

# **Kansas Racing and Gaming Commission**



## **Business Entity Disclosure**

**Kansas Racing and Gaming Commission  
700 SW Harrison, Suite 420  
Topeka, KS 66603-3754  
Phone: 785-296-5800  
Fax: 785-296-0900**



**Kansas Racing and Gaming Commission**  
 700 SW Harrison, Suite 420  
 Topeka, KS 66603-3754  
 (785) 296-5800

**BUSINESS ENTITY DISCLOSURE FORM**

Applicants must submit an original and three copies of all forms and attachments to the Kansas Racing and Gaming Commission. All information on the enclosed forms shall be typed or printed legibly in **black ink**, except initials and signatures. The applicant must use **blue ink** when signing, dating or initialing any page of the application. All forms must be properly signed and notarized. No applicant shall provide false information on any application form or to any commission staff.

**Application Type** (check the appropriate boxes):

- This is an initial application for:
  - a lottery facility manager certification       a racetrack facility manager certification
  - a gaming supplier certification                       a non-gaming supplier certification
- This is a renewal application for:
  - a lottery facility manager certification       a racetrack facility manager certification
  - a gaming supplier certification                       a non-gaming supplier certification

Expiration date of current certification: \_\_\_\_\_ Current certification number: \_\_\_\_\_

- This form is submitted because this enterprise has been identified as a holding company or principal stockholder of \_\_\_\_\_

*If the enterprise noted above is not an applicant for a gaming supplier license or non-gaming supplier license, please identify the enterprise that is the applicant and for which this form is being prepared as part of that application.*

**SECTION 1: ENTERPRISE INFORMATION**

Please provide the following information about the enterprise.

**Name of enterprise.** Do not abbreviate. List the name as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other documents.

\_\_\_\_\_  
 NAME

D/B/A or any trade names:

\_\_\_\_\_  
 NAMES

\_\_\_\_\_  
 NAMES

\_\_\_\_\_  
 NAMES

**SECTION 1: ENTERPRISE INFORMATION (CONTINUED)**

**All Other Names.** List all other names under which the enterprise has done business and give approximate time periods during which such names were being used.

_____	_____	_____
NAME	FROM	TO
_____	_____	_____
NAME	FROM	TO
_____	_____	_____
NAME	FROM	TO
_____	_____	_____
NAME	FROM	TO
_____	_____	_____
NAME	FROM	TO

**Contact Person.** Person to be contacted in reference to these forms:

\_\_\_\_\_

NAME

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

TITLE PHONE FAX NO. (IF AVAILABLE)

**Addresses.** The principal address of the enterprise:

\_\_\_\_\_

STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

COUNTRY PHONE FAX NO. (IF AVAILABLE)

**Mailing address,** if different:

\_\_\_\_\_

PO BOX or LOCATION (NUMBER/STREET) CITY STATE ZIP

The address from which the enterprise will be conducting business:

\_\_\_\_\_

STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

PHONE FAX NO. (IF AVAILABLE)

**SECTION 1: ENTERPRISE INFORMATION (CONTINUED)**

**All Other Addresses.** State all other addresses that were not disclosed above but are presently held by the enterprise from which the enterprise is presently doing business. Should you require additional space, complete *Supplement for Section 1A* and use as many copies as necessary.

STREET LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
STREET LOCATION	CITY	STATE	ZIP
STREET LOCATION	CITY	STATE	ZIP
STREET LOCATION	CITY	STATE	ZIP
STREET LOCATION	CITY	STATE	ZIP
STREET LOCATION	CITY	STATE	ZIP

**Former Addresses.** State all addresses, other than those listed above, that the enterprise held or from which it was conducting business during the last ten years, and give the approximate time periods during which such addresses were held. Should you require additional space, complete *Supplement for Section 1B* and use as many copies as necessary.

STREET LOCATION	CITY	STATE	ZIP	FROM	TO
STREET LOCATION	CITY	STATE	ZIP	FROM	TO
STREET LOCATION	CITY	STATE	ZIP	FROM	TO
STREET LOCATION	CITY	STATE	ZIP	FROM	TO
STREET LOCATION	CITY	STATE	ZIP	FROM	TO
STREET LOCATION	CITY	STATE	ZIP	FROM	TO

**SECTION 2: DESCRIPTION OF ENTERPRISE**

A. Specify the business form of this enterprise (i.e., corporation, partnership, trust, joint venture, sole proprietorship or otherwise).

B. Attach a copy of the certificate of incorporation and all amendments, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the enterprise, if any. This document must be labeled as *Supplement for Section 2B*.

C. If the enterprise is a publicly traded corporation, indicate the exchange it is traded on and the stock symbol:

\_\_\_\_\_  
EXCHANGE

\_\_\_\_\_  
STOCK SYMBOL

D. Provide your enterprise's Federal Employer Identification Number (FEIN#).

\_\_\_\_\_  
FEIN #

Check this box if the enterprise has applied for but not received a FEIN#.

E. Provide Social Security Number (SSN#) for sole proprietor, if applicable.

\_\_\_\_\_  
SSN #

F. List all disciplinary actions commenced and sanctions imposed on the enterprise. Include the name of the jurisdiction and licensing entity that imposed the action or sanction. Should you require additional space, complete *Supplement for Section 2F* and use as many copies as necessary.

DISCIPLINARY ACTION	
ACTION	DATE
SANCTIONS IMPOSED	
JURISDICTION	LICENSING ENTITY

DISCIPLINARY ACTION	
ACTION	DATE
SANCTIONS IMPOSED	
JURISDICTION	LICENSING ENTITY

## **SECTION 2: DESCRIPTION OF ENTERPRISE (CONTINUED)**

G. List all affiliated racing or gaming enterprises on *Supplement of Section 2G*. Include the name and address of the affiliate, the location of the racing or gaming enterprise, the name of the jurisdiction the affiliate is licensed by, and all disciplinary actions commenced and sanctions imposed on the affiliate enterprise. Should you require additional space, make as many copies of the supplement as necessary

## **SECTION 3: DESCRIPTION OF PRESENT BUSINESS**

On *Supplement for Section 3* describe the business presently conducted and the business intended to be conducted by the enterprise and its parent, holding, subsidiary, and intermediary companies and the general development of such business during the past five years. In answering, describe the following:

- A. Competitive conditions in the industry or industries involved and the relative position of the enterprise to its competitors.
- B. The principal products produced and services rendered by the enterprise and its parent, intermediary and subsidiary companies, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the enterprise.
- D. The importance to the enterprise and the duration and effect of all material patents, trademarks, licenses, franchises, and concessions held.
- E. If the enterprise is conducting or intends to conduct both gaming related and non-gaming related business, separately list and describe the gaming related goods or services and the non-gaming related goods or services.

## **SECTION 4: DESCRIPTION OF FORMER BUSINESS**

On *Supplement for Section 4* describe any former business, not listed in response to Section 3, that the enterprise or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

**A. Internet wagering.** On *Supplement for Section 4A* list and describe any internet wagering associated with the enterprise, any parent, intermediary, subsidiary or affiliated company. Also indicate the approximate time period during which wagers were conducted. Include a description of any court action, civil or criminal, administrative proceedings, or any jurisdictional agreements in existence, past or present, for each such company in any jurisdiction.

## **SECTION 5: STOCK DESCRIPTION FOR CORPORATIONS**

Describe below the nature, type, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, by the corporation including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) as of this date. If the right of holders of any class of stock may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, provide an explanation.

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**SECTION 6: SHAREHOLDERS**

Identify each person or entity having at least a 0.5% interest in any stock issued by the corporation. Should you require additional space, complete *Supplement for Section 6* and use as many copies as necessary. **This information must be provided as of a date no more than sixty (60) days prior to the date of this application.**

<b>SHAREHOLDER</b>			
NAME _____	_____/_____/_____ DATE OF BIRTH		
ADDRESS _____	CITY _____	STATE _____	ZIP _____
CLASS OF NON-VOTING STOCK _____	NUMBER OF SHARES HELD _____	% OF OUT STANDING STOCK _____	

<b>SHAREHOLDER</b>			
NAME _____	_____/_____/_____ DATE OF BIRTH		
ADDRESS _____	CITY _____	STATE _____	ZIP _____
CLASS OF NON-VOTING STOCK _____	NUMBER OF SHARES HELD _____	% OF OUT STANDING STOCK _____	

<b>SHAREHOLDER</b>			
NAME _____	_____/_____/_____ DATE OF BIRTH		
ADDRESS _____	CITY _____	STATE _____	ZIP _____
CLASS OF NON-VOTING STOCK _____	NUMBER OF SHARES HELD _____	% OF OUT STANDING STOCK _____	

<b>SHAREHOLDER</b>			
NAME _____	_____/_____/_____ DATE OF BIRTH		
ADDRESS _____	CITY _____	STATE _____	ZIP _____
CLASS OF NON-VOTING STOCK _____	NUMBER OF SHARES HELD _____	% OF OUT STANDING STOCK _____	

**SECTION 7: KEY PERSONNEL**

On the following table, identify all persons or entities in your enterprise that correspond to the sub-items listed below. If any of the sub-items (A) through (J) do not apply, please indicate “Does Not Apply” directly on this form. Should you require additional space, complete *Supplement for Section 7* and use as many copies as necessary.

**A Business Entity Disclosure (Forms Packet 550) or Level I Personal Disclosure Form (Forms Packet 551), which ever is more appropriate, must be completed by every person or entity listed in sub-items (A) through (I). All persons listed in sub-item (J) will initially be required to complete a Level III Personal Disclosure Form (Forms Packet 553). All forms are available on the Commission website at [www.ksracing.org](http://www.ksracing.org).**

- A. All persons who will act as the primary or sole sales representative or otherwise regularly engage in the solicitation of business from a racetrack facility manager or lottery facility manager.
- B. If your company is a junket enterprise, each junket representative who will deal directly with a racetrack facility manager or lottery facility manager or their employees. A junket representative is defined as any person who negotiates the terms of, or engages in the referral, procurement or selection of persons who may participate in any junket.
- C. All persons who have signed or will sign any agreement with a racetrack facility manager or lottery facility manager.
- D. The management employee supervising the regional or local office that employs the sales or junket representative(s) described in either sub-section A or B.
- E. All officers of the enterprise.
- F. All directors or trustees of the enterprise.
- G. All partners, whether general, limited or otherwise.
- H. The sole proprietor, if the enterprise is a sole proprietorship.
- I. Each person or entity that directly or indirectly holds any ownership interest of 5% or more of the enterprise.
- J. Each person or entity owning at least 0.5% but less than 5% of an interest in the enterprise.

Name	Date of Birth	Home Address	Title, Position or Association With The Enterprise	Percent of Ownership



**SECTION 8: OUTLINE OF OWNERSHIP**

If **Section 7** identifies any enterprise that holds any interest in the applicant, prepare a flowchart that illustrates the interest in ownership of the applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person and not another enterprise. If the parent company is publicly traded and no natural person controls 5% or more of the publicly traded stock, indicate that in the flowchart. This document must be labeled as *Supplement for Section 8*.

**SECTION 9: FORMER OFFICERS AND DIRECTORS**

Furnish the information called for below for each person, not listed in response to **Section 7**, who held a position as an officer or director of the enterprise during the last ten years. Should you require additional space, complete *Supplement for Section 9* and use as many copies as necessary.

Name	Date of Birth	Last Known Address	Position and Dates Held	Reason for Leaving

**SECTION 10: COMPENSATION OF OFFICERS, DIRECTORS, PARTNERS OR PROPRIETORS**

List the total annual income received during the last calendar year and the amount to be received during the calendar year subsequent thereto by each director, trustee, officer and/or partner of the enterprise whether income is in the form of salary, wages, commissions, fees, stock options, bonuses or other things of value. Should you require additional space, complete *Supplement for Section 10* and use as many copies as necessary.

Name	Positions Held With The Enterprise	Amount of Income

**SECTION 11: BONUS, PROFIT SHARING, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

On *Supplement for Section 11*, describe all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the enterprise. In answering, describe the following:

- A. The title or name of the plan.
- B. The identity and address of the trustee of the plan or the person administering such plan.
- C. The material features of the plan.
- D. The methods of financing the plan.
- E. The identity of each class of person who is or will participate in the plan.
- F. The approximate number of persons in each such class.
- G. The amount distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time period.



**SECTION 13: DESCRIPTION OF LONG TERM DEBT**

Describe the nature, type, terms (including any collateralization), covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the enterprise, that mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance.

**SECTION 14: HOLDERS OF LONG TERM DEBT**

Furnish the information called for in the table below as to each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the enterprise, that mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. Should you require additional space, complete *Supplement for Section 14* and use as many copies as necessary.

Name	Address	Date of Birth	Type and Class of Debt Instrument Held	Original Dollar Amount of Debt Held	Current Dollar Amount of Debt Held

**SECTION 15: OTHER INDEBTEDNESS AND SECURITY DEVICES**

Describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the enterprise other than those described in response to **Sections 13 and 14**.

**SECTION 16: HOLDERS OF INDEBTEDNESS**

Furnish the information called for in the table below with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to **Section 15**. Should you require additional space, complete *Supplement for Section 16* and use as many copies as necessary.

Name and Address	Date of Birth	Type of Debt Instrument Held	Dollar Amount of Debt Held (Both Original Amount and Current Balance)

**SECTION 17: SECURITIES OPTIONS\* (CORPORATION)**

Describe in detail any options existing or to be created with respect to securities issued by the corporation. In answering, detail the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during, and the terms under which options became or will become entitled to exercise the options and when such options expire. (For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.)

**SECTION 17A: IDENTIFY PERSONS**

Identify all persons holding the options described in Item 18 and include the market value of the option at the time of issuance. Should you require additional space, complete *Supplement for Section 17A* and use as many copies as necessary.

Name	Market Value of Option at Time of Issuance	Name	Market Value of Option at Time of Issuance

**SECTION 18: FINANCIAL INSTITUTIONS**

Identify each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the enterprise has or has had an account over the last ten year period regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise. Should you require additional space, complete *Supplement for Section 18* and use as many copies as necessary.

Name and Address	Type of Account(s)	Account Number(s)	Time Period	
			Account Held	From: To:

**SECTION 19: CONTRACTS AND SUPPLIERS**

Identify all persons with whom the enterprise has contracts or agreements of \$100,000 or more in value or from whom the enterprise has received \$100,000 or more in goods or services in the past six months. Employment contracts need only be listed if, by their terms, they exceed one year in duration. Should you require additional space, complete *Supplement for Section 19* and use as many copies as necessary.

Name	Address	Nature of Contract or Goods or Services Supplied

**SECTION 20: STOCK HELD BY ENTERPRISE**

In the table below, identify each company in which the enterprise holds stock. Should you require additional space, complete *Supplement for Section 20* and use as many copies as necessary.

Name of Company	Address	Type of Stock Held	Purchase Price Per Share	Number of Shares Held	Percentage of Ownership

**SECTION 21: INSIDER TRANSACTIONS (CORPORATION)**

Identify each change within the last five (5) years in the ownership of the equity securities of the corporation on the part of any person who is indirectly or directly an owner of more than ten percent (10%) of any class of an equity security of the corporation or who is or was within that period a director or officer of the corporation. [Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call. Should you require additional space, complete *Supplement for Section 21* and use as many copies as necessary.

Date of Transaction	Nature of Transaction	Parties to Transaction (Include Positions)	Number of Securities Involved

**SECTION 22: CRIMINAL HISTORY**

These definitions and instructions apply to this question:

**DEFINITIONS:**

- A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- B. "Offense" includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

**INSTRUCTIONS:**

- A. Answer "yes" and provide all information to the best of your ability EVEN IF:
  - 1. The enterprise did not commit the offense charged;
  - 2. The charges were dismissed;
  - 3. The enterprise was not convicted;
  - 4. The charges or offenses happened a long time ago;
  - 5. The records relating to the charges have been expunged or sealed by court order.

**QUESTION:**

"Has the enterprise or any of its subsidiaries ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in Kansas, any other U.S. state or any international jurisdiction?" Should you require additional space, complete *Supplement for Section 22* and use as many copies as necessary.

YES       NO      If yes, complete the chart below:

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	Disposition (Acquitted, Convicted, Dismissed, Etc)	Sentence





**SECTION 25: EXISTING LITIGATION**

On *Supplement for Section 25*, describe all existing civil litigation that the enterprise or any subsidiary is presently a part whether in any jurisdiction. Do not include any case for monetary damages in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but that involve claims against the enterprise which are fully and completely covered under an insurance carrier. This description shall include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

**SECTION 26: LICENSES**

A. During the last ten-years has the enterprise (including any parent, subsidiaries, or intermediaries) ever had any license or certificate issued by a government agency in this state or any other jurisdiction, denied, suspended or revoked?

- YES       NO

If your response to Item A is "YES", identify the following. Should you require additional space, complete *Supplement for Section 26A* and use as many copies as necessary.

Type of License or Certificate	Name and Location of Governmental Agency	Action Taken	Date	Reason

B. Has the enterprise ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse or dog racing, parimutuel operation, lottery, sport betting, etc.)?

- YES       NO

If your response to Item B is "YES", identify the following. Should you require additional space, complete *Supplement for Section 26B* and use as many copies as necessary.

Name and Address of Licensing Agency	Date of Application	Disposition (Granted, Denied, Pending)	Type of Gambling Activity	If Issued, Give Appropriate Number and Expiration Date

**ITEM 27: CONTRIBUTIONS AND DISBURSEMENTS OF ENTERPRISE**

A. During the last ten-years has the enterprise, any director, officer, partner, or employee or any third party acting for or on behalf of the enterprise made any bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

YES                       NO

B. During the last ten-years has the enterprise, any director, officer, partner, or employee or any third party acting for or on behalf of the enterprise made any bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment?

YES                       NO

C. During the last ten-years have enterprise funds been donated or loaned for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

YES                       NO

D. During the last ten-years has enterprise property been donated or loaned for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

YES                       NO

E. During the last ten-years did the enterprise make any loans, donations or other disbursements to directors, officers, partners, or employees for the purpose of reimbursing such individuals for political contributions either foreign or domestic?

YES                       NO

G. During the last ten-years has the enterprise maintained any bank account, domestic or foreign, not reflected on the enterprise's books or records?

YES                       NO

H. During the last ten-years has the enterprise maintained any numbered account or any account in the name of a nominee for the corporation?

YES                       NO



## **SECTION 28: FINANCIAL STATEMENTS**

- A. Attach as an appendix to this form audited financial statements that shall include but not be limited to the auditor's report, an income statement, balance sheet, statement of cash flows and all notes to such statements and related supplemental financial schedules, for the last fiscal year.
- B. Attach as an appendix to this form copies of all financial statements prepared in the last five years with respect to the enterprise and any exceptions taken to such statements by any management response thereto.
- C. If the enterprise does not normally have its financial statement audited, attach as an appendix to this form all unaudited financial statements prepared in the last five years with respect to the enterprise. (If the enterprise has neither audited nor unaudited financial statements prepared, please note same below this paragraph.)

## **SECTION 29: ANNUAL REPORTS**

- A. Attach as an appendix to this form a copy of all annual reports of the enterprise that were submitted to shareholders, partners, or other persons during the last five years.
- B. In addition to the information required in Paragraph A, a corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of all annual reports prepared on form 10-K and filed within the last five years.

## **SECTION 30: QUARTERLY REPORTS**

Submit as an appendix to this application, a copy of all quarterly financial statements prepared by or for the enterprise, if any, since the last annual report noted in Item 30. If a corporation is a registrant with the Securities Exchange Commission (SEC), it may submit a copy of each Form 10-Q filed with the SEC since the last annual filing on Form 10-K in response to this item.

## **SECTION 31: INTERIM REPORTS**

Submit as an appendix to this form a copy of all reports prepared due to the occurrence of any of the following events: change in control of the enterprise, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the enterprise's certifying accountant (including required filings of terminated accountants, if applicable), or other material events. If a corporation is a registrant with the SEC, it may submit a copy of the most recent form 8-K filed with the SEC in response to this item.

## **SECTION 32: PROXY AND INFORMATION STATEMENT (CORPORATION)**

Submit as an appendix to this form a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

## **SECTION 33: REGISTRATION STATEMENTS**

Submit as an appendix to this form a copy of all Registration Statements filed, in the last five years, pursuant to the Securities Act of 1933.

**SECTION 34: REPORTS OF ACCOUNTANTS**

Submit as an appendix to this form a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years, by independent auditors for the enterprise that pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations.

**SECTION 35: ORGANIZATIONAL CHART**

Provide as an appendix hereto an organizational chart of the entity.

**SECTION 36: TAX RETURNS**

Provide as an appendix to this form, a copy of all 1120 Forms (U.S. Corporate Income Tax Return), or all 1065 Forms (U.S. Partnership Return), or 1040 Forms (personal tax returns) for the last five years. Be sure to include all schedules and attachments for these returns.

**SECTION 37: AFFIDAVITS AND SIGNATURES**

This form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself date the signature of the affiant and indicate the basis of his authority to take oaths and affirmations.

Each of the following persons must complete an affidavit attesting to the truth of the information in this form:

- A. if the enterprise is a corporation, the president or any officer so authorized to affirm;
- B. if the enterprise is a partnership, each of the partners; if a limited partnership, only by each of the general partners;
- C. if the enterprise is any other business form, organization or association, the president or any officer so authorized to affirm;
- D. if the enterprise is a sole proprietorship, the natural person who is the proprietor.

Each required affidavit must be identical to the model that appears on the next page of this form.

**SECTION 38: CODE OF ETHICS**

- A. Does your company have a code of ethics?  
 YES                       NO
- B. Are your employees required to affirmatively acknowledge compliance with the Code of Ethics?  
 YES                       NO

If "YES", provide a copy of the Code of Ethics.

**AFFIDAVIT**

STATE OF \_\_\_\_\_:

SS:

COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, hereby acknowledge that  
(NAME)

I am aware the Commission may deny a certification to any applicant that supplies information to the Commission or a Commission Employee that is untrue or misleading. Under penalty of perjury, I certify that the information provided in this background disclosure is true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TYPE, STAMP OR PRINT NAME)

\_\_\_\_\_  
(TITLE OR POSITION)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
SEAL OR AUTHORITY OF NOTARY

### **SECTION 39: RELEASE AUTHORIZATION**

Each enterprise must have the attached *Authorization of Release* (Form 555-02) properly signed, dated and notarized.

The release must be signed by the following person:

- A. if the enterprise is a corporation, the president or any officer so authorized to execute such a document and bind the corporation;
- B. if the enterprise is a partnership, a partner;
- C. if the enterprise is a limited partnership, a general partner;
- D. if the enterprise is any other business form, organization or association, the president or any officer so authorized to execute such a document and bind the enterprise;
- E. if the enterprise is a sole proprietorship, the natural person who is the proprietor.



**Kansas Racing and Gaming Commission**  
 700 SW Harrison, Suite 420  
 Topeka, KS 66603-3754  
 (785) 296-5800

**AUTHORIZATION OF RELEASE**

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_  
 (NAME OF ENTERPRISE)

I, \_\_\_\_\_,  
 (NAME OF PRESIDENT, OFFICER, PARTNER OR SOLE PROPRIETOR)

have authorized the Kansas Racing and Gaming Commission to conduct a full investigation into the background of the said enterprise.

Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, as requested by any employee or agent of the Kansas Racing and Gaming Commission, provided that he or she certifies to you that said enterprise has an application pending before the Commission or that said enterprise is presently a licensee or registrant required to be qualified under the provisions of the Kansas Expanded Lottery Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
 (SIGNATURE)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 (NOTARY)

[Seal]

Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

# BUSINESS ENTITY DISCLOSURE FORM

## SUPPLEMENT FOR SECTION 1A: ALL OTHER ADDRESSES (ADDITIONAL ADDRESSES)

APPLICANT NAME: \_\_\_\_\_

PAGE \_\_\_ OF \_\_\_

---

STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

---

STREET LOCATION CITY STATE ZIP

# BUSINESS ENTITY DISCLOSURE FORM

## SUPPLEMENT FOR SECTION 1B: FORMER ADDRESSES (ADDITIONAL ADDRESSES)

APPLICANT NAME: \_\_\_\_\_

PAGE \_\_\_ OF \_\_\_

STREET LOCATION CITY STATE ZIP FROM TO

# BUSINESS ENTITY DISCLOSURE FORM

## SUPPLEMENT FOR SECTION 2F: DISCIPLINARY ACTIONS

APPLICANT NAME: \_\_\_\_\_

PAGE \_\_\_ OF \_\_\_

<b>DISCIPLINARY ACTION</b>	
_____	_____
ACTION	DATE
_____	
SANCTIONS IMPOSED	
_____	
_____	_____
JURISDICTION	LICENSING ENTITY

<b>DISCIPLINARY ACTION</b>	
_____	_____
ACTION	DATE
_____	
SANCTIONS IMPOSED	
_____	
_____	_____
JURISDICTION	LICENSING ENTITY

<b>DISCIPLINARY ACTION</b>	
_____	_____
ACTION	DATE
_____	
SANCTIONS IMPOSED	
_____	
_____	_____
JURISDICTION	LICENSING ENTITY

<b>DISCIPLINARY ACTION</b>	
_____	_____
ACTION	DATE
_____	
SANCTIONS IMPOSED	
_____	
_____	_____
JURISDICTION	LICENSING ENTITY

# BUSINESS ENTITY DISCLOSURE FORM

## SUPPLEMENT FOR SECTION 2G: AFFILIATED RACING OR GAMING ENTERPRISES

APPLICANT NAME: \_\_\_\_\_

PAGE \_\_\_ OF \_\_\_

DISCIPLINARY ACTION			
BUSINESS NAME			
ADDRESS	CITY	STATE	ZIP
LICENSING JURISDICTION			
DISCIPLINARY ACTION			
SANCTIONS			

DISCIPLINARY ACTION			
BUSINESS NAME			
ADDRESS	CITY	STATE	ZIP
LICENSING JURISDICTION			
DISCIPLINARY ACTION			
SANCTIONS			

DISCIPLINARY ACTION			
BUSINESS NAME			
ADDRESS	CITY	STATE	ZIP
LICENSING JURISDICTION			
DISCIPLINARY ACTION			
SANCTIONS			

**BUSINESS ENTITY DISCLOSURE FORM**

**SUPPLEMENT FOR SECTION 3: DESCRIPTION OF PRESENT BUSINESS**

**APPLICANT NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **OF** \_\_\_\_

**DESCRIPTION:**

**BUSINESS ENTITY DISCLOSURE FORM**

**SUPPLEMENT FOR SECTION 4: DESCRIPTION OF FORMER BUSINESS**

**APPLICANT NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **OF** \_\_\_\_

**DESCRIPTION:**

**BUSINESS ENTITY DISCLOSURE FORM**

**SUPPLEMENT FOR SECTION 4A: INTERNET WAGERING**

**APPLICANT NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **OF** \_\_\_\_

**DESCRIPTION:**

# BUSINESS ENTITY DISCLOSURE FORM

## SUPPLEMENT FOR SECTION 6: SHAREHOLDERS (ADDITIONAL)

APPLICANT NAME: \_\_\_\_\_

PAGE \_\_\_ OF \_\_\_

<b>SHAREHOLDER</b>			
_____ NAME		_____/_____/_____ DATE OF BIRTH	
_____ ADDRESS		_____ CITY	_____ STATE ZIP
_____ CLASS OF NON-VOTING STOCK	_____ NUMBER OF SHARES HELD	_____ % OF OUT STANDING STOCK	

<b>SHAREHOLDER</b>			
_____ NAME		_____/_____/_____ DATE OF BIRTH	
_____ ADDRESS		_____ CITY	_____ STATE ZIP
_____ CLASS OF NON-VOTING STOCK	_____ NUMBER OF SHARES HELD	_____ % OF OUT STANDING STOCK	

<b>SHAREHOLDER</b>			
_____ NAME		_____/_____/_____ DATE OF BIRTH	
_____ ADDRESS		_____ CITY	_____ STATE ZIP
_____ CLASS OF NON-VOTING STOCK	_____ NUMBER OF SHARES HELD	_____ % OF OUT STANDING STOCK	

<b>SHAREHOLDER</b>			
_____ NAME		_____/_____/_____ DATE OF BIRTH	
_____ ADDRESS		_____ CITY	_____ STATE ZIP
_____ CLASS OF NON-VOTING STOCK	_____ NUMBER OF SHARES HELD	_____ % OF OUT STANDING STOCK	







**BUSINESS ENTITY DISCLOSURE FORM**

**SUPPLEMENT FOR SECTION 11: BONUS, PROFIT SHARING, RETIREMENT,  
DEFERRED COMPENSATION & SIMILAR PLANS**

**APPLICANT NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **OF** \_\_\_\_

**DESCRIPTION:**

















**BUSINESS ENTITY DISCLOSURE FORM**

**SUPPLEMENT FOR SECTION 25: EXISTING LITIGATION**

**APPLICANT NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **OF** \_\_\_\_

**DESCRIPTION:**



