



New Mexico  
Business Gaming  
Application

(REVISED FEBRUARY 2007)

New Mexico Gaming Control Board

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4900 Alameda Blvd. NE  
Albuquerque, NM 87113  
Phone: (505) 841-9700  
Fax: (505) 841-9725  
WEB: [WWW.NMGCB.ORG](http://WWW.NMGCB.ORG)

## GAMING CONTROL BOARD

4900 Alameda Blvd NE  
Albuquerque, NM 87113-1736  
Phone (505) 841-9700  
FAX (505) 841-9725



## 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. The Gaming Control Board staff and I look forward to working with you.

## 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**

## **OBTAIN YOUR APPLICATION**

Applications can be obtained from:

New Mexico Gaming Control Board  
4900 Alameda Blvd. NE  
Albuquerque, NM 87113-1736

Or from website at:

[www.nmgcb.org](http://www.nmgcb.org)

**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**

Deliver to:

New Mexico Gaming Control Board  
4900 Alameda Blvd. NE  
Albuquerque, NM 87113-1736

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

**4**

**ONLY UPON THE RECEIPT OF A COMPLETE APPLICATION WILL THE REVIEW PROCESS BEGIN**

**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
- Organizational chart listing Key Applicants & positions being held for gaming operations, along with their duties & responsibilities

**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: \$100 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 DELIVER APPLICATION**  
Deliver application to New Mexico Gaming Control Board, 4900 Alameda Blvd. NE, Albuquerque, NM 87113-1736.



New Mexico Gaming Control Board  
**BUSINESS GAMING APPLICATION**  
**(REVISED FEBRUARY 2007)**

LICENSE TYPE	LICENSE FEE	BACKGROUND DEPOSIT	TOTAL
<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"/> Associated Equipments Manufacture	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	_____
<b>TOTAL FEES AND BACKGROUND DEPOSITS REMITTED</b>			_____

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

<b>Premises Information (For Operators)</b>		
Total Square Footage of the Building (Gross Building Area)	Total Square Footage to Be Licensed for Gaming	Anticipated # of Gaming Devices
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.		

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

## 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 YES <input type="checkbox"/> NO <input type="checkbox"/>	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)

Affiliated Person	Title	Ownership	Effective Own.
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 SARAH BRAUNIS	Title PRESIDENT	SSN/FEIN 123-45-6789	Date of Birth 06/06/56	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 2323 MOCKINGBIRD LANE, YREKA, CA 98000			Phone (666) 666-1212	
Business Affiliated With (Parent business or sub-entity) DBF CASINO CORP.		Own. % in Business Affiliated With 50.0%	Effective Own. % in Applicant 50.0%	
Name DEWEY CHEATHAM	Title SHAREHOLDER	SSN/FEIN 222-33-4444	Date of Birth 12/03/48	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 1616 COLFAX AVE., DENVER, CO 80222			Phone (303) 555-2222	
Business Affiliated With (Parent business or sub-entity) DBF CASINO CORP.		Own. % in Business Affiliated With 20.0%	Effective Own. % in Applicant 20.0%	
Name ELVIS GANZEMACHER	Title DIRECTOR	SSN/FEIN 555-66-7777	Date of Birth 09/14/63	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 444 TROPICANA DR., LAS VEGAS, NV 89111			Phone (702) 555-4444	
Business Affiliated With (Parent business or sub-entity) DBF CASINO CORP.		Own. % in Business Affiliated With 0.0%	Effective Own. % in Applicant 0.0%	
Name TWF GAMING INC.	Title SHAREHOLDER	SSN/FEIN 88-8888888	Date of Birth	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 2700 BROADWAY NE, JAL, NM 87001			Phone (505) 555-7879	
Business Affiliated With (Parent business or sub-entity) DBF CASINO CORP.		Own. % in Business Affiliated With 30.0%	Effective Own. % in Applicant 30.0%	
Name MERVYN P. MERDSTONE	Title CEO	SSN/FEIN 456-78-9012	Date of Birth 10/10/50	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 1313 BLUEVIEW TERRACE, ANTON CHICO, NM 87333			Phone (505) 555-1300	
Business Affiliated With (Parent business or sub-entity) TWF GAMING INC.		Own. % in Business Affiliated With 50.0%	Effective Own. % in Applicant 15.0%	
Name KMA ENTERPRISES	Title SHAREHOLDER	SSN/FEIN 88-9999999	Date of Birth	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 2709 CALLE WISTFUL VISTA, GALLINA, NM 87567			Phone (505) 555-2456	
Business Affiliated With (Parent business or sub-entity) TWF GAMING INC.		Own. % in Business Affiliated With 50.0%	Effective Own. % in Applicant 15.0%	
Name RHODA REUTER	Title OWNER	SSN/FEIN 987-65-4321	Date of Birth 04/16/55	App Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) 4700 WEST 59TH ST, PIE TOWN, NM 87876			Phone (505) 555-1616	
Business Affiliated With (Parent business or sub-entity) KMA ENTERPRISES		Own. % in Business Affiliated With 100.0%	Effective Own. % in Applicant 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	Federal 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.
7. Supply all existing contracts with business in New Mexico and any contracts over \$500,000 outside New Mexico. If there is no written contract, then indicate the business arrangement showing business dealing, phone number, and address.

### ANY CHANGES IN OWNERSHIP OR BUSINESS STRUCTURE,

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

Schedule A  
**STATEMENT OF PRE-OPENING CASH**  
 New Mexico Business Gaming Application

<b>A. Funds Available Prior to Opening:</b>	<b>Totals</b>
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 individuals and other business entities and the terms of each loan).	\$
<b>Total Funds Available Prior to Opening:</b>	<b>\$</b>
<b>B. Expenditure or Disposition of Available Funds Prior to Opening:</b>	
1. Prepaid Gaming Taxes and Licenses:	
a. Federal Government Tax & Fees	\$
b. Application Fees	\$
Background Investigation Fee	\$
c. Other (describe)	\$
<b>Total Prepaid Gaming Taxes and Licensing Related Fees</b>	<b>\$</b>
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)	\$
<b>Total Pre-Opening Cash Used</b>	<b>\$</b>
<b>C. Cash Available for Operation (A Minus B)</b>	
<b>Show in What Form This Cash Will Be:</b>	<b>\$</b>
a. Bank	\$
b. Other Cash Register Funds	\$
c. Other (Describe)	\$
Printed Full Legal Name of Agent (Last Name, First Name, Middle Name)	
Signature of Authorized Agent	Date

Schedule B-1  
**First-Year Cash Flow Projections<sup>1</sup> for  
 Manufacturers & Distributors**  
 New Mexico Business Gaming Application

Applicant's Name	Total All Operations <sup>2</sup>	NM Gaming Operations <sup>2</sup>	Other NM Operations (Describe) <sup>2</sup>	
Twelve-Month Period Ended				
1. INCOME <sup>3</sup>				
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 <sup>3</sup>				
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 Compu- sive 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 EXPENS- ES <sup>3</sup>				
15. Advertising and Promotion				
16. Depreciation and Amortization				
17. Other Taxes and Licenses <sup>4</sup>				
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 <sup>5 (Line 16)</sup>				
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.

Schedule B-2  
**First-Year Cash Flow Projections<sup>1</sup> for  
 Race Track Operators**  
 New Mexico Business Gaming Application

Applicant's Name	Total All Operations <sup>2</sup>	Gaming Operations <sup>2</sup>	Food & Beverage Amount <sup>2</sup>	Other Operations (describe) <sup>2</sup>	Other Operations (describe) <sup>2</sup>
Twelve-Month Period Ended					
1. INCOME					
2. Gross revenue (but for gaming operations show expected gross coin-in)					
3. Cost of Sales <sup>4</sup> (for gaming operations, show expected payout)					
4. GROSS MARGIN (Line 2 - Line 3)					
5. DIRECT EXPENSES <sup>3</sup>					
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 <sup>3</sup>					
15. Advertising and Promotion					
16. Depreciation and Amortization					
17. Other Taxes and Licenses <sup>4</sup>					
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 <sup>5</sup> (Line 16)					
28. INCREASE IN CASH from Operations (Line 26+Line 27)					
29. Add Opening Cash (From Schedule A)					
30. Ending CASH (Line 28 + Line 29)					

**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 all income and expenses.
4. Cost of sales is the cost of merchandise sold. For gaming operations, show estimated payout only.
5. Add back non-cash expenses (line 28). This will generally be "depreciation and amortization expense" amounts.















# 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 New Mexico Gaming Control Board

Address: 4900 Alameda Blvd NE  
Telephone Number: (505) 841-9700  
Albuquerque, NM 87113-1736

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

*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.

## 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
  - 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
  - Attach copy of any business license, liquor license, or any other regulated license.

**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