

FANTASY CONTEST OPERATOR  
APPLICATION



MISSISSIPPI GAMING COMMISSION

**INSTRUCTIONS**

- Thoroughly read this application in its entirety.
- All entries must be neatly printed using blue or black ink.
- ALL ENTRIES MUST BE ANSWERED COMPLETELY AND THOROUGHLY. IF ADDITIONAL SPACE IS NEEDED FOR A PARTICULAR RESPONSE, YOU MAY SUPPLEMENT WITH ADDITIONAL PAGES, AS LONG AS YOU INDICATE THE PAGE AND QUESTION NUMBER TO WHICH THE RESPONSE APPLIES.
- If a question or entry does not apply to you or your particular situation, indicate by writing “N/A” for your response. You may also include a brief explanation as to why you answered “N/A”.
- Review the application.
- Date and initial at the bottom of each page where indicated.
- Submit the application to one of the following addresses.

**REGULAR U.S. MAIL ONLY**

Mississippi Gaming Commission  
Attention: Paul Waldrop  
P.O. Box 23577  
Jackson, MS 39225

**FedEx or UPS**

Mississippi Gaming Commission  
Attention: Paul Waldrop  
620 North St., Suite 200  
Jackson, MS 39202

\*Investigative fees will be determined after the application is received and reviewed. Any such fees will be estimated and provided to the applicant before the investigation begins.

**OTHER IMPORTANT INFORMATION**

- An applicant for a license as a Fantasy Contest Operator is seeking the granting of a privilege. The burden of proving qualifications for such a permit is at ALL times on you, the applicant. You must fully cooperate with the investigation and promptly supply all information requested of you.
- Applications that are incomplete or otherwise deficient will be returned to you. No further action will be taken on your application until you re-submit a correctly completed application.
- You may also be required to file an application for a Finding of Suitability at any time after filing this application. If you are notified to file an application for a Finding of Suitability, you will be required to pay additional investigative fees.
- The background investigation typically takes no less than three (3) months to complete and is necessary for a license to be issued or renewed.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

All applicants are advised that this personal record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

**Company Information**

1. Name of Entity/Business: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County \_\_\_\_\_  
 Business Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County \_\_\_\_\_  
 Business Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
 Business Toll Number (\_\_\_\_\_) \_\_\_\_\_  
 Business Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
 Tax ID Number \_\_\_\_\_ E-Mail \_\_\_\_\_

STATEMENT OF OWNERSHIP

2. Is the company to be operated as a partnership? -----If yes, go to question 3.  
 Is the company to be operated as a corporation or limited liability corporation? -----If yes, go to question 4.  
 Is the company to be operated as a sole ownership? -----If yes, go to question 5.
  
3. List all partners, home addresses, and extent of their interest in the partnership. Attach a copy of partnership agreement. All partners must complete a separate Application.

<u>Name</u>	<u>Home Address</u>	<u>Interest</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

4. List all officers, directors and stockholders, titles in corporation, home address, and total number of shares of stock owned by each in the corporation. Give total number of shares authorized for the corporation. Attach a copy of Articles of Incorporation, Operating Agreement, Corporate Charter, and if not a Mississippi charter, Authority to Do Business in Mississippi. All stockholders holding more than 5% of the total shares of the corporation must complete a separate Application.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Stock Owned</u>

5. List all executive-level employees and their job titles.

<u>Name</u>	<u>Home Address</u>	<u>Position</u>

6. Does the Applicant swear/affirm that he/she meets the qualifications for a Fantasy Contest Operator as required by the Mississippi Fantasy Contest Act?

Yes ( ) No ( )

If no, explain fully \_\_\_\_\_

\_\_\_\_\_

7. Does the applicant swear/affirm that as a Fantasy Contest Operator, he/she will fully comply with all rules and regulations promulgated by the Commission relative to the Mississippi Fantasy Contest Act, to keep all records and make all reports and remittances required by the Commission, and to comply with the provisions of the Mississippi Fantasy Contest Act?

Yes ( ) No ( )

If no, explain fully \_\_\_\_\_

\_\_\_\_\_

8. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever had a license or permit of any kind denied, suspended, or revoked?

Yes ( ) No ( )

If yes, explain fully \_\_\_\_\_

\_\_\_\_\_

9. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever been arrested, charged, indicted, or convicted of any drug or gaming related violation?

Yes ( ) No ( )

If yes, explain fully \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

10. Have you or any contract you have held with any casino in any jurisdiction ever been withdrawn, revoked, discharged or terminated for any reason?

Yes ( ) No ( )

If yes, explain fully \_\_\_\_\_

\_\_\_\_\_

11. List any jurisdictions in which you currently hold a license or permit, and/or contracts or agreements to do business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List any other Sole Proprietorship, Corporation, Limited Liability company that you are an owner, member, officer or are a percentage shareholder over 5%.

<u>Name</u>	<u>Title</u>	<u>Location</u>	<u>Percentage</u>

13. Has your Business been subject to a lawsuit, sanctioned or investigated by a Regulatory agency?

Yes ( ) No ( )

If yes, explain fully \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**FANTASY CONTEST OPERATOR APPLICATION**  
**PERSONAL RECORD**

Type or neatly print an answer to every question. If a question does not apply to you, indicate by writing "N/A". If there is insufficient space, use a separate sheet and precede each answer with the page and question numbers.

1. Personal Information:

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Last Name	First Name	Middle Name
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Alias (nicknames, maiden name(s), other name changes, legal or otherwise)

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Present Residence Address – Street or RFD	Since (date)
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City – Post Office	State	Zip
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Present Business Address

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Occupation

Home Phone ( ) \_\_\_\_\_ State/DL# \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Passport# \_\_\_\_\_

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Date of Birth	Social Security Number	Sex	Race
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Place of Birth \_\_\_\_\_

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Eye Color	Hair Color	Complexion	Weight	Height	Build
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Scars, Tattoos, or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ( ) No ( ) If alien, registration number \_\_\_\_\_

If naturalized, certificate number \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

If naturalized, certificate must be attached for verification

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

2. Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )

Current Marriage \_\_\_\_\_  
Spouse's Name Date City, County, State

Divorce \_\_\_\_\_  
Former Spouse's Name Date City, County, State

Spouse Full Name (maiden) \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street City State Zip

3. Military Information: Have you ever served in any armed forces?  
Yes ( ) No ( ) If yes, provide details below.

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of Separation \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rating at Separation \_\_\_\_\_ Serial Number \_\_\_\_\_

While in the military service, were you ever arrested for an offense, which resulted in summary action, a trial, or special general court martial?  
Yes ( ) No ( ) If yes, furnish details on a separate sheet.

4. Arrest, Detention, and Criminal Litigation: (Include those arrests for which you were not convicted)

A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except for minor traffic citations)  
Yes ( ) No ( ) If yes, give details in space below. List ALL cases without exception.

<u>Date</u>	<u>Age</u>	<u>Charge</u>	<u>City, State</u>	<u>Disposition</u>	<u>Arresting Agency</u>

\* If you answer "Yes" to any of the following questions (B-F), provide complete details on a separate sheet \*

B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party?  
Yes ( ) No ( )

C. Have you ever been questioned by a city, state, federal, or law enforcement agency, commission or committee?  
Yes ( ) No ( )

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission?  
Yes ( ) No ( )

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

- E. Have you ever had a civil or criminal record expunged or sealed by a court order?  
Yes ( ) No ( )
- F. Have you ever received a pardon for any criminal offense?  
Yes ( ) No ( )
- G. Have you, as an individual, ever been named in a lawsuit as either a Plaintiff or Defendant?  
Yes ( ) No ( ) If yes, provide details in the space below. List any additional cases on a separate sheet.

<u>Party v. Party Description</u>	<u>Court, Case # and Filing Date</u>	<u>Disposition</u>
<u>Case Summary:</u>		

5. Residences: List all of your residences for the last 10 years. List any additional residences on a separate sheet.

<u>Month/Year-Month/Year</u>	<u>Street &amp; Number</u>	<u>City</u>	<u>State &amp; County</u>

6. List your education, beginning with high school(s):

<u>Month/Year</u>	<u>School/Location</u>	<u>Degree Earned</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_



7. Employment: Beginning with your current employment, list your complete work history, including periods of unemployment, for the past 10 years. Also, list all corporations, partnerships, or any other business entities with which you have been associated as an officer, director, stockholder, or similar capacity. Use a separate sheet, if necessary.

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving

  

Title	Description of Duties	Supervisor	Gaming Present? Yes ( ) No ( )

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving

  

Title	Description of Duties	Supervisor	Gaming Present? Yes ( ) No ( )

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving

  

Title	Description of Duties	Supervisor	Gaming Present? Yes ( ) No ( )

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving

  

Title	Description of Duties	Supervisor	Gaming Present? Yes ( ) No ( )

8. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel?  
 Yes ( ) No ( ) If yes, provide details below and on a separate sheet, if necessary.

<u>Name/Description of Venture</u>	<u>Location</u>	<u>Dates of Involvement</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

9. Have you ever been granted a permit or gaming license or been a participant in any group which has been issued a permit or gaming license (including fantasy contests or sports betting operations)?  
 Yes ( ) No ( ) If yes, provide details below, and on a separate sheet, if necessary.  
 Provide a copy of the license or permit.

<u>Type</u>	<u>Location</u>	<u>Dates</u>	<u>Status</u>

10. Have you or any group with which you have been associated ever been refused a gaming license, permit, or related findings of suitability?  
 Yes ( ) No ( ) If yes, provide details on a separate sheet.
11. Have you or any group with which you have been associated ever had a gaming license, permit or related findings of suitability denied, revoked, withdrawn, or issued with special conditions?  
 Yes ( ) No ( ) If yes, provide details on a separate sheet.
12. Have you ever owned, operated, or managed any business, company, enterprise or currently own stock, hold interest (other than mutual funds, 401k's, etc) or currently operate, manage or act as agent for any business, company, enterprise other than the business, company, enterprise for which you are currently applying for a Fantasy Contest Operator license. This should include any "Doing Business as" or "Fictitious Business" names used.

<u>Name of Business</u>	<u>Location</u>	<u>Position (Agent, Owner, Manager etc.)</u>

13. List any privilege or professional licenses you have held or currently hold, including but not limited to the following:

- |                                |  |
|--------------------------------|--|
| Driver's License               | Liquor/Alcohol                             |
| Real Estate Broker or Salesman | Accountant/CPA                             |
| Attorney                       | Doctor                                     |
| Race Horse/Race Dog Owner      | Boxing Promoter                            |
| Trainer or Manager             | Securities Dealer/Broker/Financial Adviser |
| Jockey                         |  |

<u>Type</u>	<u>Location</u>	<u>Dates</u>	<u>Status</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

14. Have any disciplinary actions of any nature, regardless of disposition, ever been initiated against you or a related business entity in relation to any privilege or professional licenses?  
Yes ( ) No ( ) If yes, provide details on a separate sheet.

15. Have any disciplinary actions not otherwise included in question 14 ever been initiated against you or a related business entity?  
Yes ( ) No ( ) If yes, provide details on a separate sheet

16. Do you have any relatives associated with or employed in the gaming industry in any state? Yes ( ) No ( )  
If yes, write their name, relation, and association or employment in the space below:

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17. Do you now or have you ever knowingly been associated with, socially or professionally, persons known to be convicted of a felony or having ties with organized crime? Yes ( ) No ( ) If yes, provide details in the space below and on a separate sheet, if necessary.

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18. If currently or previously employed in Mississippi Gaming, give dates and places of issuance of work permits.

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Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Attach a recent photograph taken within the past thirty (30) days here.

\* \*  
\*

\* \*  
\*

\*  
\* \*

\*  
\* \*

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

MISSISSIPPI GAMING COMMISSION  
P.O. BOX 23577  
JACKSON, MISSISSIPPI 39225-3577

APPLICATION FOR FANTASY CONTEST OPERATOR

STATEMENT OF TRUTH  
(To be completed in the presence of a Notary Public)

State of \_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_, being duly sworn according to  
law deposes and says:

**Name of Applicant**

**Place your initials in the appropriate response for each statement below:**

- |   |                |
|---|----------------|
| 1. I am the applicant who is submitting this application form.  | Yes ( ) No ( ) |
| 2. I personally supplied the information contained in this form.  | Yes ( ) No ( ) |
| 3. I swear (or affirm) that the information contained in this form<br>is true to the best of my knowledge and belief. | Yes ( ) No ( ) |

Date: \_\_\_\_\_

\_\_\_\_\_  
**(Legal Signature of Applicant)**

Subscribed and sworn to before

me on this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**State**

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**SCHEDULE A-CASH IN BANKS**

Using the following table, list all accounts maintained by you, your spouse, and your dependents with any financial institutions, foreign and domestic. This includes, but is not limited to checking, savings, time deposits, money market, certificates of deposit, etc.

<b><u>Name and Address of Bank</u></b>	<b><u>Name of Account Holder(s)</u></b>	<b><u>Account Type/Number</u></b>	<b><u>Date Opened</u></b>	<b>Balance as of</b> ____/____/____

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE B-ACCOUNTS/NOTES RECEIVABLE**

Using the following table, list all debts, loans, notes or other receivables owed to you, your spouse, and your dependents.

<b><u>Name and Address of Debtor</u></b>	<b><u>Date Incurred</u></b>	<b><u>Original Amount</u></b>	<b><u>Current Balance</u></b>	<b><u>Payment/Period</u></b>	<b><u>Interest Rate</u></b>	<b><u>Maturity Date</u></b>	<b><u>Purpose &amp; Collateral</u></b>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE C-STOCKS AND BONDS**

Using the following table, list all stocks, bonds, mutual funds, commodity accounts, options, warrants, securities, etc., held or controlled by you, your spouse, and your dependents in any jurisdiction. Individual holdings of mutual funds need not be listed as long as the mutual fund itself is listed. Indicate publicly traded securities with an asterisk (\*).

<u>Issuer</u>	<u>Type of Security</u>	<u>Number of Shares</u>	<u>Name of Owner</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>Current Market Value as of</u> ____/____/____

Date: \_\_\_\_\_ Initials: \_\_\_\_\_



**SCHEDULE D-BUSINESS INVESTMENTS**

List below any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependents, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This includes, but is not limited to joint ventures, partnerships, sole proprietorships, and corporations.

<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Number of Shares/Units</u>	<u>Percent of Ownership</u>	<u>Name of Owner</u>	<u>Purchase Price and Date of Purchase</u>	<u>Current Market Value as of</u> ____/____/____	<u>Name of Individuals/Entities Sharing Interest and Percentage Owned</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE E-REAL ESTATE**

List below any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependents, along with the names of all individuals or entities who share a direct, vested, or contingent interest therein.

<u>Address/Location</u>	<u>Description</u>	<u>Percent of Ownership</u>	<u>Other Owners</u>	<u>Purchase Price/Improvements at Cost</u>	<u>Date of Purchase</u>	<u>Market Income</u>	<u>Current Market Value as of</u> ____/____/____

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE F-OTHER ASSETS**

List all other assets held by you, your spouse, and dependents. Use an asterisk (\*) in the first column to indicate those held by your spouse or dependents. Other assets includes, but is not limited to automobiles, personal property, cash value life insurance policies, pension plans, IRA, 401(k), etc.

**Current Market Value as of**

<b><u>Type of Asset</u></b>	<b><u>Date of Purchase</u></b>	<b><u>Purchase Price</u></b>	<b><u>____/____/____</u></b>	<b><u>Description</u></b>

Date: \_\_\_\_\_      Initials: \_\_\_\_\_

**SCHEDULE G-NOTES/ACCOUNTS PAYABLE**

List all notes or accounts payable for which you, your spouse, and dependents are obligated. Use an asterisk (\*) in the first column to indicate those held by your spouse or dependents.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Purpose &amp; Collateral</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE H-MORTGAGES PAYABLE**

List all mortgages or liens payable on real estate for which you, your spouse, and dependents are obligated. Use an asterisk (\*) in the first column to indicate those held by your spouse or dependents.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Description of Collateral</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE I-CONTINGENT LIABILITIES**

List all contingent liabilities for which you, your spouse, and dependents are obligated. Use an asterisk (\*) in the first column to indicate those held by your spouse or dependents. Include any other persons liable for each debt, besides you and your spouse, in the description section.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Description</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHEDULE J-OTHER LIABILITIES**

List all other indebtedness for which you, your spouse, and dependents are obligated. Use an asterisk (\*) in the first column to indicate those held by your spouse or dependents.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Description of Collateral</u>

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**\* Fill out Schedules A-J on pages 13-22 before completing Statement of Assets and Statement of Liabilities. You must also include any assets/liabilities/accounts held in trust, by or for the benefit of you, your spouse, and your dependents. \***

**STATEMENT OF ASSETS**

**AS OF \_\_\_\_\_, 20\_\_\_\_\_**

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully and all supporting documentation, along with a copy be provided to the investigator assigned to your investigation at the time of your interview.

	<b>Original Cost/Investment</b>	<b>Market Value</b>
<b>Current Assets:</b>		
Cash on Hand	\$ _____	\$ _____
Cash in Banks (Schedule A)	_____	_____
Accounts & Notes Receivable (Schedule B)	_____	_____
<b>Investments:</b>		
Stocks & Bonds (Schedule C)	_____	_____
Business Investments (Schedule D)	_____	_____
<b>Fixed Assets:</b>		
Real Estate (Schedule E)	_____	_____
Other Assets (Schedule F)	_____	_____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>	<b>\$ _____</b>



**STATEMENT OF LIABILITIES**

**AS OF \_\_\_\_\_, 20\_\_\_\_\_**

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each liability must be described fully and all supporting documentation, along with a copy, be provided to the investigator assigned to your investigation at the time of your interview.

	<b>Original Amount</b>	<b>Current Balance</b>
<b>Current Liabilities:</b>		
Debts Due within One Year.....	\$ _____	\$ _____
Accounts Payable (Credit Cards, etc.)	_____	_____
Taxes Payable.....	_____	_____
<b>Long Term Liabilities:</b>		
Debts Due in Over One Year.....	_____	_____
Notes Payable (Schedule G).....	_____	_____
Mortgages Payable (Schedule H).....	_____	_____
Contingent Liabilities (Schedule I)....	_____	_____
Other Liabilities (Schedule J).....	_____	_____
<b>TOTAL LIABILITIES:</b>	\$ _____	\$ _____
<b>NET WORTH:</b>	\$ _____	\$ _____
<b>CONTINGENT LIABILITIES (Schedule J):</b>	\$ _____	\$ _____

Date: \_\_\_\_\_      Initials: \_\_\_\_\_

RELEASE OF ALL CLAIMS

The undersigned has filed with the Gaming Commission an "application," as that term is defined in the Mississippi Fantasy Contest Act, the Mississippi Gaming Control Act and the Gaming Commission regulations. In consideration of the assurance by the Commission that no vote on said "application" will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Mississippi, the Gaming Commission, its members, agents, and employees, from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, know or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application".

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge

In witness whereof, I have executed this release at \_\_\_\_\_  
City

\_\_\_\_\_, on the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Notary Public in and for the County of \_\_\_\_\_.

State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

APPLICANTS REQUEST TO RELEASE INFORMATION

TO \_\_\_\_\_

FROM \_\_\_\_\_

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to permit a duly appointed agent of the Gaming Commission, whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Gaming Commission, whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, saving and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Gaming Commission be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including Deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Gaming Commission my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:
  - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
  - (c) To place the name of the Gaming Commission agent presenting this request in the appropriate location on this form.
5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends eighteen (18) months from the date of execution.
7. I have filed with the Gaming Commission an "application" as that term is defined in the Mississippi Fantasy Contest Act, and the Mississippi Gaming Control Act, Section 75-76-1, et. Seq. of the Mississippi Code. I understand that I am seeking the granting a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other actions of financial loss, which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, equity, which I ever had, now have, may have, or claims to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expense, including reasonable attorney's fees arising out of or by reason of complying with this request.
10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Signature of Mississippi Gaming Commission agent presenting this request \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**IRREVOCABLE APPOINTMENT OF AGREEMENT**

The undersigned, for the purpose and consideration of, acting as a Fantasy Contest Operator and as a Mississippi licensee and agreeing to comply with the applicable gaming laws and regulations of Mississippi, does hereby:

Irrevocable appoint the Secretary of State of Mississippi as an agent upon whom process and any all papers to the undersigned may be served for any and all matters arising under the Mississippi Fantasy Contest Act, the Mississippi Gaming Control Act, the regulations of the Mississippi Gaming Commission and all judicial or legislative proceedings; the undersigned acknowledges that service of any and all papers, pleadings or process made upon the Secretary of State shall have the same force and effect as though the undersigned had been personally served within the boundaries of the State of Mississippi and that service upon the undersigned had been personally served within the boundaries of the State of Mississippi and that service upon the undersigned shall be deemed completed upon mailing by the Secretary of State of copies of said papers, pleadings or process served upon him, certified mail postage prepaid, to the below designated address.

\_\_\_\_\_  
(Name of Representative)

Doing business as \_\_\_\_\_  
(Name of Business)

at \_\_\_\_\_, \_\_\_\_\_  
(Street) (City or Town)

The appointment shall remain in full force and effect as long as the undersigned is governed by and subject to the provisions of the Mississippi Fantasy Contest Act.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## INSTRUCTIONS REGARDING IRS FORM 4506 – T

For your convenience, a fillable form and instructions for Form 4506T can be found at: <http://www.irs.gov/pub/irs-pdf/f4506t.pdf> Due to revisions being made by the IRS, please use the site to fill out and print the most current form.

1. Fill out lines 1a through line 4.
2. On line 5 enter: Mississippi Gaming Commission  
Investigations Division  
P.O. Box 23577  
Jackson, MS 39225-3577  
Phone: 601-576-3801
3. On line 6 enter 1040, 1065, or 1120 for each return form you have filed. This may require you to make multiple copies, one for each return form.
4. Check box on line 6c.
5. On line 9 enter the dates of the last four available years of taxes filed.
6. Sign and date the form at the bottom according to the instructions on form 4506T and mail according to the instructions that accompany the Transcript request.