



New Mexico
Corporate Application
of Suitability

New Mexico Gaming Control Board

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

STATE OF NEW MEXICO

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 applying for corporate suitability in New Mexico.

CERTIFICATION OF FINDING OF SUITABILITY is required for certain persons or corporations 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.

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.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Baca". The signature is stylized and written in a cursive-like font.

Frank Baca
General Counsel/Acting Executive Director
New Mexico Gaming Control Board

Applying for Corporate Suitability

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

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 and 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

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
- 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 partnership, list of the amount and date of each capital contribution of any partner to the applicant
- Organizational chart listing Key positions, along with their duties & responsibilities
- Corporate structure chart

NOTE: The Gaming Control Board reserves the right to request additional information and documentation throughout consideration of this application.

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

- Certification of Finding of Suitability: \$100 nonrefundable backgrounding fee billed.

*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**

5 DELIVER APPLICATION
Deliver application to New Mexico Gaming Control Board, 4900 Alameda Blvd. NE, Albuquerque, NM 87113-1736.



New Mexico Gaming Control Board
CORPORATE FINDING OF SUITABILITY APPLICATION

| | | |
|---|--|--|
| <u>CERTIFICATION FEE</u> | <u>BACKGROUND DEPOSIT</u> | <u>TOTAL</u> |
| <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$500.00 | _____ |
| | | |
| Type of Business Structure | | |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Publicly Traded Corp | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Limited Liability Co | <input type="checkbox"/> C Corporation |
| | <input type="checkbox"/> Other - Describe: _____ | |
| | | |
| <input type="checkbox"/> Publicly Traded Company | | <input type="checkbox"/> Non-Publicly Traded Company (Private) |
| | | |
| Applicant's Name | | Control Number (Assigned by Gaming Control Board) |
| Doing Business As(DBA) & Trade Names | | E-mail Address |
| Street Address of Gaming Business (Required for Operator applicants) | | Business Phone Number () |
| City | State | Zip |
| | | Business FAX Number () |
| Mailing Address, if different from Street Address (city, state, zip) | | |
| On a separate sheet, list all principal places of business for the past 10 years if different from above. | | |
| Primary Contact Person for Business | | Title |
| | | Primary Contact Phone Number () |
| Primary Contact Address (city, state, zip) | | Primary Contact FAX Number () |
| State or country of incorporation or creation of business entity | | Date |
| List all jurisdictions where the applicant is authorized to conduct business. | | |
| List all names used by the business entity (other than above) | | |
| Attach copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such, or foreign equivalent. | | |

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

OWNERSHIP STRUCTURE

List all persons and/or entities with 5% or more ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has an interest, list all persons affiliated with such entity; their ownership in the entity, and their effective ownership in the entity. List all parent, holding or other intermediary business interests. 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 | |

Are there any outstanding options and warrants?

YES* 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?

YES NO *If YES, attach a list of persons and submit Key & Affiliated Person Application for for each and attach copies of all agreements and/or contracts.

EXAMPLE

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 all jurisdictions where the applicant 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 any 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 or foreign equivalent ever filed a bankruptcy petition or foreign equivalent, 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 or foreign equivalent. YES NO
4. 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 trust instrument? If YES, provide details on a separate sheet. YES NO
5. Has a civil, criminal, or administrative 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
6. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant or foreign equivalent filed a business tax return or foreign equivalent in the past three years? If YES, attach all business tax returns filed in the past three years. YES NO
7. Does the applicant have a compliance officer? If YES, identify and attach a copy of the compliance officer reports from the past 12 months. Also, provide the independent audit report. YES NO

Applicant's Printed Name

Authorized Signature

Date

FINANCIAL HISTORY ATTACHMENTS

1. Attach a list detailing the terms, position, rights, and privileges of the different classes of its outstanding securities
IF non publicly traded company, the extent of the securities holdings or other interest in the holding company or intermediary company of all officers, directors, key executives, underwriters, partners, principals, trustees or any direct or beneficial owners, and the amount of any remuneration paid them as compensation for their services in the form of salary, wages, fees or by contract pertaining to the licensee
IF publicly traded company, the terms on which the company's securities were issued during the three years preceding the date on which the company became a publicly traded corporation and the terms on which the publicly traded corporation's securities are to be offered to the public as of the date the company became a publicly traded corporation
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. Attach a description of any bonus or profit-sharing arrangements within your organization.
5. Supply all existing management and service contracts pertaining to the licensee or applicant. 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 MUST BE DISCLOSED TO THE BOARD.

| | |
|---|--------------|
| Person who maintains applicant's business records | Title |
| Address | Phone Number |
| Person who prepares applicant's tax returns, government forms & reports | Title |
| Address | Phone Number |
| Location of financial books and records for applicant's business | |

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

 Signature of Applicant

 Date

