

**AFFIDAVIT OF SWEEPSTAKES ESTABLISHMENT
EXISTENCE AND OPERATION**

State of Ohio :
: SS
County of _____ :

I _____ on behalf of _____

submit this affidavit to comply with Section 12 of Am. Sub. H.B. 386.

A. Legal Name of Sweepstakes Operator			
B. DBA or Trade Names			
C. Type of Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Association/trust <input type="checkbox"/> Other _____		
D. Principal Business Address Fill in full address: Street, City, Zip and State			
E. Sweepstakes Establishment Address Fill in full address: Street, City, Zip and State			
F. Date that the Sweepstakes Establishment Started Conducting a Sweepstakes Through a Sweepstakes Terminal Device		_____ / _____ / _____ Month Day Year	*Attach Certificate of Occupancy*
G. Federal Tax ID Number		H. State and Charter Number	

I. If the sweepstakes operator is a corporation, fill in the name, legal residence and title of all officers of the corporation; and if the sweepstakes operator is a partnership, association or trust, fill in the name, legal residence and title of each associate, trustee or partner and whether the interest is general, limited or silent.

Name	Address <small>Provide full address: Street, City, Zip and State</small>	Title	Interest

J. Fill in the name(s) and address(es) of all vendors or suppliers who provide the sweepstakes operator software, sweepstakes devices and computer equipment, and sweepstakes-related products such as telephone cards.

Name	Address <small>Provide full address: Street, City, Zip and State</small>

The undersigned hereby swears and affirms that he or she is authorized to sign on behalf of the Sweepstakes Operator and that all the contents of and attachments to this *Affidavit of Existence* are true and accurate.

Signed,

Name:
Title:
Telephone Number: (____) ____--_____

Subscribed and sworn to before me on this _____ day of _____, 20____.

NOTARY PUBLIC STATE

My commission expires _____, 20_____

Return the notarized form to the following address:

Ohio Attorney General
Gambling Unit
150 E. Gay St., 23rd Floor
Columbus, OH 43215