

8. Employee Information - List the name, address, social security number, **complete** date of birth, home telephone number and title of each employee of the applicant, including salespeople operating as independent contractors or subcontractors of the applicant. Enclose a separate sheet if necessary.

a) Name _____ SSN _____ - - _____ DOB _____ / _____ / _____
 Home Address _____ City _____ ST _____ Zip _____
 Home Telephone () _____ Employment Title _____

b) Name _____ SSN _____ - - _____ DOB _____ / _____ / _____
 Home Address _____ City _____ ST _____ Zip _____
 Home Telephone () _____ Employment Title _____

c) Name _____ SSN _____ - - _____ DOB _____ / _____ / _____
 Home Address _____ City _____ ST _____ Zip _____
 Home Telephone () _____ Employment Title _____

9. Has any of the persons listed in items 7 and 8 been convicted of, pleaded guilty to, or pleaded nolo contendere (no contest) to, any felony or illegal gambling violation in any state or the United States or any other country?

No Yes If yes, list name of each such person and particulars on a separate page and enclose it to this application.

State of _____)
) ss.
 County of _____)

The undersigned, of lawful age, being first duly sworn, upon his or her oath, states:

That the undersigned has read and knows the contents of the above Renewal Application for Bingo Distributors and that the answers and information provided therein are true, correct and complete.

 Signature of Owner, Partner or Corporate Officer Printed or Typed Name Title or Position

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200_____.

 Notary Public

My Appointment Expires: _____