



## APPLICATION FOR A CASINO FRANCHISE

New Application	Amendment	Renewal
Date		

Handprint or type an answer to every question. If a question does not apply, so state with N/A. If space available is insufficient, continue in a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

All applicants are advised that this is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

A Multi Jurisdictional Personal History Disclosure Form and a Business Entity Disclosure Form Corporate must be submitted with this application.

1. Full name of applicant.
2. Name under which business is conducted, if different
3. If name of business is hereby amended, state previous name
4. Date and number of Incorporation
5. Applicant main address
6. Mailing address
7. IRS Employment Identification
8. Telephone & FAX Number

9. Name and address of establishment for which license is requested
10. Name under which it is now operating or will operate
11. Who is the hotel general manager?
12. Who is the casino general manager?
13. Include a list with the names and addresses of all, directors, officers or promoters of the applicant.
14. Did you apply for a license to operate a casino previously?  Yes_____ No _____  If yes, indicate date and name used.
15. Has applicant ever been denied to operate a casino in Puerto Rico or outside Puerto Rico?  Yes_____ No _____  If yes, indicate date and reasons for the denial.
16. At present, is the applicant operating other Casino in Puerto Rico or outside Puerto Rico?  Yes_____ No _____  If yes, indicate place and name of business.
17. Banking facilities used during the past five years.

18. Submit the last audited Financial Statement.
19. Include a list with the name and addresses of all the stockholders or partners owning ten per cent (10%) or more of the voting stock or ownership of the applicant.

I, \_\_\_\_\_ do solemnly swear that foregoing answers and statements, together with those in all Exhibits attached hereto, have been knowingly made by me and that the same are true and correct, and that I have not omitted to state any material fact bearing upon such matters.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

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Signature of President  
or Person Authorized

AFFIDAVIT NUMBER \_\_\_\_\_

Subscribed and sworn before me by  
-----  
of legal age \_\_\_\_\_ and resident of \_\_\_\_\_  
----- personally known to me this \_\_\_\_\_  
day of \_\_\_\_\_ of 2\_\_\_\_\_ at \_\_\_\_\_.

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NOTARY PUBLIC

**The person executing this form undertakes to keep the information up to date.**