




GOVERNMENT OF PUERTO RICO
GAMING COMMISSION
Sports Betting, E-Sports and Fantasy Contests Bureau

SPORTS BETTING SATELLITE OR POINT OF SALE LICENSE APPLICATION

159 CALLE CHARDON, PISO 2, SAN JUAN, 00918 | PO BOX 29156 SAN JUAN, PR 00929

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APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed, printed, or written in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. You must use blue ink to personally initial and date in the space provided on the bottom of each page of the form. The sheets that need to be notarized must also be completed and signed in blue ink.
- e. If the space available is insufficient to respond to a question, you must supply the required information on an attachment page and clearly identify which question you are answering. Each additional page included must be initialed and dated at the bottom.
- f. If you make any modification to the pre-printed questions or information contained in this form, you may be required to provide additional information. Once your application is accepted, it becomes property of the Puerto Rico Gaming Commission and will not be returned. Any modification to the application will be made by presenting any additional information requested by the Commission.
- g. The Bureau reserves the right to request any additional information it deems necessary for the processing of this form. This includes the people that the Bureau identifies that need to submit a Personal Information Disclosure form.
- h. The Commission may, at its discretion, conduct any investigation in regard to the applicant or any other person related to the applicant that it may deem pertinent, this could be at the time of the initial application or at any point after the process has already begun.
- i. This application can be presented either in person or by certified mail to the Commission. The address for the Government of Puerto Rico Gaming Commission is:

Government of Puerto Rico Gaming Commission
Sports Betting, E-Sports and Fantasy Contest Bureau
159 Calle Chardón, Piso 2
San Juan, PR 00918

- j. The applicant or the Operator associated with the applicant must file with the Commission for its approval, within ten (10) business days, any ownership changes in the applicant or holder of a Sports Betting Satellite or Point of Sale License.

BE SURE TO:

- a. Sign the Statement of Truth in the presence of a Notary Public or any other person legally authorized to notarize your signature in the jurisdiction of residence.
- b. Check to ensure that you have placed your initials and date on the bottom of each page of this form in the space provided and on any attachment pages.
- c. Include all the required attachments listed in this form. These attachments must be included in digital form, either in CD format or a *USB drive*. Any application that does not comply with this requirement will not be accepted. Should there be any difference between the paper application or the digital version, the information in the paper application will prevail.
- d. Answer every question completely and truthfully.
- e. Retain a completed copy of your application package for your own records.

BUSINESS INFORMATION

NAME OF THE PERSON TO BE CONTACTED IN _____ FIRST _____ MIDDLE _____
REFERENCE TO THIS APPLICATION: LAST (INCLUDE
SR., JR., ETC, IF APPLICABLE)

TELEPHONE NUMBER: _____ CELL NUMBER: (xxx-xxx-xxxx) _____ EMAIL: _____
(xxx-xxx-xxxx)

NAME OF THE PROSPECTIVE SATELLITE AND/OR THE NAME THE LOCATION DOES BUSINESS AS (D/B/A)

PROSPECTIVE SATELLITE ADDRESS: _____ APT# /FLAT _____ CITY / TOWN _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____
NUMBER AND STREET

PROSPECTIVE SATELLITE TELEPHONE _____ PROSPECTIVE SATELLITE BUSINESS EMAIL: _____
NUMBER: (xxx-xxx-xxxx)

NAME OF THE SPORTS BETTING OPERATOR YOU ARE ASSOCIATING WITH:

1. APPLICATION TYPE: INITIAL RENEWAL

2. SPECIFY THE BUSINESS FORM OF THIS ENTITY:

CORPORATION PARTNERSHIP
 TRUST JOINT VENTURE
 SOLE PROPRIETORSHIP OTHER: _____

NOTE: IF YOUR BUSINESS IS A CORPORATION, PLEASE REFER TO ANNEX 1 AT THE END OF THIS APPLICATION.

3. PROVIDE A BRIEF DESCRIPTION OF THE BUSINESS CONDUCTED AT THIS LOCATION:

4. DOES THE APPLICANT OWN THE LOCATION WHERE THE BUSINESS IS LOCATED? Yes No

IF YES, PLEASE PROVIDE A SIMPLE COPY OF THE DEED AND LABEL IT "ITEM 3" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.

IF NO, WHO OWNS THE LOCATION? _____

5. IF IT APPLIES, PROVIDE A COPY OF THE LEASE AGREEMENT OR ANY OTHER DOCUMENT THAT ALLOWS THE APPLICANT TO DO BUSINESS IN THE LOCATION AND LABEL IT "ITEM 4" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.

6. WILL YOU OPERATE THE SATELLITE OR POINT OF SALE PERSONALLY? YES NO

IF NO, WHO WILL OPERATE IT? _____

7. DO YOU OWN OR HAVE AN INTEREST IN ANY OTHER SPORTS BETTING SATELLITES OR POINTS OF SALE? YES NO

IF NO, PROVIDE THE FOLLOWING INFORMATION:

NAME OF THE BUSINESS	ADDRESS	% OF OWNERSHIP OR INTEREST

8. TO THE BEST OF YOUR KNOWLEDGE, HAS THIS LOCATION BEEN KNOWN BY ANOTHER NAME IN THE PAST? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

PREVIOUS NAME	BRIEF DESCRIPTION OF THE BUSINESS CONDUCTED

9. IF YOUR BUSINESS IS OWNED BY 2 OR MORE PEOPLE, PROVIDE THE FOLLOWING INFORMATION:

NAME	TITLE, POSITION OR ASSOCIATION WITH THE BUSINESS	% OF OWNERSHIP

CRIMINAL AND INVESTIGATORY PROCEEDINGS

THE NEXT SECTION ASKS ABOUT CHARGES OR OFFENSES THE ENTITY MAY HAVE COMMITTED. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS WHICH FOLLOW.

DEFINITIONS: FOR PURPOSE OF THIS SECTION:

- A. "ARREST" INCLUDES ANY DETAINING, HOLDING, OR TAKING INTO CUSTODY BY ANY POLICE OR OTHER LAW ENFORCEMENT AUTHORITIES TO ANSWER FOR THE ALLEGED PERFORMANCE OF ANY "OFFENSE"
- B. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, OR OTHER NOTICE OF ALLEGED COMMISSION OF ANY "OFFENSE"
- C. "OFFENSE" INCLUDES ALL FELONIES, CRIMES, HIGH MISDEMEANORS, MISDEMEANORS, DISORDERLY PERSON OFFENSES, PETTY DISORDERLY OFFENSES, DRIVING WHILE INTOXICATED / IMPAIRED MOTOR VEHICLE OFFENSES AND VIOLATIONS OF PROBATION OR ANY OTHER COURT. JUVENILE OFFENSES THAT OCCURRED WITHIN THE MOST RECENT 10 YEAR PERIOD ARE ALSO INCLUDED WITHIN THE DEFINITION OF "OFFENSES"

INSTRUCTIONS: ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF:

- A. THE ENTITY DID NOT COMMIT THE OFFENSE CHARGED;
- B. THE CHARGES WERE DISMISSED;
- C. THE ENTITY WAS NOT CONVICTED;
- D. THE CHARGES OR OFFENSES HAPPENED A LONG TIME AGO

ANSWER "NO" IF ANY RECORDS RELATING TO A CHARGE, AN ARREST OR CONVICTION HAVE BEEN EXPUNGED OR OTHERWISE SEALED BY A COURT OF GOVERNMENT AGENCY

IMPORTANT: THE COMMISSION WILL MAKE INQUIRIES TO ESTABLISH WHETHER THE APPLYING ENTITY HAS HAD ANY INVOLVEMENT WITH LAW ENFORCEMENT AGENCIES.

10. HAS THE ENTITY, EVER BEEN INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OR DISORDERLY PERSONS OFFENSE, OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THIS STATE OR ANY OTHER JURISDICTION? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME OF LAW ENFORCEMENT AGENCY OR COURT	DISPOSITION	SENTENCE

11. HAS THE ENTITY BEEN INVOLVED IN ANY CIVIL LITIGATION OR ANY ADMINISTRATIVE PROCEEDING WHERE THE ALLEGED DAMAGES COULD AMOUNT TO THE SUM OF \$50,000 OR MORE, OR ANY VIOLATIONS TO FEDERAL ANTI-MONOPOLY STATUTES, TRADE VIOLATIONS OR INSURANCE LAWS? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF CASE AND DOCKET NUMBER	NATURE OF COMPLAINT	DATE OF COMPLAINT	NAME OF THE ADVERSE PARTY OR ADMINISTRATIVE AGENCY	DISPOSITION	SENTENCE

12. HAS THE ENTITY EVER DECLARED BANKRUPTCY OR INSOLVENCY UNDER ANY CHAPTER OR LAW? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF CASE AND DOCKET NUMBER	DATE OF FILING	WHICH CHAPTER WAS THE BANKRUPTCY DECLARED UNDER?	NAME OF TRUSTEE ASSIGNED	WHEN WAS THE CASE DISCHARGED?

LICENSING INFORMATION

13. HAS THE ENTITY BEEN DENIED AN APPLICATION FOR A LICENSE IN THE GAMING INDUSTRY? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

JURISDICTION	ISSUING AGENCY	DATE OF APPLICATION (MM/DD/YYYY)	REASON FOR DENIAL

14. HAS THE ENTITY BEEN DENIED AN APPLICATION FOR A LICENSE ISSUED BY ANY GOVERNMENT AGENCY? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

JURISDICTION	ISSUING AGENCY	DATE OF APPLICATION (MM/DD/YYYY)	REASON FOR DENIAL

15. DO ANY OF YOUR FAMILY MEMBERS WORK FOR THE PUERTO RICO GAMING COMMISSION? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME	RELATIONSHIP TO THE APPLICANT

FINANCIAL INFORMATION

16. WHEN DID YOUR ENTITY FILE YOUR LAST FEDERAL OR STATE INCOME TAX RETURN FORM? _____

17. HAS THE ENTITY EVER FAILED TO FILE FEDERAL OR STATE INCOME TAX RETURNS? Yes No

IF YES, FOR WHAT YEAR(S)? _____

18. HAS YOUR ENTITY EVEN BEEN AUDITED BY ANY TAX AGENCY? Yes No

IF YES, FOR WHAT YEAR(S) AND BY WHICH AGENCY? _____

19. IN THE PAST 5 YEARS, HAS YOUR ENTITY FILED TAX RETURNS IN ANY JURISDICTION OUTSIDE OF THE UNITED STATES OR PUERTO RICO? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX PAID

20. INCLUDE A NEGATIVE TAX DEBT CERTIFICATE ISSUED BY THE PUERTO RICO TREASURY DEPARTMENT AND LABEL IT "ITEM 20" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
21. INCLUDE A TAX FILING CERTIFICATION ISSUED BY THE PUERTO RICO TREASURY DEPARTMENT AND LABEL IT "ITEM 21" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
22. INCLUDE A NEGATIVE DEBT CERTIFICATE ISSUED BY CENTER FOR THE RECOLLECTION OF MUNICIPAL TAXES (CRIM) AND LABEL IT "ITEM 22" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
23. INCLUDE THE FINANCIAL STATEMENTS, AUDITED OR NOT, FOR THE LAST 5 FISCAL YEARS AND LABEL IT "ITEM 23" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
24. INCLUDE A COPY OF THE AGREEMENT SIGNED WITH THE SPORTS BETTING OPERATOR YOU ASSOCIATE WITH AND LABEL IT "ITEM 24" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
25. INCLUDE A COPY OF THE PERMIT OF USE ISSUED BY YOUR LOCAL MUNICIPALITY AND LABEL IT "ITEM 25" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
26. INCLUDE A COPY OF THE MUNICIPAL PATENT ISSUED BY YOUR LOCAL MUNICIPALITY AND LABEL IT "ITEM 26" ON THE UPPER RIGHT-HAND CORNER OF THE DOCUMENT.
27. INCLUDE A CERTIFICATION OF EMPLOYER COMPLIANCE ISSUED BY THE ADMINISTRATION FOR THE SUSTENANCE OF MINORS (ASUME) AND LABEL IT "ITEM 27"
28. INCLUDE A COPY OR A LINK OR ACCESS TO THE LAST 5 OF YOUR FEDERAL AND/OR STATE INCOME TAX RETURNS AND LABEL IT "ITEM 28" ON THE UPPER-RIGHT HAND CORNER OF THE DOCUMENT.
29. THIS LICENSE WILL HAVE A DURATION OF ONE YEAR FROM THE DATE OF ITS ISSUANCE. THE RENEWAL PROCESS MUST BE STARTED NO LATER THAN 120 DAYS BEFORE THE EXPIRATION DATE. FAILURE TO COMPLETE THE LICENSE RENEWAL PROMPTLY COULD RESULT IN SANCTIONS.
30. THE LICENSING FEES ARE AS FOLLOWS:
 - A. THE PROCESSING COST FOR THE INITIAL APPLICATION OR IT'S RENEWAL WILL BE FIVE HUNDRED DOLLARS (\$500.00) PAYABLE TO THE SECRETARY OF THE PUERTO RICO TREASURY DEPARTMENT EVERY YEAR. THIS FEE WILL BE NON-REFUNDABLE. THE COMMISSION MAY REQUIRE FURTHER FEES TO BE PAID TO COVER THE VETTING PROCESS.
 - B. THE COSTS FOR THE SATELLITE OR POINT OF SALE LICENSE OR IT'S RENEWAL WILL BE TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00) PAYABLE TO THE SECRETARY OF THE PUERTO RICO TREASURY DEPARTMENT EVERY YEAR. THIS FEE WILL BE NON-REFUNDABLE.
 - C. AS STATED IN ACT 81-2019 KNOWN AS THE GOVERNMENT OF PUERTO RICO GAMING COMMISSION ACT, AS AMENDED, COCKPITS THAT HAVE BEEN OPERATING LEGALLY BEFORE DECEMBER 31ST, 2018, WILL NOT PAY THE FEES REQUIRED BY THE COMMISSION FOR THE FIRST TEN (10) YEARS OF THEIR OPERATION AS A SATELLITE OR POINT OF SALE.
 - D. AS STATED IN ACT 81-2019 KNOWN AS THE GOVERNMENT OF PUERTO RICO GAMING COMMISSION ACT, AS AMENDED, HORSE RACING AGENCIES WILL PAY FIFTY PERCENT (50%) OF THE FEES REQUIRED BY THE COMMISSION FOR THE FIRST TEN (10) YEARS OF THEIR OPERATION AS A SATELLITE OF POINT OR SALE.
 - E. PAYMENT WILL ONLY BE ACCEPTED IN THE FORM OF A MONEY ORDER, MANAGER'S OR CERTIFIED CHECK, A CHECK FROM THE ENTITY'S CORPORATE ACCOUNT AND ATH.

AS INDICATED IN THE INSTRUCTIONS ON PAGE 2 OF THIS APPLICATION, THIS PAGE IS TO BE USED BY YOU FOR ANY QUESTIONS WHICH REQUIRE ADDITIONAL SPACE TO ANSWER. IF ADDITIONAL PAGES ARE NEEDED, PHOTOCOPY THIS PAGE, OR ADD A PAPER OF SIMILAR SIZE AND IDENTIFY THESE PAGES WITH CORRESPONDING NUMBERS AND LETTERS. **YOU MUST USE BLUE INK TO PERSONALLY INITIAL AND DATE AT THE BOTTOM OF ANY NEW PAGE ADDED.**

ANNEX 1

1. PROVIDE A COPY OF THE CERTIFICATE OF INCORPORATION, BY-LAWS, PARTNERSHIP AGREEMENT, TRUST AGREEMENT OR ANY OTHER DOCUMENT RELATING TO THE LEGAL ORGANIZATION OF THE ENTERPRISE, INCLUDE IT AS ATTACHMENT "ANNEX 1A".
2. PROVIDE A CERTIFICATE OF GOOD STANDING ISSUED BY THE PUERTO RICO DEPARTMENT OF STATE AND BY THE PROPER GOVERNMENT AUTHORITY OF THE JURISDICTION OF INCORPORATION, INCLUDE IT AS ATTACHMENT "ANNEX 1B".
3. COMPLETE THE FOLLOWING CHARTS, IF ANY OF THE INFORMATION REQUESTED DOES NOT APPLY, PLEASE INDICATE "DOES NOT APPLY":

NAME OF THE OFFICERS OF THE ENTERPRISE	TITLE OR POSITION

NAME OF ALL DIRECTORS OR TRUSTEES OF THE ENTERPRISE	TITLE OR POSITION

NAME OF ALL PARTNERS OF THE ENTERPRISE	TITLE OR POSITION	% OF OWNERSHIP

4. PREPARE A FLOWCHART WHICH ILLUSTRATES THE FULLY DILUTED OWNERSHIP OF THE APPLICANT. LIST ALL PARENT, HOLDING OR INTERMEDIARY COMPANIES UNTIL THE FLOWCHART REFLECTS THE STOCK, PARTNERSHIP OR OWNERSHIP AS BEING HELD BY A NATURAL PERSON(S) AND NOT ANOTHER ENTERPRISE(S). IF THE ULTIMATE PARENT COMPANY IS PUBLICLY TRADED AND NO NATURAL PERSON CONTROLS 5% OR MORE OF THE PUBLICLY TRADED STOCK, INDICATE THAT IN A FOOTNOTE TO THE FLOWCHART, INCLUDE IT AS ATTACHMENT "ANNEX 1C"
5. IF THE ENTERPRISE HAS BEEN REGISTERED AT THE UNITED STATES SECURITIES AND EXCHANGE COMMISSION, PROVIDE A COPY OF, A LINK OR ACCESS TO THE FORM 10Q, 10K, 8K AND PROXY STATEMENTS MOST RECENTLY FILED, INCLUDE IT AS ATTACHMENT "ANNEX 1D"
6. PROVIDE A COPY OF, A LINK OR ACCESS TO THE MOST RECENT FINANCIAL STATEMENT REQUIRED BY SECTION 14 OF THE SECURITIES EXCHANGE ACT OF 1934, INCLUDE IT AS ATTACHMENT "ANNEX 1E"

STATEMENT OF TRUTH

I, _____, or legal age, (marital status) _____,
(profession), _____, resident of _____ and authorized agent of (Business Name)
_____ being duly sworn according to law deposes and says:

1. I represent the applicant who is submitting this application form.
2. I personally supplied the information contained in this application form.
3. I understand and read the English language, or I had an interpreter read, explain, and record the answer to each question on this application form.
4. Any document accompanying this form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of my statements are willfully false, I am subject to punishment.

Signature of applicant's representative

Date
(MM/DD/YYYY)

Affidavit # _____

Sworn and signed before me by _____, of the above stated personal circumstances whom I attest to know personally, or whose identity I have verified through _____.

In _____, on the ____ day of _____ of the year _____.

Notary Public or other person authorized to take declarations

Notary Seal

INITIALS: _____

DATE: _____

RELEASE AUTHORIZATION

I, _____ of legal age, (marital status) _____, (profession) _____, resident of _____ and representative of (Business' Name) _____, have authorized the Government of Puerto Rico Gaming Commission to conduct a full investigation into my background and activities using whatever legal means they deem appropriate, in relation to this application and/or while I possess or apply for a Sports Betting Satellite Operator License. The information obtained will become property of the Commission and will not be returned to me.

Any entity approached by the Commission is therefore authorized to release any information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Gaming Commission. He or she will certify to you that I have an application pending before the Gaming Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Gaming Commission Laws and Regulations.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of applicant's representative
Date (MM/DD/YYYY)

Affidavit # _____

Sworn and signed before me by _____, of the above stated personal circumstances whom I attest to know personally, or whose identity I have verified through _____.

In _____, on the _____ day of _____ of the year _____.

Notary Public or other person authorized to take declarations
Notary Seal

INITIALS: _____

DATE: _____