

New Mexico Business Gaming Application

(REVISED SEPTEMBER 1999)

New Mexico Gaming Control Board

6400 Uptown Blvd. NE-Suite 100-E
Albuquerque, NM 87110
Phone: (505) 841-9700
Fax: (505) 841-9725
WEB: WWW.NMGCB.ORG

STATE OF NEW MEXICO

GAMING CONTROL BOARD

6400 Uptown Blvd. NE, Suite 100-E
Albuquerque, NM 87110
Phone (505) 841-9700
FAX (505) 841-9725



Gary Johnson
Governor

Janet Jessup
Executive
Director

A MESSAGE FROM THE DIRECTOR:

Dear Applicant:

Thank you for your interest in becoming a gaming business operating in New Mexico.

The licensing or certification process you will be undergoing is a rigorous one designed to support the Gaming Control Act's purpose of ensuring that the citizens of New Mexico can enjoy gaming in a fair and honest environment. The information requested in this application is very extensive, but only by qualifying and regulating carefully those who become involved in gaming can we protect the public interest. We take our regulation of the industry very seriously, starting with the investigation of applications for gaming license and certifications.

During the licensing or certification process, we will conduct a thorough investigation of your business's background, as well as all the persons affiliated with your business. The results of this investigation will be presented to the Gaming Control Board, which will consider your application for the privilege of conducting business in our state.

I wish you all the best in your endeavors in New Mexico. My staff and I look forward to working with you.

Sincerely,

A handwritten signature in cursive script that reads "Janet Jessup".

Janet Jessup, Executive Director
New Mexico Gaming Control Board

GAMING LICENSE AND CERTIFICATION DEFINITIONS

MANUFACTURER'S LICENSE is required for all persons who manufacture, fabricate, assemble, produce, program, refurbish or make modifications to any gaming device for use or play in New Mexico or for sale, lease, or distribution outside of New Mexico from any location within the state. This does not include licensed operators or retailers making incidental repairs on machines leased or distributed by them.

DISTRIBUTOR'S LICENSE is required for any person who sells, leases or distributes gaming devices to a gaming operator in New Mexico; who is the first receiver of gaming devices in the state; or who imports gaming devices into New Mexico, excluding Operator Licensees.

GAMING OPERATOR'S LICENSE is required for any person who conducts gaming in New Mexico on non-Indian land. There are Nonprofit Operator Licenses and Racetrack Operator Licenses

CERTIFICATION OF FINDING OF SUITABILITY is required for certain persons who are directly or indirectly involved with licensees, such as those doing business on the licensee's premises or as otherwise set forth in 15 NMAC 1.5.16.

APPLYING FOR YOUR Business Gaming License

1

PICK UP YOUR APPLICATION

Applications can be obtained by mail from:

New Mexico Gaming Control Board
6400 Uptown Blvd. NE, Suite 100-E
Albuquerque, NM 87110

Or picked up in person at:

6400 Uptown Blvd. NE, Suite 100-E
Albuquerque, NM 87110

2

FILL OUT YOUR APPLICATION

Items you must provide:

- Application forms (*completed & signed*)
- Supporting documentation as specified on the attached Application Instructions Checklist

3

SUBMIT YOUR APPLICATION

Mail to:

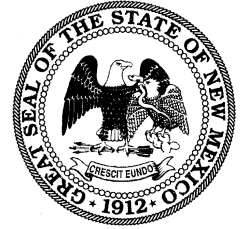
New Mexico Gaming Control Board
6400 Uptown Blvd. NE, Suite 100-E
Albuquerque, NM 87110

Or drop off at:

6400 Uptown Blvd. NE, Suite 100-E
Albuquerque, NM 87110

Make check or money order payable to **New Mexico Gaming Control Board**

- 1 APPLICATION FULLY COMPLETED IN BLACK INK**
Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Gaming Control Board office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.
- 2 ALL FORMS SIGNED & ATTACHED**
The following accompanying forms must be signed and returned with the application:
- Affirmation & Consent
 - Investigation Authorization/Authorization to Release Information
 - Applicant's Request to Release Information (leave top line of form blank)
 - Tax Information Authorization for Disclosure - Internal Revenue Service
 - Tax Information Authorization for Disclosure - New Mexico Taxation and Revenue Department
- 3 ALL REQUESTED INFORMATION ATTACHED**
The following information must be attached, if applicable:
- All applicable information requested on pages 1 through 15 of the application
 - Trade Name Registration if applicable
 - Certificate of authority to do business in the state of New Mexico if incorporated outside NM
 - Copy of Articles of Incorporation, including amendments and restated articles
 - Articles of Organization, including amendments
 - Bylaws
 - Organizational minutes and/or other corporate records reflecting ownership and election of officers
 - Partnership Agreement, including amendments
 - Trust Agreement, including amendments
 - If a corporation, biennial reports and SEC filings for past 3 years and meeting minutes from past 12 months
 - If partnership, list of the amount and date of each capital contribution of any partner to the applicant
 - For manufacturers and distributors, a description of the business and a list of the make and types of machines to be manufactured or distributed
- NOTE:** The Gaming Control Board reserves the right to request additional information and documentation throughout consideration of this application.
- 4 APPLICATIONS FOR AFFILIATED PERSONS ATTACHED**
Submit Key & Affiliated Person Application forms for any person holding 5% or more effective ownership interest in either a privately held company or publicly traded corporation and/or officers, directors, partners, general partners, limited partners, trustees, beneficiaries and key executives, whether they have an ownership interest or not. In addition, submit Key & Affiliated Person Application forms for any other persons, as directed by the application and supplemental forms.
- 5 APPLICATION FEES AND BACKGROUND DEPOSIT**
Submit appropriate license, application and background fees.
- Manufacturer: \$10,000 nonrefundable license fee; \$10,000 background deposit.
 - Distributor: \$5,000 nonrefundable license fee; \$5,000 background deposit.
 - Operator (racetrack): \$25,000 nonrefundable license fee; \$25,000 background deposit.
 - Certification of Finding of Suitability: \$25 nonrefundable fee.
- *New Mexico law requires applicants to fund the cost of their background investigations. Investigative fees are based on a rate of \$50 per hour for time spent during investigations, and charges for all out-of-pocket expenses incurred during the investigation, such as travel costs and costs to reproduce documents. Excess background deposits will be refunded upon issuance of license. Actual investigation fees and costs in excess of deposits must be paid to the Board within 30 days of notice of actual fees and costs.
- Check or money order payable to: **NEW MEXICO GAMING CONTROL BOARD**
- 6 MAIL OR BRING IN APPLICATION**
Mail application to New Mexico Gaming Control Board, 6400 Uptown Blvd. NE, Suite 100-E, Albuquerque, NM 87110, or drop off at 6400 Uptown Blvd. NE, Suite 100-E, Albuquerque, NM 87110.



New Mexico Gaming Control Board
BUSINESS GAMING APPLICATION
 (REVISED SEPTEMBER 1999)

<u>LICENSE TYPE</u>	<u>LICENSE FEE</u>	<u>BACKGROUND DEPOSIT</u>	<u>TOTAL</u>
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	_____
<input type="checkbox"/> Distributor	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 5,000	_____
<input type="checkbox"/> Racetrack Operator	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000	_____
<input type="checkbox"/> Cert of Finding of Suitability	<input type="checkbox"/> \$ 25 * _____ =		_____
<u>TOTAL FEES AND BACKGROUND DEPOSITS REMITTED</u>			_____

Applicant's Name			Control Number (Assigned by Gaming Control Board)		
Doing Business As(DBA) & Trade Names			E-mail Address		
Street Address of Gaming Business (Required for Operator applicants)					Business Phone Number ()
City	State	Zip	Business FAX Number ()		
Mailing Address, if different from Street Address (city, state, zip)					

On a separate sheet, list all principal places of business for the past 10 years if different from above.

Primary Contact Person for Business		Title	Primary Contact Phone Number ()	
Primary Contact Address (city, state, zip)		Primary Contact FAX Number ()		
Type of Business Structure				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Co	<input type="checkbox"/> C Corporation
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Publicly Traded Corp	<input type="checkbox"/> Trust	<input type="checkbox"/> Other	
State of incorporation or creation of business entity				Date
Date of qualification to conduct business in New Mexico (IF CORPORATION, PROVIDE CERTIFICATE OF AUTHORITY OR EQUIVALENT FROM NM STATE CORP COMMISSION)				
If a corporation, list all states where corporation is authorized to conduct business				
List all names used by the business entity (other than above)				

Attach copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.

If a corporation, attach copies of biennial reports and SEC filings, if any, for past three years, and all minutes from all corporate meetings in the past 12 months.



Premises Information (For Operators)

Total Square Footage of the Building (Gross Building Area)	Total Square Footage to Be Licensed for Gaming	Anticipated # of Gaming Devices
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Attach 8-1/2" x 11" drawing to scale of the building and each floor in which gaming will be conducted. Also attach a copy of your lease, rental agreement or other proof of legal possession of the premises.

OWNERSHIP STRUCTURE

List all persons and/or entities with ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons affiliated with such entity; their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interests. A Key & Affiliated Person Application form must be submitted for each person with a direct or indirect interest in the company, including officers, directors, equity security holders of 5% or more, partners, general partners, limited partners, trustees, beneficiaries, key executives and any other individuals who exert significant influence in the company. If a publicly traded corporation, submit recent shareholder list from your transfer agent for all shares of common and preferred stock. Make additional copies of this page, if necessary.

Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
Total Shares Authorized		Total Shares Outstanding		Type of Shares Issued <input type="checkbox"/> Preferred <input type="checkbox"/> Common
Are there any outstanding options and warrants? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, attach list of persons with outstanding options and warrants				
Are there any other persons, other than those listed in the ownership structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the gaming venture or who will enter into a contract or contracts with the applicant to manage its gaming operations or to conduct business in the applicant's gaming establishment or business operation? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, attach list of persons and submit Key & Affiliated Person Application forms for each and attach copies of all agreements and/or contracts.				

OWNERSHIP STRUCTURE EXAMPLE

DBF CASINO CORP. —A privately held company (Applicant)

<u>Affiliated Person</u>	<u>Title</u>	<u>Ownership</u>	<u>Effective Own.</u>
Sarah Braunis	President	50%	50%
Dewey Cheatham	Shareholder	20%	20%
Elvis Ganzemacher	Director	0%	0%
TWF Gaming Inc.		30%	30%
Mervyn P. Merdstone	CEO	(50%)	15%
KMA Enterprises		(50%)	15%
Rhoda Reuter	Owner	((100%))	15%

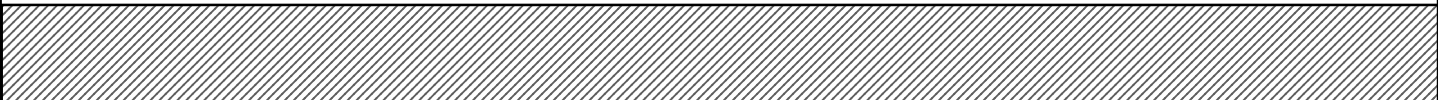
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
SARAH BRAUNIS	PRESIDENT	123-45-6789	06/06/56	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
2323 MOCKINGBIRD LANE, YREKA, CA 98000			(666) 666-1212	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
DBF CASINO CORP.		50.0%	50.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
DEWEY CHEATHAM	SHAREHOLDER	222-33-4444	12/03/48	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
1616 COLFAX AVE., DENVER, CO 80222			(303) 555-2222	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
DBF CASINO CORP.		20.0%	20.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
ELVIS GANZEMACHER	DIRECTOR	555-66-7777	09/14/63	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
444 TROPICANA DR., LAS VEGAS, NV 89111			(702) 555-4444	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
DBF CASINO CORP.		0.0%	0.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
TWF GAMING INC.	SHAREHOLDER	88-8888888		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
2700 BROADWAY NE, JAL, NM 87001			(505) 555-7879	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
DBF CASINO CORP.		30.0%	30.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
MERVYN P. MERDSTONE	CEO	456-78-9012	10/10/50	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
1313 BLUEVIEW TERRACE, ANTON CHICO, NM 87333			(505) 555-1300	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
TWF GAMING INC.		50.0%	15.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
KMA ENTERPRISES	SHAREHOLDER	88-9999999		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
2709 CALLE WISTFUL VISTA, GALLINA, NM 87567			(505) 555-2456	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
TWF GAMING INC.		50.0%	15.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
RHODA REUTER	OWNER	987-65-4321	04/16/55	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone	
4700 WEST 59TH ST, PIE TOWN, NM 87876			(505) 555-1616	
Business Affiliated With (Parent business or sub-entity)		Own. % in Business Affiliated With	Effective Own. % in Applicant	
KMA ENTERPRISES		100.0%	15.0%	

LICENSING HISTORY

- 1. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever applied for a gaming license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for. YES NO
- 2. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been denied a gaming license, withdrawn a gaming license or had any disciplinary action taken against any gaming license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. YES NO
- 3. Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant in good corporate standing in New Mexico, as certified by the New Mexico State Corporation Commission or its successor agency, the Public Regulation Commission, and in all other states where it is authorized to transact business? If NO, provide details on a separate sheet. YES NO
- 4. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been charged with, or convicted of, any illegal gaming activity in New Mexico or any other jurisdiction? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. YES NO

FINANCIAL HISTORY

- 1. Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency. YES NO
- 2. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, internet casino, card room, bingo parlor or pull tabs, whether or not a license to hold such interest was applied for or received? If YES, provide details on a separate sheet. YES NO
- 3. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court. YES NO
- 4. Does the applicant, the applicant's parent company or any other intermediary affiliate of applicant now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or another name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status? If YES, provide details on a separate sheet. YES NO
- 5. Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet. YES NO
- 6. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary affiliate of applicant? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. YES NO



Applicant's Printed Name	Fed Tax ID	CRS ID#
Authorized Signature		Date

FINANCIAL HISTORY (Continued)

7. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been a party to a lawsuit, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant filed a business tax return in the past three years? If YES, attach all business tax returns filed in the past three years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Is the business a prospective business or has it recently begun operations? If so, submit an estimated beginning balance sheet (proforma) and a statement of amount(s) and source(s) of funding for the business and specific documentation to support the declaration.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Is the business a party to a lease ? If YES, attach copies of all leases to which the business is a party.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does the applicant have a compliance committee or compliance officer? If YES, attach a copy of compliance committee minutes or compliance officer reports from the past 12 months.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Has any interest or share in the profits from gaming been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO

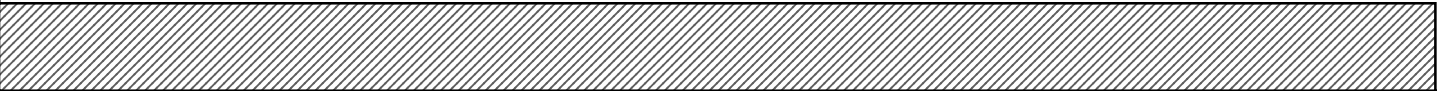
FINANCIAL HISTORY ATTACHMENTS

1. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.	
2. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.	
3. Attach balance sheets and profit and loss statements, certified by independent certified public accountant(s) covering the last three years for the applicant, the applicant's parent company and any intermediary affiliates of applicant.	
4. If the business entity has been in business for less than three years, attach balance sheets and profit and loss statements from the time of commencement of business operations and projected for three years from the time of commencement of business operations.	
5. Attach a list of remuneration to persons other than directors, officers, and key executives, exceeding \$50,000 per year.	
6. Attach a description of any bonus or profit-sharing arrangements within your organization.	

**ANY CHANGES IN OWNERSHIP OR BUSINESS STRUCTURE,
MUST BE DISCLOSED TO THE BOARD.**

Person who maintains applicant's business records	Title
Address	Phone Number
Person who prepares applicant's tax returns, government forms & reports	Title
Address	Phone Number

Location of financial books and records for applicant's business



Applicant's Printed Name (Last Name, First Name, Middle Name)

Signature of Applicant	Date
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Schedule A
STATEMENT OF PRE-OPENING CASH
 New Mexico Business Gaming Application

A. Funds Available Prior to Opening:	Totals
1. Current investments (attach schedule providing detail as to who invested the money and what interest in the firm or entity they received for their investment.)	\$
2. Current loans from lending institutions (attach schedule identifying the institution date of each loan, the terms of each loan, and original and current balance).	\$
3. Current loans from individuals and other business entities (attach schedule identifying the individual or business, date of each loan, the terms of each loan, and original and current balance).	\$
4. Anticipated investments (attach schedule providing detail as to who will invest the money and what interest in the firm or entity they will receive for their investment).	\$
5. Anticipated loans from lending institutions (attach schedule certifying the institution and terms of the loan).	\$
6. Anticipated loans from individuals and other business entities (attach schedule identifying the the individuals and other business entities and the terms of each loan).	\$
Total Funds Available Prior to Opening:	\$
B. Expenditure or Disposition of Available Funds Prior to Opening:	
1. Prepaid Gaming Taxes and Licenses:	
a. Federal Government Tax & Fees	\$
b. Application Fees	\$
Background Investigation Fee	\$
c. Other (describe)	\$
Total Prepaid Gaming Taxes and Licensing Related Fees	\$
2. Other License Fees (Attach Schedule)	\$
3. Incurred Expenditures for:	
a. Building, Including Construction and Repair (Attach Schedule)	\$
b. Equipment (Attach Schedule)	\$
c. Supplies (Attach Schedule)	\$
d. Attach all Other Pre-Opening Expenditures (Salaries, Advertising, Deposits, Etc.) (Attach Schedule)	\$
4. Anticipated Expenditures for:	
a. Building, Including Construction and Repair (Attach Schedule)	\$
b. Equipment (Attach Schedule)	\$
c. Supplies (Attach Schedule)	\$
Total Pre-Opening Cash Used	\$
C. Cash Available for Operation (A Minus B)	\$
Show in What Form This Cash Will Be:	
a. Bank	\$
b. Other Cash Register Funds	\$
c. Other (Describe)	\$
Total Opening Cash	\$
Printed Full Legal Name of Agent (Last Name, First Name, Middle Name)	
Signature of Authorized Agent	Date

First-Year Cash Flow Projections¹ for Manufacturers & Distributors

New Mexico Business Gaming Application

Applicant's Name	Total All Operations ²	NM Gaming Operations ²	Other NM Operations (Describe) ²
Twelve-Month Period Ended			
1. INCOME ³			
2. Total Gross Revenue			
3. Less Cost of Sales Including the Cost of Gaming Machines & Associated Equipment			
4. GROSS MARGIN (Line 2 - Line 3)			
5. DIRECT EXPENSES ³			
6. Percentage Commissions			
7. Gaming Taxes and Licenses			
8. Payroll Taxes and Benefits			
9. Payroll -- Officers and Owners			
10. Payroll -- Other Employees			
11. Other Direct Expenses (Including Compulsive Gaming Expenses)			
12. Total Direct Expenses (Sum of Lines 6 through 11)			
13. NET INCOME BEFORE G & A EXPENSE (Line 4 - Line 12)			
14. GENERAL AND ADMINISTRATIVE EXPENSES ³			
15. Advertising and Promotion			
16. Depreciation and Amortization			
17. Other Taxes and Licenses ⁴			
18. Interest Expense			
20. Rent of Premises			
21. Payroll Taxes and Benefits			
22. Payroll -- Officers and Owners			
23. Payroll -- Other Employees			
24. Other G and A Expenses (Describe)			
25. Total G and A Expenses (Sum of Line 15 through Line 24)			
26. NET OPERATING INCOME (Line 13 - Line 25)			
27. Add Back Non-Cash Expenses ⁵ (Line 16)			
28. INCREASE IN CASH (Line 26 + Line 27)			
29. Add Beginning Cash (From Schedule A)			
30. CASH AVAILABLE (Line 28 + Line 29)			
31. Less Debt Payments			
32. NET CASH			

INSTRUCTIONS

1. Record on this schedule the anticipated results of your operations for a full 12 months.
2. Round all amounts to the nearest ten, hundred, or thousand dollars, whichever is most appropriate.
3. Attach supplementary schedules to explain or clarify assumptions used in calculating revenues and expenses.
4. Include taxes outstanding at the end of the first year which will be paid when filing Federal & State income taxes in the following year.
5. Add back non-cash expenses (line 28). This will generally be "depreciation and amortization expense" amounts.

First-Year Cash Flow Projections¹ for Race Track Operating

New Mexico Business Gaming Application

Applicant's Name	Total All Operations ²	Gaming Operations ²	Food & Beverage Amount ²	Other Operations (describe) ²	Other Operations (describe) ²
Twelve-Month Period Ended					
1. INCOME					
2. Gross revenue (but for gaming operations show expected gross coin-in)					
3. Cost of Sales ⁴ (for gaming operations, show expected payout)					
4. GROSS MARGIN (Line 2 - Line 3)					
5. DIRECT EXPENSES ³					
6. Cost of purchasing, leasing and/or servicing gaming machines & assoc. equip.					
7. Gaming Taxes					
8. Payroll Taxes and Benefits					
9. Payroll -- Officers and Owners					
10. Payroll -- Other Employees					
11. Other Direct Expenses (Describe)					
12. Total Direct Expenses (Sum of Lines 6 through 11)					
13. NET INCOME BEFORE G & A EXPENSE (Line 4 - Line 12)					
14. GENERAL AND ADMINISTRATIVE EXPENSES ³					
15. Advertising and Promotion					
16. Depreciation and Amortization					
17. Other Taxes and Licenses ⁴					
18. Debt Principal & Interest Expenses (Attach Schedule)					
19. Music and Entertainment Expenses (Describe)					
20. Rent of Premises					
21. Payroll Taxes and Benefits					
22. Payroll -- Officers and Owners					
23. Payroll -- Other Employees					
24. Other G and A Expenses (Describe)					
25. Total G and A Expenses (Sum of Line 15 through Line 24)					
26. NET OPERATING INCOME (Line 13 - Line 25)					
27. Add Back Non-Cash Expenses ⁵ (Line 16)					
28. INCREASE IN CASH from Operations (Line 26 + Line 27)					
29. Add Operating Cash (From Schedule A)					
30. Ending CASH (Line 28 + Line 29)					

INSTRUCTIONS

- Record on this schedule the anticipated results of your operations for a full 12 months.
- Round all amounts to the nearest ten, hundred, or thousand dollars, whichever is most appropriate.
- Attach supplementary schedules to explain or clarify assumptions used in calculating all income and expenses.
- Cost of sales is the cost of merchandise sold. For gaming operations, show estimated payout only.
- Add back non-cash expenses (line 28). This will generally be "depreciation and amortization expense" amounts.

AFFIRMATION & CONSENT

Applicant's Printed Name

I, _____, as authorized agent of the Applicant, state under penalty of perjury that the entire Gaming Application, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license or certification by the State of New Mexico. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a gaming license or certification or the revocation of the license or certification. I am voluntarily submitting this application on behalf of the Applicant to the New Mexico Gaming Control Board under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to New Mexico law. I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a New Mexico gaming license or certification, and for 90 days following the expiration or surrender of such gaming license or certification. I understand that further information may be requested of the Applicant in regard to this application, and the Applicant agrees to supply such information upon request. I also agree that the State of New Mexico, its agencies, officers and assigns, shall be entitled to collect from the Applicant all expenses incurred in recovery of any debt created by this application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs.

Applicant's Business Name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	Date

Subscribed and sworn to before me this _____ day of _____
(day) (month) (year)

In _____ County, _____
(state)

My commission expires: _____ Signed: _____
(Notary Public)

[SEAL]

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

Title

Applicant's Printed Name

I, _____ of _____, hereby authorize the New Mexico Gaming Control Board, or its designee(s), to conduct a complete investigation into the background of the applicant applying for licensing or certification, using whatever legal means deemed appropriate by the New Mexico Gaming Control Board or its designee(s). I hereby authorize any person or entity contacted by the New Mexico Gaming Control Board or its designee(s) to provide any and all such information deemed necessary by the New Mexico Gaming Control Board or its designee(s). I hereby waive any of the applicant's rights of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the New Mexico Gaming Control Board or its designee(s) a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicant's financial records in whatever form and wherever located.

The New Mexico Gaming Control Board reserves the right to investigate all relevant information and facts to its satisfaction. I, on behalf of the applicant understand that the New Mexico Gaming Control Board or its designee(s) may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of New Mexico, the New Mexico Gaming Control Board, and other agents or employees of the State of New Mexico shall not be held liable for the receipt, use, or dissemination of inaccurate information.

I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of New Mexico, the New Mexico Gaming Control Board, and other agents or employees of the State of New Mexico for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

I further agree that the applicant does, for itself, its agents, successors, and assigns, hereby release, remise, and forever discharge the person or entity to whom the request is presented, and his agents and employees from any and all causes of action, known or unknown, that the applicant may have against the person or entity to whom this request is being presented or said person or entity's agents or employees arising out of or by reason of said person or entity's compliance with this authorization request.

The applicant hereby indemnifies and holds harmless the person or entity to whom this authorization request is presented and said person or entity's agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of compliance with this authorization and request.

Any information contained within this application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the New Mexico Gaming Control Board, shall be accessible to authorized law enforcement agents.

Authorized Signature

Applicant's Business Name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature of Authorized Agent	Date

Subscribed and sworn to before me this _____ day of _____
(day) (month) (year)

In _____ County, _____
(state)

My commission expires: _____ Signed: _____
(Notary Public)

[SEAL]

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____ FROM: _____
NMGCB Use Only *Applicant's Printed Name*

ON BEHALF OF THE APPLICANT:

1. I hereby authorize and request a review, full disclosure, and release of any and all information, materials, and documents concerning the applicant requested by the New Mexico Gaming Control Board ("Board"), its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I understand that by signing this request, a financial records check will be conducted. I authorize the person named above to release to the Board, its agents, or employees, a complete and accurate record of the applicant's financial transactions, including but not limited to internal banking memoranda, past and present loan applications, checking account records, savings deposit records, safe deposit box records, securities transactions, and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.
3. I authorize the Board, its agents, or employees to determine the person or entity to whom this Request is to be presented and to insert that person's or entity's name in the appropriate location in this Request.
4. I understand that the Board, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Board, the State of New Mexico, and the agents and employees of either, will not be held liable for inaccurate information.
5. If this Request is not sufficient to obtain access to certain records, I understand that I or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Board, its agents, or employees in reviewing the application.
6. I understand that I may revoke this Request in writing on behalf of the applicant, at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing the application.
7. This Request is valid for a period not to exceed 18 months from the date of execution.
8. I, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this Request, and their agents and employees, from any and all liability arising out of or by reason of complying with this Request.
9. A photocopy of this Request will be considered as valid and effective as the original.

Authorized Signature

Applicant's Business Name		Trade Name (DBA)	
Printed Full Legal Name of Agent (Last, First, Middle)		Title	
Signature of Authorized Agent			Date

Subscribed and sworn to before me this _____ day of _____
(day) (month) (year)

In _____ County, _____
(state)

My commission expires: _____ Signed: _____
(Notary Public)

[SEAL]

State of New Mexico - Taxation and Revenue Department TAX INFORMATION AUTHORIZATION

Business Name	New Mexico ID Number
Name	Social Security Number
Address	Telephone Number

Hereby authorizes _____

Address: _____ Telephone Number: _____

to represent me and/or my business pertaining to taxes administered by the New Mexico Taxation and Revenue Department.*

IF IRS INFORMATION IS INVOLVED, BE SURE TO OBTAIN FORM 2848 OR FORM 8821, AS APPLICABLE.

CHECK ALL ITEMS THAT APPLY

- | | | |
|---|-----|---|
| <input type="checkbox"/> all state taxes | FOR | <input type="checkbox"/> any year |
| <input type="checkbox"/> CRS taxes | | OR |
| <input type="checkbox"/> income taxes | | <input type="checkbox"/> specify specific year(s) _____ |
| <input type="checkbox"/> specify others _____ | | _____ |

I certify that I have the authority to execute this tax information authorization.**

Signature Title Date

Signature Title Date

* The taxpayer may limit the scope of this authorization by specifying the particular information or tax types to be handled by authorized person.

** For joint returns, both taxpayers must sign. If not signed by the taxpayer, signature must be that of a corporate officer, partner, or fiduciary on behalf of the taxpayer.

Tax Information Authorization

▶ IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

1 Taxpayer information.

Taxpayer name(s) and address (please type or print)	Social security number(s) _____	Employer identification number _____
	Daytime telephone number (____) _____	Plan number (if applicable) _____

2 Appointee.

Name and address (please type or print)	CAF No. _____ Telephone No. (____) _____ Fax No. (____) _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.)
 If you checked this box, skip lines 5 and 6.

5 Disclosure of tax information (you must check box 5a or b unless box 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
- b** If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you MUST attach a copy of any authorizations you want to remain in effect AND check this box
 To revoke this tax information authorization, see the instructions on page 2.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

..... Signature Date Signature Date
..... Print Name Title (if applicable) Print Name Title (if applicable)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Change To Note. New column (d) is added to line 3 for specific tax matters. Use column (d) to specify tax information that is to be provided by the IRS. See the line 3 instructions on page 2.

Purpose of form. Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive confidential information in any office of the IRS for the type of tax and the years or periods you list on this form.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent

you, use **Form 2848**, Power of Attorney and Declaration of Representative, instead of Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.

Taxpayer identification numbers (TINs). TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Fiduciaries. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. File **Form 56**, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a

fiduciary relationship. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

Partnership items. Sections 6221–6231 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of the above-referenced sections.

Filing the tax information authorization. File the original, photocopy, or facsimile transmission (fax) of Form 8821 with each IRS office in which you want your appointee to inspect and/or receive confidential tax information on your behalf. If Form 8821 is filed for a matter currently pending before an office of the IRS, such as an examination, file the authorization with that office. Otherwise, file the authorization with the service center where the related return was, or will be, filed. See the instructions for the related tax return for the service center addresses. Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

Specific Instructions

Line 1—Taxpayer information

Individuals. Enter your name, TIN, and street address in the space provided. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

Corporations, partnerships, or associations. Enter the name, EIN, and business address.

Employee plan. Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

Line 2—Appointee. Enter the name of your appointee. Use the identical name on all submissions. If you wish to name more than one appointee, indicate so on this line and attach a list to the form.

Note: Only the first three appointees you list will be input on the CAF.

Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee.

The CAF number is a number that the IRS assigns to appointees. The appointee must use the CAF number on all future Forms 8821 or 2848. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

Line 3—Tax matter(s). Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

In **column (c)**, write the years using the YYYY format, for example, "1998." **Do not** use general references such as "all years," or "all periods." If you do, your application will be returned.

You may list any prior years or periods, but for future periods, you are limited to the 3 future periods that end no later than 3 years after the date Form 8821 is received by the IRS. For **employment tax** or **excise tax** returns, enter the applicable quarters of the tax year. For **estate tax** returns, enter the date of the taxpayer's death instead of the year or period.

In **column (d)**, enter any specific information you want the IRS to provide. Examples of column (d) information are: transcript of an account, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding a **foreign certification** shown on **Form 6166**, Certification of Filing A Tax Return, enter "Form 6166" in column (d) and check the box on line 4.

Line 4—Specific use not recorded on CAF. Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (1) requests to disclose information to loan companies or educational institutions, (2) requests to disclose information to Federal or state agency investigators for background checks, (3) civil penalty issues, (4) trust fund recovery penalty, (5) application for EIN, and (6) claims filed on **Form 843**, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should submit a copy of Form 8821 with each written request to receive information by mail or bring a copy of Form 8821 to each appointment to inspect or receive information. A specific use tax information authorization does not automatically revoke any prior tax information authorizations.

Line 6—Retention/revocation of tax information authorizations.

Check the box on this line and attach a copy of the tax information authorization you do not want to revoke.

To revoke an existing authorization, send a copy of the previously executed Form 8821 to each IRS office where it was filed. Write "REVOKE" across the top of the form and sign your name again under the existing signature (line 7). If you do not have a copy of the prior Form 8821, send a letter to each IRS office where you filed it. The letter must indicate that the authority of the tax information authorization is revoked and must be signed by the taxpayer. Include the name and address of each appointee whose authority is revoked.

Note: Filing Form 8821 does not revoke any Form 2848 that is in effect.

Line 7—Signature of taxpayer(s)

Individuals. You must sign and date the authorization. **Either** husband or wife must sign if Form 8821 applies to a joint return.

Corporations. Generally, Form 8821 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (4) any other person authorized to access information under section 6103(e).

Partnerships. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See **Partnership items** above.

Other. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on the form. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN).

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also give this information to other countries pursuant to tax treaties.

You are not required to provide the information requested on a form unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Disclosure of the information on this form may be made as provided in section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping, 7 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send Form 8821 to this address. Instead, see **Filing the tax information authorization** on this page.



ADDITIONAL REQUIREMENTS FOR GAMING OPERATOR LICENSE APPLICANTS

- 1 BUSINESS PLAN (See 15 NMAC 1.5(14) for additional information)**
An applicant for a gaming operator's license must submit with the application a proposed business plan for the conduct of gaming. The plan must include, at a minimum, all of the following elements, in the order shown below.
- 8-1/2" x 11" drawing to scale of the proposed gaming premises
 - Description of the type and number of gaming machines proposed
 - Generic description of the games to be played and proposed placement on the licensed premises
 - Administrative, accounting and internal control procedures, including monetary control operations
 - The written internal control procedures must include, at a minimum, all of the following elements, in the order shown below.
 - Organizational chart depicting appropriate segregation of functions and responsibilities
 - Description of the duties and responsibilities of each position shown on the organizational chart
 - Detailed description of the administrative and accounting procedures
 - Written statement signed by the licensee's chief financial officer and either the licensee's chief executive officer or a licensed owner attesting that the system satisfies statutory requirements
 - If the written system is submitted by an applicant, a letter from an independent certified public accountant stating that the applicant's written system has been reviewed by the accountant and complies with statutory requirements.
 - Security plan
 - Staffing plan for gaming operations, including identification of key executives and employees
 - Advertising and marketing plan
 - Method to be used in prize payouts
 - Details of any proposed progressive systems
 - Details of escrow account(s)
 - Details of depository account for payment of gaming taxes
 - Gaming machine payment provisions including copies of all contracts to purchase gaming machines
- 2 COMPULSIVE GAMBLING ASSISTANCE PLAN (See 15.1.18 NMAC for Additional Information)**
This plan must include, at a minimum, all of the following elements.
- Detailed description of the program including a mission, policies, and procedures
 - Estimated costs for implementation and administration
 - Implementation date no later than ninety days from the date gaming commences
 - Description of educational training sessions and frequency of training
 - Also, the plan must meet all of the specific requirements set forth in the 15.1.18 NMAC
- 3 RACETRACK GAMING OPERATOR LICENSE APPLICANTS ONLY**
All of the following documents must be submitted in the order shown below.
- Current copy of license to conduct pari-mutuel wagering
 - Schedule of live race days and live races during licensed race meets for the previous and current calendar years

**ADDITIONAL INFORMATION REQUIRED FOR GAMING OPERATORS LICENSE
RELATING TO POSSESSION OF LICENSED PREMISES**

Provide the following information if the applicant leases all or part of the proposed licensed premises. Use additional sheets, if necessary.

Name, address and brief statement of the nature of business of the lessor of the premises

Brief description of the material terms of the lease

Statement describing any business relationships between the applicant and the lessor other than the lease

If an applicant owns all or part of the premises on which gaming is proposed, fully disclose below complete information about the interest held by any other person, including an interest held under any mortgage, deed of trust, bond or any other instrument