

## GC/BC FORM 104 - Schedule B Statement of Individuals, Associations, **Joint Ventures and other Business Entities**

(excluding Corporations)

Business Name:				
PARTNERSHIP				
/ Where Crea Date Established	ted	County	State	
Method of Establishment(Formal l				
<u>NDIVIDUAL</u>				
/ Where Esta Date Established	blishedCity	County	State	
Method of Establishment	(ex Filing Certificate to d	lo Business under an Assur	med Name)	
UNINCORPORATED ASSOCI/ Where Establ Method of Establishment (Forn	ished			
Has entity filed Federal Income Ta Please provide a copy of your mos				
LIST	NAMES OF ALL PARTIES NATURE AND EXTENT (		IE	
Name	Interest	Name	Interest	
	Bureau of Licens One Broadway Center P.O. Box 7500. St			

www.gaming.ny.gov

NEW APPLICANTS- PLEASE ATTACH A COPY OF THO OR AMENDMENTS, IF ANY.	HE ENTITY'S ORIO	GINAL FORMATIONAL DOCUMENT(S), SUPPLEMENTS
RENEWING APPLICANTS- PLEASE PROVIDE A COPY OF A SUBSEQUENT TO THE LAST AP		TS OR AMENDMENTS TO THE ENTITY EXECUTED
(Name of Applicant) is the person above named, that he/s answers are true and that he/she has		being duly sworn and says that he/she (Title) going statement and the answer therein noted, and that such his/her signature to this affidavit.
Sworn to before me on this	day of	, 20
(Signature of Applicant)		NOTARY STAMP
(Signature of Notar	y Public)	

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