

GAMES OF CHANCE APPLICATION FOR A GAME OPERATOR EMPLOYER

Application for: _____
(Name of Game Operator Employer) (Date Completed)

2. OWNERSHIP/MANAGEMENT INFORMATION

The following must be completed by each owner, partner, or trustee of the underlying business, or in the case of a corporation, each officer, director, key employee, or shareholder holding more than 10% of the stock, or in the case of a limited liability company, each manager or member. Print multiple copies of this page if needed.

In accordance with RSA 287-D:12, VI, these individuals are be subject to a complete FBI criminal history record check.

The individual described below is (check one):

- An **Owner, Partner, or Trustee** of the underlying property, or possesses an Ownership Interest in the business
- A **Director, Officer, Key Employee or Shareholder holding more than 10% of the stock** of the corporation
- A **Manager or Member** of the limited liability company

First Name MI Last Name

Percent & Nature of Ownership Interest # of Stock Shares Held How Ownership Interest Obtained *N/A*

Principal Occupation/Employment Name of Business Where Principally Employed

Current Residence Address City/Town State Zip

Previous Residence Address City/Town State Zip*

**Only required if the individual has lived at their current address for fewer than 5 years*

Home/Business Phone Number Personal/Business Cell Phone Number E-mail Address

I certify that I have not been convicted of a felony within the previous 10 years or a misdemeanor involving falsehood or dishonesty within the previous 5 years, which has not been annulled by a court, or violated any statutes or rules governing charitable gambling? By signing below, I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.

Signature Title/Affiliation with Business Signature Date

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3. FINANCIAL INSTITUTION WHERE FUNDS ARE HELD

GOC Revenue

_____	_____	_____
	<i>Name of the Financial Institution</i>	<i>Last 4-digits of Account #</i>
_____	_____	_____
<i>Name of Player-funded Promotion</i>	<i>Name of the Financial Institution</i>	<i>Last 4-digits of Account #</i>
_____	_____	_____
<i>Name of Player-funded Promotion</i>	<i>Name of the Financial Institution</i>	<i>Last 4-digits of Account #</i>
_____	_____	_____
<i>Name of Player-funded Promotion</i>	<i>Name of the Financial Institution</i>	<i>Last 4-digits of Account #</i>
_____	_____	_____
<i>Name of Player-funded Promotion</i>	<i>Name of the Financial Institution</i>	<i>Last 4-digits of Account #</i>

The financial institution must have at least one branch in NH ♦ If more space is needed, continue on a separate sheet of paper

4. INDIVIDUAL ACTING AS THE GAME OPERATOR EMPLOYER (GOE)

Legal Name/Title:

_____	_____	_____	_____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Title/Affiliation with the Business</i>

Mailing Address for Official Correspondences:

_____	_____	_____	_____
<i>Street/PO Box</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>

Phone number(s):

E-mail(s):

Gaming History

Provide the following information with regard to registrations or licenses held by the individual as a professional fundraiser, professional game operator, or other similar positions, in any other state or jurisdiction.

State/ Jurisdiction	License Description <i>(fundraiser, game operator, etc.)</i>	Date(s) License Held	Has the license been, or is there pending action to deny, suspend, revoke, or enjoin this license?*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. INDIVIDUAL ACTING AS THE GAME OPERATOR EMPLOYER (GOE)

I certify that I am (*check one**):

an owner of 10% or more of the Business a Partner a Managing Member a Chief Executive authorized to act as the game operator employer, and to submit this application on behalf of the Business.

I further certify that the Business will not allow any employee to operate Games of Chance if such person has been convicted of a felony within the previous 10 years, which has not been annulled by a court, or a misdemeanor involving falsehood or dishonesty within the previous 5 years, which has not been annulled by a court, or has violated the statutes or rules governing charitable gaming in this or any state.

I further certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form and on any of the supporting documentation is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

Signature

Date

* *To qualify as a Game Operator Employer, the individual must own $\geq 10\%$ of the Business, or be a partner, managing member or chief executive of the Business. Proof of authority may be required. The individual serving as the Game Operator Employer is subject to a background and criminal history check.*

INSTRUCTIONS FOR COMPLETING A GOC GAME OPERATOR EMPLOER APPLICATION

A. Determine If A License Is Required

A Game Operator Employer license is required if the individual or entity:

1. Employs, supervises, and controls game operators
2. Is hired by a charitable organization to operate games of chance on its behalf.
3. Is not a charitable organization or a government subdivision.

To be eligible to act as the game operator employer on behalf of an entity, the individual must have a direct and active role in the employment and supervision of the game operators, have control over the gaming operation, and be one of the following:

- ★ An owner of $\geq 10\%$ of the Business ★ A Partner ★ A Managing Member ★ A Chief Executive

B. Provide Supporting Documentation

Include the following supporting documentation with the application:

1. A current copy of the Operator's internal controls and a written statement signed by the licensee's chief financial officer, and the individual acting as the game operator employer attesting that the internal controls satisfy Lot 7206.08.
2. Copies of any house rules that have not already been approved by the commission, and which comply with the criteria set forth in Lot 7206.06;
3. A description of the licensed premise, if not previously submitted or if any changes have occurred since the description was last submitted;
4. A copy of the individual or entity's certificate of good standing from the New Hampshire Department of Revenue Administration. For information on obtaining a certificate, go to: <http://www.revenue.nh.gov>;
5. A copy of all required bonds. A separate bond is required for each location where games of chance will be conducting. Each bond must be conditioned upon the applicant's compliance with RSA 287-D and Lot 7200. The amount of the bond shall be between \$25,000 and \$500,000, as established by the Commission based on the applicant's anticipated outstanding obligations of charity payments and state taxes; and
6. Documentation and payment as described in Section D below relative to the release of the applicant's criminal history record.

If current copies of the documents described in 1 through 3 above were previously submitted to the Commission, you may submit a written statement to this effect in lieu of resubmitting the documents. Please include the version number or previous submission date in your statement to accurately identify the current version of the document.

C. Include Photographs

Include with the application a photograph of the individual who will be acting as the Game Operator Employer that meet the requirements found in Lot 7203.05(c)(2), which mirror the requirements for a passport photo as found at:

<http://travel.state.gov/content/passports/english/passports/photos/photos.html>

D. Release Criminal History Records

Submit the following with the application for each owner, partner, or trustee of the underlying property, or in the case of a corporation, each officer, director, key employee, or shareholder holding more than 10% of the stock, or in the case of a limited liability company, each manager or member:

1. A completed and notarized *Criminal Records Release Authorization Form* authorizing the release of the applicant's criminal history record to NH Lottery. This form can be obtained from NH Lottery office, or at www.racing.nh.gov;

INSTRUCTIONS FOR COMPLETING A GOC GAME OPERATOR EMPLOYER APPLICATION

D. Release Criminal History Records - Continued

2. A complete set of fingerprints taken by a qualified law enforcement agency, as follows:
 - If fingerprints are digitally captured (preferred method), submit the *Livescan Site Form*; or
 - If fingerprints are captured via ink impressions, submit the FBI FD-258 fingerprint card; and
 3. Payment in the form of a check or money order, payable to the “State of NH – Criminal Records”. For current charges, contact the NH State Police Criminal Records Unit at 603-223-3867, or visit their website at <https://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/>.
- ✓ Your fingerprints will be used to conduct a national FBI criminal history background check. If you believe your criminal record is incorrect, and would like to request a correction, please contact the law enforcement agency that contributed the questionable information, or the FBI’s Criminal Justice Information Services Division. The procedure for making such a request can be found in Title 28 CFR§16.34 of the Code of Federal Regulations. If a criminal history record check is on file with NH Lottery that was completed within the previous 6 months, an updated record check is not required.

E. Background Investigation

In accordance with RSA 287-D:11, any person or entity applying for or holding a Game Operator Employer license may be subject to a background investigation. *Please contact the Attorney General’s Office with any questions or for more information about this requirement.*

F. Fee Payments

Include payment of the licensing fee in the amount of \$760, payable to the “NH Lottery Commission”.
This payment represents a \$750 license fee and a \$10 badge fee.

G. Submitting the Application

Submit the completed application, supporting documentation, photo, criminal release, and payment to:
New Hampshire Lottery Commission, 14 Integra Drive, Concord, NH 03301
Applications must be received at least 60 days prior to the first game date, or expiration of the current license.

H. Where To Call If There Are Any Questions

Questions? Contact the New Hampshire Lottery Commission at 603-271-3391. Ask for Games of Chance licensing, or e-mail the licensing unit at licensing@lottery.nh.gov.

I. Keep All Information Up-To-Date

If any of the information provided on or with the application changes or is found to be inaccurate, the organization must submit updated or corrected information to the NH Lottery within 15 days of the event that resulted in the change, or discovery of the inaccuracy. Notification must be made within 10 days of any changes to the information provided in Section 2 (Ownership/Management Information) of the application.