



PAID FANTASY SPORTS GAME OPERATOR LICENSE APPLICATION

STATE FORM 56175 (R3/03-25)
INDIANA GAMING COMMISSION

INSTRUCTIONS

An Applicant seeking a Paid Fantasy Sports Game Operator License must submit this Form. The following Persons are required to submit this Application:

- *A Person who is engaged in the business of professionally conducting Paid Fantasy Sports Games for cash prizes for members of the general public; and*
- *Requires cash or a cash equivalent; and has an entry fee to be paid by a member of the general public who participates in a Paid Fantasy Sports Game.*

1. Submit one (1) **electronic** version of this Application and all exhibits on a CD or USB flash drive to the IGC office or via secure file share to OCCLIC@IGC.IN.GOV
 - (a) The Application and each exhibit response should be submitted as separate and distinct files.
 - (b) All files should be provided in portable document format (PDF) in a minimum resolution of 200-300 dots per inch (DPI).
 - (c) **DO NOT SUBMIT DOCUMENTS IN HARD COPY FORMAT. The Application and exhibits should ONLY be submitted via file share, CD, or USB.**
 - (d) All Application fees must be paid by check made payable to the State of Indiana. Electronic payment options can be provided upon request. **DO NOT SEND CASH.**
 - (1) Payment should be submitted with cover letter to:
Indiana Gaming Commission
Attention: Investigations Division
101 W. Washington Street
East Tower, Suite 1600
Indianapolis, IN 46204-3408
2. The total cost of the investigation conducted pursuant to this form is borne by the Applicant.
3. For each question that requires an exhibit, submit the requested information as a separate and distinct file in electronic form as referenced in 1(a) above.
4. Type or write legibly the answers to questions in black ink. If your Application is not legible, it will not be accepted.
5. Capitalized terms will have the definition given in IC 4-33-2, 4-33-24, 68 IAC 26-1-3, 68 IAC 1-1, or in this form.
6. The Applicant should respond to the questions contained in this form to the Best of its Knowledge. A misrepresentation or omission is grounds for disciplinary action by the Commission.
7. When an answer or exhibit responsive to a question has already been submitted in response to another question, you may refer to your prior answer.
8. When a question does not apply to you, you must indicate by stating "Does not apply." If you have no answer to a certain question, you must indicate by stating "None." **FAILURE TO STATE "DOES NOT APPLY" OR "NONE" WILL BE INTERPRETED AS AN OMISSION AND MAY DELAY THE PROCESSING OF YOUR APPLICATION.**
9. Each question must be answered fully, accurately, and completely. **ANY MISREPRESENTATION OR OMISSION CAN RESULT IN APPLICATION DENIAL.** When information is unknown, so indicate by stating "Unknown". **YOU MUST MAKE A SUBSTANTIAL INQUIRY TO DETERMINE THE ANSWERS TO ALL QUESTIONS.**
10. **The Applicant is seeking a privilege and has the burden of proving its qualifications for suitability during an investigation. The Applicant accepts any risk of adverse public notice, embarrassment, criticism, other action, or financial loss that may result from action regarding this form and expressly waives any claim for damages as a result thereof. The Commission may request information not called for in this form or in addition to information provided in response to questions contained in this form. The Applicant must provide all information, documents, materials and certifications at Applicant's sole expense and cost.**

INSTRUCTIONS <i>(continued)</i>	<p>11. If at any time there are material changes to the information submitted herein, you must immediately notify the Commission in writing of the material changes. The Applicant is under a continuing duty to promptly disclose any changes in the information provided in the form and requested materials submitted to the Commission. The duty to make additional disclosures continues as long as the license remains valid.</p> <p>12. You may be required to provide additional information or submit additional forms. Failure to provide this information could result in rejection or delay the processing of this Application.</p> <p>13. Please retain a copy of the completed Application and exhibits for your records as they will not be released once received by the Commission.</p> <p>14. If you have any questions about this Application, contact the Investigations Division via email at OCCLIC@IGC.IN.GOV or via phone at (317) 233-0046.</p>		
FEES	<p style="text-align: center;">All application fees are non-refundable and non-transferrable</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Paid Fantasy Sports (PFS) Game Operator License Application Fee</td> <td style="width: 30%; text-align: center;">\$50,000</td> </tr> </table> <p style="text-align: center;"><i>An Applicant will be assessed any additional costs related to the investigation.</i></p>	Paid Fantasy Sports (PFS) Game Operator License Application Fee	\$50,000
Paid Fantasy Sports (PFS) Game Operator License Application Fee	\$50,000		
DEFINITIONS	<p><i>Terms in this Application shall have meanings ascribed to them IC 4-33-2, IC 4-35-2, or 68 IAC 1-1. The following terms shall have the following meanings:</i></p> <p>Age Verification: A method used by a Paid Fantasy Sports Game system or device to verify the validity of a consumer’s age.</p> <p>Applicant: Any Individual or Business Entity who directly or indirectly has applied for a Paid Fantasy Sports Operators license.</p> <p>Business Entity: Any of the following: partnership, incorporated or unincorporated association or group, firm, or any other form of business.</p> <p>Casino Licensee: A gambling game licensee as defined by IC 4-35-5, a licensed owner as defined by IC 4-33-2- 13, or an operating agent as defined by IC 4-33-2-14.5.</p> <p>Confidential Information: Information related to the play of Paid Fantasy Sports Games by Game Participants obtained solely as a result of or by virtue of a person’s employment.</p> <p>Game Operator: A person or business entity who is engaged in the business of professionally conducting Paid Fantasy Sports Games for cash prizes for members of the general public; and requires a cash or cash equivalent as an entry fee to be paid by a member of the general public who participates in a Paid Fantasy Sports Game.</p> <p>Game Participant: An Individual who participates in a Paid Fantasy Sports Game offered by a Game Operator.</p> <p>Geolocation: The identification of the real-world geographic location of a Game Participant.</p> <p>Individual: Any natural person.</p> <p>Key Person: Any officer, director, executive, trustee, Substantial Owner, independent contractor, or agent of a Business Entity, having the power to exercise either alone or in conjunction with others, management or operating authority of a Business Entity or affiliate thereof.</p> <p>Paid Fantasy Sports Game: Any fantasy or simulation sports game or contest that meets the definition contained within IC 4-33-24.</p> <p>Paid Fantasy Sports Game Contest Platform: Any website, smart phone application or other portal providing access to a Paid Fantasy Sports Game.</p> <p>Predecessor Company: A Business Entity that no longer exists in its original form but whose assets in substantial part have been acquired by another Business Entity or that has undergone certain internal changes, such as those of identity, form, or capital structure.</p> <p>Substantial Owner: Any (1) Individual who is not an Institutional Investor and who holds any direct, indirect, or attributable interest whose combined direct, indirect or attributable interest is 5% or more ownership interest in a Business Entity; or (2) an Institutional Investor holding 15% or more interest in a Business Entity.</p>		

PAID FANTASY SPORTS GAME OPERATOR LICENSE APPLICATION

IDENTIFYING INFORMATION

NAME OF APPLICANT	DOING BUSINESS AS
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BUSINESS ADDRESS (NUMBER AND STREET)

CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
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FEDERAL IDENTIFICATION NUMBER	INDIANA TAXPAYER IDENTIFICATION NUMBER
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MAILING ADDRESS (NUMBER AND STREET) (IF DIFFERENT FROM ABOVE)

CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
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IF THIS APPLICATION IS BEING FILED AS PART OF A TRANSFER OF OWNERSHIP IN A PAID FANTASY SPORTS OPERATOR LICENSEE, PLEASE PROVIDE THE NAME(S) OF THE LICENSEE(S) THAT THE APPLICANT IS ACQUIRING.

CONTACT INFORMATION

NAME OF ATTORNEY REPRESENTING THE APPLICANT BEFORE THE COMMISSION	FIRM NAME
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BUSINESS ADDRESS (NUMBER AND STREET)

CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
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PHONE NUMBER	EMAIL ADDRESS
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NAME OF CONTACT PERSON (IF DIFFERENT FROM ABOVE)	TITLE
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BUSINESS ADDRESS (NUMBER AND STREET)

CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
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PHONE NUMBER	EMAIL ADDRESS
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EXHIBITS

1. Submit as **Exhibit 1** the types of Paid Fantasy Sports Games available for play along with answers to the following questions:
 - (a) Are the values of all prizes and awards offered to winning game participants established and made known to the game participants in advance of the game or contest?
 - (b) How are winning outcomes determined?
 - (c) Are any winning outcomes based on the score, point spread, or performance or performances of any single team or combination of teams, or solely on any single performance of an individual athlete or player in any single event?
 - (d) Are any games based on college or high school sports?
 - (e) Are any winning outcomes based on the accumulated statistical results of a performance by an Individual or horse in a race or races at a recognized meeting or on simulcast? If so, have those games been authorized by the Indiana Horse Racing Commission?
 - (f) What are the entry fees for games offered?
2. Submit as **Exhibit 2** a description of the Paid Fantasy Sports Game Contest Platform. Include information regarding any system assessments and/or security reviews including findings and remedial measures taken, if applicable.
3. Submit the following information as **Exhibit 3(a)** through **3(d)**:
 - (a) Detailed description of Applicant's business, including the background and skills of the Applicant and Applicant's Key Persons. Also, provide a listing of Predecessor Companies including a description of the types of business they conducted;
 - (b) Current address and description of all physical facilities, including number of employees and nature of each facility's business;
 - (c) List of former addresses of operation within the past five (5) years including the types of business conducted at each location;
 - (d) List of any additional interest in other paid fantasy sports game operators.
4. Submit, as applicable, copies of the following documents as **Exhibit 4**:
 - (a) If Paid Fantasy Sports Games are being offered at a licensed Indiana casino, or a satellite facility licensed under IC 4-31-5.5, submit an agreement with or a statement of intent from a Casino Licensee, Casino License Applicant, or a satellite facility operator stating that the Applicant will be supplying goods and services upon the Applicant receiving a Paid Fantasy Sports Game Operator License;

If Exhibit 4(a) does not apply, initial here: _____
 - (b) Contracts, leasing or rental agreements related to Paid Fantasy Sports or gaming;

If Exhibit 4(b) does not apply, initial here: _____
 - (c) Purchase/Sale agreements related to Paid Fantasy Sports or gaming;

If Exhibit 4(c) does not apply, initial here: _____
 - (d) Security or Servicing agreement; and

If Exhibit 4(d) does not apply, initial here: _____
 - (e) Management contracts.

If Exhibit 4(e) does not apply, initial here: _____
5. Submit as **Exhibit 5** a plan for:
 - (a) Age verification of Game Participants;
 - (b) Geolocation of Game Participants;
 - (c) Maintaining the security of identity and financial information of Game Participants; and
 - (d) Prohibiting the promotion and advertisement of Paid Fantasy Sports Games in any publication or medium aimed exclusively at juveniles, or at elementary schools, high schools, or sports venues used exclusively for elementary and high schools.
6. Identify in **Exhibit 6** all vendors used by Applicant to create and conduct Paid Fantasy Sports Games. Include the following:
 - (a) A description of the services provided by the vendor;
 - (b) A description of the due diligence procedures used by the Applicant for vendor selection; and
 - (c) A list of any Public Officials or officers or employees of a governmental entity, or relative thereof, who holds an interest in a contractual or service relationship with the Applicant.

7. Provide as **Exhibit 7** a copy of any policy that prohibits employees of Applicant (and Casino Licensees, Casino Licensee Applicants, or satellite facility operators if contracting with said entities), including owners, directors, and officers, and any relative of an employee living in the household, from playing Paid Fantasy Sports Games in which the cash prize exceeds \$5.
8. Provide as **Exhibit 8** a copy of the policy or method of ensuring that employees of the Applicant, Casino Licensees, Casino Licensee Applicants, or satellite facility operators are prohibited from sharing Confidential Information with third parties.
9. Submit as **Exhibit 9** a plan for preventing any player, game official, or other participant in an actual sporting event or competition from participating in any Paid Fantasy Sports Game that is determined in whole or in part on the performance of that individual, the individual's team, or the accumulated statistical results of the sporting event or competition in which the individual is a player, game official, or other participant.
10. Submit as **Exhibit 10** a plan for:
- (a) Allowing individuals to self-restrict from entering Paid Fantasy Sports Games;
 - (b) Preventing the participation in Paid Fantasy Sports Games of individuals who have self-restricted from entering Paid Fantasy Sports Games; and
 - (c) Preventing Game Participants from entering more than the maximum number of allowed Paid Fantasy Sports Games.
11. If Applicant or any of its Substantial Owners is a corporation, submit as **Exhibit 11**, for each corporation:
- If Exhibit 11 does not apply, initial here:** _____
- (a) Name, including former, assumed, and doing business as names;
 - (b) Address of the corporate headquarters;
 - (c) FIN;
 - (d) Federal tax stamp numbers for transporting Gaming Equipment, if applicable;
 - (e) A certificate of good standing from the state of incorporation of Applicant and a certificate of good standing issued by the Indiana Secretary of State indicating Applicant is qualified to do business in the State of Indiana;
 - (f) For present and former Key Persons of each corporation, their names, positions, business addresses and telephone numbers, and the amounts of and dates when Compensation was received from the corporation during the three (3) years prior to the date of filing this Application;
 - (g) Certified copies of the articles of incorporation or corporate charters, and amendments thereto, of Applicant and its affiliated companies;
 - (h) Articles of association;
 - (i) By-laws;
 - (j) The classes of stock and number of shares;
 - (k) The number of shares authorized, issued, or outstanding;
 - (l) The par value and market value of the shares;
 - (m) The voting rights per class of share (if the right of holders of a class of stock may be modified other than by a vote of majority or more of the outstanding shares so affected, voting as a class, so state and briefly explain);
 - (n) The exchange, if any, on which a class of stock may be traded;
 - (o) A list of the names, addresses and number of shares held for holders of outstanding shares (Note: If a publicly held company, submit information only for those holding 5% or more interest);
 - (p) A list of stock certificates which have been or will be pledged and the name, address and telephone number of the pledgor and pledgee of stock certificates in a corporation that is not a Publicly Held Company.

12. If Applicant or any of its Substantial Owners is a Business Entity other than a corporation, submit the following as **Exhibit 12**:

If Exhibit 12 does not apply, initial here: _____

- (a) A detailed description of the organization of each Business Entity, including but not limited to partnership, trust or joint venture agreements and any other legal instruments of organization;
- (b) For the present and former Key Persons of each Business Entity, their names, positions, and the amounts of and dates when the present and former Key Persons received Compensation from the corporation during the three (3) years prior to the filing of this Application;
- (c) For each Business Entity, for all present and former Key Persons of the Business Entity during the three (3) years prior to the filing of this Application, provide the following information:

If Exhibit 12(c) does not apply, initial here: _____

- (1) Name, including all former and assumed names;
- (2) Business address;
- (3) Telephone number;
- (4) FIN;
- (5) Any federal tax stamp numbers held for transporting Gaming Equipment;
- (6) Occupation;
- (7) Place and date of organization;
- (8) Percentage of ownership;
- (9) Dates when participation occurred.

- (d) For each Business Entity that is not organized under Indiana law, a statement identifying the law under which it is organized and stating whether it is authorized to conduct business in Indiana;

If Exhibit 12(d) does not apply, initial here: _____

- (e) For each participant in each Business Entity that is a general partner, limited partner, unincorporated associate, or other Business Entity other than a corporation, provide the following information:

If Exhibit 12(e) does not apply, initial here: _____

- (1) Name, including former and assumed names;
- (2) Business address and telephone number;
- (3) For the present and former Key Persons of each Business Entity, their names, positions, and the amounts of and dates when the present and former Key Persons received Compensation from the corporation during the three (3) years prior to the filing of this Application.

- (f) For each participant in each Business Entity that is a corporation:

If Exhibit 12(f) does not apply, initial here: _____

- (1) Name, including former and assumed names;
- (2) Business address and telephone number;
- (1) For the present and former Key Persons of each Business Entity, their names, positions, and the amounts of and dates when the present and former Key Persons received Compensation from the corporation during the three (3) years prior to the filing of this Application.

13. If Applicant possesses a paid fantasy sports related license, or any other regulatory approval for paid fantasy sports related activities, issued by any jurisdiction, including Indiana, submit as **Exhibit 13(a)** a list of licenses including jurisdiction, type of license issued, license status, and expiration date. If Applicant conducts paid fantasy sports games in any other jurisdiction in the absence of a license, or any other regulatory approval, submit as **Exhibit 13(b)** a list of those jurisdictions.

If Exhibit 13 does not apply, initial here: _____

14. If Applicant, any of its Substantial Owners, or any of its Key Persons, has ever had any license or certificate issued by a licensing authority withdrawn, denied, restricted, suspended, revoked, or not renewed, submit as **Exhibit 14** a detailed statement including the following information:

If Exhibit 14 does not apply, initial here: _____

- (a) The facts and circumstances concerning the denial, restriction, suspension, revocation, or nonrenewal;
- (b) Licensing authority;
- (c) Date that licensing authority took the action;
- (d) Reason for each action.

15. If the securities or debt offerings of Applicant, any of its Substantial Owners, or Applicant's Key Persons have been suspended from trading or have had action taken against them by a regulatory agency, submit a detailed statement describing each suspension and/or action as **Exhibit 15**.

If Exhibit 15 does not apply, initial here: _____

16. If the Applicant or any of Applicant's Substantial Owners has ever been adjudicated as bankrupt, been the subject of an involuntary bankruptcy proceeding, been placed in receivership, or filed a petition for bankruptcy or insolvency under any bankruptcy or insolvency law, submit as **Exhibit 16** the following information:

If Exhibit 16 does not apply, initial here: _____

- (a) The names of each party(ies);
- (b) The case number;
- (c) The name of the court and its location;
- (d) The type and nature of the case;
- (e) The disposition of the case.

17. If the Applicant or Applicant's Substantial Owners has ever been adjudicated to have, or entered into an agreement for having, violated a statute, regulation, rule, local ordinance, or other law expressly governing a Paid Fantasy Sports Game, or been a party to any other lawsuit involving paid fantasy sports contest operation, financial crimes, crimes of moral turpitude, dishonesty, or breach of trust, submit as **Exhibit 17** the following information for each instance:

If Exhibit 17 does not apply, initial here: _____

- (a) Name of the party(ies);
- (b) Case number;
- (c) Name of the court and its location;
- (d) Type and nature of the case and/or violation; and
- (e) Disposition of the case.
- (f) Submit for any pending litigation, unsatisfied judgments, decrees, restraining orders, or injunctive orders, the pertinent facts, including the type and amount of relief sought; and
- (g) Submit for pending litigation, an assessment of the impact that the action may have on Applicant's business.

18. If the Applicant or Applicant's Key Persons has ever been arrested, detained, charged, indicted, convicted, pleaded guilty, received a pre-trial diversion, pleaded nolo contendere, or forfeited bail concerning a criminal offense, either felony or misdemeanor, in any state or foreign country involving paid fantasy sports contest operation, financial crimes, crimes of moral turpitude, dishonesty, or breach of trust (except for arrests which have been sealed or convictions which have been expunged by a court, or traffic infractions), submit the following as **Exhibit 18**, for each occurrence:

Traffic related misdemeanors or felonies that are not sealed or expunged must be reported.

If Exhibit 18 does not apply, initial here: _____

- (a) The names, business addresses and telephone numbers of the Individuals and/or Business Entities involved;
- (b) Case number;
- (c) Date;
- (d) Type and level of offense;
- (e) Disposition of case;
- (f) Name and location of court;
- (g) Arresting agency;
- (h) Prosecuting agency;
- (i) Location and length of incarceration;
- (j) If the occurrence was a Gaming related offense.

19. Submit as **Exhibit 19** a statement listing the names, titles, addresses and telephone numbers of all Public Officials or officers, or employees of a governmental entity, and Relatives of Public Officials or officers or employees of a governmental entity, who directly or indirectly own a financial interest in or have a beneficial interest in, the Applicant or its Key Persons.

<p>20. Submit as Exhibit 20 documentation verifying the following:</p> <ul style="list-style-type: none"> (a) That the funds of Game Participants are segregated from the operational funds of the Applicant; and (b) That the Applicant maintains a reserve in the form of cash, cash equivalents, an irrevocable letter of credit, a bond, or a combination of these sources that is equal to the amount of money deposited in paid fantasy sports game accounts of Game Participants.
<p>21. Submit as Exhibit 21, if applicable, the Applicant's plan or policy regarding anti-money laundering procedures and/or the filing of suspicious activity reports and currency transaction reports.</p>
<p>22. Submit as Exhibit 22, as applicable, copies of the following documents:</p> <ul style="list-style-type: none"> (a) Engagement letter with certified public accountant for prior fiscal year and current fiscal year; and (b) Financial audit of Applicant's Paid Fantasy Sports Game operations for the past two (2) fiscal years.
<p>23. Submit as Exhibit 23, the following:</p> <ul style="list-style-type: none"> (a) Applicant's total amount of adjusted revenue earned in the prior fiscal year; (b) Indiana residents' percentage of revenue for prior fiscal year; and (c) Total amount of winnings earned by all players in prior fiscal year.
<p>24. If the Applicant is delinquent in the payment of taxes required under federal, state, or municipal law, submit as Exhibit 24 a detailed statement describing the following:</p> <p style="text-align: right;">If Exhibit 24 does not apply, initial here: _____</p> <ul style="list-style-type: none"> (a) Delinquency or dispute; (b) The amount; (c) Type of tax; (d) Taxing agencies; and (e) Time periods involved.
<p>25. Submit as Exhibit 25(a) and 25(b), as applicable, copies of the following documents for Applicant and its Substantial Owners, for the last three (3) fiscal or calendar years, or if the Applicant or Applicant's Substantial Owner has not existed as a Business Entity in any jurisdiction for the last three (3) years, for the Applicant or Substantial Owner or any Predecessor Company to the extent that they exist for the last three (3) years:</p> <ul style="list-style-type: none"> (a) State, Federal, and/or foreign tax returns; (b) For Gaming Entities that file US federal tax returns, provide Tax Account Transcripts from the IRS or proof that transcripts have been requested. <p>For more information, visit https://www.irs.gov/individuals/get-transcript.</p> <p style="text-align: right;">If Exhibit 25(b) does not apply, initial here: _____</p>
<p>26. Submit as Exhibit 26 an ownership chart, including percentage interest of the Key Persons and Substantial Owners of Applicant illustrating the ultimate owners/real parties in interest. If this Application is being submitted in association with a transfer of ownership, include an ownership chart of the post-close ownership showing the Paid Fantasy Sports Operator Licensee, the Applicant, and its Substantial Owners.</p>
<p>27. Submit as Exhibit 27 detailed organizational charts for the Applicant that illustrate the operations and the identity of the Persons responsible for performing the various operations. Include organizational charts for Applicant's Substantial Owners and Applicant's ultimate parent company.</p>

ACKNOWLEDGMENT

ON BEHALF OF _____, I, _____
APPLICANT'S NAME *PRINTED NAME OF AFFIANT*

HEREBY ACKNOWLEDGE THAT THE INDIANA GAMING COMMISSION WILL REQUIRE SUPPLEMENTAL MATERIALS IN ORDER TO CARRY OUT ITS STATUTORY DUTIES.

APPLICANT'S NAME

HEREBY AGREES TO SUBMIT SUPPLEMENTAL MATERIALS AS REQUESTED BY THE COMMISSION.

SIGNATURE OF AFFIANT

DATE (MM/DD/YYYY)

TITLE OF AFFIANT

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE INFORMATION SET FORTH IN THIS DOCUMENT IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF AFFIANT

DATE (MM/DD/YYYY)

PRINTED NAME OF AFFIANT

TITLE OF AFFIANT

APPLICANT'S REQUEST TO RELEASE INFORMATION (page 1 of 2)

TO: _____

FROM: _____

APPLICANT'S NAME

1. APPLICANT HEREBY AUTHORIZES AND REQUESTS ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING APPLICANT TO FURNISH SUCH INFORMATION TO A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY OR OTHER LEGAL PRIVILEGE.
2. APPLICANT HEREBY AUTHORIZES AND REQUESTS ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING APPLICANT TO PERMIT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY OR OTHER LEGAL PRIVILEGE.
3. IF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF SAME, APPLICANT HEREBY AUTHORIZES AND REQUESTS THAT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS OR CORRESPONDENCE PERTAINING TO APPLICANT, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES COSIGNED BY APPLICANT, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
4. APPLICANT HEREBY MAKES, CONSTITUTES, AND APPOINTS ANY DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION TO BE APPLICANT'S TRUE AND LAWFUL AGENT FOR APPLICANT IN APPLICANT'S NAME, PLACE, STEAD, AND ON APPLICANT'S BEHALF AND FOR APPLICANT'S USE AND BENEFIT IN THE RETRIEVAL OF INFORMATION, WHETHER OR NOT SUCH INFORMATION IS CONSIDERED CONFIDENTIAL, BUT ONLY IN CONNECTION WITH THE LAWFUL BACKGROUND INVESTIGATION REQUIRED TO ASCERTAIN APPLICANT'S SUITABILITY FOR A GAMING LICENSE. APPLICANT DOES HEREBY AUTHORIZE SAID AGENT:
 - a. TO REQUEST, REVIEW, COPY, SIGN FOR, OR OTHERWISE ACT FOR INVESTIGATIVE PURPOSES WITH RESPECT TO DOCUMENTS AND INFORMATION IN THE POSSESSION OF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AS APPLICANT MIGHT;
 - b. TO NAME THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND INSERT THAT PERSON'S OR ENTITY'S NAME IN THE APPROPRIATE LOCATION ON THIS REQUEST;I TO PLACE THE NAME OF THE INDIANA GAMING COMMISSION AGENT PRESENTING THIS REQUEST IN THE APPROPRIATE LOCATION ON THIS REQUEST.
5. APPLICANT GRANTS TO SAID AGENT FULL POWER AND AUTHORITY TO REQUEST, REVIEW, COPY, AND PERFORM ALL AND EVERY ACT AND THING WHATSOEVER REQUISITE, PROPER, OR NECESSARY TO BE DONE, IN THE EXERCISE OF ANY OF THE RIGHTS AND POWERS TO GATHER INFORMATION HEREIN GRANTED, AS FULLY AS TO ALL INTENTS AND PURPOSES AS APPLICANT MIGHT OR COULD DO, WITH FULL POWER OF SUBSTITUTION OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID AGENT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS AUTHORIZATION AND THE RIGHTS AND POWERS HEREIN GRANTED.
6. THIS AUTHORIZATION ENDS THIRTY-SIX (36) MONTHS FROM THE DATE OF EXECUTION OR AT THE TERMINATION OF ALL LICENSES ISSUED TO APPLICANT BY THE INDIANA GAMING COMMISSION, WHICHEVER OCCURS LATER.
7. APPLICANT DOES, FOR ITSELF, ITS HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED, AND HIS OR ITS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH APPLICANT EVER HAD, NOW HAS, MAY HAVE, OR CLAIM TO HAVE AGAINST THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED OR HIS OR ITS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
8. APPLICANT AGREES TO INDEMNIFY AND HOLD HARMLESS THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND HIS OR ITS AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
9. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL

APPLICANT'S REQUEST TO RELEASE INFORMATION (page 2 of 2)

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT _____ , _____
CITY STATE
 ON THE _____ DAY OF _____ , _____
DAY MONTH YEAR

 APPLICANT NAME OR AFFILIATE NAME

 SIGNATURE OF AFFIANT

 TITLE OF AFFIANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF AFFIANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE

RELEASE OF ALL CLAIMS

THE UNDERSIGNED HAS FILED WITH THE INDIANA GAMING COMMISSION ("COMMISSION") CERTAIN FORMS AND DOCUMENTS IN CONNECTION WITH A WRITTEN REQUEST FOR LICENSING REINVESTIGATION BY THE COMMISSION. IN CONSIDERATION OF THE ASSURANCE BY THE COMMISSION THAT NO VOTE ON THIS FORM WILL BE TAKEN EXCEPT AFTER A DELIBERATE, INTENSIVE AND THOROUGH INVESTIGATION OF THE UNDERSIGNED, INCLUDING BUT NOT LIMITED TO BACKGROUND, ASSOCIATES, AND FINANCES, THE UNDERSIGNED DOES FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE STATE OF INDIANA, THE COMMISSION, ITS MEMBERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH THE UNDERSIGNED EVER HAD, NOW HAS, MAY HAVE, OR CLAIM TO HAVE AGAINST ANY OR ALL OF SAID ENTITIES OR INDIVIDUALS ARISING OUT OF OR BY REASON OF THE PROCESSING OR INVESTIGATION OF OR OTHER ACTION RELATING TO THIS FORM.

I, THE DULY AUTHORIZED _____ OF THE UNDERSIGNED, HAVE READ THIS RELEASE
PRINTED NAME OF AFFIANT

RELEASE AND UNDERSTAND ITS TERMS. ON BEHALF OF AND IN ACCORDANCE WITH THE INSTRUCTIONS OF THE UNDERSIGNED, I EXECUTE IT WITH FULL KNOWLEDGE THAT THE UNDERSIGNED WILL BE BOUND HEREBY.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT _____ , _____
CITY STATE

ON THE _____ DAY OF _____ , _____
DAY MONTH YEAR

APPLICANT NAME OR AFFILIATE NAME

SIGNATURE OF AFFIANT

TITLE OF AFFIANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF AFFIANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE