APPLICATION FOR LICENSE TO MANUFACTURE GAMING EQUIPMENT AND SUPPLIES

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 14995 (Rev. 08-2015)

What will applicant be selling to North Dakota licensed gaming distributors?

- ☐ Pull Tabs
- ☐ Paper Bingo Cards
- ☐ Pull Tab Dispensing Devices
- ☐ Bingo Card Marking & Quick Shot Devices
- ☐ Fifty-Fifty Raffle Systems

Name of Applicant (Individual or Corporation, Limited Liability Company, Partnership, etc.)		Telephone No.	
Name of Business		Telephone No.	
Address of Main Office	City	State	Zip Code
Mailing Address	City	State	Zip Code

Manufacturing Business is a: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ General Partnership ☐ Limited Liability Partnership ☐ Limited Partnership ☐ Limited Liability Company

Attach separate sheet if more space is needed.

1. If CORPORATION, list corporate officers; If PARTNERSHIP, GENERAL PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, or LIMITED PARTNERSHIP, list partners, general partners, limited partners, individual partners; If LIMITED LIABILITY COMPANY, list managers, governors, or individual members.

NAME	TITLE	ADDRESS	STATE	ZIP CODE

2. List Shareholders of a corporation or managers, governors or members of a LLC having 10% or more financial interest in the Manufacturing Business:
(Attach additional sheets if necessary)

Name of Shareholder, Manager, Governor or Member	Percent of Share

3. List all states in which applicant is licensed as a gaming manufacturer:

4. Has applicant ever been denied a gaming manufacturer's license? ☐ Yes ☐ No

If Yes, list the state(s):

5. List each sales representative who will be having a contact or involvement in North Dakota: (Attach additional sheets if necessary)

Name of Sales Representative	Name of Sales Representative

(OVER)

6. List the name and address of each and every separate location of the applicant's business at which manufacturing, warehousing, selling or promotion of gaming equipment and supplies takes place. If additional space is required, attach a continuation list using this same format.

Name of Place	Activity	Complete Address (Street, Number, City, State, Zip Code)

7. List all businesses in which the applicant, owners, or partners, or in which any officer, shareholder of 10% or more, sales representative, or spouse of any such person, has any financial interest and give details of the financial interest.

Name of Business	Type of Business		Telephone
Address	City	State	Zip Code
Name of person having financial interest	Relationship of such person to applicant or applicant's manufacturing business.		
Details of interest held			
Name of Business	Type of Business		Telephone
Address	City	State	Zip Code
Name of person having financial interest	Relationship of such person to applicant or applicant's manufacturing business.		
Details of interest held			
Name of Business	Type of Business		Telephone
Address	City	State	Zip Code
Name of person having financial interest	Relationship of such person to applicant or applicant's manufacturing business.		
Details of interest held			

8. List all businesses that are or will be distributing pull tabs, and/or gaming equipment and supplies in which the applicant owner(s), partner (s)officer(s), corporate director(s), or spouse of any has any financial interest.

Name of Business		Product Distributed	
Address	City	State	Zip Code
Person Having Interest	Relationship to Manufacturing Business	Type/Amount of Interest	
Name of Business		Product Distributed	
Address	City	State	Zip Code
Person Having Interest	Relationship to Manufacturing Business	Type/Amount of Interest	
Name of Business		Product Distributed	
Address	City	State	Zip Code
Person Having Interest	Relationship to Manufacturing Business	Type/Amount of Interest	

9. PROPERTY

Does the applicant own the premises which will be used for the manufacturing of gaming equipment and supplies? ☐ Yes ☐ No

If yes, submit a copy of a document proving ownership. (If current document is on file with our office, please indicate.) If no, submit a copy of your lease agreement.

10. List every person and spouse, partnership, association, organization, or corporation having any incident of ownership or interest in any part of the premises/buildings to be used for manufacturing of gaming products and devices.

Name of Person or Entity	Amount and Type of Interest	Complete Address (Street, Number, City, State, Zip Code)

DIRECTIONS

SIGNATURES: If applicant is a partnership, all partners must sign.

ALL QUESTIONS MUST BE ANSWERED OR MARKED N/A IF NOT APPLICABLE. If information is omitted, the form will be returned to you. *This will delay processing your application.* If you need more space for answers, attach separate sheets in the same format as found on this form. Label all attachments.

SEND THE APPLICATION, LICENSE FEE, AND ATTACHMENTS TO:

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
600 E BOULEVARD AVE DEPT. 125
BISMARCK, NO 58505-0040
TELEPHONE: 701-328-2329

I have read this application and all the information attached to it which is now submitted to the OFFICE OF ATTORNEY GENERAL. All the information submitted with and for this application is true, accurate and complete. All required information has been disclosed.

I consent to allow the North Dakota Attorney General or agents to enter and inspect the facility in which gaming equipment and supplies are manufactured.

I am authorized to submit this application and I assume full responsibility for the fair and lawful operation of all activities conducted under the license for which this application is made.

Print or Type Name

Title

Signature

INSTRUCTIONS

The following documents must be submitted when applying for a License to Manufacture Gaming Equipment and Supplies:

- ☐ Completed application (SFN 14995); must be signed by proper individual (refer to 'directions').
- ☐ Request for Record Check (SFN 50424)
  - a. Corporations LLC, etc.: One for each corporate officer, or member, and shareholder of 10% or more and each sales representative who will be having contact or involvement in North Dakota.
  - b. Partnership or Individuals: One for each partner or individual and each sales representative who will be having a contact or involvement in North Dakota.
- ☐ Partnership; attach a copy of any currently effective written partnership agreement(s). Attach full details on any oral agreements between partners with respect to operation of the business.
- ☐ Corporations LLC, etc.; attach a copy of your North Dakota Corporate Certificate or Certificate of Organization or Partnership Registration (new applicants only).
- ☐ Attach a copy of any lease or rental agreement for the premises where distribution of pull tabs or gaming devices will be headquartered. If the agreement is oral, explain in detail the terms of the agreement. If the agreement is in writing, attach a copy of the lease or rental agreement.
- ☐ Attach information or documentation of all existing loans, contract agreements, mortgages, security agreements or other financial obligations between the applicant owners or partners, any officer, director, or manager, and any other licensee including distributor and gaming organizations of the Gaming Division, Office of Attorney General, State of North Dakota.
- ☐ Remit license fee of $1,000 for manufacturers of pull tab dispensing devices only payable to: Office of ND Attorney General
- ☐ Remit license fee of $4,000 for manufacturers of pull tab dispensing devices and/or pulltabs, paper bingo cards, and/or bingo card marking devices payable to: Office of ND Attorney General
- ☐ Remit license fee of $500 for manufacturers of fifty-fifty raffle systems payable to: Office of ND Attorney General