



GOVERNMENT OF PUERTO RICO

GAMING COMMISSION

Sports Betting, E-Sports and Fantasy Contests Bureau

## **SPORTS BETTING SATELLITE OR POINT OF SALE LICENSE APPLICATION**



## APPLICATION INSTRUCTIONS

### PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed, printed, or written in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. You must use blue ink to personally initial and date in the space provided on the bottom of each page of the form. The sheets that need to be notarized must also be completed and signed in blue ink.
- e. If the space available is insufficient to respond to a question, you must supply the required information on an attachment page and clearly identify which question you are answering. Each additional page included must be initialed and dated at the bottom.
- f. If you make any modification to the pre-printed questions or information contained in this form, you may be required to provide additional information. Once your application is accepted, it becomes property of the Puerto Rico Gaming Commission and will not be returned. Any modification to the application will be made by presenting any additional information requested by the Commission.
- g. The Bureau reserves the right to request any additional information it deems necessary for the processing of this form. This includes the people that the Bureau identifies that need to submit a Personal Information Disclosure form.
- h. The Commission may, at its discretion, conduct any investigation in regard to the applicant or any other person related to the applicant that it may deem pertinent, this could be at the time of the initial application or at any point after the process has already begun.
- i. This application can be presented either in person or by certified mail to the Commission. The address for the Government of Puerto Rico Gaming Commission is:

Government of Puerto Rico Gaming Commission  
Sports Betting, E-Sports and Fantasy Contest Bureau  
159 Calle Chardón, Piso 2  
San Juan, PR 00918
- j. The applicant or the Operator associated with the applicant must file with the Commission for its approval, within ten (10) business days, any ownership changes in the applicant or holder of a Sports Betting Satellite or Point of Sale License.
- k. The costs associated with this license are as follows:
  - a. The processing fee of this application and its subsequent renewal will be five hundred dollars (\$500.00) each, payment must be made subscribed to the Secretary of the Puerto Rico Department of Treasury. This fee is non-refundable. The Commission can charge additional fees if the processing of this application exceeds the initial costs.
  - b. The cost of the Sports Betting Satellite or Point of Sale License Application is two thousand five hundred dollars (\$2,500.00) each. Payment must be subscribed to the Secretary of the Puerto Rico Department of Treasury. This fee is non-refundable.
  - c. As established by Act 81 of 2019, also known as the "Government of Puerto Rico Gaming Commission Act", as amended, cockfighting pits that have been operating legally before December 31<sup>st</sup> of 2018, will be exempt from paying the license costs for the first ten (10) years of its operation as a satellite or point of sale.
  - d. As established by Act 81 of 2019, also known as the "Government of Puerto Rico Gaming Commission Act", as amended, horse racing offtrack betting locations, will be exempt from paying fifty percent (50%) of the license costs for the first ten (10) years of its operation as a satellite or point of sale.
  - e. Payment methods that will be accepted by the Commission include; money orders, manager's checks, corporate account checks in the name of the applicant or ATH.

#### BE SURE TO:

- a. Sign the Statement of Truth in the presence of a Notary Public or any other person legally authorized to notarize your signature in the jurisdiction of residence.
- b. Check to ensure that you have placed your initials and date on the bottom of each page of this form in the space provided and on any attachment pages.
- c. Include all the required attachments listed in this form. These attachments must be included in digital form, either in CD format or a *USB drive*. Any application that does not comply with this requirement will not be accepted. Should there be any difference between the paper application or the digital version, the information in the paper application will prevail.
- d. Answer every question completely and truthfully.
- e. Retain a completed copy of your application package for your own records.



**GOVERNMENT OF PUERTO RICO**  
GAMING COMMISSION  
Sports Betting, E-Sports and Fantasy Contests Bureau

<b>Application Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Personal History Disclosure		<b>Sports Betting Operator you're associated with:</b>	
<b>License Number:</b> (For internal use)	<b>Date of Expiration:</b> (For internal use)	<b>Date of Application (For internal use):</b> ____/____/____ Month   Day   Year	
<b>I. APPLICANT'S INFORMATION (PERSONAL OR ENTITY'S REPRESENTATIVE)</b>			
<b>Name:</b>		<b>Last Name:</b>	<b>Mother's Maiden name:</b>
<b>Name any aliases or any other names you might be known as:</b>			
<b>Social Security:</b> ____ - ____ - ____		<b>ID number (Driver's License or Passport):</b>	
<b>Date of Birth:</b> ____/____/____ Month   Day   Year	<b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married	<b>Occupation:</b>
<b>Highest education level achieved:</b>			
<b>Home Address:</b>			
<b>Town:</b>	<b>Zip Code:</b>	<b>Email:</b>	
<b>Postal Address:</b>			
<b>Town:</b>	<b>Zip Code:</b>	<b>Telephone:</b>	
<b>Do you have any children? If "Yes" provide the following information:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to the Applicant</b>	
<b>II. EMPLOYMENT HISTORY, INCLUDING ALL RELATED TO THE GAMBLING INDUSTRY</b>			
<b>Employer</b>	<b>Title or Position Held</b>	<b>Start Date (MM/YY)</b>	<b>End Date (MM/YY)</b>
<b>III. REFERENCES</b>			
<b>Name:</b>		<b>Last Name:</b>	<b>Mother's Maiden Name:</b>
<b>Address:</b>			
<b>Town:</b>	<b>Zip Code:</b>	<b>Telephone:</b>	<b>Occupation:</b>
<b>Name:</b>		<b>Last Name:</b>	<b>Mother's Maiden Name:</b>
<b>Address:</b>			
<b>Town:</b>	<b>Zip Code:</b>	<b>Telephone:</b>	<b>Occupation:</b>
<b>Name:</b>		<b>Last Name:</b>	<b>Mother's Maiden Name:</b>
<b>Address:</b>			
<b>Town:</b>	<b>Zip Code:</b>	<b>Telephone:</b>	<b>Occupation:</b>

**IV. BUSINESS ENTITY'S INFORMATION**

<b>Nombre:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	
<b>Address of the Prospective location:</b>		
<b>Town:</b>	<b>Zip Code:</b>	<b>Email associated with the entity:</b>
<b>Postal Address:</b>		
<b>Town:</b>	<b>Zip Code:</b>	<b>Entity's Phone number:</b>
<b>Type of Business conducted by the entity:</b>		

¿Is the entity owned by more than one person? If "Yes" provide the following information:

Yes     No

Full Name	Title, Position, or relationship with the entity	% of ownership

**V. QUESTIONNAIRE**

Have you or the entity been part of a criminal investigation, criminal proceeding, or administrative investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been arrested, indicted, or accused of any crimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or the entity you represent been part of a civil litigation or any administrative proceeding where damages alleged amount to fifty thousand dollars (\$50,000.00) or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or the entity you represent been accused of violations to the Federal Anti-Monopoly statutes, Trade Rules, insurance laws of any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or the entity you represent declared bankruptcy or insolvency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 5 years, have you been convicted of a felony or misdemeanor that implicates you in a conduct that indicates moral depravity in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In any question where you have answered "Yes", provide the following information:

Name and Case Number	Type of Complaint	Date of Complaint	Name of the Adverse	Decision	Sentence

Have you or the entity you represent denied, suspended or revoked a license or certificate issued by any governmental agency in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or the agency you represent been denied, suspended or revoked a license or authorization to operate a legal gambling Enterprise in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In any question where you have answered "Yes", provide the following information:

Jurisdiction	Issuing Agency	Date of Application (MM/DD/YYYY)	Reason for Denial

Do you have a family member that Works for the Government of Puerto Rico Gaming Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------------------------	----------------------------------------------------------

Full Name	Title or Position	Relationship to the Applicant
<b>VI. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION, BOTH PERSONALLY AND FOR THE ENTITY, WHEN IT APPLIES</b>		
Color copy of a current ID with photo (State issued Driver's License or Passport)	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Negative Debt Certification issued by the Puerto Rico Department of Treasury. No older than 30 days from the date of the application.	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Tax Filing Certification of the last five (5) years issued by the Puerto Rico Department of Treasury. If you have not filed any taxes in Puerto Rico, then you must include Department of Treasury Form AS 2781. better known as "CERTIFICATION OF REASONS FOR WHICH THE TAXPAYER IS NOT REQUIRED BY LAW TO FILE THE INDIVIDUAL INCOME TAX RETURN".	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Negative Debt Certification issued by the Center for the Recollection of Municipal Taxes (CRIM)	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Financial Statements of the last year, this can be audited or not	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Sports Betting Administration Agreement signed by yourself and the Sports Betting Operator your entity associated with	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Copy of the Unique Permit of Use issued by the Municipality where the entity is located	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Copy of the Municipal Patent issued by the Municipality where the entity is located	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Negative Debt Certificate issued by the Administration for the Sustenance of Minors (ASUME) no older then 90 days from the date of the application	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Certification of Employer Compliance issued by the Administration for the Sustenance of Minors (ASUME) no older than 90 days from the date of the application	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Copy of the last two (2) Federal and/or State Income Tax Returns	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Certificate of No Criminal History issued by the Government of Puerto Rico no older than 30 days from the date of the application	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Certificate of Incorporation, By-Laws, Partnership Agreement, Trust Agreement, or any other document related to the legal organization of the Entity	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity
Certificate of Good Standing issued by the Puerto Rico State Department and by the proper government authority of the jurisdiction of incorporation, no older than 12 months from the date of the application	<input type="checkbox"/> Personal	<input type="checkbox"/> Entity

**For Official Use**

**Approved**

**Denied**

**Paid Costs**

Reason: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Receipt Number: \_\_\_\_\_

\_\_\_\_\_

Money Order or Check Num.: \_\_\_\_\_

License Number: \_\_\_\_\_

ATH: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Executive Director  
o Authorized Representative

Collector

**STATEMENT OF TRUTH**

I, \_\_\_\_\_, or legal age, (marital status) \_\_\_\_\_, (profession),  
\_\_\_\_\_, resident of \_\_\_\_\_ and authorized agent of (Business Name)  
\_\_\_\_\_ being duly sworn according to law deposes and says:

1. I own or represent the applicant who is submitting this application form.
2. I personally supplied the information contained in this application form.
3. I understand and read the English language, or I had an interpreter read, explain, and record the answer to each question on this application form.
4. Any document accompanying this Sports Betting Satellite or Point of Sale License Application is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of my statements are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of owner or applicant's representative

\_\_\_\_\_  
Date  
(MM/DD/YYYY)

Affidavit # \_\_\_\_\_

Sworn and signed before me by \_\_\_\_\_, of the above stated personal circumstances whom I attest to know personally, or whose identity I have verified through \_\_\_\_\_.

In \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or other person authorized to take declarations

\_\_\_\_\_  
Notary Seal

**RELEASE AUTHORIZATION**

I, \_\_\_\_\_ of legal age, (marital status) \_\_\_\_\_,  
(profession) \_\_\_\_\_, resident of \_\_\_\_\_ and owner or representative of  
(Business' Name) \_\_\_\_\_, have authorized the Government of Puerto Rico Gaming  
Commission to conduct a full investigation into my background and activities using whatever legal means they deem appropriate, in relation  
to this application and/or while I possess or apply for a Sports Betting Satellite or Point of Sale Operator License. The information obtained  
will become property of the Commission and will not be returned to me.

Any entity approached by the Commission is therefore authorized to release any information pertaining to me and/or the entity I  
represent, documentary or otherwise, as requested by any employee or agent of the Gaming Commission. He or she will certify to you that  
I have an application pending before the Gaming Commission or that I am presently a licensee, registrant or other person required to be  
qualified under the provisions of the Gaming Commission Laws and Regulations.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of applicant's representative

\_\_\_\_\_  
Date  
(MM/DD/YYYY)

Affidavit # \_\_\_\_\_

Sworn and signed before me by \_\_\_\_\_, of the above stated personal  
circumstances whom I attest to know personally, or whose identity I have verified through  
\_\_\_\_\_.

In \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or other person authorized to take declarations

\_\_\_\_\_  
Notary Seal