and investment accounts for this applicant or equivalent, including finan address, telephone number, and account number for each account.	cial institution name,
2. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, incl name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.	uding creditor
3. Attach balance sheets and profit and loss statements, <b>certified</b> by independent certified public accountant (three years for the applicant, the applicant's parent company and any intermediary affiliates of applicant. subsidiaries of publicly traded companies can provide audited financial statements issued pursuant to Secu Commission guidelines for Form K.	Applicants that are
4. If the business entity has been in business for less than three years, attach balance sheets and profit and loss stime of commencement of business operations and projected for three years from the time of commencem operations.	
5. Attach a list of persons other than directors, officers, and key persons whose salaries plus bonuses exceed	\$150,000 per year.
6. Attach a description of any bonus or profit-sharing arrangements within your organization.	
7. Supply all existing contracts between the Applicant and businesses in Nebraska and any contracts over \$50 Nebraska. If there is no written contract, then indicate the business arrangement showing business dealing, address.	

Any changes in ownership or business structure				
Person who maintains applicant's business records	Title			
Address	Phone Number			
Person who prepares applicant's tax returns, government forms & reports	Title			
Address	Phone Number			
Location of financial books and records for applicant's business				
Applicant's Printed Name (Last Name, First Name, Middle Name)				
Signature of Applicant	Date			

## Schedule A

# STATEMENT OF PRE-OPENING CASH

Nebraska (	Gaming	<b>Operators</b>	<b>Application</b>
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A.	Fund	s Available Prior to Opening:	Totals
	1.	Current investments (attach schedule providing detail as to who invested the money and what interest in the firm or entity they received for their investment.)	\$
	2.	Current loans from lending institutions (attach schedule identifying the institution date of each loan, the terms of each loan, and original and current balance).	\$
	3.	Current loans from individuals and other business entities (attach schedule identifying the individual or business, date of each loan, the terms of each loan, and original and current balance).	\$
	4.	Anticipated investments (attach schedule providing detail as to who will invest the money and what interest in the firm or entity they will receive for their investment).	\$
	5.	Anticipated loans from lending institutions (attach schedule certifying the institution and terms of the loan).	\$
	6.	Anticipated loans from individuals and other business entities (attach schedule identifying the individuals and other business entities and the terms of each loan).	\$
Total	Funds A	Available Prior to Opening:	\$
B.	Expe	nditure or Disposition of Available Funds Prior to Opening:	
	1.	Prepaid Gaming Taxes and Licenses:  a. Federal Government Tax & Fees  b. Application Fees  c. Background Investigation Fee  d. Other (describe)	\$ \$ \$ \$
Total	Prepaid	Gaming Taxes and Licensing Related Fees	\$
	2.	Other License Fees (Attach Schedule)	\$
	3.	Incurred Expenditures for:  a. Building, Including Construction and Repair (Attach Schedule)  b. Equipment (Attach Schedule)  c. Supplies (Attach Schedule)	\$ \$ \$
		d. Attach all Other Pre-Opening Expenditures (Salaries, Advertising, Deposits, Etc.) (Attach Schedule)	\$
	4.	Anticipated Expenditures for:  a. Building, Including Construction and Repair (Attach Schedule)	\$
		b. Equipment (Attach Schedule) c. Supplies (Attach Schedule)	\$
Total	Pre-Ope	ening Cash Used	\$

C. Casl	Cash Available for Operation (A Minus B)			
Sho	v in what form this cash will be:			
a.	Bank		\$	
b.	Other Cash Register Funds		\$	
c.	c. Other (Describe) \$		\$	
Printed Full Legal Name of Agent (Last Name, First Name, Middle Name)				
Signature of Authorized Agent  Date				

<sup>\*</sup> Subsidiaries of publicly traded companies can provide audited financial statements issued pursuant to Securities and Exchange Commission guideline for Form K.

#### **Schedule B-2**

# First-Year Cash Flow Projections for Racetrack Gaming Operators Nebraska Racetrack Operators Gaming Application

Applicant's Name	Total	Gaming	Food & Beverage	Other Operations	Other Operations
Twelve-Month Period Ended	All Operations	Operations	Amount	(describe)	(describe)
1. INCOME					
2. Gross revenue (but for gaming operations show expected gross coin-in)					
<ol> <li>Cost of Sales (for gaming operations, show expected payout)</li> </ol>					
4. GROSS MARGIN (Line 2 – Line 3)					
5. DIRECT EXPENSES					
6. Cost of purchasing, leasing and/or servicing gaming machines & assoc. equip.					
7. Gaming Taxes					
8. Payroll Taxes and Benefits					
9. Payroll – Officers and Owners					
10. Payroll – Other Employees					
11. Other Direct Expenses (Describe)					
12. Total Direct Expenses (Sum of Lines 6 through 11)					
13. NET INCOME BEFORE G & A EXPENSE (Line 4 -					
Line 12)  14. GENERAL AND ADMINISTRATIVE EXPENSES					
<ul><li>15. Advertising and Promotion</li><li>16. Depreciation and Amortization</li></ul>					
17. Other Taxes and Licenses					
18. Debt Principal & Interest Expenses (Attach Schedule)			INSTRU	ICTIONS	
19. Music and Entertainment Expenses (Describe)		1 December	this sahadula tha antis	ipated results of your or	parations for a full 12
* ; , , ,		months.	uns schedule the antic	ipateuresuits of your of	perations for a full 12
		- Inchais.			
21. Payroll Taxes and Benefits		2 Round all	amounts to the nearest	ten, hundred, or thousa	and dollars,
22. Payroll – Officers and Owners		whichever	is most appropriate.		
23. Payroll – Other Employees					
24. Other G and A Expenses (Describe)		3. Attach supplementary schedules to explain or clarify assumptions used in calculating all income and expenses.		sumptions used in	
25. Total G and A Expenses (Sum of Line 15 through Line 24)					
26. NET OPERATING INCOME (Line 13 - Line 25)				andise sold. For gaming	g operations, show
27. Add Back Non-Cash Expenses (Line 16)		estimated payout only.			
28. INCREASE IN CASH from Operations (Line 26 + Line 27)		~ A 111 1		- 20) This '11	11 1
29. Add Opening Cash (From Schedule A)			non-cash expenses (lir zation expense" amou	ne 28). This will genera	my be acepreciation
30. Ending CASH (Line 28 + Line 29)		and amorti			

### **CERTIFICATION**

I,	I, <u>Applicant's Printed Name</u> applying for and accepting any license, certification, registration, ren	_, acknowledge, understand and agree that b			
(ea	applying for and accepting any license, certification, registration, ren (each a "License") from the Nebraska Racing and Gaming Commission that:				
1.	I have read the Nebraska Racetrack Gaming Act Sections 9-1101 through 9-1208 and administrative rules, plans and policies adopted or approved by the Commission (collectively "Rules"), and I understand the requirements of the Act and Rules.				
2	I have read the minimum internal controls established or approve operator licensee ("Licensee") for which I am a key person, and I internal controls, <i>OR</i> , I certify that the minimum internal control	understand the requirements of the minimum			
3.	by the Commission for use by the Licensee, and I understand th	I have read the compulsive gambling assistance plan required by the Act and Commission rules and approved by the Commission for use by the Licensee, and I understand the requirements of the compulsive gambling assistance plan, <i>OR</i> , I certify that the compulsive gambling assistance plan requirements do not apply to my jobduties.			
4.	4. I understand and agree that, as a key person, I am responsible for Rules including, where applicable to my job duties, the minimum assistance plan.	<u>*</u>			
5.	5. I am signing this Certification with the knowledge that the Licer action, including fines and/or revocation or suspension of the Li or Board rules including, where applicable to my job duties, req controls and compulsive gambling assistance plan.	cense, for failure to comply with the Act			
Pri	Printed Full Legal Name (Last, First, Middle)				
Sig	Signature (Must be notarized by notary public)	Date:			
Sta	State of				
Sul	Subscribed and sworn to before me by a	and			
	thisday of				
My	My commission expires: Signed:	Notary Public			

### **AFFIRMATION & CONSENT**

I,	Name, the entire Gaming Application, statements, attachments, and supporting
schedules are true and correct to the best of my knowledge and belief, a misrepresentation or failure to reveal information requested may be deed certification by the State of Nebraska. Further, I am aware that later disstatements may be grounds for the denial of a gaming license or certifical submitting this application on behalf of the Applicant to the Nebraska may be charged with perjury or other crimes for intentional omissions a any background investigation necessary to determine the present and colong as the Applicant holds a Nebraska gaming license or certification, as	and that this statement is executed with the knowledge that emed sufficient cause for the refusal to issue a gaming license or covery of an omission or misrepresentation made in the above ration or the revocation of the license or certification. I am voluntarily Racing and Gaming Commission under oath with full knowledge that I and misrepresentations pursuant to Nebraska law. I further consent to ontinuing suitability of the Applicant and that this consent continues as and for 90 days following the expiration or surrender of such gaming quested of the Applicant in regard to this application, and the Applicant ebraska Racing and Gaming Commission shall be entitled to collect
Applicant's Business Name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	Date
State of	
	1
Subscribed and sworn to before me by  this day of	and
My commission against Signada	

[SEAL]

Notary Public

# INVESTIGATION AUTHORIZATION (AUTHORIZATION TO RELEASE INFORMATION)

I Applicant's Printed Name	, hereby authorize the Nebraska Racing and Gaming
Commission, its employees, and/or its designee (collectively personal background, using whatever legal means they deem by the Commission to provide any and all such information rights of confidentiality in this regard.	"Commission") to conduct a complete investigation into my appropriate. I hereby authorize any person or entity contacted
I understand that by signing this authorization, a financial record to surrender to the Commission a complete and accurate resinstitution, including, but not limited to, present loan application my personal or business financial records in whatever form a	cord of such transactions that may have occurred with that ons, financial statements and any other documents relating to
I understand that by signing this authorization, a criminal his obtain, maintain, and use from any source, any information of files, wherever located. I understand that the criminal history in a disposition other than a finding of guilt (i.e., dismissed understand that the information may contain listings of charthough I successfully completed the conditions of said sentent of this type of information, even though this record may be desof state or federal law.	oncerning me contained in any type of criminal history record record files contain records of arrests that may have resulted charges, or charges that resulted in a not guilty finding.) I reges that resulted in suspended imposition of sentence, ever ce and was discharged pursuant to law. I authorize the release
The Commission reserves the right to investigate all relevant Commission may conduct a complete and comprehensive gathered. However, the State of Nebraska, the Commission, t of Nebraska shall not be held liable for the receipt, use, or dis	investigation to determine the accuracy of all information he commissioners, and other agents or employees of the State
I, on behalf of the applicant, its legal representatives, and assiby the board to any law enforcement or any regulatory agency any foreign country, or any Indian Tribe. I, on behalf of the a information could include any information contained within information found or obtained from any source, and any information, its legal representatives, and assigns, hereby release waive liability as to the State of Nebraska, the Commission, the Nebraska for any damages resulting from any use, disclosure, disclosure or publication, of any material or information acquauthorize the lawful use, disclosure, or publication of this material or information acquauthorize the lawful use, disclosure, or publication of this material or information acquauthorize the lawful use, disclosure, or publication of this material or information acquauthorize the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of this material or information acquainty to the lawful use, disclosure, or publication of the lawful use, disclosure, or publication of the lawful use, disclosure, or publication of the lawful use	of this or any other state, the government of the United States pplicant, its legal representatives, and assigns understand any my application, within any financial or personnel record, and armation maintained by the Commission. I, on behalf of the e, waive, discharge, and agree to hold harmless, and otherwise the commissioners, and other agents or employees of the State of or publication in any manner, other than a willfully unlawfulared during inquiries, investigations, or hearings, and hereby
Applicant's Business Name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature of Authorized Agent	Date
State of)	<u> </u>
County of)	
Subscribed and sworn to before me by	and

My commission expires: Signed: Notary Public

### APPLICANT'S REQUEST TO RELEASE INFORMATION

TO:	NRGC Use Only	FROM: _	Applicant's PrintedName
	0		

#### ON BEHALF OF THE APPLICANT:

- 1. I hereby authorize and request a review, full disclosure, and release of any and all information, materials, and documents concerning the applicant requested by the Nebraska Racing and Gaming Commission ("Commission"), its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
- 2. I understand that by signing this request, a financial records check will be conducted. I authorize the person named above to release to the Commission, its agents, or employees, a complete and accurate record of the applicant's financial transactions, including but not limited to internal banking memoranda, past and present loan applications, checking account records, savings deposit records, safe deposit box records, securities transactions, and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.
- 3. I authorize the Commission, its agents, or employees to determine the person or entity to whom this request is to be presented and to insert that person's or entity's name in the appropriate location in this request.
- 4. I understand that the Commission, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Commission, the State of Nebraska, and the agents and employees of either, will not be held liable for inaccurate information.
- 5. If this request is not sufficient to obtain access to certain records, I understand that I or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Commission, its agents, or employees in reviewing the application.
- 6. I understand that I may revoke this request in writing on behalf of the applicant, at any time and that the Commission, its agents, or employees may take the revocation into consideration in reviewing the application.
- 7. This request is valid for a period not to exceed 18 months from the date of execution.
- 8. I, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this request, and their agents and employees, from any and all liability arising out of or by reason of complying with this request.
- 9. A photocopy of this request will be considered as valid and effective as the original.

[SEAL]

10. Upon receipt by the Commission of a written request indicating an application in another jurisdiction for a gaming related license or permit, I/we consent to the disclosure of confidential information compiled by the Commission in connection with my Commission application to any law enforcement or any regulatory agency in that other jurisdiction, including any other state, the government of the United States, foreign country or Indian Tribe.

Notary Public

# NEBRASKA RACING AND GAMING COMMISSION

5903 Walker Ave, Lincoln, NE 58507

#### REOUEST FOR FINANCIAL RECORDS AND RELEASE FROM LIABILITY

Name of Financial Institution		
Address		
City, State, Zip		
Re: Account Number:	Loan Number:	
Account Number:	Loan Number:	
Account Number:	Loan Number:	
Account Number:	Loan Number:	
REQUEST FOR FINANC	IAL RECORDS AND RELEASE	FROM LIABILITY
Applicant's Business Name		, does hereby request and direct
that you disclose to the Nebraska Racing a	evious six (6) months Account Stateme	aployees and/or designees our financial records, ents for checking and/or savings, current status, for each loan.
	do hereby	release, absolve and forever hold
Printed Name of Requesting Party harmless your financial institution together said disclosure of financial records.	with its Agents and employees from any	and all causes of action accrued to me as a result of
	Signature of I	Requesting Party
		Title
STATE OF	)	
COUNTY OF	) )	
Subscribed and sworn to before me this	day of	, 20
(SEAL)		
		Notary Public
	My Commission E	xpires:

# ADDITIONAL REQUIREMENTS FOR GAMING OPERATOR LICENSE APPLICANTS

1	BU	SINESS PLAN
	An	applicant for a gaming operator's license must submit with the application a proposed business plan for the conduct of
	gan	ning. The plan must include, at a minimum, <u>all</u> of the following elements, <u>in the order shown below</u> .
		Architectural Plans and specifications. The plans, drawings, and specifications for the construction, furnishing, and equipping of the Gaming Facility, including, but not limited to, detailed specifications and illustrative drawings or models depicting the proposed size, layout and configurations of the component parts of the facility, including electrical and plumbing systems, engineering, structure, and aesthetic interior and exterior design as are prepared by one or more
	_	licensed professional architects and engineers.
		The total estimated construction cost of the gaming facility proposed by the applicant distinguishing between known costs and projections, and separately identifying:  (1) A facility design expense;  (2) Land acquisition or site lease costs;
		(3) Site preparation costs;
		(4) Construction cost or renovation cost;
		(5) Equipment acquisition cost;
		<ul><li>(6) Cost of interim financing;</li><li>(7) Organization, administrative and legal expenses; and</li></ul>
		(8) Projected permanent financing costs.
		An estimated timetable for the proposed financing arrangements through completion of construction.
		The construction schedule proposed for completion of the Gaming Facility including therein projected dates for completion of construction and commencement of Gaming Activities and indicating whether the construction contract includes a performance bond.
		Explanation and identification of the source or sources of funds for the construction of the Gaming Facility.
		A general description of the type and number of Gaming Devices proposed for operation.
		Generic description of the games to be played on the machines and the proposed placement of the machines in the Gaming Facility.
		Proposed administrative, accounting, and internal controls procedures, including monetary control operations.
		A general promotion and advertising plan. A general description of the amounts, kinds and types of general promotion and advertising campaign(s) which will likely be undertaken by the applicant including information whether any national or regional advertising will occur, the medium(s) which may be used, the proposed market and whether any other facility or activity except the Gaming Facility will be included in such advertising.
		Proposed security plan in accordance with Chapter 6 of the Racetrack Gaming Rules.
		Proposed staffing plan for gaming operations, provided that such plan is updated at least one-hundred-twenty (120) days
		prior to the proposed opening date of the Gaming Facility to include the identification of those employees proposed for a
		position that may require a Level I Occupational License.
		Method to be used for prize payouts (i.e. annuity, lump sum, cash, reward credits).
		Details of any proposed progressive systems.
		Organizational chart depicting appropriate segregation of functions and responsibilities.
		Description of the duties and responsibilities of each position shown on the organizational chart.
		Written statement signed by the licensee's chief financial officer and either the licensee's chief executive officer or a licensed owner attesting that the system satisfies statutory requirements.
	_	If the written system is submitted by an applicant, a letter from an independent certified public accountant stating that the applicant's written system has been reviewed by the accountant and complies with statutory requirements.
		Staffing plan for gaming operations, including identification of key persons and employees.  Details of escrow account(s).
	님	Details of depository account for payment of gaming taxes.
		Gaming machine payment provisions including copies of all contracts to purchase gaming machines.
	님	Compulsive gambling assistance plan in accordance to Chapter 12 of the Rules and Regulations for Racetrack Gaming.
	님	Plans for training and deterring of a human tracking.
		Insurance requirement according to 3.018 of the Rules and Regulations for Racetrack Gaming.

☐ Schedule of live race days and live races during licensed race meets for the previous and current calendar ☐ Attach copy of any business license, liquor license, or any other regulated license.	years.

# ADDITIONAL INFORMATION REQUIRED FOR GAMING OPERATORS LICENSE RELATING TO POSSESSION OF LICENSED PREMISES

Provide the following information if the applicant leases all or part of the proposed licensed premises. Use additional she necessary.	eets, if
Name, address and brief statement of the nature of business of the lessor of the premises	
Brief description of the material terms of the lease	
Statement describing any business relationships between the applicant and the lessor other than the lease	
If an applicant owns all or part of the premises on which gaming is proposed, fully disclose below complete information the interest held by any other person, including an interest held under any mortgage, deed of trust, bond or any other inst	about rument

Appendix A OWNERS	SHIP STRUC	CTURE EXA	MPLE				
DBF CASINO CORP. —A privately	held company (Appl	licant)					
Affiliated Person	Title	incurre)	Ownership	Effectiv	e Own.		
Sarah Braunis	President		50%	50%	• • • • • • •		
Dewey Cheatham	Shareholder		20%	20%			
Elvis Ganzemacher	Director		0%	0%			
TWF Gaming Inc.	Director		30%				
Mervyn P. Merdstone	CEO		(50%)	30% 15%			
KMA Enterprises	CEO		(50%)	15%			
Rhoda Reuter	O+++++ 0#		((100%))	15%			
Knoda Keuter	Owner		((100%))	1370			
Name		Title	SSN/FEIN	Date of Bir	rth	App Submitted?	
SARAH BRAUNIS		PRESIDENT	########	#######	##	X YES □ NO	
Address (city, state, zip)				Phone			
2323 MOCKINGBIRD LANE, YRE	-				(666) 666-1212		
Business Affiliated With (Parent business or sub DBF CASINO CORP.	entity)		Own. % in Business Affiliated	11			
Name		Title	50.0% SSN/FEIN	Date of Bir	50.0%	App Submitted?	
DEWEY CHEATHAM		SHAREHOLDER	######################################	######################################		X YES NO	
Address (city, state, zip)		SHAKEHOLDEK	#########	Phone	##	E IES E NO	
1616 COLFAX AVE., DENVER, CO	80222			(303) 55	5-2222		
Business Affiliated With (Parent business or sub			Own. % in Business Affiliated			Own. % in Applicant	
DBF CASINO CORP.			20.0%		20.0%		
Name		Title	SSN/FEIN	Date of Bir	th	App Submitted?	
ELVIS GANZEMACHER		DIRECTOR	########	#######	#### X YES 🗆		
Address (city, state, zip) 444 TROPICANA DR., LAS VEGAS, NV 89111				Phone (702)555-4444			
Business Affiliated With (Parent business or sub	entity)		Own. % in Business Affiliated	l With	Effective C	Own. % in Applicant	
DBF CASINO CORP.			0.0%		0.0%		
Name		Title	SSN/FEIN	Date of Bir	th	App Submitted?	
TWF GAMING INC.		SHAREHOLDER	#########			X YES □ NO	
Address (city, state, zip) 2700 BROADWAY NE, JAL, NM 8	7001			Phone (505) 55	5 7870		
Business Affiliated With (Parent business or sub			Own. % in Business Affiliated	( 505) 555-7879 ated With Effective Own. % in Applicant			
DBF CASINO CORP.	, chary)		30.0%	. ** 1411	30.0%	wii. 70 iii rippiicant	
Name		Title	SSN/FEIN	Date of Bir	th	App Submitted?	
MERVYN P. MERDSTONE		CEO	########	#######	##	X YES NO	
Address (city, state, zip) 1313 BLUEVIEW TERRACE, ANTON CHICO, NM 87333				Phone (505) 555-1300			
Business Affiliated With (Parent business or sub			Own. % in Business Affiliated				
TWF GAMING INC.	• /		50.0%	50.0%		11	
Name		Title	SSN/FEIN	Date of Bir	th	App Submitted?	
KMA ENTERPRISES		SHAREHOLDER	########			X YES □ NO	
Address (city, state, zip)				Phone			
2709 CALLE WISTFUL VISTA, GA				(505)55			
Business Affiliated With (Parent business or sub	entity)		Own. % in Business Affiliated	l With		Own. % in Applicant	
TWF GAMING INC.		Title	50.0% SSN/FEIN	Date of Bir	15.0%	App Submitted?	
RHODA REUTER		OWNER	######################################	######################################		X YES NO	
Address (city, state, zip)		O III ILIK		Phone		_ 125 _ 110	
4700 WEST 59TH ST, PIE TOWN, NM 87876 (505) 555-1616							
Business Affiliated With (Parent business or sub			Own. % in Business Affiliated	` ′		Own. % in Applicant	
KMA ENTERPRISES			100.0%		15.0%		