

## 2013 Amended Operator License Application

### Operator Information

<input type="checkbox"/> EIN <input type="checkbox"/> SSN	Operator License #	Phone Number	Fax Number
Operator First Name	M.I.	Operator Last Name	Email

Complete only if there is a change in address.

New Mailing Address	City	State	Zip Code
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### Change of Location(s) of Activity

 You must provide proof of liability insurance for each location you add.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility Name	Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game Type(s)
Physical Address		City	State    Zip Code

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility Name	Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game Type(s)
Physical Address		City	State    Zip Code

### Change in Contracted Permittees

 List permittees for whom you will conduct gaming activities.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of Organization	Game Type(s)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of Organization	Game Type(s)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of Organization	Game Type(s)

### Managers & Supervisors

Provide the required information for each person who manages or supervises any of the licensed gaming activities as defined in AS 05.15.122. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Employee First Name	M.I.	Employee Last Name	Social Security Number
Home Mailing Address				Home Phone Number
City		State	Zip Code	Position Title

### Legal Questions

 These questions must be answered. If you answer Yes to either question, see instructions.

- Yes     No    Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
- Yes     No    Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

**I declare, under penalty of unsworn falsification, that I have examined this application, including any attachments, and that, to the best of my knowledge and belief, it is true and complete. I understand that any false statement made on the application or any attachments is punishable by law. With my signature below, I agree to allow the Department of Revenue to review any criminal history I may have in accordance with 15 AAC 160.934.**

Operator Signature	Printed Name	Date
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**One copy of the completed application must be sent to all applicable municipalities and boroughs.**  
See instructions for mandatory attachments.

DEPARTMENT USE ONLY
Date Stamp