

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PERSONAL FINANCIAL QUESTIONNAIRE**

Last Name	First Name	Middle Name	Date
Present Residence Address	(Number & Street)	City	State Zip code

SUBMITTED IN CONNECTION WITH THE APPLICATION FOR A LICENSE FOR

Business Name _____

Business Address	(Number & Street)	City	State Zip code
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1. Total amount that you have invested or will be investing in this business? \$ _____
 Percentage of ownership this will represent? % _____

2. Has your interest in the business been assigned, pledged, or encumbered to any person, firm or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole? Yes No *(If yes, furnish details on a separate page)*

3. Has your Federal Income Tax return ever been audited or adjusted? Yes No
(If yes, furnish details on a separate page)

4. Last Federal Income Tax was filed _____, _____ for the year _____ at
 (City/State)_____.

Applicants are advised that Federal Income Tax returns will be required during the licensing investigation.

5. Do you own or control any assets or liabilities located outside the United States? Yes No
(If yes, furnish details on a separate page)

6. Do you control, manage or hold in trust any assets or liabilities for another person or entity?
(If yes, furnish details on a separate page) Yes No

7. Fill in the information below even if the spouse is not applying for this license.

MONTHLY INCOME	APPLICANT	SPOUSE
Salary	\$	\$
Interest	\$	\$
Dividends	\$	\$
Capital Gains	\$	\$
Other (Describe)	\$	\$
Subtotal	\$	\$
Total Joint Income \$		
MONTHLY EXPENSES		
Mortgage	\$	\$
Rent	\$	\$
Utilities	\$	\$
Other (describe)	\$	\$
Total Expenses	\$	\$

12. If this location is a new business or has been opened/acquired within the last 12 months, the following information must be filled in. Fill in each line, if none, mark "0".

SOURCE AND APPLICATION OF FUNDS	
FUNDS AVAILABLE BEFORE OPENING	
Personal Funds <i>(provide documents showing the source and availability of your personal funds invested)</i>	\$
Investments <i>(provide detail showing who invested the money and what interest they received for their investment)</i>	\$
Loans from Lending Institutions <i>(provide loan documents)</i>	\$
Loans from Individuals and Business Entities <i>(identify the individual or business and provide loan documents)</i>	\$
Loans from Slot Route Operators <i>(attach related documents)</i>	\$
TOTAL FUNDS AVAILABLE BEFORE OPENING	\$
HOW THE FUNDS WERE SPENT BEFORE OPENING. <i>(Attach explanations giving brief descriptions of the following items)</i>	
Prepaid taxes and licenses	\$
Other License Fees <i>(such as business license, liquor license, and investigative fees)</i>	\$
Expenditures:	
Real Estate and Buildings <i>(including construction and repair)</i>	\$
Business Purchase Price <i>(attach purchase agreement)</i>	\$
Remodeling Costs	\$
Furniture, Fixtures, and Equipment	\$
Inventory and Supplies	\$
All Other Pre-Opening Expenses <i>(such as salaries, advertising, deposits, etc.)</i>	\$
TOTAL PRE-OPENING CASH USED	\$
CASH AVAILABLE FOR OPERATION	
Total Funds Available, Minus, Total Pre-Opening Cash Used	\$

NET WORTH AS OF		Month	Year
ASSETS: <i>(List all assets on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate attached schedule.)</i>			
ASSETS:	SCHEDULE	ORIGINAL COST/ INVESTMENT	FAIR MARKET VALUE
Cash on hand			
Cash in banks	A		
Accounts and Notes Receivable	B		
Stocks and Bonds	C		
Business Investments	D		
Real Estate	E		
Other Assets	F		
TOTAL ASSETS			
LIABILITIES: <i>(List all the liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate attached schedule.)</i>			
LIABILITIES:	SCHEDULE	ORIGINAL AMOUNT	PRESENT BALANCE
Accounts Payable (credit cards, etc.)			
Taxes Payable			
Notes Payable	G		
Mortgages Payable	H		
Other Liabilities	I		
TOTAL LIABILITIES			
NET WORTH: Total Assets - Total Liabilities = Net Worth			
Contingent Liabilities (from schedule J)			

SCHEDULE C STOCKS AND BONDS

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependant children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependant children have knowledge of what stocks and bonds are so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (*). Indicate by means of a double asterisk (***) next to the first column, all stocks and bonds held by your dependant children.

DESCRIPTION OF SECURITY	LOCATION OF ACCOUNT/ STOCKBROKER'S NAME AND ADDRESS	TYPE	# OF SHARES/ UNITS OR PAR VALUE	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD AND LOCATION	MARKET VALUE AS OF (DATE)
TOTAL							

SCHEDULE E REAL ESTATE

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependant children, along with the name of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

ADDRESS/LOCATION	COUNTY/ STATE/ COUNTRY	TYPE OF ZONING	SIZE	PURCHASE PRICE/ IMPROVEMENT AT COST	DATE OF PURCHASE	OTHER OWNERS AND RELATIONSHIP TO YOU	YOUR OWNERSHIP PERCENTAGE	INCOME	MARKET VALUE AS OF
TOTAL									

SCHEDULE F OTHER ASSETS

List below the information requested for all other assets held by you, your spouse, dependant children or in trusts. Indicate by means of an asterisk (*) in the first column, those assets held by your spouse or dependant children. (i.e. automobiles, personal property, cash surrender value of life insurance policies, pension plan, etc.)

TYPE OF ASSET	DATE OF PURCHASE	WHERE LOCATED	OWNERSHIP PERCENTAGE	OTHER OWNERS/THEIR RELATIONSHIP TO YOU	PURCHASE PRICE	MARKET VALUE
TOTAL						

SCHEDULE H MORTGAGES PAYABLE

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependant children are obligated. Indicate by an asterisk (*) in the first column, those mortgages/liens for which your spouse or dependant children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION/ADDRESS OF REAL ESTATE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	POSITION OF MORTGAGE OR LIEN	PAYMENTS/ PERIOD
TOTAL								

SCHEDULE I OTHER LIABILITIES

List below the information requested for any other indebtedness for which you and/or your spouse or dependant children are obligated. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse or dependant children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF LIABILITY	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
TOTAL									

SCHEDULE J CONTINGENT LIABILITIES

A contingent liability is one where you may be liable if someone else does not pay. For example, if you have co-signed on a note or a loan, or have personally guaranteed a business loan, you may have to pay if the borrower defaults. List below the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

NAME AND ADDRESS OF CREDITOR	PERSONS LIABLE BESIDES YOU	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
TOTAL									

STATE OF _____)
) **ss.**
COUNTY OF _____)

I, _____, being duly sworn, depose and say that the above statements and supporting schedules are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a privileged license by a municipality or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a privileged license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Clark County Code 6.04.090(g) provides that "All business license issued under the provisions of this title shall be subject to revocation or non-renewal by the board of commissioners if the applicant has made false, misleading or fraudulent statements with respect to any material fact contained in the business license application" and the City of Las Vegas Municipal Code 8.04.270 Gaming and 6.06.250 Disciplinary action--Grounds. (A) A licensee may be subject to disciplinary action as set forth in Sections 6.02.330 through 6.02.360; and (B) A principal approved for suitability may be subject to disciplinary action by the Board of Commissioners for good cause, which may include, but is not limited to: (1) The application is incomplete or contains false, misleading or fraudulent statements with respect to any information required in the application. I am voluntarily submitting this application to the appropriate municipal and county authorities charged by law with granting privileged licenses.

I agree to advise the Business License department of any changes in financing, additional loans or investors or capital investment that may occur during the tenure of this/these license(s).

X

Signature of Applicant

SUBSCRIBED AND SWORN TO, BEFORE ME

THIS _____ **DAY OF** _____, _____.

Notary Public in and for said county and state

AFFIDAVIT OF FULL DISCLOSURE

STATE OF : _____

COUNTY OF: _____



ss.

This affidavit is submitted in connection with an application for a _____ license
submitted to the Clark County Department of Business License by _____,
doing business as _____.

type of license

business name

dba

_____, being first duly sworn, deposes and says,
Name of applicant

That, except as reflected on an application filed with the Clark County Department of Business License, he/she is or will be the sole beneficial owner of any direct or indirect interest in the aforementioned business for which he/she has made application to the Clark County Department of Business License, to be licensed or found suitable to own;

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to hold as agent, nominee, or otherwise any direct or indirect interest whatsoever in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability.

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to pay any sums of money or give anything else of value as, including but without limitation, a finder's fee or commission to any person related to the acquisition or sale of any direct or indirect interest whatsoever in or to the aforementioned business for which he/she seeks licensing or a finding of suitability.

That any funds used or to be used, and any liabilities incurred or to be incurred by him/her in the acquisition of any direct or indirect interest in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability were not provided to him/her nor made available to him/her through the efforts of anyone not disclosed to the Clark County Department of Business License.

That, except as reported in writing to the Clark County Department of Business License, no other person has provided collateral for or guaranteed payment of any loans made to him/her related to his/her application for licensing or a finding of suitability.

Applicant's Signature

Name of Business

SUBSCRIBED AND SWORN to me this _____ day

of _____, _____.

Notary Public

STATEMENT OF TRUTH

STATE OF : _____

COUNTY OF: _____



ss.

This affidavit is submitted in connection with an application for a _____ license
submitted to the Clark County Department of Business License by _____,
doing business as _____.

type of license

business name

dba

_____, being first duly sworn, deposes and says,
Name of applicant

That I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on the application form and all other forms required to be submitted by me in connection with the business license application for the aforementioned business.

That all statements, forms, questionnaires, supporting schedules, and other related documents supplied to the Clark County Department of Business License, as required in connection with the business license application for the aforementioned business, are correct and true and contain a full account of the information requested, to the best of my knowledge and belief. I have not omitted or otherwise failed to state a material fact.

This statement is executed with the full knowledge that any misrepresentation or failure to reveal information requested by the Clark County Department of Business License may be deemed sufficient cause for refusal of issuance of a license for the aforementioned business. Further, I am aware that later discovery of an omission or misrepresentation made in connection with the application for licensure of the aforementioned business may be grounds for subsequent revocation of such license.

That I am voluntary submitting the application and related forms and documents in connection with licensure of the aforementioned business under oath and with full knowledge that Title 6 of the Clark County Code states that the making of false, misleading, or fraudulent statements with respect to any material fact contained in a business license application shall be grounds for revocation or non-renewal of that license.

That I agree to advise the Clark County Department of Business License of any changes in the financing or investment structure of the aforementioned business that may occur during the tenure of this license.

Applicant's Signature

Name of Business

SUBSCRIBED AND SWORN to me this _____ day

of _____, _____.

Notary Public

AUTHORIZATION FOR RELEASE OF INFORMATION AND CLAIMS INDEMNITY

TO: _____,
(Do not write above this line – For Department of Business License Use only)

Submitted to the Clark County Department of Business License in connection with an application for licensure of

(dba)

NOTE: IF APPLICANT IS MARRIED, THE SPOUSE’S SIGNATURE IS REQUIRED BELOW.

1. I/we understand that I/we am/are applying for a privileged or regulated license from the Department of Business License, in Clark County, Nevada. As such, I/we understand that a full investigation will be made of my/our personal, business, and financial background. I/we acknowledge that the burden of establishing my/our suitability for this business, in accordance with the provisions of the Clark County Code, is solely on me/us. I/we accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from actions taken with respect to this application. This authorization to release information is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act or other similar legal provisions.
2. I/we hereby authorize and request all persons having information or documents relating to me/us, concerning me/us, or the aforementioned business, to furnish such information to an agent of the Department of Business License, upon request, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. Such agent shall be permitted to review and obtain copies of any records or correspondence pertaining to me/us personally or the aforementioned business.
3. I/we 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 expenses, including reasonable attorney’s fees arising out of or by reason of complying with this request.
4. Reproduction of this request, by Xerox or similar process, shall be, for all intents and purposes, as valid as the original.
5. In consideration of the assurance by the Department that no action shall be taken on the aforementioned application except after the financial investigation is completed, I/we and any interested third parties that may have an interest, now or in the future, hereby release, remise, and forever discharge the Clark County Department of Business License and its agents and employees, both in their individual and representative capacities, from any and all manner of actions, claims, suits, damages, and debts arising from the investigation.
6. This authorization shall be valid for a period of one full calendar year from date of signature.

IN WITNESS WHEREOF, I/we have executed this form at _____, _____
City State

On the _____ day of _____,

Signature of Applicant or Duly Authorized Representative

Signature of applicant’s spouse (if applicable)

Name of Business

SUBSCRIBED AND SWORN to me this _____ day
of _____.

Notary Public in and for the:
STATE OF : _____
COUNTY OF: _____