

EXHIBIT SECTION

- If necessary, copy exhibits to provide additional information.
- Please initial each page in the upper left corner in the space provided.
- If there are no changes to a specific exhibit, please check “NO CHANGES” in the upper right in the space provided.
- Exhibits 1 through 21 are formatted for landscape view.

INITIAL: _____

NO CHANGES

EXHIBIT 1A: INCORPORATORS/FOUNDERS

Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

INITIAL: _____

NO CHANGES

EXHIBIT 1B: CURRENT ADDRESSES OF APPLICANT

Address specific use		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Address specific use		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Address specific use		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

INITIAL: _____

NO CHANGES

EXHIBIT 1C: OTHER NAMES AND ADDRESSES OF APPLICANT (Past 10 years)

Other Name (if applicable)		
Address specific use		
Address Line 1	Address Line 2	date at address
City	State/Province	Postal Code
Country	Phone number	

Other Name (if applicable)		
Address specific use		
Address Line 1	Address Line 2	date at address
City	State/Province	Postal Code
Country	Phone number	

INITIAL: _____

NO CHANGES

EXHIBIT 1(D): ALL BUSINESSES OPERATED BY THE APPLICANT

Name of Business		Operated From Date/To Date	Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person		Contact Number
Description of the Business and the Businesses activities				

INITIAL: _____

NO CHANGES

EXHIBIT 1(E): ALL HOLDING COMPANIES, INTERMEDIARY COMPANIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES

Name of Business		Operated From Date/To Date		
State if Holding, Intermediary, Subsidiary, Affiliate or other (if other, state type of business)		Federal Identification Number/Social Security Number/Tax Identification Number		
Address last 10 years				
Address Line 1	City	State	Postal Code	Contact Number
Description and Activities of Business				
Form Of Organization (Check One)				
___ Sole Proprietorship ___ Partnership ___ Limited Partnership ___ C-Corporation ___ Limited Liability Company ___ S-Corporation ___ Trust ___ Other (Describe) _____				

INITIAL: _____

NO CHANGES

EXHIBIT 2: CURRENT PRINCIPALS

Name, Home Address & Business Address of Director, Partner, Officer or Trustee					
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth	Social Security Number
Home Address Line 1		Home Address Line 2			
City		State/Province		Postal Code	
Country		email address		Contact number	
Business Address Line 1		Business Address Line 2			
City		State/Province		Postal Code	
Country		Business email address		Business Contact number	

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation from the applicant	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

INITIAL: _____

NO CHANGES

EXHIBIT 3: COMPENSATION OVER \$150,000

Name, Home Address & Business Address of Principals				
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address		Contact number	
Business Address Line 1		Business Address Line 2		
City	State/Province		Postal Code	
Country	Business email address		Business Contact number	
Title/Position	Annual Compensation & Value		Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)	

INITIAL: _____

NO CHANGES

EXHIBIT 4: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Plan		
Name of Plan		
Trustee Name		
Address Line 1		Address Line 2
City	State	Postal Code
Country	Email address	Contact Number
Plan Specifications		
Material Specifications of Plan		
Method of Financing Plan		
Class of Person in Plan	Number of Individuals in each Class	Amount Distributed to each class during the last fiscal year Plan was in effect

INITIAL: _____

NO CHANGES

EXHIBIT 5: STOCK OR UNIT DESCRIPTION (Corporations (C & S), LLC's)

Stock Types/Classes					
Stock Type/Class	Number of shares/units Authorized	Number of Shares/Units Issued	Number of Shares Outstanding	Voting/Non-voting? (list all voting stocks first and then non-voting stock)	Term, Conditions, Rights etc. of Stock/Units
Is any right of a shareholder able to be modified by less than a majority vote of a particular class? If so, explain in the space below.					

INITIAL: _____

NO CHANGES

EXHIBIT 6: VOTING AND NON-VOTING SHAREHOLDERS/MEMBERS

Name, Home Address & Business Address					
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth	Social Security Number
Home Address Line 1		Home Address Line 2			
City		State/Province	Postal Code		
Country		email address	Contact number		
Business Address Line 1		Business Address Line 2			
City		State/Province	Postal Code		
Country		Business email address	Business Contact number		

Stock Types/Classes				
Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights etc. of Stock (voting, non-voting, convertible)

INITIAL: _____

NO CHANGES

EXHIBIT 7: INTEREST OF CURRENT PARTNERS

Name, Home Address & Business Address					
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth	Social Security Number
Home Address Line 1		Home Address Line 2			
City		State/Province		Postal Code	
Country		email address		Contact number	
Business Address Line 1		Business Address Line 2			
City		State/Province		Postal Code	
Country		Business email address		Business Contact number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Date Acquired interest	Please explain participation in Applicants business, if any
<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent etc. Partner <input type="checkbox"/> Nominal Partner <input type="checkbox"/> other: _____			

INITIAL: _____

NO CHANGES

EXHIBIT 8: HOLDER(S) AND EXTENT OF LONG TERM DEBT

Type of instrument (place X next to type)	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable(State One)
<input type="checkbox"/> Bond <input type="checkbox"/> Note <input type="checkbox"/> Loan <input type="checkbox"/> Credit line <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder/Partner Loan <input type="checkbox"/> other _____					
Explain type, class, terms, conditions and priorities etc. for the debt instrument					
Name and Address of Person Holding Debt					
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth	
Home Address Line 1			Home Address Line 2		
City	State/Province			Postal Code	
Country	email address		Contact number		
Current balance of this debt					

INITIAL: _____

NO CHANGES

EXHIBIT 9: HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES

Type of Instrument	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable(State One)
Explain type, class, terms, conditions and priorities etc. for the debt instrument					
Name and Address of Person Holding Debt					
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth	
Home Address Line 1			Home Address Line 2		
City	State/Province			Postal Code	
Country	email address		Contact number		
Current balance of this debt					

INITIAL: _____

NO CHANGES

EXHIBIT 10: SECURITIES OPTIONS - DESCRIPTION

Option Name	Security Type	Option Grant Years	Option Expiration Date
Explain how the option holder will or may become entitled to exercise option			

Option Name	Security Type	Option Grant Years	Option Expiration Date
Explain how the option holder will or may become entitled to exercise option			

INITIAL: _____

NO CHANGES

EXHIBIT 11: BENEFICIAL OWNERS OF SECURITY OPTIONS

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business email address	Business Contact number	

Beneficial Owner List of Options						
Security Option Name	Security Type	Option Grant Years	Option Expiration Date	Number of Voting Shares Granted	Number of Non-voting Shares Granted	Value at Issuance

INITIAL: _____

NO CHANGES

EXHIBIT 13: FINANCIAL INSTITUTIONS

Name of Institution		Federal Identification Number
Address Line 1	Address Line 2	
City	State/Province	City
Country	email address	Contact Number

Accounts at the Financial Institution

Account Number	Account Type	Purpose of Account	Purpose of Closing	Date Opened and Closed

INITIAL: _____

NO CHANGES

EXHIBIT 14: APPLICANT STOCK HOLDINGS

NAME AND ADDRESS OF COMPANY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP MORE THAN 2%	Voting or Non-voting stock (List Voting Stock First)

INITIAL: _____

NO CHANGES

EXHIBIT 15: CRIMINAL HISTORY

NAME OF MEMBER OF BOARD OF DIRECTORS, PARTNER, OFFICER, OR TRUSTEE OR ENTITY	NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE

INITIAL: _____

NO CHANGES

EXHIBIT 16: INVESTIGATIONS, TESTIMONY OR POLYGRAPHS

NAME OF MEMBER OF BOARD OF DIRECTORS, PARTNER, OFFICER, OR TRUSTEE OR ENTITY	NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
Type of Proceeding or Investigation					

NAME OF MEMBER OF BOARD OF DIRECTORS, PARTNER, OFFICER, OR TRUSTEE OR ENTITY	NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
Type of Proceeding or Investigation					

INITIAL: _____

NO CHANGES

EXHIBIT 17: EXISTING AND PAST LITIGATION

Name of case and docket number	Name and address of law court involved in litigation	Name of all parties involved in litigation	Nature of Claim(s) and judgment (if judgment has been rendered)

INITIAL: _____

NO CHANGES

EXHIBIT 18: ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY

AND REGULATORY VIOLATIONS

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Offense
Nature Of Offense		
Disposition of Action		
Nature Of Judgment, Decree Or Order		

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Offense
Nature Of Offense		
Disposition		
Nature Of Judgment, Decree Or Order		

INITIAL: _____

NO CHANGES

EXHIBIT 19: BANKRUPTCY OR INSOLVENCY PROCEEDINGS

Date Petition Filed Or Relief Sought	Date Judgment Entered	Name And Address Of Court Or Agency
Title Of Case And Docket Number		Name And Date Appointed Of Court Appointed Receiver, Agent Or Trustee
Nature Of Judgment Or Relief		

INITIAL: _____

NO CHANGES

EXHIBIT 20: LICENSES (Gaming and Non-gaming. Please list Gaming licenses.)

Jurisdiction – Name and Location of Government Agency	License/Application Type	Disposition: (Granted, Denied, Pending, Expired, Revoked, Withdrawn, etc.)
License / Permit Number	License Term	If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Provide Why and on What Date.

Jurisdiction – Name and Location of Government Agency	License/Application Type	Disposition: (Granted, Denied, Pending, Expired, Revoked, Withdrawn, etc.)
License / Permit Number	License Term	If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Provide Why and on What Date.

INITIAL: _____

NO CHANGES

EXHIBIT 21 CONTRIBUTIONS AND DISBURSEMENTS

(Check responsive to Question: 21(A) _____ 21(B) _____ 21(C) _____ 21(D) _____)

Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr, etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	

EXHIBIT 22 APPLICANT'S REQUEST TO RELEASE INFORMATION

(Applicant's Printed Name)

The above-named entity is an Applicant (hereinafter referred to as "Applicant") for a Video Lottery Sales Agent License with the Ohio Lottery Commission ("Commission"), whose principal office is located at 615 W. Superior Ave, N.W., Cleveland, Ohio 44113. This document provides the Commission with the necessary authorization to conduct investigations of the Applicant. It also provides the issuing agency with the applicable request, consent, and release of information notifications (hereinafter referred to as "Authorization and Notification ") in connection with the Applicant's Video Lottery Sales Agent License Sales Agent Application with the Commission.

Having filed an Application for a Video Lottery Sales Agent License dated _____ with the Commission, the Applicant hereby gives its authorization and consent to the Commission, including but not limited to, its commissioners, employees, agents, consultants and designees (hereinafter collectively referred to as "Agent"), to conduct full investigations into the background and records, whether financial, criminal or otherwise, of the Applicant in connection with its Video Lottery Sales Agent License Application, and to make inquiries and request and obtain such information from other third parties as, in the sole discretion of the Commission or its Agent, is necessary to such investigation. The Applicant acknowledges and agrees that the Commission may conduct all or part of such investigations and reviews on its own accord or may enlist the services of other entities as its Agent to conduct these investigations. The Applicant even further authorizes the use of any such information in the course of the Commission's investigation and evaluation of the Applicant's Video Lottery Sales Agent License Application in connection with video lottery gaming operations.

The Applicant hereby authorizes the release of any and all information pertaining to the Applicant, whether it be documentary or otherwise, as requested by the Commission or its Agent, provided that the Commission's representative certifies to the issuing entity that the Applicant has a Video Lottery Sales Agent License Application pending before the Commission. This Authorization and Notification requests any and all persons and every present or former firm, company, corporation, governmental entity, association, institution, or other third party to whom this request is presented having personal knowledge and opinions about the Applicant or knowledge or control of any information, documents, records, correspondence, or data (including, but not limited to, criminal and financial history and record information, i.e., account, note and general ledger), pertaining to the Applicant, to reveal, furnish copies, and release to the Commission or its Agent, any and all information, opinions, knowledge, documents, records or other data in their possession regarding the Applicant, whether of a privileged or confidential nature or whether or not such information would otherwise be protected from the disclosures by any constitutional statutory or common law privilege. Without limiting the previously described authorization, the Applicant specifically authorizes the release of information concerning gaming and gambling activities related to video lottery terminals. The Applicant hereby authorizes all such persons to answer any inquiries, questions, or interrogatories concerning the Applicant, which may be submitted to them by or on behalf of the Commission.

In consideration for the issuing entity gathering and disclosing such information, the Applicant further specifically waives absolutely any privileges, other than attorney-client privilege it may have and confidential relationship or privacy positions that may exist which may be applicable to any documents or information sought from the issuing entity pursuant to this Authorization and Notification. Notwithstanding the foregoing, any shared information which is confidential proprietary or trade secret information shall not be subject to inspection or copying under 149.43 of the Revised Code as a public records unless the Applicant otherwise provides its written consent. The Applicant hereby releases the Commission and its Agent, from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to the Applicant's Video Lottery Sales Agent License Application. Moreover, the Applicant hereby discharges, saves, and holds harmless the Commission and its Agent from any and all claims and damages, as well as any responsibility or liability of every nature and kind, resulting from or arising out of the Commission's investigation. In addition, the Applicant hereby releases the issuing entity and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this Authorization and Notification and request and/or furnishing, inspecting, disclosing, and using such opinions, knowledge, documents, records, or other data. Any shared information which is confidential proprietary or trade secret shall not be subject to inspection or copying under 149.43 of the Revised Code as a public records unless otherwise provides written consent.

The Applicant waives all right to inspect or review any information compiled in reference to its Video Lottery Sales Agent License Application. The Applicant authorizes the Commission and its Agent to release copies of any and all information to any agency or entity regulating the Applicant or licensee to include, but not limited to: Ohio State Patrol, and other law enforcement offices (police department or sheriff's office) in the State of Ohio, Ohio Attorney General's Office, agencies of other states, the federal government and any foreign government or any foreign or Domestic entities.

The Applicant authorizes that a photocopy or facsimile copy of this Authorization and Notification, or any other copy, be effective and accepted with the same authority, validity, and legality as the original instrument bearing the signature of an Applicant's officer or director, and the Applicant specifically waives any written authorized request. The Applicant acknowledges and understands that this Authorization and Notification consists of a two (2) page document that will become part of the Applicant's Video Lottery Sales Agent License Application.

This Authorization and Notification is limited to the Applicant's Video Lottery Sales Agent License Application or Video Lottery Sales Agent License with this Commission and shall supersede and countermand any prior request or notification to the contrary by the Applicant. This Authorization and Notification shall be valid for this Application and any future investigations, reports or updates that may be requested by the Commission, and if a video license is issued to Applicant, this Authorization Notification shall extend and be effective during the term of any issued Video Lottery Sales Agent License.

The Applicant has read and fully understands the above consents and authorizations. By affixing a signature below, the Applicant authorizes any duly noted representative of the Commission or its Agent to request information about the Applicant from entities for the purpose of determining the Applicant's eligibility to obtain and retain a Video Lottery Sales Agent License.

Print name of applicant or designate representative or signatory	Title
Signature:	Date:

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individual appeared in person, for and behalf of himself/herself and the Applicant, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification for and on behalf of himself/herself and the Applicant.

This _____ day of _____, 20____, and to which witness my hand and seal.

STAMP OR SEAL

Notary Public

Printed Name

My commission expires _____, 20_____