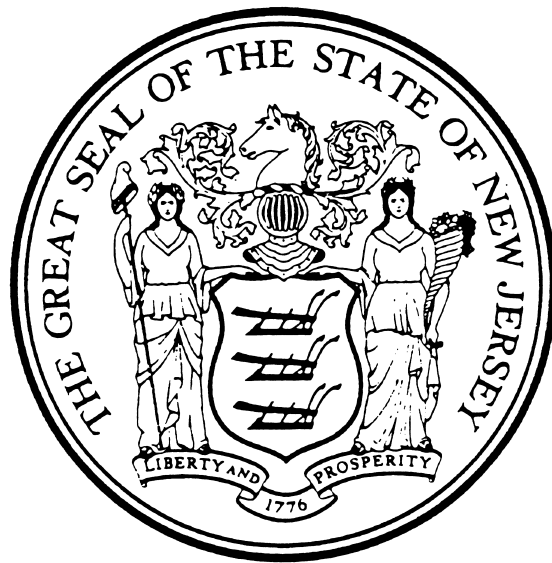


**STATE OF NEW JERSEY**  
**CASINO CONTROL COMMISSION**



**CASINO KEY EMPLOYEE LICENSE APPLICATION**  
**(BASIC KEY FORM)**  
**PERSONAL HISTORY DISCLOSURE FORM 1-B**

**APPLICATION INSTRUCTIONS**  
**PERSONAL HISTORY DISCLOSURE FORM (BASIC KEY FORM)**  
**CASINO KEY EMPLOYEE**

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If you are an applicant for a casino key employee license, you should be aware that the Casino Control Commission (Commission) will not accept an application from or issue a license to any person who is not a citizen of the United States or who does not possess a valid employment authorization issued by the United States Citizenship and Immigration Services (USCIS). Furthermore, the expiration date of a license issued by the Commission to any person who is not a citizen of the United States cannot exceed the expiration date of that person's USCIS employment authorization.

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**I. COMPLETING THIS FORM:**

- A. You are to complete this application if you are:
1. An applicant for a casino key employee license pursuant to *N.J.S.A. 5:12-89*; and *-94*; or
  2. An outside director of a holding company or any business entity required to qualify with respect to a casino licensee; or
  3. A trustee as defined in *N.J.S.A. 5:12-95.12*; or
  4. A trustee required to be qualified; or
  5. A beneficiary of a trust required to be qualified; or
  6. Directed to do so by the Commission or the Division of Gaming Enforcement (Division).
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, state "None" in response to that question.
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the application is not legible, it will not be accepted.
- D. If you need additional space to answer any question(s), use the blank page provided on page 47 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.
- E. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

**II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION IN CONNECTION WITH AN APPLICATION FOR A CASINO KEY EMPLOYEE LICENSE:**

All applicants for a casino key employee license must come to the Commission offices and establish their identity and employment authorization. Our offices are located at:

New Jersey Casino Control Commission  
Licensing Unit  
Arcade Building  
Tennessee Avenue and Boardwalk  
Atlantic City, New Jersey 08401

To establish your identity and employment authorization, you must present the original document(s) listed below in A or B.

- A. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the USCIS containing a photograph or fingerprint and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in II (A) above are not available, a certified copy of a U.S. birth certificate issued by a state, county or municipal authority, with an official seal, must be presented along with any one of the following authentic documents:
  - 1. A current and valid state issued driver's license that has a photograph and/or identifying information;
  - 2. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
  - 3. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
  - 4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
  - 5. A casino employee registration or casino key employee license for which an application was filed within the last ten years; or
  - 6. A current and valid foreign passport with a proper USCIS authorization.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

**Call (609) 441-3441 if you have any questions about identification documents.**

**III. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:**

- A. If you are applying for a casino key employee license, you have established your identity and work authorization in accordance with Section II above and provided identification documents to the Commission and attached copies of these documents to this form.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and Release Authorization forms are notarized on the original application.

- D. Every question has been answered completely.
- E. You initial each page of this form in the space provided.
- F. You retain a completed copy of this form for your own records.

#### IV. FILING THIS FORM WITH THE COMMISSION:

- A. Submit this form and attachments as an original and one (1) photocopy. If the photocopy is not clear, the application will not be accepted.
- B. The fee for the issuance of a casino key employee license is:
  - 1. A minimum application fee of \$750, which shall be credited to the total fee. Payment may be made by check, money order or credit card (no cash). Make your check or money order payable to the "Casino Control Fund." **Application fees are nonrefundable.**
  - 2. Payment for the efforts of the Commission and the Division on matters directly related to the applicant at hourly rates as established by the Division.
  - 3. Payment for all unusual or out of pocket expenses incurred by the Commission and the Division on matters directly related to this application; the total fees shall not exceed \$4,000.
- C. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- D. If you are applying for a casino key employee license, you may be required to be fingerprinted. If the Commission directs you to be fingerprinted, **you must be fingerprinted within thirty (30) days after you file your application with the Commission.** To be fingerprinted, you must make an appointment with the Division's Identification Unit, which is located in the Arcade Building, Tennessee Avenue and Boardwalk, Atlantic City, New Jersey. Call for an appointment at (609) 441-3050. There is no charge for fingerprinting. **When you arrive for your fingerprinting appointment, you must present the identification documents listed in Section II to establish your identity or you will not be fingerprinted.** Failure to be fingerprinted when required shall be a basis for the denial of your casino key employee license application.

#### V. IMPORTANT NOTICES

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.  
  
Si usted no puede entender este formulario completamente en inglés, es su responsabilidad de obtener los métodos necesarios de traducción.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Commission and the Division of any change of address.
- C. Pursuant to section 86b of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.

- D. Pursuant to sections 79(a)(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Commission is required to submit to warrantless searches when present in a licensed casino hotel facility.
- E. Pursuant to section 74.1 of the Casino Control Act, information supplied to the Commission and the Division or otherwise obtained by either of them is confidential and shall not be revealed except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. Pursuant to section 80 of the Casino Control Act, an applicant or licensee waives any liability of the State of New Jersey and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. Pursuant to section 89b(4) of the Casino Control Act, any applicant for a casino key employee license must, prior to the issuance of such license, produce sufficient information, documentation, and assurances to meet the qualification criteria including New Jersey residency. In order for a license to remain valid, New Jersey residency must be maintained.
- G. Pursuant to 42 U.S.C. § 405(c)(2)(C)(i), N.J.S.A. 54:50-25, 42 U.S.C. § 666(a)(13), and N.J.S.A. 2A:17-56.60, the Division of Gaming Enforcement is required to obtain your Social Security number. Pursuant to these authorities, the Division of Gaming Enforcement is also obligated to provide your Social Security number to:
  - a. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
  - b. The Probation Division or any other agency responsible for child-support enforcement, upon request.
- H. Applications for the review of a casino key employee license must be filed with the Commission five months prior to the expiration date of the current license.
- I. Copies of this form and other Commission forms are available on the Internet at <http://www.nj.gov/casinos/licens/info/forms.html> or you may request that the form(s) be mailed to you by calling (609) 441-3441.



**DO NOT WRITE ON THIS PAGE**

**THIS PAGE FOR OFFICIAL USE ONLY**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Any one of the following:

\_\_\_\_\_ United States Passport Expiration Date \_\_\_\_\_

\_\_\_\_\_ Certificate of Naturalization

\_\_\_\_\_ USCIS Identification Card Expiration Date \_\_\_\_\_

Specify Status \_\_\_\_\_

OR, any two of the following:

\_\_\_\_\_ Certified Birth Certificate

\_\_\_\_\_ Motor Vehicle Operator's License Expiration Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_

\_\_\_\_\_ U.S. Military Card

\_\_\_\_\_ Student Identification

\_\_\_\_\_ Government Identification Card

Specify \_\_\_\_\_

\_\_\_\_\_ Commission License or Registration

Specify \_\_\_\_\_

\_\_\_\_\_ Foreign Passport

Country \_\_\_\_\_ USCIS Expiration Date \_\_\_\_\_

Comments:

Authorized

by: \_\_\_\_\_

Date:

\_\_\_\_\_

**IMPORTANT**

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION.**

**THE COMMISSION WILL  
AFFIX A PHOTOGRAPH HERE.**





## RESIDENCE DATA

5. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past 10 years or since the age of 18, whichever is less.

DATES		ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY & ZIP CODE)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

### FAMILY/SOCIAL DATA

6. Circle your current marital status:     Single     Married     Civil Union     Legally separated     Divorced     Widow/Widower

How many times have you been married or entered into a civil union?: \_\_\_\_\_

Provide the information listed below regarding each marriage or civil union.

WHEN AND WHERE	NAME OF SPOUSE OR CIVIL UNION PARTNER AND FORMER SPOUSE(S) OR CIVIL UNION PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET # OF DIVORCE ACTION (IF KNOWN)	PRESENT ADDRESSES OF SPOUSE OR CIVIL UNION PARTNER AND/OR FORMER SPOUSE(S) OR CIVIL UNION PARTNER(S) (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)

7. List all family members of you and your spouse or civil union partner. Family members include parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, brothers-in-law and sisters-in-law, whether by the whole or half blood, by marriage, adoption or natural relationship. Former spouses need not be included.

RELATIONSHIP	NAME	ADDRESS	DATE OF BIRTH	PHONE NUMBER	NAME OF PARENTS

7. (Cont.)

RELATIONSHIP	NAME	ADDRESS	DATE OF BIRTH	PHONE NUMBER	NAME OF PARENTS

## MILITARY SERVICE DATA

8. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States?

Yes  No

If yes, provide the following information:

Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Period(s) of Active Service:

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

9. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: \_\_\_\_\_

Type of discharge(s): \_\_\_\_\_

Attach a copy of your military record (DD214) labeled as Exhibit 9. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214 labeled as Exhibit 9. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)?

Yes  No

If yes, give details of the charge(s) and their disposition(s).

## EDUCATIONAL DATA

11. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED
FROM: (MO/YR)	TO: (MO/YR)			

## EMPLOYMENT AND LICENSING DATA

12. In the chart below, provide the information regarding your employment for the past ten years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (\*) any gaming-related employment (such as casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.).

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM: (MO/YR)	TO: (MO/YR)					

13. With regard to the previously listed employments:

- (a) Were you ever discharged, suspended or asked to resign from employment? Yes  No
- (b) During the last 10 year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes  No

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION



14. Have you ever applied in New Jersey or any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

Yes  No

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

15. Have you or has your spouse ever had any license, permit, or certification denied, suspended or revoked by a governmental agency in New Jersey or anywhere else? (Do not include driver's license.)

Yes  No

If yes, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purpose of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses driving while intoxicated/impaired motor vehicle offenses and violation of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

INSTRUCTIONS:

- A. Answer "yes" and provide all information to the best of your ability EVEN IF:
  - 1. You did not commit the offense charged;
  - 2. The charges were dismissed or subsequently downgraded to a lesser charge ;
  - 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
  - 4. You were not convicted;
  - 5. You did not serve any time in prison or jail; or
  - 6. The charges or offenses happened a long time ago.
  
- B. Answer "no" IF:
  - 1. You have never been arrested or charged with any crime or offense;
  - 2. The records relating to a charge, an arrest or conviction have been expunged or other wise officially sealed by a court or government agency; AND
  - 3. You attach a copy of the expungment or sealing order to this application labeled as Exhibit 16.

16. Have you, your spouse, or any of your children ever been arrested or charged with any crime or offense in New Jersey or any other jurisdiction?

Yes  No

If yes, complete the chart on the following page:

16. (Cont.)

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

17. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

18. In the past ten years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).

Yes  No

If yes, complete the following chart:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

### VEHICLE OPERATOR DATA

19. Do you possess a current motor vehicle operator license? Yes  No

If yes, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you by the State of New Jersey or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

### FINANCIAL DATA

20. List any businesses in which you have held an ownership interest for the past twenty years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you owned stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)	ADDRESS(ES) OF OTHER OWNER(S)
FROM: (MO/YR)	TO: (MO/YR)					

21. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_

IRS Office Location: \_\_\_\_\_

Attach to the back of this form and label as Exhibit 21, a copy of each IRS Form 1040 and Form 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

22. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NAME & ADDRESS OF TRUSTEE

23. In the past twenty years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes  No

If yes, complete for following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NAME & ADDRESS OF FILING PARTY	NAME & ADDRESS OF TRUSTEE

24. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME & ADDRESS OF HOLDER OF OBLIGATION

25. During the last ten year period, have you been:

- (a) An executor(trix), administrator or other fiduciary of any estate;
- (b) A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
- (c) A settlor/grantor, beneficiary or trustee of any trust?

Yes  No

If yes, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

26. During the last ten year period have you had any right of ownership in, control over or interest in any foreign bank account(s)?

Yes  No

If yes, complete the following chart:

DATE		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				



27. During the last ten year period, have you or has your spouse or any of your children, while dependent, received a loan in excess of \$10,000?

Yes  No

If yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

28. During the last ten year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000?

Yes  No

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

29. Have you or has your spouse or any of your children, while dependent, filed any claims in excess of \$100,000 under any fire, theft, automobile or insurance policy within the past ten year period?

Yes  No

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

30. During the last five year period, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded \$10,000 in value in any one year period?

Yes  No

If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

31. In the chart below, list all real estate interests other than those listed on page 34, Schedule "E", which either you, your spouse or any of your children, while dependent, has held during the last ten year period regardless of whether such interest was held under a recorded or unrecorded instrument.

LOCATION	DATE ACQUIRED	PURCHASE PRICE	DATE DISPOSED	DISPOSITION PRICE

32. In the past ten years or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

33. a) Do you have any bank accounts or safe deposit boxes in your name?

Yes  No

b) Do you have access to the funds in any other bank accounts or safe deposit boxes?

Yes  No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

## NET WORTH STATEMENT -- ASSETS AND LIABILITIES

**NOTE:** Complete the financial statements on pages 30 through 45 and copy the totals in the appropriate space below. If using fill-in form, total will post automatically.

34. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. Cash			
a) On Hand		a) <input style="width: 50px;" type="text"/>	
b) In bank (Schedule A)		b) <input style="width: 50px;" type="text"/>	b) <input style="width: 50px;" type="text"/>
2. Notes Receivable (Schedule B)			
3. Loans and Other Receivables (Schedule C)			
4. Securities (Schedule D)			
5. Real Estate Interests (Schedule E)			
6. Cash Value Life Insurance (Schedule F)			
7. Cash Value Pension/Retirement Funds (Schedule G)			
8. Furniture and Clothing (Reasonable Estimate)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	
9. Vehicles (Schedule H)			
10. Other (Schedule I)			
<b>TOTAL ASSETS</b>			

35. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
11. Notes Payable (Schedule J)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
12. Loans and Other Payables (Schedule K)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
13. Taxes Payable (Schedule L)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
14. Mortgages or Liens on Real Estate (Schedule M)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
15. Loans Against Insurance/Pensions (Schedule N)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
16. Other Indebtedness (Schedule O)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<b>TOTAL LIABILITIES</b>		
<b>NET WORTH</b>		
Total Assets (From Column B) less		
Total Liabilities (From Column D)		
17. Contingent Liabilities (Schedule P)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Date of Statement \_\_\_\_\_  
 Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

## SCHEDULE "A" - CASH IN BANK

36. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	<b>BALANCE</b>
						<div style="background-color: #cccccc; width: 100px; height: 20px; margin-bottom: 5px;"></div> <b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 1b, column B on page 29.)

## SCHEDULE "B" - NOTES RECEIVABLE

37. List below all notes receivable held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DATE DUE	NATURE OF SECURITY, IF ANY, INDICATE IF UNSECURED	CURRENT BALANCE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
			\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span> <b>TOTAL ORIGINAL LOAN AMOUNT(S)</b> (Enter this figure in item 2, column A on page 29.)					\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span> <b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 2, column B on page 29.)

## SCHEDULE "C" - LOANS AND OTHER RECEIVABLES

38. List below all loans and other receivables held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/ RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE	CURRENT BALANCE
<input type="checkbox"/>								
			\$ <input style="width: 80px;" type="text"/> <b>TOTAL ORIGINAL LOAN AMOUNT(S)</b> (Enter this figure in item 3, column A on page 29.)					\$ <input style="width: 80px;" type="text"/> <b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 3, column B on page 29.)





## SCHEDULE "E" - REAL ESTATE INTERESTS

40. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
						\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span> <b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 5, column A on page 29.)		
						\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span> <b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 5, column B on page 29.)		

## SCHEDULE "F" - CASH VALUE - LIFE INSURANCE

41. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER	POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
							<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p style="text-align: center;">\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span></p> <p style="text-align: center;"><b>TOTAL CASH SURRENDER VALUE</b> (Enter this figure in item 6, column B on page 29.)</p> </div>

## SCHEDULE "G" - CASH VALUE - PENSION/RETIREMENT FUNDS

42. Indicate below the information requested with regard to the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD	EMPLOYER/ INSTITUTION	ACCOUNT NUMBER, IF ANY	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
					\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span>		
					<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (Enter this figure in item 7, column A on page 29.)	<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 7, column B on page 29.)	

## SCHEDULE "H" - VEHICLES

43. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
						\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
						<b>TOTAL COST(S) OF VEHICLES</b> (Enter this figure in item 9, column A on page 29.)	<b>TOTAL CURRENT MARKET VALUE OF VEHICLES</b> (Enter this figure in item 9, column B on page 29.)

\* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

\*\*If leased, enter the sum of the down payment plus monthly payments to date as the total cost.



## SCHEDULE "J" - NOTES PAYABLE

45. List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>										
							\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>			\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
							<b>TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE</b> (Enter this figure in item 11, column C on page 29.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 11, column D on page 29.)

## SCHEDULE "K" - LOANS AND OTHER PAYABLES

46. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
							\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span>			\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span>
							<b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b> (Enter this figure in item 12, column C on page 29.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 12, column D on page 29.)



## SCHEDULE "L" - TAXES PAYABLE

47. List below the information requested with regard to all taxes payable for which you, your spouse, or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
<input type="checkbox"/>			<input type="text"/>		
			\$ <input style="width: 50px;" type="text"/>		\$ <input style="width: 50px;" type="text"/>
			<b>TOTAL ORIGINAL TAX OBLIGATION(S)</b> (Enter this figure in item 13, column C on page 29.)		<b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 13, column D on page 29.)

## SCHEDULE "M" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

48. List below the information requested with regard to all mortgages or liens payable on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
				\$ <input style="width: 50px;" type="text"/>				\$ <input style="width: 50px;" type="text"/>
				<b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 14, column C on page 29.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 14, column D on page 29.)



## SCHEDULE "O" - ANY OTHER INDEBTEDNESS

50. List below the information requested with regard to any other indebtedness, including rent, for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
						\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
						<b>TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS</b> (Enter this figure in item 16, column C on page 29.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 16, column D on page 29.)

## SCHEDULE "P" - CONTINGENT LIABILITIES

51. List below the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
						\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span>	\$ <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 15px;"></span>
						<b>TOTAL ORIGINAL CONTINGENT LIABILITIES</b> (Enter this figure in item 17, column C on page 29.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 17, column D on page 29.)

52. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

REFERENCE TWO

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

REFERENCE THREE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

53. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**



# STATEMENT OF TRUTH

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

SS:

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

\_\_\_\_\_, being duly sworn  
(PRINT NAME)

according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
(Signature of Applicant)

Subscribed and sworn to

before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
STATE



**DECLARACION DE VERDAD**

ESTADO DE \_\_\_\_\_:

SS:

CONDADO DE \_\_\_\_\_:

\_\_\_\_\_, siendo debidamente jurado  
de acuerdo a la ley depone y dice:

1. Yo soy el solicitante quien esta sometiendo esta planilla.
2. Yo suministre personalmente la informacion contenida en esta planilla.
3. Yo entiendo y leo Inglis, o e tenido un interprete leer, explicar y notar las contestaciones de cada y una pregunta en esta planilla.
4. Yo juro (o afirmo) que las declaraciones echas por mi anteriormente son ciertas. Tengo conocimiento que si algunas de las declaraciones echas por mi anteriormente son intencionalmente falsas, estoy sujeto a un castigo.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
*(Signature of Applicant)*

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
STATE

**RELEASE AUTHORIZATION**

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.

I, \_\_\_\_\_, have authorized the  
*(PRINT NAME)*

New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement or the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
*(Signature of Applicant)*

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
STATE

