Department of Business License
JACQUELINE R. HOLLOWAY

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Application Rcvd By: _____

Received By: _____

Date: _____

FPC: _____

Date Rec'd: _____

Police I.D. # _____

Other: _____

Date: _____

SUPPLEMENT TO APPLICATION FOR GAMING LICENSE

To be Completed by Each Applicant or Principal Thereof

Name of Applicant: _____ dba: _____

Application for: _____
(Nature of License)

_____
Name and Address of Establishment for which License is Required)

_____
(Name under which it is now Operated)

GENERAL INSTRUCTION

Handprint or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact as each statement made herein is subject to verification.

You are advised that this Supplement together with all supporting documents submitted herewith are official documents and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a gaming license or finding of suitability.

This Supplement is designed to be used in conjunction with the following State of Nevada, State Gaming Control Board/Nevada Gaming Commission documents:

1. Application for State Gaming License - GCB-3
2. Personal History Record (Schedule A) - GCB-4
3. Invested Capital Questionnaire (Schedule B) - GCB-5

Which documents and all attachments thereto are incorporated herein in their entirety and must be legible, accurate and complete as of the date this Supplement is filed with the Business License Department.

This Supplement is submitted pursuant to an Act of the Nevada Legislature approved March 19, 1931, as amended March 20, 1939, known as the Gambling Law, and the Regulations of the Clark County Licensing Board as effective January 1, 1981, for the type of license listed herein.

1. **Business Ownership/Investment:** If you are a member of a corporation, partnership, or association which is applying for licensure, list all stockholders or partners together with the percentage owned and the amount of money invested by each.

NAME	NUMBER OF SHARES	% OF OWNERSHIP	AMOUNT INVESTED

NAME	NUMBER OF SHARES	% OF OWNERSHIP	AMOUNT INVESTED

2. **IRS Lien:** Has the IRS ever entered a lien against you or any business in which you were involved? _____
If yes, explain in detail.

3. **Information Update:**
If any Information supplied on the attached State documents is incomplete, inaccurate or obsolete as of the date this Supplement will be filed, please update those items below:

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1 That all employees of applicant's gambling and/or liquor establishment will have in their possession a valid Las Vegas Metropolitan Police Department Work Identification Card, signed by the Sheriff prior to commencing work.

2 That in the event this application is for change of ownership of an existing business, applicant must comply with the Uniform Commercial Code "Bulk Transfers" (Nevada Revised Statutes 104, 6101 through 104, 6108); and upon approval of the license transfer by the Board of Commissioners will submit to the licensing authorities, a completed copy of all documents representing compliance with that Code.

3 That I have read and understand the gaming and/or liquor regulations which apply to the license or finding of suitability for which I am applying and I will abide by them in their entirety together with any and all amendments thereto; that If my application is approved and a license issued, I will accept it subject to the terms and provisions of the applicable regulation and such other rules and regulations as may be, at any time thereafter adopted or enacted by resolution or ordinance of the licensing board.
I acknowledge the power and authority of the licensing authorities or their authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours for the purpose of ascertaining compliance with the ordinance, examination of its books of account, or to determine the true parties in interest, including any persons having an interest in the licensed premises, or persons who may have loaned or otherwise advanced money or other consideration for the operation and conduct of such business.

DATED this _____ day of _____, 2 _____

_____
(Signature of Applicant)

_____
(Title)

AFFIDAVIT OF INTEREST

STATE OF NEVADA)
)
) SS
COUNTY O F _____)

I,_____being first duly sworn, depose and say:

(1) That I am the applicant for _____shares of stock in the _____ _____corporation;

(2) Or, I am the applicant for an individual license for _____% interest therein;

(3) That such ownership is not affected by any manner of agreement limiting such ownership, nor has it been assigned or pledged to any person, firm or corporation, save and except as set forth herein.

(4) That I have not nor will I pay an amount of money or other consideration whatsoever for the transfer of license(s) other than the amount specified herein.

_____
(Applicant's Signature)

Subscribed and Sworn to before me

this _____day of_____, of 2_____.

_____
Notary Public in and for said County and State

VERIFICATION

STATE OF NEVADA)
)
) SS
COUNTY O F _____)

I _____, being duly sworn, depose and say that I have read the foregoing Supplement to Application for Gaming License together with all supporting documents and know the contents thereof; that the statements contained therein are true and correct as of the date this Supplement is filed and contain a full and true account of the Information requested; that I executed this statement with the knowledge that misrepresentation of or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the gaming license applied for; that I have executed same freely and voluntarily and for the uses and purposes therein indicated and that I agree to abide by all city, county, state and federal laws with the understanding that failure to do so may result in revocation of any gaming license which I may hold.

_____
(Applicant's Signature)

Subscribed and Sworn to, before me

this_____day of_____, 2_____.

_____
Notary Public in and for said County and State