



New Mexico
Nonprofit
Gaming Operator
Application

(REVISED FEBRUARY 2007)

New Mexico Gaming Control Board

4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone: (505) 841-9700
Fax: (505) 841-9725
Web: www.nnmgcb.org

STATE OF NEW MEXICO

GAMING CONTROL BOARD

4900 Alameda Blvd. NE
Albuquerque, NM 87113
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 ensure 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 organization's background, as well as all the persons affiliated with your organization. If you pass our qualifications, you will be issued a gaming license or certification that will give you the privilege of conducting gaming activities in our state.

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.

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 Nonprofit Gaming Operator License

1

OBTAIN YOUR APPLICATION

Applications can be obtained from:

4900 Alameda Blvd. NE
Albuquerque, NM 87113

Or downloaded from our website at:

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

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

- All applicable information requested on pages 1 through 6 and 13 of the application
- Copy of Articles of Organization, including Amendments, if applicable
- Organizational minutes and/or other records reflecting election of officers, if applicable
- Bylaws, if applicable
- 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 the course of the background investigation.

4 APPLICATIONS FOR AFFILIATED PERSONS ATTACHED
The President or Commander and key executives of a nonprofit organization that has applied for a license shall be certified individually. Key executives are those officers, employees, volunteers and other persons who are designated by the nonprofit organization as key executives. Typically, this includes chief officers, anyone with check-writing responsibilities, and the gaming committee. The Board may require additional officers, employees, volunteers and other persons to become certified if the Board determines the public interest is served by the additional certifications.

Most nonprofit organizations have at least three key person including the Commander, President, or highest ranking officer, a gaming accountant, and a gaming manager. You may begin gaming operations with only two key persons including the Commander, President, or highest ranking officer who also assumes the responsibilities of gaming manager, and a separate key person who is the gaming accountant. In either situation you must have at least one work permit holder to perform the duties of cashier.

5 APPLICATION FEES AND BACKGROUND DEPOSIT
Submit appropriate license, application and background fees.

- Operator (nonprofit): \$100 nonrefundable license fee.

*New Mexico law requires applicants to fund the cost of their background investigations. The Gaming Control Board bills at the 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. Actual investigation fees and costs 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.

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 for gaming depicting appropriate segregation of functions and responsibilities of each Key Applicant
 - Description of the duties and responsibilities of each position for gaming shown on the organizational chart
 - Detailed description of the administrative and accounting procedures (Is your entity using a double entry accounting system?)
 - 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 for promotions if applicable.
- Method to be used in prize pay outs
- 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 NONPROFIT GAMING OPERATOR LICENSE APPLICANTS ONLY

All of the following documents must be submitted in the order shown below.

- IRS determination letter declaring tax exempt status
- List of all current officers, including names, addresses, home and work telephone numbers, social security numbers, terms of office and dates of birth
- Copy of current charter
- Copy of the rules establishing membership requirements, including dues
- Evidence of good standing and names and addresses of current bona fide members and auxiliary members **OR** statement from the highest ranking official attesting that the organization meets membership requirements
- The President or Commander and key executives of a nonprofit organization that has applied for a license shall be certified individually. Key executives are those officers, employees, volunteers and other persons who are designated by the nonprofit organization as key executives. Typically, this includes chief officers, anyone with check-writing responsibilities, and the gaming committee. The Board may require additional officers, employees, volunteers and other persons to become certified if the board determines the public interest is served by the additional certifications.



New Mexico Gaming Control Board
NONPROFIT GAMING OPERATOR APPLICATION
(REVISED FEBRUARY 2007)

Applicant's Name			
Other Names (if applicable)		E-mail Address	
Street Address of Gaming Premise		Organization Phone Number ()	
City	State	Zip	Organization FAX Number ()
Mailing Address, if different from Street Address (city, state, zip)			
On a separate sheet, list all addresses for the organization for the past 10 years if different from above.			
Primary Contact Person for Organization		Title	Primary Contact Phone Number ()
Primary Contact Address (city, state, zip)		Primary Contact FAX Number ()	
Please indicate Nonprofit designation: <input type="checkbox"/> 501-(C)(8) <input type="checkbox"/> 501-(C)(10) <input type="checkbox"/> 501-(C)(19) <input type="checkbox"/> 501-(C)(23)			Date Established
Do you anticipate using a Distributor? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "yes" please list name of Distributor _____			
<input type="checkbox"/> Attach copies of all articles of incorporation, bylaws, articles of organization, or charter, including any and all amendments to such.			
<input type="checkbox"/> Attach balance sheets and profit and loss statements covering the last three completed years and current year to date. Attach most recent bank statement.			
<input type="checkbox"/> Complete the Statement of Pre-Opening Cash. Note: Attachments must be submitted with this application.			
<input type="checkbox"/> Complete the First Year Cash Flow Projection. Note: Assumptions must be submitted with this application			
PREMISES INFORMATION			
Total Square Footage of the Building (Gross Building Area)		Total Square Footage to Be Licensed for Gaming	Anticipated # of Gaming Machines
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.			

FOR AGENCY USE ONLY			
BUSINESS APPLICATION FEE.....\$100.00	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order # _____	Application Control #
			Entity Control #

MANAGEMENT STRUCTURE

The President or Commander and key executives of a nonprofit organization that has applied for a license must be certified individually. Key executives are those officers, employees, volunteers and other persons who are designated by the nonprofit organization as key executives. Typically, this includes chief officers, anyone with check -writing responsibilities, and the gaming committee. The Board may require additional officers, employees, volunteers and other persons to become certified if the board determines the public interest is served by the additional certifications.

Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Organization Affiliated With				
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Organization Affiliated With				
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Organization Affiliated With				
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Organization Affiliated With				
Name	Title	SSN/FEIN	Date of Birth	Application Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip)			Phone ()	
Organization Affiliated With				
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				
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				

*** Attach an Organizational Chart with Key Applicants' position being held for gaming operations, along with a description of their duties and responsibilities.**

Are there any other persons, other than those listed in the management 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?

YES* 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.

Organization Name
Signature of Applicant's Authorized Representative
Date

SAMPLE MANAGEMENT STRUCTURE

MANAGEMENT STRUCTURE				
The President or Commander and key executives of a nonprofit organization that has applied for a license must be certified individually. Key executives are those officers, employees, volunteers and other persons who are designated by the nonprofit organization as key executives. Typically, this includes chief officers, anyone with check-writing responsibilities, and the gaming committee. The Board may require additional officers, employees, volunteers and other persons to become certified if the board determines the public interest is served by the additional certifications.				
Name John Smith	Title President	SSN/FEIN 000000000	Date of Birth 1/1/40	Application Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Organization Affiliated With Board Officer				
Name Jane Doe	Title Vice-President	SSN/FEIN 000000000	Date of Birth 1/1/35	Application Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Organization Affiliated With Board Officer				
Name Jack Smith	Title Treasurer	SSN/FEIN 000000000	Date of Birth 1/1/36	Application Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Organization Affiliated With Board Officer				
Name Janine Doe	Title Secretary	SSN/FEIN 000000000	Date of Birth 1/1/35	Application Submitted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Organization Affiliated With Board Member, No fiscal or gaming responsibility				
Name Jane Smith	Title Chairman	SSN/FEIN 000000000	Date of Birth 1/1/37	Application Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Organization Affiliated With Board Member, Gaming Committee Chairman				
Name John Doe	Title Gaming Manager	SSN/FEIN 000000000	Date of Birth 1/1/39	Application Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Business Affiliated With Board Member, Gaming Committee Member				
Name Johnny Smith	Title Gaming Accountant	SSN/FEIN 000000000	Date of Birth 1/1/38	Application Submitted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Address (city, state, zip) Albuquerque, NM 87113			Phone (505)000-0000	
Business Affiliated With Chair, Fundraising Committee				
Are there any other persons, other than those listed in the management 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? <input checked="" 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. Jack Doe, Board member supplies beverages to Caribou Lodge; Key person application submitted				
Organization Name				
Signature of Applicant's Authorized Representative			Date	

LICENSING HISTORY

1. Has the applicant ever applied for a gaming license, liquor license, or any other regulated 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the 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? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is the applicant in good standing in New Mexico? If NO, provide details on a separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has the 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has the applicant ever been cited by the New Mexico Alcohol & Gaming Division? If YES, supply all documentation & dispositions.	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL HISTORY

1. Is the 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant ever held a financial interest in or conducted a gambling venture, including but not limited to, 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. 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? 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
5. Has the 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 disposition of any of these issues. Include any items currently under formal dispute or legal appeal.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has the 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
7. Is the organization a party to a lease? If YES, attach copies of all leases to which the organization is a party.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. 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
9. Has any interest or share in the revenues 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 including repayment of a loan? If YES, provide details on a separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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	

Schedule A
STATEMENT OF PRE-OPENING CASH
 Nonprofit Gaming Operator 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 organization 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, distributor (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 and what interest in the organization they will receive for their investment).	\$
5. Anticipated loans from lending institutions (attach schedule identifying the institution principal amount and terms of the loan).	\$
6. Anticipated loans from individuals and other business entities, distributor (attach schedule identifying the individuals and other business entities, principal amounts 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 and Costs (Attach Schedule)	\$
3. Incurred Expenditures or Obligations for:	
a. Building, Including Construction and Repair (Attach Schedule)	\$
b. Equipment (Attach Schedule)	\$
c. Supplies (Attach Schedule)	\$
d. 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 or to be 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)	\$
Organization Name	
Signature of Applicant's Authorized Representative	Date

Schedule B
First-Year Cash Flow Projections from Gaming Operation for
Nonprofit Operators
New Mexico Business Gaming Application

Applicant's Name	
Twelve-Month Period Ended	Gaming Operations
REVENUES:	
Net Revenues from Gaming Machines	\$
Interest Income-Checking Accounts	\$
Fees-Check Cashing	\$
Total Revenues	\$
TAX ACCOUNT	
Beginning Balance	\$
Deposits	\$
Tax Payments	\$
Ending Balance	\$
CHARITY/EDUCATION ACCOUNT	
Beginning Balance	\$
Deposits	\$
Disbursements	\$
Ending Balance	\$
OPERATING ACCOUNT	
Beginning Balance	\$
Deposits	\$
Lease Payments for Gaming Machines*	\$
Charity/Educational Payments	\$
Discretionary Payments	\$
Transfers to Tax Account	\$
OTHER ALLOWABLE GAMING EXPENSES	
Independent Accountant's Fees	\$
Gaming Control Board License Fees	\$
Gaming Machine- Repairs & Maintenance	\$
Payroll and Payroll Taxes	\$
Office Supplies	\$
Compulsive Gambling Fees	\$
Cash Over and Short	\$
Bank Charges	\$
Professional Fees	\$
Fees- Permits and Fingerprints	\$
Gaming Room Janitorial, Maintenance & Repair	\$
Storage Fees	\$
Miscellaneous	\$
TOTAL DISBURSEMENTS	\$
ENDING BALANCE	\$

*-Total payments to distributor are limited to 65%



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 _____ and _____
 this _____ day of _____, _____ .

My commission expires: _____ Signed: _____
 [SEAL] Notary Public



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.

Organization's Name	Trade Name (Doing Business As)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	Date

State of _____)
 _____)
 County of _____)

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

My commission expires: _____ Signed: _____
 [SEAL] Notary Public



INVESTIGATION AUTHORIZATION (AUTHORIZATION TO RELEASE INFORMATION)

I, _____ *Title* _____ of _____ *Applicant's Printed Name* _____, hereby authorize the New Mexico Gaming Control Board or its designee (“collectively, “Board”) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Board to provide any and all such information deemed necessary by the Board. I hereby waive any 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 Board a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

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.

The Board reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Board may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of New Mexico, the 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 from any source.

I, on behalf of the applicant, its legal representatives, and assigns, consent to the disclosure of information on the applicant by the Board 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, on behalf of the applicant, its legal representatives, and assigns understand any information could include any information contained within my application, within any financial or personnel record, any information found or obtained from any source, and any information maintained by the Board. 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 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.

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

State of _____)
 _____)
 County of _____)

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

My commission expires: _____ Signed: _____

[SEAL]

Notary Public



APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: NMGCB Use Only FROM: 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 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 releases 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

Organization’s Name	Trade Name (Doing Buisness As)		
Printed Full Legal Name of Agent (Last, First, Middle)		Title	
Signature of Authorized Agent			Date

State of _____)
 _____)
 County of _____)

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

My commission expires: _____ Signed: _____

Notary Public

[SEAL]

COMPULSIVE GAMBLING -AND- AUTHORIZATION TO RELEASE INFORMATION

I, Authorized Agents's Name, Agents's Title 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, 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

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 87110

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 <input type="checkbox"/> CRS taxes <input type="checkbox"/> income taxes <input type="checkbox"/> specify others _____ _____	FOR <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 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