



New Mexico Gaming Control Board
**BUSINESS GAMING LICENSE
 RENEWAL APPLICATION**

**MUST BE SUBMITTED 60 DAYS PRIOR TO EXPIRATION DATE PURSUANT TO 15.1.13.11 NMAC,
 THE APPLICANT MAY BE SUBJECT TO A LATE RENEWAL FEE OF \$250 PLUS \$10 PER DAY FOR
 EACH ADDITIONAL DAY THE RENEWAL APPLICATION IS LATE.**

| LICENSE TYPE AND RENEWAL LICENSE FEE | | | |
|---|---------|--------------------------------------|-------|
| <input type="checkbox"/> Manufacture | \$2,000 | <input type="checkbox"/> Distributor | \$400 |
| <input type="checkbox"/> Racetrack Operator | \$4,000 | | |

| | | | |
|-----------------|--------------|------------------------|-----|
| Licensee's Name | | Current License Number | |
| Address | City | State | Zip |
| Business Phone | Business Fax | Email Address | |

Please respond to all of the questions by checking the appropriate box. The Board reserves the right to require additional information in connection with this renewal application.
NOTE: YOU MUST COMPLETE THE THREE AUTHORIZATION FORMS.

1. Since licensure or last renewal, has your organization had any changes in ownership interest, officers, directors, or partners? If YES, attach current organizational chart and ownership interest list, including % of ownership. Any new key persons must submit a key person application within 30 days. YES NO
2. Since licensure or last renewal, has your organization or any owner, investor, shareholder, officer/director, manager or partner been served with a criminal summons, arrested, charged, or convicted of any misdemeanor or felony offense? If YES, attach explanation and court documentation. YES NO
3. Since licensure or last renewal, has your organization or any owner, investor, shareholder, officer/director, manager or partner been involved in any civil litigation (including bankruptcies), government administrative actions (including tax related matters, liens, or investigations by any regulatory body), or been delinquent in the filing of any tax return or the payment of any taxes, interest, or penalty due to any taxing agency? If YES, attach explanation and documentation. YES NO
4. Since licensure or last renewal, has your organization entered into any leases, loans, deferred payment agreements, or any other financing that affects gaming operations? If YES, explain and attach a listing showing the amount and source of the financing and copies of any lease agreements, loans, deferred payment agreements, or financing documents. YES NO
5. Since licensure or last renewal, has your organization been in good standing with the New Mexico Public Regulation Commission? If YES, attach Certificate of Good Standing issued by the Public Regulation Commission. YES NO
6. Since licensure or last renewal, has your organization amended its Bylaws or Articles of Incorporation? If YES, attach current bylaws and Articles of Incorporation. YES NO
7. Since licensure or last renewal, has your organization experienced any adverse events that affect financial position? If YES, attach details and explain the effect. YES NO
8. Since licensure or last renewal, has a gaming regulatory agency in any other jurisdiction revoked or suspended your organization's gaming license, imposed a fine against your organization, or taken other disciplinary action against your organization or any of its key persons? If YES, attach an explanation and copy of the final disposition. YES NO
9. Are any disciplinary or enforcement actions pending against your organization or its key persons in any jurisdiction? If YES, attach an explanation. YES NO

| FOR AGENCY USE ONLY | | | |
|--|--|-----------------------|------------------|
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Money Order # _____ | Application Control # | Entity Control # |



RACETRACK OPERATORS ONLY

10. Is your organization currently registered with the Department of Justice, pursuant to 15.1.10.9(F) NMAC? If yes, attach a copy of certification received from Department of Justice. YES NO

11. Since licensure or last renewal, has the New Mexico State Racing Commission placed any conditions on, or issued any violations, suspensions, or revocations to your racing license? If YES, attach details and documentation. YES NO

In addition, provide your schedule of live racing days and copy of current racing license.



CERTIFICATION

I, Applicant's Printed Name, acknowledge, understand and agree that by applying for and accepting any license, certification, registration, renewal, finding of suitability, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the Gaming Control Act, Sections 60-2E-1 through 60-2E-61 NMSA 1978 ("Act") and administrative rules, plans and policies adopted or approved by the Board (collectively "Rules"), and I understand the requirements of the Act and Rules.
2. I have read the minimum internal controls established or approved by the Board for use by the gaming operator licensee ("Licensee") for which I am a key person, and I understand the requirements of the minimum internal controls, *OR*, I certify that the minimum internal control requirements do not apply to my job duties.
3. I have read the compulsive gambling assistance plan required by the Act and Board rules and approved by the Board for use by the Licensee, and I understand the requirements of the compulsive gambling assistance plan, *OR*, I certify that the compulsive gambling assistance plan requirements do not apply to my job duties.
4. I understand and agree that, as a key person, I am responsible for the Licensee's compliance with the Act and Rules including, where applicable to my job duties, the minimum internal controls and compulsive gambling assistance plan.
5. I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties, requirements of the minimum internal controls and compulsive gambling assistance plan.

| | |
|--|-------|
| Printed Full Legal Name (Last, First, Middle) | |
| Signature (Must be notarized by notary public) | Date: |

State of _____)
County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

My commission expires: _____ Signed: _____
Notary Public

[SEAL]



AFFIRMATION

I affirm that the answers contained herein are true and complete. If this application or attachments contain false information, I understand that I may be subject to penalties as stated in the Gaming Control Act, including criminal charges and revocation of licenses granted, and that I may be charged with perjury or other crimes for intentional emissions and misrepresentations pursuant to New Mexico law.

| | |
|--|-------|
| Printed Full Legal Name (Last, First, Middle) | |
| Signature (Must be notarized by notary public) | Date: |

State of _____)
)
 County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

My commission expires: _____ Signed: _____
Notary Public

[SEAL]



APPLICANT'S INVESTIGATION AUTHORIZATION AND REQUEST TO RELEASE INFORMATION

1. I/We, Applicant's Printed Name, hereby authorize the New Mexico Gaming Control Board or its designee ("collectively, "Board") to conduct a complete investigation into my/our personal background, using whatever legal means they deem appropriate. I/We hereby waive any rights of confidentiality in this regard.
2. I/We hereby authorize and request a review, full disclosure, and release of any and all information, materials, and documents concerning me/us 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.
3. I/We understand that by signing this request, a financial records check will be conducted. I/We authorize any financial institution, financial services company and/or credit reporting agency to release to the Board, its agents, or employees, a complete and accurate record of my/our 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, credit reports and any other documents relating to my/our personal or business financial records in whatever form and wherever located.
4. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Board to obtain, maintain, and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests that may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding.) I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal law.
5. I/We authorize the Board, its agents, or employees to determine the persons or entities to whom this Request is to be presented.
6. I/We 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.
7. If this Request is not sufficient to obtain access to certain records, I/we understand that I/we 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 my/our application.
8. I/We understand that I/we may revoke this Request in writing at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing my/our application.
9. This Request is valid for a period not to exceed 18 months from the date of execution.
10. I/We, consent to the disclosure of information compiled by the Board in connection with my application to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe. I/We understand any information could include any information contained within the application, within financial or personnel records, any information found or obtained from any source, and any information maintained by the Board.

APPLICANT'S INVESTIGATION AUTHORIZATION

AND

REQUEST TO RELEASE INFORMATION

(continued)

11. I/We hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of New Mexico, the Board, and other agents or employees of the State of New Mexico for any damages resulting from any collection, 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.

12. I/We do, for myself/ourselves, my/our heirs, executors, 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.

13. A photocopy of this Request will be considered as valid and effective as the original.

| | |
|--|-------|
| Printed Full Legal Name (Last, First, Middle) | |
| Signature (Must be signed in front of Notary Public) | Date: |

State of _____)
)
 County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____ .

My commission expires: _____ Signed: _____
Notary Public

[SEAL]

COMPULSIVE GAMBLING -AND- AUTHORIZATION TO RELEASE INFORMATION

RACETRACK OPERATORS ONLY

I, *Authorized Agents's Name* , of *Name of Licensee*
hereby authorize the New Mexico Gaming Control Board or its designee (collectively, "Board") to release information related to Licensee's compulsive gambling plan and other related compulsive gambling activity to the New Mexico Department of Health (DOH) and New Mexico Human Services Department (HSD) or their designee. I hereby waive any rights of confidentiality to information in this regard. I understand that the DOH and HSD will review this information for purposes of assessing the adequacy of the licensee's compulsive gambling plan and the efficacy of compulsive gambling activities required as part of the plan.

I further authorize the Board to release upon request to the public the actual expenditures of our Compulsive Gambling program, including the total amount expended and a breakdown of the categories of the expenditure. I understand that specific names of persons receiving treatment or counseling will not be released.

I, on behalf of the licensee, its legal representatives and assigns, hereby release, waive, discharge and agree to hold harmless, and otherwise waive liability, if any, as to the state of New Mexico, the Board, DOH and HSD and any other agents or employees of any of these entities 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 and hereby authorize the lawful use, disclosure or publication of this material or information.

Name of Licensee: _____

Signature of Authorized Agent: _____ Date: _____

Printed Name: _____

Title: _____

State of _____)

County of _____)

Subscribed and sworn to before me by _____ and _____

this _____ day of _____, _____ .

My commission expires: _____ Signed: _____

[SEAL]

Notary Public