

PERSONAL FINANCIAL QUESTIONNAIRE

Date _____

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone _____ Email _____

Submitted in connection with application for Registration for:

Name of Gaming Licensee

1. Do you anticipate active participation in the management and operation of the gaming licensee?
Yes No If yes, attach detailed description of activity anticipated.

2. Amount to be invested in the business \$ _____
Percentage of ownership this will represent _____

3. Investment will be derived from the following sources:
(Submit executed agreements for all financial transactions and documentation of investment.)

4. Has your interest in this gaming licensee or holding company been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole?
Yes No ; if yes provide additional information on page 5.

5. Have any individual, city, county, state, or Federal liens been filed against you as an individual, sole proprietor, member of a partnership, owner of a corporation, or similar capacity? Yes No
If yes, provide details on separate sheet.

6. Has your Federal Income Tax Return ever been audited or adjusted? Yes No
If yes, provide details on separate sheet.

7. Last Federal Income Tax Return was filed _____ for year _____ at

City State

8. Do you own or control any assets or liabilities located outside the United States? Yes No
 If yes, provide details on appropriate schedule or on a separate sheet.
9. Do you hold any assets in a Trust? Yes No
 If yes, list Trusts and generally describe the Asset held therein.
10. Do you control, manage, or hold in trust any assets or liabilities for another person or entity? Yes No
 Provide details under remarks on page 5.

11. Annual Income \$ _____

Salary	\$ _____
Interest	\$ _____
Dividends	\$ _____
Other (Describe)_____	\$ _____
Other (Describe)_____	\$ _____
Other (Describe)_____	\$ _____

STATEMENT OF ASSETS

as of _____
Date

List all assets, both tangible and intangible, on the appropriate line below. Enter the amount as of the date of this statement.

ASSETS:	Original Cost/ Investment	Market Value
Cash on Hand.....	\$ _____	\$ _____
Cash in Financial Institutions.....	_____	_____
Accounts and Notes Receivable	_____	_____
Marketable Securities	_____	_____
Business Investments	_____	_____
Fixed Assets	_____	_____
OTHER ASSETS:		
.....	_____	_____
TOTAL ASSETS	\$ _____	\$ _____

STATEMENT OF LIABILITIES

as of _____
Date

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement.

LIABILITIES:	Original Amount	Present Balance
Accounts Payable (credit cards, etc.).....	\$ _____	\$ _____
Taxes Payable	_____	_____
Notes Payable	_____	_____
Mortgages Payable.....	_____	_____
Other Liabilities.....	_____	_____
TOTAL LIABILITIES.....	\$ _____	\$ _____
NET WORTH		\$ _____
CONTINGENT LIABILITIES		\$ _____

