



GC/BC FORM 106 - Supplier License Application for Manufacturing or Distributing Games of Chance and/or Bingo Supplies and Equipment

- 1. Business Name: License Number: Business Phone Number: Business Fax Number: Business Address: Web Address: Mailing Address:
2. Does your business have a 'd/b/a', Division or Subsidiary?
3. Please provide the name of a contact person who is authorized to produce records and provide information on the company's behalf:
4. (a) Indicate which license you are applying for: (b) Indicate the type of company you are?
5. Indicate all types of activities your company will perform during the license period:
6. Indicate all addresses where your company's games of chance and/or bingo supplies, equipment and business records are kept
7. What other states or countries does your company hold licenses?
8. (a) Has any officer, director, agent or employee ever been charged with a criminal violation... (b) Has the applicant ever been the subject of any administrative proceedings...
9. Has the applicant ever sold games of chance and/or bingo supplies and equipment under any other name(s)?
10. Has the applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or shareholders ever been knowingly engaged in business with a professional gambler, gambling promoter or convicted criminal?

11. (a) Does your company provide gambling supplies and equipment and/or personnel for entertainment nights/games of chance and/or bingo? \_\_\_\_\_ yes or \_\_\_\_\_ no If yes, provide details on a separate sheet of paper.  
(b) Has your company received a percentage of the gaming proceeds from such entertainment nights/games of chance and/or bingo not including the rental of such equipment? \_\_\_\_\_ yes \_\_\_\_\_ no

12. If the applicant is a distributor, indicate the name(s) of the manufacturing companies from whom you will be purchasing your games of chance and/or bingo supplies and equipment:

\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

I further acknowledge that if there is any change with respect to any of the facts herein set forth during the pendency of the application, such change must be reported to the New York State Gaming Commission by the undersigned and that if any changes occur after the issuance of the license applied for, such change must be reported to the New York State Gaming Commission within ten (10) days of the date of such change. It is further acknowledged that failure to give the requisite notice will constitute a violation of the rules and regulations of the New York State Gaming Commission and will result in proceedings to revoke or suspend such license.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ being duly sworn, deposes and says he/she is the  
(Print Name of Applicant) (Title)

applicant above named or is a member of the partnership, or an officer of the corporation on behalf of which the above application is made, that he/she has read the foregoing application and the attached schedules and the answers therein noted; that such answers are true to his/her knowledge and that he/she personally affixed his/her signature to this affidavit.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Notary Public)

**NOTARY STAMP**