SWEEPSTAKES REGISTRATION APPLICATION

INDIVIDUAL FILER

This is the SWEEPSTAKES REGISTRATION APPLICATION FOR AN INDIVIDUAL FILER, which must be filed with the Ohio Attorney General's Office. This application applies to natural person filers. All other filers should submit and file the SWEEPSTATES REGISTRATION APPLICATION FOR ENTITY FILER.

INSTRUCTIONS

I. COMPLETING THIS APPLICATION

A. You are to complete this application if you are:

> A person desiring to conduct, or participate in the conduct of a sweepstakes with the use of sweepstakes terminals device pursuant Ohio H.B. No. 7, Revised Code Section 2915.02 and any employees or agents in similar or equivalent positions. "Conduct" means to back, promote, organize, manage, carry on, sponsor, or to prepare for the operation of… a scheme of chance or a sweepstakes.

B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. **Note: the Attorney General's Office will not review your application unless you provide a response to every question.**

C. All entries on this application, except initials and signatures, must be typed or printed in block lettering using dark ink. **Note: the Attorney General's Office will not review your application if it is illegible or if you have modified any of the questions or pre-printed information in this application.**

D. If the space available is insufficient to respond to a question, supply the required information on a separate page titled "Further Response Page" wherein you clearly identify the question(s) you are answering. The Further Response Page, if needed, should be attached to the back of the application and be placed in front of all requested exhibits that apply to the applicant.

E. Label all requested exhibits that apply to the applicant with the specified exhibit number and attach them, in the order that they are requested, to the back of the application. **Note: only those exhibits that apply to the applicant should be attached to this application.**

II. BEFORE YOU SUBMIT THIS APPLICATION TO THE OHIO ATTORNEY GENERAL'S OFFICE, BE SURE THAT:

A. All attachments required in this application are labeled with the correct title or exhibit number and are included in the application filed with the Attorney General.

B. You have signed and notarized the Statement of Truth and Release Authorization forms included with this application.

C. You have answered every question completely.

D. You initial and date each page of this application, **except the cover page**, in the spaces provided.

E. You retain a completed copy of this application for your own records.

III. FILING THIS APPLICATION WITH THE OHIO ATTORNEY GENERAL

A. A complete application for registration consists of this completed application, all attachments, and the application fee. Electronic submission is preferred.

B. You must file your complete application, including all attachments and fees, with the Office of the Attorney General, 30 E. Broad Street, 25th Floor, Columbus, OH 43215.

C. The application fee consists of the payment of $200.00 made payable to "Treasurer—State of Ohio" and shall be submitted by the applicant at the time of the submission of the application. Applications for registration will not be processed until the entire application fee is paid.

IV. DUTY TO UPDATE INFORMATION

A. All Persons conducting sweepstakes or participating have a continuing duty to update changes to any of the information the applicant or registrant is required to provide or has provided to the Attorney General.

V. IMPORTANT NOTICES

A. Should you be unable to fully understand this application or any other form, in English, it is your responsibility to acquire adequate means of translation.

B. All notices regarding your application will be sent to the address that you provide on this application. You must immediately notify the Attorney General's Office of any change of address.

C. The Attorney General will not issue a Registration to an applicant if the applicant:

1. Has not filed a completed application, complying with all instructions in this form;

2. Has submitted information to the Ohio Attorney General as part of a registration, certification, monthly report, semiannual report, or any other information that is aterially false or misleading;;

3. Violates, or if any officer, partner or owner of five per cent or more interest in the applicant has violated any provision of this chapter or related rules;

D. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, the Ohio Attorney General will use your social security number to obtain and verify information in your application. The absence of a social security number on the application may, however, delay the final determination of your application. **Note: If your social security number is provided as part of this application, it will <u>not</u> be disclosed by the Attorney General as part of any public record.**

Initials/Date: _____

SWEEPSTAKES REGISTRATION

INDIVIDUAL APPLICATION

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDES SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (APT#) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT:

DATE OF BIRTH: (MO) (DAY) (YEAR) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER*

DRIVER LICENSE NUMBER ISSUING JURISDICTION ISSUE DATE EXPIRATION DATE

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY.

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME.)

Provide the following information about the entity with which you are, or are seeking to be, associated:

Name of Entity

Address of Entity NUMBER AND STREET CITY STATE ZIP CODE

Title of Position held or will hold

Initials/Date: _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY MAY RESULT IN THE DENIAL OF YOUR REGISTRATION APPLICATION

MANUALLY AFFIX OR ELECTRONICALLY INSERT A COLOR, IDENTICAL, AND TAKEN WITHIN THE PAST 6 MONTHS 2" X 2" WITH A FULL-FACE, FRONT VIEW PHOTOGRAPH HERE

Initials/Date: _____

1. I am applying for a(n):

   ☐ Initial Registration

   ☐ Renewal Registration

2. Are you a citizen of the United States? YES ☐ NO ☐

3. If you are a naturalized citizen of the United States, attach to this application, **labeled as Exhibit 2,** a copy of your Certificate of Naturalization.

4. If you are not a citizen of the United States, please indicate:

   A. The country of which you are a citizen: _____

   B. Place of birth: _____

   C. Port of entry to the United States: _____

5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your INS "A" number or other INS authorization in the space provided below, and attach to this application, **labeled as Exhibit 3**, a copy of your INS identification card, and/or any other INS document that conditions or restricts your employment.

   INS "A" number: _____

6. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? YES ☐ NO ☐

   If yes, provide the following information:

   Country of Service: _____ Branch of Service: _____

   Service ID # (or equivalent): _____ Highest Rank Held: _____

   Period(s) of Active Service: From: _____ To: _____

   From: _____ To: _____

   Date(s) and type(s) of discharge/separation (e.g., Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each Discharge/Separation	Type of each Discharge/Separation

Initials/Date: _____

Attach a copy of your DD-214*. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD-214. If in reserves, please attach a copy of your discharge papers.

*In the United States, a military record is called a DD-214. If you have served in the U.S. military, you **must** provide a copy of this record. If your military service was in another country, you **must** provide a copy of whatever official documentation was provided to you at the time of your discharge. If no official documentation of your non-U.S. military discharge is available, provide a detailed explanation of the nature of and reason for your discharge as well as an explanation as to why no official documentation can be provided.

7. Have you ever been tried by military court martial or have you had any charges** filed against you?
YES ☐ NO ☐

If yes, provide a detailed explanation on a separate sheet, wherein you describe the (1) nature of the charge or arrest, (2) date and location of the charge or arrest, (3) name of the military organization filing the charges, (4) disposition (convicted, acquitted, dismissed, pleading, etc.), and (5) sentence (if applicable), and attach it to this application, **labeled as Exhibit 4.**

**Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.).

The next question asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

DEFINITIONS: For purposes of this question:

A. **"Arrest"** includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."

B. **"Charge"** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."

C. **"Convict"** includes the finding of guilty of any "offense" upon a trial, a plea of guilty, or a plea of no contest.

D. **"Offense"** includes all felonies, crimes, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, and violation of probation or any other court order. Juvenile offenses that occurred within the most recent ten-year period are also included within the definition of "offense." **However**, "offense" does not include minor traffic offenses.

INSTRUCTIONS: A. Answer "yes" and provide all information to the best of your ability EVEN IF:

1. You did not commit the offense charged;

2. The charges were dismissed or subsequently downgraded to a lesser charge;

3. You completed a diversionary program or the equivalent thereof;

4. You were not convicted;

Initials/Date: _____

5. You did not serve any time in prison or jail; or

6. The charges or offenses happened a long time ago.

B. Answer "no" IF:

1. You have never been arrested or charged with any crime or offense; or

2. Any records relating to any charge, arrest, or conviction have been expunged or otherwise officially sealed by a court, government agency, or other regulatory authority.

8. Have you ever been arrested for, charged with, or convicted of **any offense in any jurisdiction (including Ohio)**? YES ☐ NO ☐

If yes, complete the following chart:

DESCRIPTION OF OFFENSE AND LOCATION WHERE OFFENSE OCCURRED	DATE OFFENSE OCCURRED	NAME AND ADDRESS OF ANY INVESTIGATING AGENCY, ARRESTING AGENCY, CHARGING AGENCY, AND PROSECUTING AGENCY	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.) (if applicable)	SENTENCE (if applicable)

9. Have you ever had any gaming-related application, license, permit, registration, certification, or other authorization restricted, suspended, rejected, revoked, or denied by any governmental agency or gaming regulatory authority? YES ☐ NO ☐

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	TYPE OF APPLICATION,	TYPE OF ACTION (RESTRICTION, SUSPENSION, REJECTION,	DATE AND DURATION OF RESTRICTION, REJECTION,	CAUSE(S) OF RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL

Initials/Date: _____

	LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	REVOCATION, OR DENIAL)	SUSPENSION, REVOCATION, OR DENIAL	

10. Have you ever been fined by, penalized by, or entered into any settlement with any governmental agency or gaming regulatory authority regarding a gaming-related matter? YES ☐ NO ☐

    If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	DATE OF FINE, PENALTY, OR SETTLEMENT	TERMS OF THE FINE, PENALTY, OR SETTLEMENT	CAUSE(S) OF FINE, PENALTY, OR SETTLEMENT

11. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past five years.

DATES (MO/YR)		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY, AND ZIP CODE)	TELEPHONE NUMBER
TO:	FROM:		

Initials/Date: _____

12. Circle your current marital status: Single Married Legally Separated Divorced Widow/Widower

    A. Provide the name of your present spouse: _____

    B. List all former spouses: _____
    _____
    _____
    _____

13. In the chart below, provide the information regarding your employment for the past five years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*) any gaming-related employment (e.g., casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.).

DATES (MO/YR)		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE(S)/POSITION(S) HELD	REASON FOR LEAVING
TO:	FROM:				

Initials/Date: _____

14. Have you ever been suspended, discharged, asked to resign, or resigned by mutual agreement from any gaming-related employment position? YES ☐ NO ☐

If yes, provide a detailed explanation on a separate sheet and attach it to this application, **labeled as Exhibit 5.**

15. A. Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.). YES ☐ NO ☐

B. Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.). YES ☐ NO ☐

If yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (if applicable)	DATE OF DISPOSITION (if applicable)

Initials/Date: _____

16. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**? YES ☐ NO ☐

    If yes, attach to this application, **labeled as Exhibit 6**, a copy of the bankruptcy petition and discharge (if available).

17. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**? YES ☐ NO ☐

    If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

Initials/Date: _____

18. Do you have any ownership interest, financial interest, or financial investment (**other than through passive investing***) in any business entity ?

YES ☐ NO ☐

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST	% OF OWNERSHIP IN THE BUSINESS ENTITY

*Passive investing means any investment by the applicant by means of a mutual fund in which the applicant has no control of the investments or investment decisions.

Initials/Date: _____

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state and local, without exception, both foreign and domestic,

I, _____, have authorized
(Print Name)

the Ohio Attorney General to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Attorney General, provided that he or she certifies to you that I have an application pending before the Attorney General.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _____ _____(LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to before me this _____
day of _____, _____

_____ _____
NOTARY PUBLIC STATE

Initials/Date: _____

AUTHORIZATION TO RELEASE CRIMINAL RECORD

The undersigned applicant hereby agrees to the release of criminal record information to the Attorney General of Ohio to conduct all necessary and required background checks.

The Attorney General may request the Bureau of Criminal Identification and Investigation, the Ohio State Highway Patrol, or any other state, local, or federal agency to supply the criminal records of any applicant. The applicant further agrees that the Attorney General may make investigations in order to satisfy the conditions for registration. These investigations may include, without limitation, credit reviews, inspections of applicant's premises and inspection of law enforcement and other official records. The applicant acknowledges reading and understanding the conditions set forth in this authorization and agrees to observe and be bound by them.

THIS FORM MUST BE COMPLETED AND NOTARIZED

Name of Applicant: _____

Home Address, City, Zip Code: _____

Name of Business: _____

Business Address, City, Zip Code: _____

All Previous Addresses since age 18: _____
_____
_____
_____
_____

_____	_____	_____	_____
Applicant's Signature	Date	Date of Birth	Social Security Number

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

Initials/Date: _____

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

_____, being duly sworn according to law deposes and says:

1. I hereby swear (or affirm) that the information contained herein and accompanying this application is true.

2. I personally supplied the information contained in this application.

3. I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on this application.

4. Any document accompanying this application that is not an original document is a true copy of the original document.

5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, this Application for a Sweepstakes Employee Registration may be denied.

_____
(SIGNATURE)

_____
(TYPE, STAMP, PRINT NAME)

_____
(DATE)

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

Initials/Date: _____