Print Form

NEW HAMPSHIRE
RACING AND CHARITABLE GAMING COMMISSION
21 S Fruit St., Suite 16,
Concord, NH 03301-2428
Telephone: (603) 271-2158 FAX: (603) 271-3381

GAME OPERATOR EMPLOYER APPLICATION FOR A GAME OPERATOR LICENSE

Name of the Game Operator Employer: _____

Street Address: _____

Business Type: _____ Telephone #: _____

Fax #: _____ Email: _____

Executive Officer's Name: _____

Street Address: _____

Home Telephone #: _____ Business Telephone #: _____

****

1. Are you registered with the NH Secretary of State to do business in NH: ☐ **Yes** ☐ **No**

2. Describe the nature of your business in NH: _____

_____

3. List on a separate sheet each location where the game operator employer will conduct games of chance including the name, telephone number and address of the location.

4. List on a separate sheet and attach to this form the name, address, telephone number and primary game operator license number or application date for each owner, partner, executive officer, director or other such person depending on your business type.

**** For questions 5. through 8., information for any owner, partner, executive officer, director or other such person depending on your business type who has a current primary game operator license or who has applied for a primary game operator license is not required. ****

5. List on a separate sheet and attach to this form the following information regarding previous employment for the past 5 years for each owner, partner, executive officer, director or other such person depending on your business type:

a. Name of the person that the list pertains to
b. Name and address of the current or former employer
c. Title and specific duties
d. Dates of employment

6. List on a separate sheet and attach to this form the following information regarding any current associations in any way with any other business(es) for each owner, partner, executive officer, director or other such person depending on your business type:

a. Name of the person that the list pertains to
b. Name, address and phone number of the other business
c. Length of time associated with the other business
d. Title and specific duties
e. Nature of the other business

7. List on a separate sheet and attach to this form the following information regarding, each owner, partner, spouse, employee, board member, director, executive officer, stockholder, consultant and any other person or entity related to games of chance with a direct or indirect financial interest in the game operator employer:

a. Name of the person that the list pertains to
b. Home address, city or town, state and zip code
c. Home telephone number
d. Title and specific duties
e. Date and place of birth

8. List on a separate sheet and attach to this form the following information for the business, for any owner, partner, executive officer, director or other such person depending on your type of business each felony and misdemeanor A, which has not been annulled by any court, for the past 10 years and each misdemeanor B, which has not been annulled by any court, for the past 5 years:

a. Name of the person that the list pertains to
b. Type of felony or misdemeanor
c. Jurisdiction for the felony or misdemeanor
d. Date of the felony or misdemeanor

9. Are there any felony or misdemeanor charges pending against the business, yourself and depending on your business type, any partner, officer, director or other such person by whatever title used? ☐ **Yes** ☐ **No**

10. If yes to above, list on a separate sheet and attach to this form information regarding the person against whom the charges are pending, what felony or misdemeanor, and in what jurisdiction.

11. Include with this application form a bond in the amount specified by the Commission payable to the NH Racing and Charitable Gaming Commission and conditioned upon the game operator employer's compliance with RSA 287-D and the rules of the NH Racing and Charitable Gaming Commission.

"I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application and any attachments to it is true, accurate and complete and that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations or falsifications, this application may be rejected or any license issued pursuant to it may be revoked or suspended. By signing this document, the games of chance employer agrees to abide by all applicable New Hampshire games of chance laws and rules."

Signature: _____ Date: _____

Name: _____ Title: _____