

**STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION**



BUSINESS ENTITY

CLASS D UPDATE

BUSINESS LICENSE UPDATE APPLICATION

INSTRUCTIONS

NAME OF BUSINESS ENTITY: _____

CONTACT PERSON: _____

ADDRESS AND PHONE NUMBER: _____

Instructions:

Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers may cause your update to be returned.

If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed. Initials and signatures must be in **blue ink**. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions may result in the rejection of your application. For foreign businesses the submission must be translated to the English language as well as all financial documents must be based upon GAAP (General Accepted Accounting Principles) in the United States.

Sign the Statements of Truth and the Release of Authorization forms in the presence of a notary public and have your signatures notarized. Complete the I.R.S. form, Part I as instructed by the D.C.I. Special Agent who is responsible for this investigation.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering.

Return the completed Business Entity application with all supporting documentation in **one submission** to the Iowa Division of Criminal Investigation Special Agent from which you obtained the form.

SECTION 1
BUSINESS ENTITY INFORMATION

1. **NAME OF BUSINESS ENTITY:** _____
(As it appears on the certificate of incorporation, certificate of organization, charter, by-laws, partnership agreement, operating agreement or other official document)

Trade Name/Doing Business As: _____

Address of Business Entity: _____
Street
City
State
Zip Code

Telephone number: _____

Fax number: _____

Website/Email: _____

Compliance Officer: _____

Location of Business _____

Records: _____

County: _____

Name of Individual(s) or Business(es) who maintains these records: _____

Telephone number (if different than above): _____

Type of Business Entity:

<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Corporation Type: _____	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Partnership for Shares	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Unincorporated Association	

Principle Business Activity: _____
Nature/Kind of Business

State of Incorporation: _____ **Date of Incorporation:** _____
Month Day Year

Is this Business Entity Stock Closely Held Publicly Held

Federal Employer Identification or S.S.N: _____ **State Employer Identification Number:** _____

Dunn & Bradstreet Identification Number: _____

Registered Agent for the Business Entity: _____

Name of Parent Company: _____

Address of Parent Company: _____

County: _____

Compliance Officer: _____

Telephone number: _____

Fax number: _____

Website/Email: _____

Name of individual preparing this application: _____

Address of individual preparing this application: _____

Telephone number: _____

Fax number: _____

Website/Email: _____

Name(s) and address of any subsidiary or affiliate of this Business Entity: Note changes since last submission, if

Name of Subsidiary Company: _____

Address of Subsidiary Company: _____

County: _____

Compliance Officer: _____

Telephone number: _____

Fax number: _____

Website/Email: _____

2. Since your last application with the State of Iowa, have you had any changes in your board of directors?

Yes; No; If so, list the new members:

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

3. List each Partners, Stockholder, Officers or Owners who holds 5% or more :

Name: _____ Position Held: _____

Address: _____

Telephone: _____ Street City State Zip Code

Residence Business: _____

Fax: _____

Email: _____

Date of Birth: _____ Social Security Number: _____
Percentage of Stock Held: _____
Amount of Compensation for Position Held: _____
\$ _____

- 4. If the business entity is a corporation, attach copies of all annual reports and SEC filings, if any, since the last submission.
- 5. If the business entity is a corporation, attach the minutes of the board of directors meetings since the last submission.
- 6. List Business Entity C.P.A. or Accountant.
INTERNAL:

Name: _____
Address: _____

Position/Title: _____
Telephone: _____
Email: _____

7. **EXTERNAL:**
Name: _____
Firm Name: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

8. **List Business Entity Attorney:**
Name: _____
Firm Name: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

**SECTION 2
LEGAL PROCEEDINGS**

9. List all lawsuits, civil and criminal, involving the business entity, parent company, subsidiary, and affiliated companies. Provide complaint and disposition for each item listed.

Date	Name & Address of Court	Docket Number	Other Parties to Suit	Nature of Suit	Disposition

10. Does the business entity, officers, or directors anticipate being a party to a lawsuit?
 Yes No If yes, provide supporting documentation.
11. Has the business entity ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, county, provincial, state, federal or national court, agency, committee, grand jury or investigatory or regulatory body, whether in the United States or outside of the United States, other than in response to a traffic summons?
 Yes No If yes, provide supporting documentation detailing date, name and address of the court or agency involved, nature of the proceedings, and if testimony was given.
12. Has the business entity, affiliated companies, officers or directors ever been the subject of an investigation conducted by a governmental investigatory and/or regulatory agency for any reason?
 Yes No If yes, provide supporting documentation detailing the date of investigation, governmental agency, nature of investigation and disposition of investigation.
13. Has the business entity, affiliated companies, officers, directors, or principal employees ever been named as an unindicted party or co-conspirator in any criminal proceeding in Iowa or any other jurisdiction, whether in the United States or outside of the United States? Yes No. If yes, provide supporting documentation detailing the date of investigation, governmental agency, nature of investigation and disposition of investigation.
14. Has the business entity, officers, or directors ever been the subject of any of the following? If yes, provide supporting documentation listing date of incident, nature of incident, disposition of incident. Provide supporting documentation.
- Yes No Anti-trust violations
 Yes No Security judgments
 Yes No Other license denials
 Yes No Suspensions or revocations
 Yes No Insolvency proceedings

15. Provide a brief description of any and all regulatory or criminal violations involving the business entity and its subsidiaries. This should include citations, sanctions or fines (memos, hearing notices etc.) issued to the business entity or its license holders/gaming subsidiaries. Please list the regulatory agency issuing the notice and the outcome of incident.

16. Does the business entity, parent company, subsidiary or affiliated company have a current application in progress with a licensing agency in Iowa, or any other jurisdiction, whether in the United States or outside of the United States, in connection with any gaming venture?

Yes No. If yes, complete the following:

Date of Application	Name/Address of Licensing Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 3
FINANCIAL DATA**

17. **TAX DATA**

STATE

Has the business entity filed all State income tax returns for the previous three (3) years?

Yes No.

If yes, attach copies of returns and supporting schedules since the last submission.

If no, has your business entity filed an extension? Yes No.

If yes, attach a copy of the extension application form to this application.

If no, explain: _____

STATE REVENUE

DEPARTMENT(S) ADDRESS: _____

FEDERAL

Has the business entity filed all Federal income tax returns for the previous three (3) years?

Yes No.

If yes, attach copies of returns and supporting schedules since the last submission.

If no, has your business entity filed an extension? Yes No.

If yes, attach a copy of the extension application form to this application.

If no, explain: _____

IRS OFFICE LOCATION: _____

18. Since the last submission, has the business entity, or any affiliate thereof, ever filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency laws in any jurisdiction or had a petition for involuntary bankruptcy filed against it or had a receiver, fiscal agent, conservator, trustee, reorganization trustee or similar person appointed for it? Yes No. If yes, complete the following and provide certified copies of the petition and order of discharge or plan of confirmation relating to each such filing to this application?

Date Filed	Name/Address of Court	Docket Number	Name/Address of Filing Party	Name/Address of Trustee

19. If the licensed business entity or the subsidiaries does not normally have their financial statements audited, attach the unaudited financial statement since the last submission.

20. Provide with this application a list by name, address and amount of all I.R.S. 1099 recipients paid by the licensed entity or its subsidiaries since the last submission.

21. If the licensed business entity is a publicly held corporation, provide the most recent independent auditor's report, if applicable, since the last submission. If the business entity is not publicly held provide year end balance sheet and income statement.

22. List all financial institutions with which the Business Entity or subsidiaries does business.

Business Entity Name	Name/Address of Financial Institution	Telephone	Fax	Email	Nature of Services Provided

23. Provide supporting documentation for the nature, type, terms, covenants and priorities of any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed by the corporation, which mature more than one (1) year from the date of issuance. Include the type, date, amount of initial and current debt, repayment terms, maturity date, interest rate, collateral used for each debt instrument and reason for each debt instrument.

24. Has the Business Entity utilized the services of venture capitalists, investment banks or other nontraditional sources to obtain financing? Yes No If yes, complete the following:

Business Entity Name	Name/Address of Financial Institution	Telephone	Fax	Email	Nature of Services Provided

25. List all mortgages/leases or other holders of long-term debt that your business entity or subsidiaries has outstanding, since the last submission. Provide a copy of the mortgage contract/lease agreements with this information.

Business Entity Name	Name/Address of Holder	Purpose of Debt

26. If the business entity is a corporation, provide the appropriate response for each corporation since the last submission. Has there has been a change in the beneficial ownership of the equity securities of a corporation, including changes resulting from gift, purchase, sale, exercise of an option to purchase or sell, or grant or receipt of a put or a call, on the part of any individual or business entity who is or was a direct or indirect beneficial owner of five (5%) or more of any class of an equity security of the corporation or who is or was a key person of the corporation? For each change or ownership state, if applicable:

- (1) The date of the transaction;
- (2) The nature of the transaction;
- (3) The parties, including their position, to the transaction; and
- (4) The number, class and percentage of ownership securities involved.

27. Identify any failed, abandoned or dissolved business projects where the business entity was an investor or planner, since the last submission.

28. Does the business entity hold or has it held a financial or ownership interest in any gaming venture in any jurisdiction? Yes No. If yes, provide supporting documentation detailing each such interest and percentage owned or held.

29. Provide a current organizational chart of the business entity with its relationship to existing parent, subsidiary or affiliated companies.

30. Provide a current organizational chart for the management or operation of the business entity.

31. Provide a list of all persons or companies with whom the corporation has contracts or agreements over \$50,000 and exceed one year in duration.

STATEMENT OF TRUTH

STATE OF _____ :

COUNTY OF _____ :

I, _____, hereby swear and affirm
(Name)

under penalty of perjury that I am authorized to act on behalf of and bind the applicant and that the information supplied by the applicant in the foregoing Business Entity License Application and all attached statements, supporting schedules and supporting documents is true and correct to the best of my knowledge.

Name of Applicant (printed or typed)
By: _____
Authorized individual (printed or typed)

Title of authorized individual (printed or typed)

Signature of authorized individual

Subscribed to and sworn before me, the undersigned notary public, in the City of

_____ in the state of _____
on the _____ day of _____, 20 _____

Name of Notary Public & I.D. Number (Print or Type)

Signature of Notary Public

My Commission Expires

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VERIFICATION BY APPLICANT

UNLESS THE APPLICANT IS A SOLE PROPRIETOR, THIS APPLICATION MUST BE SIGNED BY AN OFFICER, DIRECTOR, PARTNER, MANAGER, OR MANAGING MEMBER DULY AUTHORIZED TO ACT ON BEHALF OF AND BIND THE APPLICANT. ATTACH A COPY OF THE AUTHORIZING DOCUMENT.

I, _____, being duly sworn, depose and say that I am duly authorized to act on behalf of and bind the applicant and, that on behalf of the applicant, I have read the Important Notices, Instructions, and completed application, and hereby represent and warrant that the statements and responses provided therein are true and correct to the best of my knowledge, information, and belief, and represent a complete and accurate account of the requested information. In addition, I have read, understand and agree, on behalf of the applicant, to comply with the statutes in Chapter 99F and 99D of the Iowa Code and rules that are contained within Chapter 491 of the Iowa Administrative Code. Furthermore, I have executed this statement voluntarily with the knowledge that any failure to provide the correct information is cause for the denial of any original or renewal application or the revocation of any license, permit or other certification or approval issued or granted by the state of Iowa, and that the making of any false statement is a Class D felony and is punishable by up to five (5) years in prison or a fine of up to five thousand dollars (\$5,000.00), or both.

Name of Applicant (printed or typed)

By: _____
Signature of Authorized Individual

Title of authorized individual

Sworn to and subscribed before me, the undersigned Notary Public,
In _____ (City) _____ (County) _____
(State) _____ (Country), _____

On the day of _____, 20_____.

Name of Notary Public & I.D. Number (Print or Type)

Signature of Notary Public

My Commission Expires

SEAL

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**STATE OF IOWA
AUTHORIZATION FOR EXAMINATION
AND RELEASE OF INFORMATION**

I, _____ do hereby authorize a review, full disclosure and release of any and all records concerning my business entities to any authorized officer, agent or employee of the Iowa Division of Criminal Investigation, whether the records are of a public, private, or confidential nature, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to determine whether to issue a license to: _____ D.B.A.
_____ and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Iowa Division of Criminal Investigation and the Iowa Racing and Gaming Commission in their review of license applications.
4. I understand that I may revoke this authorization in writing at any time by notification to the Iowa Division of Criminal Investigation and that the Iowa Racing and Gaming Commission may take any such revocation of this authorization into consideration in its review of the license application.
5. This authorization will automatically expire one year from the date it is signed.
6. A photocopy of this authorization will have the same force and effect as the original.

Name of Applicant (Print or Type) Signature of Applicant

Title of Applicant

Sworn to and subscribed before me, the undersigned Notary Public,
In _____ (City) _____ (County) _____
(State) _____ (Country), _____

On the day of _____, 20 _____

Name of Notary Public & I.D. Number (Print or Type)

Signature of Notary Public

My Commission Expires

SEAL

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Request for Transcript of Tax Return

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

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

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.

Iowa Division of Criminal Investigation/ ATTN: Gaming APU 215 East 7th Street Des Moines, IA 50319 Phone: 515-725-6034

Caution. If the transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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 provides the most detail information as it is a combination of the Return Transcript and the Account Transcript. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

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.

Phone number of taxpayer on Line 1a or 2a

Sign Here

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