

DO NOT STAPLE APPLICATION OR ATTACHMENTS

MISSISSIPPI GAMING COMMISSION



MISSISSIPPI ADDENDUM TO THE MULTI JURISDICTIONAL GAMING APPLICATION FORM

NAME OF APPLICANT

Type of Application:

Initial

Renewal

Application for Mississippi Gaming License

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INSTRUCTIONS

Read every question carefully before responding. Answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned.

If a question or form does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose on a particular question, state "None."

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page.

Send the completed Personal Record (original) to the Mississippi Gaming Commission.

*Each associated individual applying for a Finding of Suitability must execute Forms 3006, 3007, 3008, 3009, 3010, IRS Form 4506-T and Form 80-607 and submit them along with their Multi Jurisdictional Personal History Disclosure Form.

This application form is to be completed by any person who wishes to apply for a gaming license to be issued by the Mississippi Gaming Commission.

If you need additional space to answer any questions, use extra pages. Be sure to indicate the number of the question you are answering, if you use this additional space.

This application form is to be completed for original or first time application purposes, as well as for renewal application purposes.

DEFINITIONS

Key Employee

Whenever it is the judgment of the Commission that the public interest and the policies set forth in the Act will be served by requiring any key employee to be licensed, the Commission shall serve notice of such determination upon the licensee. The Commission shall not be restricted by the title of the job performed but shall consider the functions and responsibilities of the person involved in making its decision as to key employee status. Grounds for requiring licensing of a key employee which are deemed to serve the public interest and the policies of the Act include but are not limited to the following:

- (1) The key employee is new to the industry, to the particular gaming establishment, the position, or the level of influence or responsibility which he has and the Commission has little or outdated information concerning his character, background, reputation or associations; or
- (2) Information has been received by the Commission which, if true, would constitute grounds for a finding of unsuitability to be associated with a gaming enterprise.

Cruise Vessels

- (1) Complies with all U.S. Coast Guard regulations;
- (2) Has a minimum overall length of one hundred fifty feet (150').
- (3) Has a minimum draft of six feet (6').
- (4) Is certified by the U.S. Coast Guard to carry at least two hundred (200) passengers.

Vessels

- (1) A vessel for purposes of the Mississippi Gaming Control Act includes every description of floating watercraft or other floating artificial contrivance.
- (2) Minimum overall length of one hundred fifty feet (150').
- (3) Vessels shall comply with all state and local safety and health ordinances and/or regulations.

Any person desiring a determination as to whether a particular vessel qualifies under the above criteria, can make a request for such a decision on forms provided by the Executive Director.

LOCATIONS

The legislature has declared gaming operations legal if licensed by the Commission and conducted upon establishments, vessels and cruise vessels located in certain statutorily described areas where voters have not voted to prohibit gaming. The Commission, as authorized by law and in conformity with the power and responsibility vested in it by the legislature, finds that gaming licensees may operate at the following locations.

Cruise Vessels

Waters within the State of Mississippi which lie adjacent to the three (3) most southern counties of the State. In addition to the Mississippi Sound, this would include St. Louis Bay, Biloxi Bay and Pascagoula Bay. However, the rivers, bayous, lakes and back bays leading into these bays, including but not limited to the Jourdan River, Wolf River, Bernard Bayou, Tchoutacabouffa River, Pascagoula River and Escatawpa River, Biloxi River, Big Lake and Back Bay of Biloxi are not within the authorized area. In determining where the river ends and the bay begins, an imaginary line shall be drawn from the foremost land mass at the intersection of the river and bay, straight across the river to the foremost land mass of the intersection on the other side. In determining where Back Bay of Biloxi ends and Biloxi Bay begins, an imaginary line shall be drawn beginning at a point 1200 feet west of the center line of Interstate 110 on the northern shore to a point on the center line of Interstate 110 on the southern shore

Vessels

Vessels must be on the Mississippi River or navigable waters within any county bordering on the Mississippi River when such navigable waters run into the Mississippi River. Navigable waters mean any rivers, creeks, bayous or other bodies of water that are used or susceptible of being used as an artery of commerce and which either in their natural or improved condition are used or suitable for use as an artery of commerce or are used for the docking or mooring of a vessel, notwithstanding interruptions between the navigable parts of such rivers, creeks, bayous or other bodies of water by falls, shallows, or rapids compelling land carriage.

Establishments

The part of the structure in which licensed gaming activities are conducted is located entirely in an area which is located no more than eight hundred (800) feet from the mean high-water line (as defined in Section 29-15-1) of the waters within the State of Mississippi, which lie adjacent to the State of Mississippi south of the three (3) most southern counties in the State of Mississippi, including the Mississippi Sound, St. Louis Bay, Biloxi Bay and Pascagoula Bay, or, with regard to Harrison County only, no farther north than the southern boundary of the right-of-way for U.S. Highway 90, whichever is greater; and

In the case of a structure that is located in whole or part on shore, the part of the structure in which licensed gaming activities are conducted shall lie adjacent to state waters south of the three (3) most southern counties in the State of Mississippi, including the Mississippi Sound, St. Louis Bay, Biloxi Bay and Pascagoula Bay. When the site upon which the structure is located consists of a parcel of real property, easements and rights-of-way for public streets and highways shall not be construed to interrupt the contiguous nature of the parcel, nor shall the footage contained within the easements and rights-of-way be counted in the calculation of the distances specified in the above paragraph.

Any person desiring a determination as to whether a particular location is authorized under any of the above criteria can make a request for such a decision on forms provided by the Executive Director.

MISSISSIPPI GAMING COMMISSION

P.O. BOX 23577 • JACKSON, MS. 39225-3577

APPLICATION FOR MISSISSIPPI GAMING LICENSE

1. Applicant:

Name: _____
(Sole Owner, Limited Liability Company, Partnership, Corporation)

Mailing Address _____

County _____

City, State, Zip _____

2. Business:

Federal Employer ID No. (FEIN): _____

Name: _____

Physical Address _____

County _____

City, State, Zip _____

Business Telephone Number (_____) _____ - _____
Area code

Applicant Telephone Number (_____) _____ - _____
Area code

Location of Business: Inside City Limits Outside City Limits

3. Type of Application: (Check all that apply)

	<u>Application Fee</u>	<u>Check Number</u>
a. License:		
<input type="checkbox"/> Gaming Operator	\$5,000.00	_____
<input type="checkbox"/> Wide Area Progressive Operator	\$5,000.00	_____
<input type="checkbox"/> Manufacturer	\$1,000.00	_____
<input type="checkbox"/> Distributor	\$500.00	_____
b. Finding of Suitability¹:		
<input type="checkbox"/> Greater than 5% Equity Owner	No Application Fee	
<input type="checkbox"/> Individual	No Application Fee	
<input type="checkbox"/> Other (Explain) _____	No Application Fee	
c. Registration:		
<input type="checkbox"/> Holding Company	No Application Fee	
<input type="checkbox"/> Publicly Traded Company	No Application Fee	

¹Note: If this application is for a finding of suitability, present or proposed licensee must sign below:

LICENSEE	Signature
	Name (Print)
	Title

Form 3000 continued

4. Type of Ownership:

- Sole Owner Limited Liability Company Partnership Corporation Other
-
-

5. Is the vessel or establishment leased? Not Applicable—Skip to question 10
 Yes—attach copy of lease No

6. Is this a vessel or establishment? Vessel Establishment—Skip to question 10

7. Is the vessel owned? Yes (attach copy of Manufacturers Statement of origin) No

8. Have you ever been denied or refused a Federal Permit? Yes No If Yes, explain fully.

List any Federal Stamp date and number _____

Include with this application 1) a photo copy of your registration certificate, and 2) a photo copy of your U.S. Coast Guard compliance certificate. (Certificate of Inspection).

9. In what country is your vessel registered? _____

Give registration number _____

10. Do you or any member of your partnership or association or any officer, director, or stockholder of your corporation own or have any interest in another cruise vessel or gaming license in the United States or any foreign country?

- Yes (attach copies of your licenses) No

11. Has applicant been assigned a Mississippi sales tax number? Yes—list the number(s) No

12. Does the applicant swear that he meets the qualifications for a license as detailed in the Mississippi Gaming Control Act, Section 75-76-1 et.seq. of the Mississippi Code, as well as, the requirements of Section 67-1-71, Local Option Alcoholic Beverage Control Law, Mississippi Code of 1972 and Section 95-3-25, Mississippi Code of 1972?

- Yes No If answer is no, explain fully.
-
-
-

Form 3000 continued

13. Does the applicant swear that as a license holder he will fully comply with all rules and regulations promulgated by the Commission relative to the Mississippi Gaming Control Act and to keep all records and make all reports and remittance required by the Commission and to comply with the provisions of Mississippi's Gaming Control Act, Section 75-76-1, et. seq. of the Mississippi Code, Section 67-1-71, Local Option Alcoholic Beverage Control Law, Mississippi Code of 1972, and Section 95-3-25, Mississippi Code of 1972?

Yes No If answer is no, explain fully.

14. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever had a license or permit denied, suspended, or revoked?

Yes No If answer is yes, explain fully.

15. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever been arrested, charged, indicted, or convicted of a felony in any state or federal court or any foreign country?

Yes No If answer is yes, explain fully.

16. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever been arrested, charged, indicted, or convicted of any drug or gaming related violation?

Yes No If answer is yes, explain fully.

Form 3000 continued

17. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever been arrested, charged, indicted, or convicted of the sale of alcoholic beverages to minors?

Yes No If answer is yes, explain fully.

18. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever been arrested, charged, indicted, or convicted of prostitution or procuring or inducing individuals to engage in prostitution?

Yes No If answer is yes, explain fully.

19. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever received a pardon or had an arrest record sealed or expunged in any state or federal or foreign country?

Yes No If answer is yes, explain fully.

20. A Certificate of good standing from the Mississippi Secretary of State must be attached to each application for licensure or the application will be rejected.

LICENSEE CERTIFICATION

I certify under penalties contained in the Mississippi Gaming Control Act of the State of Mississippi, Section 75-76-1, et. seq. of the Mississippi Code, the information presented on this application is true and correct, to the best of my knowledge.

Applicant's Signature

BY: If corporation or partnership

Title

Date

NOTARY

State of _____

County of _____

This Day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, states on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20 _____

Notary Public

My commission expires: _____

Form 3001

--Applicant is applying for a gaming operator's license (complete form)

Does not apply—applicant is not a gaming operator

STATEMENT OF NUMBER OF GAMES, TABLES, AND SLOT MACHINES

<u>GAMES</u>	<u>NBR</u>	<u>TABLES</u>	<u>NBR</u>	<u>SLOT MACHINES</u>	<u>NBR</u>
Craps	_____	Panguingui	_____	\$0.05	_____
Roulette	_____	Poker	_____	\$0.10	_____
Twenty-one	_____	Other (describe)	_____	\$0.25	_____
Keno	_____	_____	_____	\$0.50	_____
Wheel of Fortune	_____	_____	_____	\$1.00	_____
Chemin de Fer	_____	_____	_____	\$5.00	_____
Baccarat	_____	_____	_____	\$25.00	_____
Faro	_____	_____	_____	\$100.00	_____
Fan—Tan	_____	_____	_____	\$500.00	_____
Pai Gow	_____	_____	_____	_____	_____
Chuck—A—Luck	_____	_____	_____	_____	_____
Monte	_____	_____	_____	_____	_____
Blackjack	_____	_____	_____	_____	_____
Big Injun	_____	_____	_____	_____	_____
Klondike	_____	_____	_____	_____	_____
Beat the Banker	_____	_____	_____	_____	_____
Other (describe)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL	<u>_____</u>	TOTAL	<u>_____</u>	TOTAL	<u>_____</u>

STATEMENT OF OWNERSHIP

1. Name of business

2. Is the applicant a sole ownership? No Yes

3. Is the applicant a partnership? No Yes—List all partners, home addresses, and extent of their interest in the partnership. Include copy of partnership agreement. All partners in addition must complete a Multi Jurisdictional Application on each partner. Corporate Financial Questionnaire and Disclosure (Form 3004) on the partnership, and two (2) Fingerprint Cards on each partner.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>% OF INTEREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the applicant a corporation? No Yes—List all officers, directors and stockholders, titles in corporation, home address, and total number of shares of stock owned by each in the corporation. give total number of shares authorized for the corporation. Common _____ Preferred _____ Account for all shares below. Attach

a
copy of Articles of Incorporation, Corporate Charter, and if not a Mississippi charter, Authority To Do Business in Mississippi. In addition, all officers, directors and stockholders must complete a Multi Jurisdictional Application on each person listed below, a Corporate Financial Questionnaire and Disclosure (Form 3004) on the corporation and two (2) Fingerprint Cards on each individual.

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>	<u>STOCK OWNED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. List manager(s) or key employees and their job titles. Each person listed below must complete a Multi Jurisdictional Application, and two (2) Fingerprint Cards.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>POSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Form 3002, continued

6. List below the following information with respect to any persons who will receive, directly or indirectly, any compensation or rents based on percentage or share of the proceeds from this venture, both cruise and gaming. Each of the persons named below may be required to submit a Multi Jurisdictional Application and two (2) Fingerprint Cards.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>TITLE OR POSITION OF INTEREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List any management or service contracts.

<u>NAME</u>	<u>CONTRACT</u>	<u>PURPOSE</u>	<u>TERMS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List any trusts which hold 5% or greater in stock in the business or receive a percentage of revenue for rental income. Attach a copy of the Trust agreement and a financial statement for the Trust.

<u>NAME</u>	<u>BENEFICARY</u>	<u>TRUSTEE</u>	<u>OWNERSHIP PERCENTAGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSEE CERTIFICATION

I certify under penalty of perjury and revocation of any license granted, that the information presented is true and correct to the best of my knowledge.

Applicant's Signature

BY: If corporation or partnership

Title

Date

NOTARY

State of _____

County of _____

This Day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, states on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20 _____

Notary Public

My commission expires: _____

CORPORATE FINANCIAL QUESTIONNAIRE AND DISCLOSURE

1. Check one: [] CORPORATION [] COMPANY [] PARTNERSHIP [] TRUST

Name _____

Address _____

2. Submitted in connection with application for Mississippi Gaming License for:

3. Investment will be derived from the following sources:

(Submit executed agreements for all financial transactions shown above)

4. Does Company/Corporation/Partnership/Trust own or control any assets or liabilities located outside the country? [] Yes [] No If yes, List Country, Locations and brief description. Attach to Application.

5. The applicant Company/Corporation/Partnership/Trust will provide balance sheets and profit and loss statements for at least the three (3) preceding fiscal years, or from time of incorporation if the corporation has existed for less than three years. Balance sheets and profit and loss statements must be certified by independent public accountants certified or registered in the State of Mississippi. Attach to Application.

6. List any and all Judgments, liens, litigation and dispositions the Company, Corporation, Partnership, Trust has been named or involved in either as a plaintiff or defendant, for the past Ten (10) Years. This should include any "Doing Business as" or "Fictitious Business" names used. Attach to Application.

NOTARY

State of _____

County of _____

I, _____ being duly sworn, depose and say that the above

statements and supporting schedules are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the State of Mississippi. Further, that I am aware that later discovery of any omission or misrepresentation made in the above statements may be grounds for the revocation of a gaming license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Mississippi Gaming Control Act provides that "Any person making false oath in any matter before the commission is guilty of perjury".

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20 _____

Notary Public

My commission expires: _____

SURETY BOND FOR GAMING ESTABLISHMENT

KNOW ALL MEN BY THESE PRESENTS: That we, _____, of the City of _____, County of _____, State of _____ as Principle, and _____ a corporation incorporated under the laws of the State of _____ and duly licensed to do business in the State of Mississippi, as Surety are held and firmly bound unto the State of Mississippi, obligee, in the sum of _____ Dollars (_____) for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, and Whereas, the Principal has been licensed by the Gaming Commission to be a Gaming Establishment Licensee under and by virtue of the provisions of the Mississippi Gaming Control Act of the State of Mississippi at _____ Street in the City of _____, County of _____, State of Mississippi, for a term beginning the _____ day of _____, 20 _____

These conditions of this obligation are such that if the Principal shall faithfully observe the provisions of the Mississippi Gaming Control Act, Section 75-76-1, et. seq. of the Mississippi Code, all amendments thereto and Rules and Regulations issued thereunder, and shall pay all taxes due the State of Mississippi, including but not limited to sales, income, and privilege taxes; and in addition, shall pay any and all checks returned for non-payment to the Mississippi State Tax Commission, then this obligation shall be void, otherwise to remain in full force and effect, until a release from further liabilities imposed herein is granted in writing; PROVIDED, HOWEVER, that if the Surety shall so elect, this bond may be cancelled at any time by the Surety giving sixty (60) days notice in writing addressed to and receipted therefor by the Chairman of the State Tax Commission, and upon the giving of such notice, this bond shall be deemed cancelled at die expiration of sixty (60) days therefrom.

WITNESS our hand and seal this the _____ day of _____, 20 _____

Principal

(SEAL) COUNTERSIGNED: By: _____

Surety

By: _____ (If signed by Attorney in Fact attach copy of written authority)

Resident Mississippi Agent

Address

The above and foregoing bond approved this _____ day of _____, 20 _____

State Tax Commission (SEAL) By: _____ Director

AFFIDAVIT OF FULL DISCLOSURE

STATE OF _____

COUNTY OF _____

_____, being first duly sworn, deposes and says,

Name of Applicant

That, except as reflected on an application filed with the Gaming Commission, he is or will be the sole beneficial owner of any direct or indirect interest in or to a licensed gaming operation or any portion thereof for which he has made application to the Gaming Commission, to be licensed or found suitable to own;

That, except such as have been reported in writing to the Gaming Commission, he has no agreements or understandings with any other person and no present intent to hold as agent, nominee or otherwise any direct or indirect interest whatsoever in or to the licensed gaming operation or any portion thereof for which he seeks licensing or a finding of suitability by the Gaming Commission;

That, except such as have been reported in writing to the Gaming Commission, he has no agreements or understandings with any other person and no present intent to transfer at any future time any interest whatsoever in or to the licensed gaming operation or any portion thereof for which he seeks licensing or a finding of suitability by the Gaming Commission;

That, except such as have been reported in writing to the Gaming Commission, he has no agreements or understandings with any other person and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person related to the acquisition of any direct or indirect interest whatsoever in or to the licensed gaming operation or any portion thereof for which he seeks licensing or a finding of suitability by the Gaming Commission;

That, except such as have been reported in writing to the Gaming Commission, he has no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person related to the sale of any direct or indirect interest whatsoever in or to the licensed gaming operation or any portion thereof for which he seeks licensing or a finding of suitability by the Gaming Commission;

That, any funds used or to be used, and any liabilities incurred or to be incurred by him in the acquisition of any direct or indirect interest in or to a licensed gaming operation or any portion thereof for which he seeks licensing or a finding of suitability by the Gaming Commission were not provided to him nor made available to him through the efforts of anyone not disclosed to the Gaming Commission;

That, except as reported in writing to the Gaming Commission, no other person has provided collateral for or guaranteed payment of any loans made to him related to his application for licensing or a finding of suitability by the Gaming Commission.

Applicant's Signature

Name and location of gaming establishment

Sworn to and subscribed before me on this the _____ day of _____, 20 _____

Notary Public

My commission expires: _____

RELEASE OF ALL CLAIMS

The undersigned has filed with the Gaming Commission an "application," as that term is defined in the Mississippi Gaming Control Act and the Gaming Commission. In consideration of the assurance by the Commission that no vote on said "application" 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 Mississippi, the Gaming Commission, its members, agents, and employees, from all 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 the undersigned's "application".

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at:

_____, _____, _____
City State

on this the _____ day of _____, 20 _____

Applicant's Signature

NOTARY

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this the _____ day of _____, 20 _____

Notary Public

My commission expires: _____

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO _____
FROM _____

Applicant's Name

- 1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Gaming Commission, whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the 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 common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Gaming Commission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Gaming Commission my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:
(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 to whom this request is presented as I might;
(b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
(c) To place the name of the Gaming Commission agent presenting this request in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to do, take, 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 herein granted, as fully to all intents and proposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution.
7. I have filed with the Gaming Commission an "application" as that term is defined in the Mississippi Gaming Control Act, Section 75-76-1, et. seq. of the Mississippi Code. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other actions of financial loss which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his 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.
10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____, City

_____ on the _____ day of _____, 20 ____ State

_____ Social Security Number _____ Applicant's Signature

Subscribed and sworn to before me the _____ day of _____, 20 ____

Notary Public in and for the County of _____

State of _____ Notary Public

Signature of Mississippi Gaming Commission agent presenting this request: _____ Date

STANDARD BANK CONFIRMATION FORM

Dear Sirs:

Your completion of the following report will be sincerely appreciated. If the answer to any item is "none", please so state.

Mail it in the enclosed stamped, addressed envelope direct to the accountant named below.

Yours truly,

Report from
Bank

By:
Authorized Signature

Bank customer should check here if confirmation of bank balances only (item 1) is desired
Name of Accountant:

Mississippi Gaming Commission, P.O. Box 23577, Jackson, MS 39225-3577

Bank should check whichever is applicable: This report covers all accounts
with this office or with this office and all other domestic offices

Description of Liability

Dear Sirs:

1. We hereby report that at the close of business on, 20 our records showed the following balance(s) to the credit of.

Table with columns: Amount, Designation of Account, Is Balance Subject to Withdrawal by Check?, Does Account Bear Interest? Give Rate

2. We further report that the above mentioned depositor was directly liable to us in respect of loans, acceptances, etc., at the close of business on that date in the total amount of \$.

Table with columns: Amount or Discount, Date of Loan, Due Date, Interest Rate, Paid to, Description of Liability Collateral, Liens, Endorsers, Etc.

3. Said Depositor was contingently liable as endorser of notes discounted and/or as guarantor at the close of business on that date in the total amount of \$ as shown below:

Table with columns: Amount, Name of Maker, Date of Note, Due Date, Remarks

4. Other direct or contingent liabilities, open letters of credit, and relative collateral, were

Yours truly,

(Bank)

Date, 20

By:
Authorized Signature

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1672

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	



DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

REQUEST FOR COPIES OF TAX RETURNS
Form 70-698

Request may be rejected if the form is incomplete, illegible or any required line was blank. Payment must be made prior to issuing copies. You may contact the Department of Revenue at 601-923-7000 and ask for the Tax Area responsible for the administration of the tax type you are requesting copies from to determine how many pages your request will generate. This will determine the cost. The Account Number is the Social Security Number (SSN) for Individual Income Tax, the Federal Employer's Identification Number (FEIN) for Corporate Income Tax and Withholding Tax, and the Sales and/or Use Tax Account Number for most other tax types. For Individual Income Tax Returns that are filed jointly, both spouses SSNs and names are required before copies can be released.

ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
 ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
 ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
 ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____

Name and address where to send the copies of the requested returns. If you want these copies certified, please check here.

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments must be in the form of cash, a cashier's check or money order. We do not accept personal checks for copies. We do not recommend you send cash through the mail. The charge for copies is \$2.50 for the first page and \$.50 for each additional page. We will return this document with the charge on it. Please allow 7 days for processing. Contact this office at 601-923-7000 to determine the cost of the copies. Ask for the Tax Area responsible for the tax type of the return you have requested.

Signature of Taxpayer(s): Under penalties of perjury, I declare that I am either the taxpayer whose name is shown above or a person authorized to obtain the tax return requested. If the request applies to a joint return, either spouse can sign. If signed by a corporate officer, partner, guardian, executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: _____ Date: _____
 Spouse Signature: _____
 Title if officer, partner, trustee or party other than taxpayer: _____
 Contact Phone Number: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the _____ day of _____, 20_____.

My Commission Expires: _____

 Notary Public

NUMBER OF PAGES COPIED: _____ TOTAL COST: \$ _____ DATE PAYMENT RECEIVED: _____
 INITIAL AND DATE WHEN RETURNS WERE COPIED AND SENT: _____