

**MISSISSIPPI GAMING COMMISSION
TENTATIVE AGENDA REQUEST FORM**

The applicant(s), attorney(s) or authorized agent(s) should complete this tentative agenda request form. Complete all appropriate and required information and check the specific item(s) requested to be placed on the monthly agenda of the Mississippi Gaming Commission. **Please complete one tentative agenda request form for each legal entity seeking licensure or approval.**

Mississippi Attorney: _____ Telephone: _____
Company Contact: _____ Telephone: _____
Company Address: _____

This tentative agenda request form is for (Date of Meeting): _____

This tentative agenda request form relates to which Mississippi licensee(s) (Exact name on the license): _____

Recommendation for Licensure **Renewal** (Legal name of the entity pursuant to the Certificate of Authority with the Mississippi Secretary of State's office): _____
d/b/a (if not part of registered name): _____

Operator Manufacturer Distributor Manufacturer/Distributor Wide Area Progressive Operator

Request for Finding of Suitability (Name of Company): _____

State the relationship between the legal entity requesting the finding of suitability and the Mississippi licensee: _____

Request for Continuous Approval of Public Offerings and/or Private Placements: _____
Name of Registered Publicly Traded Corporation: _____
Trading Market Exchange: _____ Trading Ticker Symbol: _____

Request for Continuous Approval for Involvement in Foreign Gaming (Please List Foreign Gaming Jurisdictions): _____

Request for Approval of Registration of Holding Company PTC Intermediary Foreign
List legal name of entity: _____

Request for Approval of Waiver of Stock Restriction Legend Requirement: _____

Request for Approval of Transfer of Equity Interests or Securities (Attach letter with details): _____

Request for Approval of Pledges of Equity Interests or Securities: _____

Request for Approval of Imposition of Equity Restrictions, Including Negative Equity Pledges: _____

Request for Approval of Proposed Acquisition of Control of (Company): _____
By (Company seeking the Approval): _____

Other Request for Approval(s) not listed above: _____

Name and address where license should be sent: _____

Completed By: _____ Date: _____