

STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF CRIMINAL INVESTIGATION



**“CLASS L”  
BUSINESS ENTITY**

**BUSINESS LICENSE APPLICATION**  
**INSTRUCTIONS**

**NAME OF BUSINESS ENTITY:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS AND PHONE NUMBER:** \_\_\_\_\_

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. Background investigations may take several months, depending on the level of license required and the complexity of the investigation.

This application shall include, as applicable, any supplemental questionnaires and all attached documents. Any false statement made in this application is a Class D felony and is punishable by up to five (5) years in prison or a fine of up to five thousand dollars (\$5,000.00), or both. Furthermore, failure to reveal requested information or the submission of false or misleading information may result in denial of this application.

The Iowa Division of Criminal Investigation and the Iowa Lottery Authority may require the applicant to provide additional information, forms, or documents. This application may not be withdrawn without permission of the appropriate licensing or permitting agency.

The applicant shall promptly provide written notification to the appropriate Iowa Division of Criminal Investigation office and the Iowa Lottery Authority office of any corrections or changes to the information submitted in this application or the required documents.

Acceptance of a license, renewal thereof or an approval constitutes an agreement on the part of the applicant to be bound by all of the applicable statutes in Chapter 99G of the Iowa Code and the rules that are contained within Chapter 531 of the Iowa Administrative Code. It is the responsibility of the applicant or approved individual to stay informed of the content of all such laws and rules.

**Investigation Fee:**

An application fee shall be paid at the time of filing. If the cost of the investigation exceeds the total amount of fees filed by the applicant in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

**Instructions:**

Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned. If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed. Initials and signatures must be in **blue ink**. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application. For foreign businesses the submission must be translated to the English language as well as all financial documents must be based upon GAAP (General Accepted Accounting Principles) in the United States.

Sign the Statements of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the I.R.S. form.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering if you use this additional space.

Return the completed Business Entity application with all supporting documentation in **one submission** along with your payment (made payable to the Iowa Division of Criminal Investigation) to the Iowa Lottery Authority, 2323 Grand Avenue, Des Moines, IA 50312.

## DEFINITIONS

<b>Affiliate</b>	An affiliate of an entity is a person that directly or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, such entity.
<b>Applicant</b>	Any individual or business entity who directly or indirectly has submitted a Business Entity Application.
<b>Application</b>	All written materials, including the instructions, forms and other documents comprising the applicant's submission of a business entity application.
<b>Attributed Interest</b>	A direct or indirect interest in a Business Entity deemed to be held by a person not through the person's actual holdings but either through the holdings of the person's relatives or through a third party or parties on behalf of the person pursuant to a plan, arrangement or agreement.
<b>Bank</b>	(A) A banking institution organized under the laws of the United States, (B) a member bank of the Federal Reserve System, (C) any other banking institution or trust company, whether incorporated or not, doing business under the laws of any State or of the United States, a substantial portion of the business of which consists of receiving deposits or exercising fiduciary powers similar to those permitted to national banks under the authority of the Comptroller or the Currency, and which is supervised and examined by State or Federal authority having supervision over banks, and which is not operated for the purpose of evading the provisions of this title, and (D) a receiver, conservator or other liquidating agent of any institution or firm in clauses (A), (B), or (C) of this paragraph.
<b>Best of Knowledge Business Entity</b>	Applicant's knowledge after substantial inquiry. A partnership (limited or general), incorporated or unincorporated association or group, firm, corporations (publicly traded or closely held), holding corporations and subsidiaries, limited liability company, partnership for shares, trusts, Sole Proprietorships, joint ventures or other forms of business.
<b>Compensation</b>	Anything of value, including without limitation salary, wages, commissions, tips, gratuities, fees, bonuses, and distributions from S corporations, in any form, including cash, securities, real property and tangible and intangible personal property.
<b>Control</b>	The possession, direct or indirect, of the power to direct or cause the direction of the management and policies of an Individual or Business Entity, whether through the ownership of voting securities, by contract, or otherwise.
<b>Debt Instrument</b>	Any bond, loan, mortgage, trust deed, note, debenture, subordination, guaranty letter of credit, security agreement, surety agreement, pledge, chattel mortgage or other form of indebtedness.
<b>Dependent FEIN</b>	Any Individual who received over half of his/her support in a calendar year from any other Individual. Federal Employee Identification Number.
<b>Financial Statement</b>	Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.
<b>Gambling</b>	Shall mean all types of racing and gaming activities, including but not limited to dog track, horse track, greyhound racing, horse racing, lottery, casino and pari-mutuel operations.
<b>Game</b>	A gambling activity which is played for money, property, or anything of value, including without limitation those played with cards, chips, tokens, dice, implements or electronic, electrical or mechanical devices or machines.
<b>Gaming Equipment</b>	A machine, mechanism, device or implement which is integral to the operation of a Game or affects the result of a Game by determining win or loss, including without limitation: electronic, electrical, or mechanical devices or machines: cards or dice; layout for live gaming devices; any representative of value used with any Game, including without limitation chips, tokens, or electronic cards; hardware and software related to any item described herein.
<b>Indirect Interest</b>	An interest in a Business Entity that is deemed to be held by the holder of an Owner's license not through the holder's actual holdings in the Business Entity, but through the holder's holdings in other Business Entities.
<b>Individual</b>	Any natural person.
<b>Publicly Held Company</b>	A company that has filed a registration statement with the Securities and Exchange Commission.
<b>Principal Employee</b>	All officers, directors, trustees, partners (general or limited) and sole proprietors. Any person with supervisory responsibilities who have the authority to sign any legal/contractual agreements for the Business Entity.
<b>Registered Agent</b>	Any Individual or Business Entity against whom service of process may be made on behalf of any Business Entity or that is designated as such by any articles of incorporation or other corporate filings in any state.
<b>Related Party</b>	An Individual or Business Entity having a pecuniary interest in a Business Entity which is not a Publicly Held Company; a holder of more than 5% of the outstanding shares of a corporation which is a Publicly Held Company, a Key Person of a Business Entity; an Affiliate of a Business Entity; a Relative of an Individual having a pecuniary interest in a Business Entity which is not a Publicly Held Company; a Relative of a holder of more than 5% of the outstanding shares of a corporation which is a Publicly Held Company; a Relative of a Key Person of Business Entity; a Relative of an Affiliate of a Business Entity; a trust for the benefit of or managed by a Business Entity or a Key Person thereof; or any other Individual or Business Entity who is able to control or significantly influence the management or operating policies of a Business Entity.
<b>Relative</b>	Spouse, parents, grandparents, children, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, sisters-in-law, whether by the whole or half blood, by marriage, adoption or natural relationship and dependents.

<b>Sole Proprietor</b>	An Individual who in his or her own name owns 100% of the assets and who is solely liable for the debts of a business.
<b>Substantial Creditor</b>	The holder of any Debt Instrument of whatever character, against an Individual or Business Entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is \$50,000 or more.
<b>Support Facility</b>	A place of business which is part of, or operates in conjunction with a Riverboat Gaming Operation, and is owned in whole or in part by the holder of an owner's or supplier's license or any or their principal employees, including without limitation riverboats, offices, docking facilities, parking facilities and land-based hotels or restaurants.

# SECTION 1 BUSINESS ENTITY INFORMATION

1. **NAME OF BUSINESS ENTITY:** \_\_\_\_\_  
 (As it appears on the certificate of incorporation, certificate of organization, charter, by-laws, partnership agreement, operating agreement or other official document)

Trade Name/Doing Business As: \_\_\_\_\_

Address of Business Entity: \_\_\_\_\_  
Street City State Zip Code

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_

Location of Business Records: \_\_\_\_\_

County: \_\_\_\_\_

Name of Individual(s) or Business(es) who maintain these records: \_\_\_\_\_

Telephone number (if different than above): \_\_\_\_\_

Type of Business Entity:  Sole-Proprietorship  Corporation  Trust  
 Limited Liability Company  Limited Partnership  General Partnership  Other \_\_\_\_\_  
 Partnership for Shares  Joint Venture  Unincorporated Association

Principle Business Activity: \_\_\_\_\_  
Nature/Kind of Business

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
Month Day Year

Is this Business Entity Stock  Closely Held  Publicly Held

Federal Employer Identification or S.S.N: \_\_\_\_\_ State Employer Identification Number: \_\_\_\_\_

Dunn & Bradstreet Identification Number: \_\_\_\_\_

Registered Agent for the Business Entity: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

County: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Name of individual preparing this application: \_\_\_\_\_

Address of individual preparing this application: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Name(s) and address(es) of any subsidiary or affiliate of this Business Entity:

Name of Subsidiary Company: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Name of Subsidiary Company: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Name of Subsidiary Company: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Name of Subsidiary Company: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website/Email: \_\_\_\_\_

2. List each Officer:

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages

Directors Fees

Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages

Directors Fees

Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



2. Officers (continued)

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages  Directors Fees  Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages  Directors Fees  Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

3. List each Director:

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages  Directors Fees  Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages  Directors Fees  Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

3. Directors (continued)

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages

Directors Fees

Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages

Directors Fees

Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. List each Partner-Stockholder who holds 5% or more :

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages  Directors Fees  Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages  Directors Fees  Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Partner-Stockholders (continued)

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages

Directors Fees

Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Percentage of Stock Held: \_\_\_\_\_ %

Amount of Compensation for Position Held: \$ \_\_\_\_\_  
Total

Salary/Wages

Directors Fees

Stock Options-Dividends

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If the business entity is a corporation, attach copies of all annual reports and SEC filings, if any, for the previous three years.
6. If the business entity is a public corporation, indicate below on what exchange its stock is traded and under what name:

---

7. If not a publicly held corporation, list all partners/stockholders/owners of the company.

Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____	Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____
Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____	Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____
Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____	Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____
Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____	Name: _____ Address: _____  Telephone: _____ Fax: _____ Email: _____

8. If not publicly held corporation, the most recent independent auditor's report, if applicable.

9. List Business Entity C.P.A. or Accountant.

**INTERNAL:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

**EXTERNAL:**

Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

10. List Business Entity Attorney.

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Nature of  
Business: \_\_\_\_\_

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Nature of  
Business: \_\_\_\_\_

11. List each Officer, Director, Partner, Stockholder or Principal Employee who is actively involved in the conduct of the **day-to-day** operation of the Business Entity.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_



## SECTION 2 LEGAL PROCEEDINGS

12. List all lawsuits, civil and criminal, involving the business entity, parent company, subsidiary, and affiliated companies for the previous 10 years. Provide complaint and disposition for each item listed.

Date	Name & Address of Court	Docket Number	Other Parties to Suit	Nature of Suit	Disposition

13. Does the business entity, officers, or directors anticipate being a party to a lawsuit?  
 Yes     No    If yes, provide supporting documentation.
14. Has the business entity ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, county, provincial, state, federal or national court, agency, committee, grand jury or investigatory or regulatory body, whether in the United States or outside of the United States, other than in response to a traffic summons?  
 Yes     No    If yes, provide supporting documentation detailing date, name and address of the court or agency involved, nature of the proceedings, and if testimony was given.
15. Has the business entity, affiliated companies, officers or directors ever been the subject of an investigation conducted by a governmental investigatory and/or regulatory agency for any reason?  
 Yes     No    If yes, provide supporting documentation detailing the date of investigation, governmental agency, nature of investigation and disposition of investigation.
16. Has the business entity, affiliated companies, officers, directors, or principal employees ever been named as an unindicted party or co-conspirator in any criminal proceeding in Iowa or any other jurisdiction, whether in the United States or outside of the United States?     Yes     No. If yes, provide supporting documentation detailing the date of investigation, governmental agency, nature of investigation and disposition of investigation.
17. Has the business entity, officers, or directors ever been the subject of any of the following? If yes, provide supporting documentation listing date of incident, nature of incident, disposition of incident. Provide supporting documentation.
- Yes     No    Anti-trust violations  
 Yes     No    Security judgments  
 Yes     No    Other license denials  
 Yes     No    Suspensions or revocations  
 Yes     No    Insolvency proceedings

18. Has the business entity sustained a loss where a significant insurance payment was received?  
 Yes  No. If yes, provide supporting documentation detailing date of incident, nature of incident, disposition of incident, and name and address of insurance company making settlement.
19. Has the business entity sustained a loss by fire where arson was suspected?  Yes  No. If yes, explain in detail, listing circumstances surrounding the fire and the name and address of the investigating agency. Provide supporting documentation.
20. Has the business entity, parent company, subsidiary or affiliated company ever made application to, or received any permit, license, certificate or qualification from a licensing agency in Iowa, or any other jurisdiction, whether in the United States or outside of the United States, in connection with any gaming venture?  
 Yes  No. If yes, complete the following:

Date of Application	Name/Address of Licensing Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrawn	

**SECTION 3  
FINANCIAL DATA**

21. **TAX DATA**

**STATE**

Has the business entity filed all State income tax returns for the previous three (3) years?

Yes  No.

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, has your business entity filed an extension?  Yes  No.

If yes, attach a copy of the extension application form to this application.

If no, explain: \_\_\_\_\_

STATE REVENUE DEPARTMENT(S) ADDRESS: \_\_\_\_\_

**FEDERAL**

Has the business entity filed all Federal income tax returns for the previous three (3) years?

Yes  No.

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, has your business entity filed an extension?  Yes  No.

If yes, attach a copy of the extension application form to this application.

If no, explain: \_\_\_\_\_

IRS OFFICE LOCATION: \_\_\_\_\_





30. Identify all dormant or shell company names used or owned by your business entity for the past twenty (20) years.

---

---

---

---

31. Identify any failed, abandoned or dissolved business projects where the business entity was an investor or planner.

---

---

---

---

32. Does the business entity hold or has it held a financial or ownership interest in any gaming venture in any jurisdiction?  Yes  No. If yes, provide supporting documentation detailing each such interest and percentage owned or held.

---

---

---

---

33. Political contributions: (List all in Iowa or any other jurisdictions for the last six years.)

Candidate	Position	Amount	Date
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>

34. Identify all lobbyists or consultants retained by the business entity:

---

---

---

---

35. Identify the individual in the business entity who is the liaison each lobbyist or consultant.

---

---

---

---

36. Provide the fee arrangements made with each lobbyist or consultant.

---

---

---

---

37. Has the business entity supplied a cash fund to any lobbyist or consultant ?  Yes  No. If yes, supply an inventory list of those expenditures, or authorize your lobbyist or consultant to detail information.

---

---

---

---

38. Has the business entity pledged anything of monetary value to a lobbyist, consultant or nominee as a reward for obtaining commission approval of a contract?  Yes  No. If yes, explain:

---

---

---

---

39. Has the business entity transferred cash in any manner to an attorney's trust account for dispersal to a lobbyist, consultant or nominee?  Yes  No. If yes, explain:

---

---

---

---

40. Provide an organizational chart of the business entity with its relationship to existing parent, subsidiary or affiliated companies. (A flowchart illustrating the fully diluted ownership of the applicant. List all parent, subsidiary or intermediary companies until the flowchart reflects 100% of the stock, partnership, membership or ownership interest as being held by a natural person(s) and not other legal persons. If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.)

41. List all persons or companies with whom the corporation has contracts or agreements and indicate respective dollar amount of business done annually for the previous three (3) years.

---

---

---

---

42. Are there any problem areas that you would like to discuss with an agent before the background investigation is initiated?  Yes  No. If yes, explain:

---

---

---

---

USE THIS PAGE FOR ADDITIONAL INFORMATION. BE SURE TO INDICATE THE NUMBER OF THE QUESTION YOU ARE ANSWERING.



Please provide and attach the following noted documents to this application:

**SECTION 1**

- Articles of incorporation
- Corporate certificate
- Partnership agreement
- Trust agreement
- Joint venture agreement
- Charter
- By laws
- Management Organizational Chart
- Organizational Ownership and Control Chart

**SECTION 2**

- Civil litigation
- Criminal litigation
- Anti-trust, trade regulation & securities judgment(s)

**SECTION 3**

- Annual reports
- Quarterly reports
- Interim reports
- Tax returns (last three (3) years)
- Bankruptcy filings - Receivership proceedings
- Mortgages/Lease Agreements
- Financial statements
- Auditor reports
- List of expenditures supplied to lobbyist or consultant
- List of I.R.S. 1099 recipients
- Gaming/Regulatory reports
- Vendor List

**STATEMENT OF TRUTH**

**STATE OF** :  
:  
**COUNTY OF** :

I, \_\_\_\_\_ , hereby swear and affirm  
(Name)

under penalty of perjury that I am authorized to act on behalf of and bind the applicant and that the information supplied by the applicant in the foregoing Business Entity License Application and all attached statements, supporting schedules and supporting documents is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name of Applicant (printed or typed)

By: \_\_\_\_\_  
Authorized individual (printed or typed)

\_\_\_\_\_  
Title of authorized individual (printed or typed)

\_\_\_\_\_  
Signature of authorized individual

Subscribed to and sworn before me, the undersigned notary public, in the City of \_\_\_\_\_  
\_\_\_\_\_ in the state of \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Name of Notary Public & I.D. Number (Print or Type)

## VERIFICATION BY APPLICANT

UNLESS THE APPLICANT IS A SOLE PROPRIETOR, THIS APPLICATION MUST BE SIGNED BY AN OFFICER, DIRECTOR, PARTNER, MANAGER, OR MANAGING MEMBER DULY AUTHORIZED TO ACT ON BEHALF OF AND BIND THE APPLICANT. ATTACH A COPY OF THE AUTHORIZING DOCUMENT.

I, \_\_\_\_\_, being duly sworn, depose and say that I am duly authorized to act on behalf of and bind the applicant and, that on behalf of the applicant, I have read the Important Notices, Instructions, and completed application, and hereby represent and warrant that the statements and responses provided therein are true and correct to the best of my knowledge, information, and belief, and represent a complete and accurate account of the requested information. I have executed this statement voluntarily with the knowledge that any failure to provide the correct information is cause for the denial of any original or renewal application or the revocation of any license, permit or other certification or approval issued or granted by the state of Iowa.

\_\_\_\_\_  
Name of Applicant (printed or typed)

By: \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Title of authorized individual

Sworn to and subscribed before me, the undersigned Notary Public,

In \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_  
(State) \_\_\_\_\_ (Country), \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Notary Public & I.D. Number (Print or Type)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

**SEAL**

## VERIFICATION BY PREPARER

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person who prepared the application on behalf of the applicant, that I have read the Important Notices and Instructions, that the statements and responses provided therein of which I have knowledge are true and correct to the best of my knowledge, information, and belief, and represent a complete and accurate account of the requested information, and that any statements or responses of which I do not have knowledge represent a complete and accurate account of the information provided by the applicant. I have executed this statement voluntarily with the knowledge that any failure to provide the correct information is cause for the denial of any original or renewal application or the revocation of any license, permit or other certification or approval issued or granted by the state of Iowa.

\_\_\_\_\_  
Name of Applicant (printed or typed)

By: \_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Title of Preparer

Sworn to and subscribed before me, the undersigned Notary Public,  
In \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_  
(State) \_\_\_\_\_ (Country), \_\_\_\_\_

On the day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Notary Public & I.D. Number (Print or Type)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

**SEAL**

\_\_\_\_\_  
Name of Applicant (Print or Type)

\_\_\_\_\_  
Title of Preparer

**STATE OF IOWA  
AUTHORIZATION FOR EXAMINATION AND RELEASE OF  
INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review, full disclosure and release of any and all records concerning my business entities to any authorized officer, agent or employee of the Iowa Division of Criminal Investigation, whether the records are of a public, private, or confidential nature, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to determine whether to issue a license to: \_\_\_\_\_ D.B.A.  
\_\_\_\_\_ and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Iowa Division of Criminal Investigation and the Iowa Racing and Gaming Commission in their review of license applications.
4. I understand that I may revoke this authorization in writing at any time by notification to the Iowa Division of Criminal Investigation and that the Iowa Racing and Gaming Commission may take any such revocation of this authorization into consideration in its review of the license application.
5. This authorization will automatically expire one year from the date it is signed.
6. A photocopy of this authorization will have the same force and effect as the original.

\_\_\_\_\_  
Name of Applicant (Print or Type)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Applicant

Sworn to and subscribed before me, the undersigned Notary Public,

In \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_  
(State) \_\_\_\_\_ (Country), \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

---

Name of Notary Public & I.D. Number (Print or Type)

---

Signature of Notary Public

---

My Commission Expires

---

**SEAL**

# Request for Transcript of Tax Return

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

▶ **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
---	--

2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
--	---

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

---

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 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.

**Iowa Division of Criminal Investigation 215 East 7th Street, Des Moines, IA 50319 fax: 515-725-6035 participant: 0000302214 heldenbr**

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. A tax return transcript does not reflect changes made to the account after the return is processed. 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 provides the most detail information as it is a combination of the Return Transcript and the Account Transcript. 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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.                n/a                          12/31/2010                          12/31/2011                          12/31/2012          

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . .

**Caution.** Do not sign this form unless all applicable lines have been completed.

**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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Phone number of taxpayer on Line 1a or 2a

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