

4. ENCLOSE THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Logo used by manufacturer.
2. Check, cashier's check or money order made payable to PA Department of Revenue in the amount of the total application fees.
3. Copy of Fictitious Name Registration Form, Department of State Registry Statement or other similar registration. Out-of-state corporations are required to submit a copy of Certificate of Authority.
4. Schedule A – List of all owners, partners or if incorporated, officers, directors or shareholders controlling 10 percent (10%) or more out-standing stock.
5. Schedule B – List of all distributor's or manufacturer's representatives.
6. Schedule C – List of all small game manufacturers with whom distributors do business.
7. Schedule D – List of all states wherein business is conducted regarding small games of chance.
8. Schedule E – List of all approved small games of chance.
9. Application must be notarized in Section 5.
10. Copy of constitution and by-laws or corporate charter (required for initial applications or when data changes).
11. Corporations renewing may submit a notarized statement indicating that no changes have been made to the corporate officers or by-laws in lieu of #10.

- The Bureau of Business Trust Fund Taxes, Miscellaneous Tax Division, must be notified of changes to the information included on this application.
- Questions pertaining to small games of chance and this application can be referred to (717) 787-8275 or the address below.
- Mail the application and other documents listed above to PA Department of Revenue, Bureau of Business Trust Fund Taxes, PO BOX 280906, Harrisburg, PA 17128-0906.

5. CERTIFICATION

I Certify that the following tax statements are true and correct:

All PA state tax reports and returns have been filed.

All PA state taxes due and payable have been paid.

Any PA state taxes owing are subject to timely administrative or judicial appeal; or any delinquent PA taxes are subject to a duly approved deferred payment plan (copy enclosed).

I Certify that no officer, director or other person in a supervisory or management position or employee eligible to make sales on behalf of this business:

- (i) has been convicted of a felony in a state or federal court within the past five years; or
- (ii) has been convicted within ten years of the date of application in a state or federal court of a violation of the Bingo Law or Local Option Small Games of Chance Act or a gambling-related offense under the Title 18 of the Pennsylvania Consolidated Statutes or other comparable state or federal law.
- (iii) has not been rejected in any state for a distributor's license or manufacturer's certificate, or equivalent thereto.

I declare that I have examined this application, including s chedules and accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Sworn and subscribed to before me this day of _____

Signature of an individual listed on Schedule A

Social Security Number

Notary Public

Print Name

Date

My Commission Expires

Title

()

Telephone Number

Notary Seal

Corporate seal

SMALL GAMES OF CHANCE SCHEDULES

Please Print or Type all information

Check (✓) which type of applicant you are: <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer	Enter Legal Business Name:
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SCHEDULE A

List the following data for all owners, partners, officers, or directors. If incorporated, list data for all officers, directors and shareholders controlling 10 percent or more of outstanding stock. If organized as a partnership, list data for all partners. For all entities, list data for any other responsible person.

Full Name	Title or Relationship	Social Security Number
Resident Mailing Address	Telephone Number ()	Date of Birth
Full Name	Title or Relationship	Social Security Number
Resident Mailing Address	Telephone Number ()	Date of Birth
Full Name	Title or Relationship	Social Security Number
Resident Mailing Address	Telephone Number ()	Date of Birth

SCHEDULE B

List all individuals, including owners, partners, officers and directors, responsible for taking orders and making sales of small games of chance merchandise. If an individual resides in Pennsylvania, check whether commissioned or salaried.

Full Name	Title	Telephone Number ()
Resident Mailing Address	Check one <input type="checkbox"/> Commissioned <input type="checkbox"/> Salaried	
Full Name	Title	Telephone Number ()
Resident Mailing Address	Check one <input type="checkbox"/> Commissioned <input type="checkbox"/> Salaried	
Full Name	Title	Telephone Number ()
Resident Mailing Address	Check one <input type="checkbox"/> Commissioned <input type="checkbox"/> Salaried	

SCHEDULE C

To be Completed by Distributors only
 List all manufacturers with whom distributor does business regarding small games of chance.

Full Name	Title	Telephone Number ()
Complete Address of Place of Business	Manufacturer's Certificate Number	
Full Name	Title	Telephone Number ()
Complete Address of Place of Business	Manufacturer's Certificate Number	
Full Name	Title	Telephone Number ()
Complete Address of Place of Business	Manufacturer's Certificate Number	

SMALL GAMES OF CHANCE SCHEDULES

Please Print or Type all information

SCHEDULE D

List all States wherein business is conducted regarding small games of chance.

SCHEDULE E

Check (✓) types of small games distributed or manufactured:

a Daily/Weekly Drawings b Pull-Tabs c Punchboards d Raffles e Dispensing Devices

Manufacturers must submit a list of the small games checked above and/or new SGOC Product(s) to be reviewed.

- For games that the Department previously has approved, provide a list of the games to be manufactured for sale in the Commonwealth during the registration term. The list shall include the name of the game and form number.
- If a manufacturer is discontinuing the sale of previously approved game(s), the manufacturer shall submit a list of the game(s). The list shall contain the name of the game and form number.
- For new games that the Department has not previously approved, attach a game approval form (REV-915) for each game.

If additional space is required, attach 8 1/2" X 11" sheet of paper.