

State of New Jersey

DIVISION OF GAMING ENFORCEMENT - VENDOR REGISTRATION FORM

PLEASE TYPE ALL INFORMATION. PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF ANY ITEMS ARE NOT APPLICABLE, PLEASE LEAVE BLANK.

1. NAME OF ENTERPRISE:	2. TELEPHONE NUMBER:
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3. ADDRESS FROM WHICH BUSINESS IS CONDUCTED WITH CASINO LICENSE OR APPLICANT.

STREET:	CITY:	COUNTY:	STATE:	ZIP:
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4. TYPE OF BUSINESS CONDUCTED WITH CASINO LICENSE OR APPLICANT:	5. NATURE OF BUS:
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6. TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A) OR FOR SERVICES OF (F/S/O):	7. FEDERAL EMPLOYER IDENTIFICATION NUMBER:	8. DATE OF AGREEMENT (MONTH)	(DAY)
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9. PROVIDE THE NAME(S), RESIDENCE ADDRESS(ES) AND DATE(S) OF BIRTH OF THOSE PERSONS IN THE ENTERPRISE WHO ENTERED INTO AGREEMENT WITH THE CASINO LICENSEE OR APPLICANT, THOSE PERSONS WHO WILL DEAL DIRECTLY WITH THE CASINO LICENSEE OR APPLICANT AND THEIR IMMEDIATE FAMILY MEMBERS IF THE ENTERPRISE IS A CORPORATION, ALSO PROVIDE THIS INFORMATION FOR ALL OFFICERS INVOLVED IN THE CONDUCT OF THE ENTERPRISE IF THE CASINO LICENSEE OR APPLICANT.

FIRST NAME	M	LAST NAME	RESIDENCE ADDRESS

10. PROVIDE THE NAME(S), ADDRESS(ES) AND PERCENTAGE OF OWNERSHIP HELD BY EACH ENTITY OR PERSON DIRECTLY OWNING MORE THAN 5% OF THIS ENTERPRISE, WHEN LISTING PERSONS, ALSO PROVIDE DATE(S) OF BIRTH.

% OF OWNERSHIP	ENTITY?	FIRST NAME/ENTITY	M	LAST NAME	ADDRESS
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NO ENTITY OR PERSON OWNS MORE THAN 5%

% OF OWNERSHIP	ENTITY?	FIRST NAME/ENTITY	M	LAST NAME	ADDRESS

11. PERSON WHO SUPPLIED THIS INFORMATION TO THE CASINO LICENSEE OR APPLICANT:

Salutation	First Name	Mid	Last Name	POSITION/TITLE
				Email Address

[Redacted]

[Redacted]

[Redacted]

ENT
(YEAR)

REEMENT WITH THE
DATE SUPERVISORS.
ISE BUSINESS WITH

DATE OF BIRTH

[Redacted]

AN FIVE PERCENT

DATE OF BIRTH(IF
APPLICABLE)

[Redacted]

[Redacted]

[Redacted]