



APPLICATION FOR LICENSE TO DISTRIBUTE GAMING EQUIPMENT AND/OR SUPPLIES

(Including Pull Tabs or Other Gaming Devices)

OFFICE OF ATTORNEY GENERAL

LICENSING SECTION

SFN16021 (Rev. 03-2004)

Name of Applicant		Telephone No.	
Mailing Address	City	State	Zip Code
Name of Business (if different)		Telephone No.	
Address of Main Office	City	State	Zip Code
Distributing Business is a:	Sole Proprietorship Limited Partnership	Partnership Limited Liability Company	Corporation General Partnership Limited Liability
If Business Is A Partnership - list names of all partners.			

Attach a separate sheet if more space is needed.

1. If CORPORATION, list corporate officers; If GENERAL PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, or LIMITED PARTNERSHIP, list general partners, limited partners, individual partners; If LIMITED LIABILITY COMPANY, list managers, governors, or individual members.

NAME	TITLE	ADDRESS	STATE	ZIP CODE

2. List Shareholders having 5% or more financial interest in the Distributorship: (Attach additional sheets if necessary)

Name of Shareholder	Percent of Share
	%
	%
	%
	%

3. List all states in which applicant is licensed as a gaming distributor:

4. Has applicant ever been denied a gaming distributor's license?
 Yes No If Yes, list the state(s):

5. List all Employees of the Distributorship: (Attach additional sheets if necessary)

Name of Employee	Name of Employee

6. LOCATIONS OF OFFICE(S), WAREHOUSE(S) OR OTHER OUTLET(S) OF THE APPLICANT DISTRIBUTING BUSINESS:

Name of Place	Activity	Complete Address (Street, Number, City, State, Zip Code)

7. List all businesses that are or will be manufacturing or distributing pull tabs and/or gaming devices, equipment or supplies in which the applicant owner(s), partner(s), officer(s), corporate director(s), or spouse of any has any financial interest.

Name of Business		Product Distributed		
Address		City	State	Zip Code
Person Having Interest	Relationship to Distribution Business		Type/Amount of Interest	
Name of Business		Product Distributed		
Address		City	State	Zip Code
Person Having Interest	Relationship to Distribution Business		Type/Amount of Interest	

8. List any other business, organization, association or corporation in which the applicant owner(s), partner(s), officer(s), corporate director(s), or spouse has any financial interest.

Name of Business		Product or Activity		
Address		City	State	Zip Code
Person Having Interest	Relationship to Distribution Business		Type/Amount of Interest	
Name of Business		Product or Activity		
Address		City	State	Zip Code
Person Having Interest	Relationship to Distribution Business		Type/Amount of Interest	
Name of Business		Product or Activity		
Address		City	State	Zip Code
Person Having Interest	Relationship to Distribution Business		Type/Amount of Interest	

9. PROPERTY

Does the applicant own the premises which will be used for the distribution of gaming equipment and supplies? Yes No
 If yes, submit a copy of a document proving ownership. (if current document is on file with our office, please indicate.) If no, submit a copy of your lease agreement.

DIRECTIONS

Read the INSTRUCTIONS carefully before completing this application.

Type or print all answers.

Be sure you have attached all required information and documentation.

The FEE for this license is \$1500. Make your check payable to "OFFICE OF ATTORNEY GENERAL".

SIGNATURES: If applicant is a partnership, all partners must sign.

ALL QUESTIONS MUST BE ANSWERED OR MARKED N/A IF NOT APPLICABLE. if information is omitted, the form will be returned to you. *This will delay processing your application.* If you need more space for answers, attach separate sheets in the same format as found on this form. Label all attachments.

I have read this application and all the information attached to it which is now submitted to the OFFICE OF ATTORNEY GENERAL. All the information submitted with and for this application is true, accurate and complete. All required information has been disclosed.

I am authorized to submit this application and I assume full responsibility for the fair and lawful operation of all activities conducted under the license for which this application is made.

I consent to allow the North Dakota Attorney General or the Attorney General's agents to enter and inspect the facility in which gaming equipment and supplies are distributed.

 Print or Type Name

 Title

 Signature

 Date Signed

SEND THE APPLICATION, LICENSE FEE, AND ATTACHMENTS TO:

OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 600 E BOULEVARD AVE DEPT. 125
 BISMARCK, ND 58505-0040

(OVER)

INSTRUCTIONS

The following documents must be submitted when applying for a License to Distribute Gaming Equipment and/or Supplies

Completed application (SFN 16021); must be signed by proper individual (refer to 'directions').

Request for Record Check (SFN 50424) (ONE TIME ONLY)

- a. Corporations LLC, etc.: One for each corporate officer or member, and shareholder of 5% or more.
- b. Partnership or Individuals: One for each partner or individual.
- c. One for each new employee.

Partnership; attach a copy of any currently effective written partnership agreement(s). Attach full details on any oral agreements between partners with respect to operation of the business.

Corporation LLC, etc.; attach a copy of your North Dakota Corporate Certificate, or Certificate of Organization, or Partnership Registration (new applicants only)

Attach a copy of any lease or rental agreement for the premises where distribution of pull tabs or gaming devices will be headquartered. If the agreement is oral, explain in detail the terms of the agreement. If the agreement is in writing, attach a copy of the lease or rental agreement.

Attach information or documentation of all existing loans, contract agreements, mortgages, security agreements or other financial obligations between the applicant owners or partners, any officer, director, or manager, and any other licensee including manufacturer and gaming organizations of the Gaming Division, Office of Attorney General, State of North Dakota.

License fee of \$1,500.00.