



Limited Use
Distributor's License

New Mexico Gaming Control Board

4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone: (505) 841-9700
Fax: (505) 841-9725
WEB: WWW.NMGCB.ORG
(May 2010)

STATE OF NEW MEXICO

GAMING CONTROL BOARD

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



Dear Applicant:

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

The licensing process you will be undergoing is designed to support the Gaming Control Act's purpose of ensuring the citizens of New Mexico can enjoy gaming in a fair and honest environment. The information requested in the application is designed to expedite the process for licensing of distributors located outside the State of New Mexico, who on a limited basis, may be authorized to sell gaming machines or associated equipment to a licensed New Mexico distributor.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Baca".

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

GAMING LICENSE 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; who imports gaming devices into New Mexico, excluding Operator Licensees.

Limited Use Distributor's License is required for any person which does not maintain a physical location in New Mexico, but is licensed and in good standing in another jurisdiction in the United States, who sells gaming devices or associated equipment to a person with a New Mexico distributor's license. This license is limited by the number of transactions; no more than two per year, and is limited to sales and not service of gaming devices or associated equipment.



New Mexico Gaming Control Board
LIMITED USE DISTRIBUTOR'S LICENSE
(REVISED MAY 2010)

Fee for a Limited Use Distributor's License is \$1,000.

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)					
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					
New Mexico Tax ID Number (if applicable)			Federal Tax ID Number		
State of incorporation or creation of business entity				Date of Incorporation	
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)					
List all jurisdictions currently licensed and indicate your standing in the state. (Attach a copy of each license)					
Are you currently registered with the Department of Justice? If YES, please provide documentation.					<input type="checkbox"/> YES <input type="checkbox"/> NO
Please indicate the nature of the proposed transaction in the State of New Mexico.					
What New Mexico Licensed distributor will be the initial recipient?					
List all persons and/or entities with ownership interest in the Distributor/Applicant: (Attach a separate sheet if necessary)					

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



CERTIFICATION

Applicant's Printed Name _____

I, _____, 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") 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 I am responsible for the Limited Use Distributor'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



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, andy information found or obtained from any source, andy 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.

Applicant's Business Name: _____ Trade Name (DBA) _____

Printed Full Legal Name (Last, First, Middle) _____ Title: _____

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



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 law privilege.
2. I understand that by signing this request, a financial records check may 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 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 may conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Board, the State of New Mexico, and the agents and employees of either, will not be held liable for inaccurate information.
5. If this Request is not sufficient to obtain access to certain records, I understand that I or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Board, its agents, or employees in reviewing the application.
6. I understand that I may revoke this Request in writing on behalf of the applicant, at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing the application.
7. This Request is valid for a period not to exceed 18 months from the date of execution.
8. I, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this Request, and their agents and employees, from any and all liability arising out of or by reason of complying with this Request.
9. A photocopy of this Request will be considered as valid and effective as the original.
10. Upon receipt by the Board of a written request indicating an application in another jurisdiction for a gaming related license or permit, I/we consent to the disclosure of confidential information compiled by the Board in connection with my Board application to any law enforcement or any regulatory agency in that other jurisdiction, including any other state, the government of the United States, foreign country or Indian Tribe.

Applicant's Business Name: _____ Trade Name (DBA) _____
 Printed Full Legal Name (Last, First, Middle) _____ Title: _____
 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