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Alaska
2014 Operator License Application

Operator Information

☐ EIN ☐ SSN	If renewing, license #	Operator is: ☐ Individual	☐ Municipality (permit #) ☐ Permittee (permit #)
Operator First Name	M.I.	Operator Last Name	AK Business License #
Business Name			Contact Person
Mailing Address			Contact Person Phone Number
City	State	Zip Code	Contact Person Mobile Number
Daytime Phone Number	Fax Number	Mobile Number	Contact Person Email

Location(s) of Activity

You must provide proof of liability insurance for each location. If more than eight locations, attach separate sheet.

Facility Name	Physical Address	City	Zip Code	Game Type(s)
Facility Name	Physical Address	City	Zip Code	Game Type(s)
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Legal Questions

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

☐ Yes ☐ No Have you (the operator) or 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 Do you (the operator) or 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

License Fee is $500

One copy of the completed application must be sent to all applicable municipalities and boroughs. See instructions for mandatory attachments.

Pay online with OTIS at *www.tax.alaska.gov* or make check payable to State of Alaska.
New applicants must pay by check.

DEPARTMENT USE ONLY
Validation #
Date Stamp

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Mail to: Alaska Department Of Revenue, PO Box 110420, Juneau AK 99811-0420

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2014 Operator License Application

License #	Operator Name

Contracted Permittees List permittees for whom you will conduct gaming activities. If more than 10 permittees, attach a separate sheet.

Permit #	Name of Organization	Game Type(s)
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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 four managers and supervisors, attach a separate sheet.

Employee First Name	MI	Last Name	Social Security Number
Home Mailing Address			Home Phone Number
City	State	Zip Code	Position Title

Employee First Name	MI	Last Name	Social Security Number
Home Mailing Address			Home Phone Number
City	State	Zip Code	Position Title

Employee First Name	MI	Last Name	Social Security Number
Home Mailing Address			Home Phone Number
City	State	Zip Code	Position Title

Employee First Name	MI	Last Name	Social Security Number
Home Mailing Address			Home Phone Number
City	State	Zip Code	Position Title