#### LAS VEGAS METROPOLITAN POLICE DEPARTMENT CORPORATE, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP FINANCIAL QUESTIONNAIRE

Corpo	pration/LLC/LLP Name	Date
Corpo	pration/LLC/LLP Business Address	
	SUBMITTED IN CONJUNCTION WITH THE APPLICATION FOR	
1.	DBA:	
	Address:	
2.	Contact Person, title and telephone number:	
3.	Date corporation/LLC/LLP was formed:	
4.	State in which corporation /LLC/LLP was formed:	
5.	Has this corporation/LLC/LLP ever filed bankruptcy?  Yes  No Type:	
	Where: When:	
6.	Has a tax lien ever been entered against the corporation/LLC/LLP by any government agency?	
	$\Box$ Yes $\Box$ No (If yes, furnish details on a separate page, including any documentation related on the lien has been released, attach copy of release)	egarding the lien.
7.	If publicly traded corporation, has this corporation ever been investigated by the SEC? If yes, ple and sanctions, if any:	
8.	Is the landlord/property owner an affiliated entity? $\Box$ Yes $\Box$ No (If yes, please provide flow	vchart of affiliation)
9.	Does the corporation own or control any assets or liabilities located outside the United States yes, furnish details on a separate page)	? □ Yes □ No (If

- 10. Attach the following documents:
  - a. Copy of original Articles of Incorporation or Articles of Organization and any applicable amendments
  - b. Operating Agreement
  - c. Current list of corporate officers/members and managers as filed with the Nevada Secretary of State and their addresses
  - d. List of all owners or members and manager, percentage of company held and investment amount
  - e. Most recent financial statements
  - f. Most recent minutes
  - g. Income tax returns for the past three years or since inception
  - h. Chart of related corporations/LLCs/LLPs or other affiliated businesses
  - i. Certificate of Business Fictitious Firm Name as filed with the Clark County Clerk
  - j. If corporation applying is publicly traded corporation, please provide copy of last annual report

# FURTHER DOCUMENTS MAY BE REQUIRED AS DETERMINED DURING THE INVESTIGATION

### LAS VEGAS METROPOLITAN POLICE DEPARTMENT CORPORATE/LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY FINANCIAL QUESTIONNAIRE (CONTINUED)

Fill in the following chart and attach the required documentation.

### Source and Application of Funds Total Funds to be Invested. ......\$ 1. (if personal funds are being invested, complete the attached supplement. If more than one individual is investing personal funds, each individual needs to complete this supplement, duplicate as needed.) Corporate/LLC/LLP funds ...... \$\_\_\_\_\_ 2. (attach documents or an explanation showing the source and availability of corporate/LLC/LLP funds invested in this project) 3. Loans from Lending Institutions ...... (attach loan documents. If this is from a Revolving Line of Credit, have the lender provide a current balance available from the Revolving Line of Credit and the terms of the credit line.) Loans from Individuals and Business Entities ..... 4. (identify the individual or business and attach loan documents) Any other sources of funds ......\$\_\_\_\_\_ 5. (Explain and attach the necessary documents) How the funds were spent before opening: Attach explanations giving brief descriptions of the following items Prepaid taxes and licenses ...... 6. 7. Other License Fees ...... \$\_\_\_\_\_ (such as business license, liquor license and investigative fee) Expenditures: ...... \$\_\_\_\_\_ 8. Real Estate and buildings (attach construction and repair costs) ..... Business Purchase Price (attach purchase agreement)..... 9. 10. Remodeling costs (attach construction and remodeling costs) ..... 11. Furniture, fixtures and equipment (attach copies of bids or receipts)...... 12. Inventory and supplies (attach list) ...... 13. Other pre-opening expenses (attach description and costs) ...... Total Pre-Opening Cash Used ...... Cash Available for Operation ......\$\_\_\_\_\_ Total Funds Available Minus Total Pre-Opening Cash Used .....

### PERSONAL FUNDS INVESTED SUPPLEMENT

1. Amount of funds to be invested

\$\_\_\_\_\_

2. List source of funds and attach documentation supporting it's origin:

3. 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)	\$	\$

4. Attach three years of personal income tax returns.

NET WORTH AS OF	Month	Year				
<b>ASSETS:</b> (List all assets on the appropriate line below. Enter the described fully on the appropriate attached schedule.	he amount as of t	he date of this staten	nent. Eac	ch listed asset must be		
ASSETS:	SCHEDULE	ORIGINAL CO		FAIR MARKET VALUE		
Cash on hand						
Cash in banks	А					
Accounts and Notes Receivable	В					
Stocks and Bonds	С					
Business Investments	D					
Real Estate	E					
Other Assets	F					
TOTAL ASSETS						
LIABILITIES: (List all the liabilities on the appropriate line liability must be described fully on the appropriate attached	e below. Enter th schedule.)	e amount as of the	date of	this statement. Each listed		
LIABILITIES:	SCHEDULE	ORIGINAL AMO		PRESENT BALANCE		
Accounts Payable (credit cards, etc.)						
Taxes Payable						
Notes Payable	G					
Mortgages Payable	н					
Other Liabilities	I					
TOTAL LIABILITIES						
NET WORTH: Total Assets - Total Liabilities = N	Net Worth					
Contingent Liabilities (from schedule J)						

# SCHEDULE A CASH IN BANKS

LIST BELOW ALL ACCOUNTS, FOREIGN AND DOMESTIC, MAINTAINED BY YOU, YOUR SPOUSE OR DEPENDANT CHILDREN.											
NAME AND ADDRESS OF BANK	NAMES OF PERSONS APPEARING ON ACCOUNT	ACCOUNT NUMBER	DATE OPENED	INTEREST RATE	TYPE OF ACCOUNT	BALANCE AS OF (DATE)					
	TO	TAL									

# SCHEDULE B ACCOUNTS AND NOTES RECEIVABLE

LIST BELOW ALL ACCOUNTS AND NOTES RECEIVABLE HELD BY YOU, YOUR SPOUSE OR DEPENDANT CHILDREN. INDICATE BY MEANS OF AN ASTERISK (*) IN THE FIRST COLUMN, ACCOUNTS AND NOTES RECEIVABLE HELD BY YOUR SPOUSE AND/OR DEPENDANT CHILDREN.										
NAME AND ADDRESS OF DEBTOR	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	PAYMENT/ PERIOD	INTEREST RATE	MATURITY DATE	PURPOSE	COLLATERAL		
	1		<u>I</u>	1	<u>I</u>		TOTAL			

# 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)

### SCHEDULE D BUSINESS INVESTMENTS

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependant children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

ENTITY NAME	TYPE OF ENTITY	# OF SHARES OR UNITS	PERCENT OF OWNERSHIP	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD		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
	•	•	•	•		•	-		

# 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
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# SCHEDULE G NOTES PAYABLE

List below the information requested for all notes payable for which you, your spouse or dependant children are obligated. Indicate by means of an asterisk (\*) in the first column those notes for which your spouse or dependant children are obligated, including all motor vehicle loans. (i.e. car, RV, motorcycle, boat, etc.)

NAME AND ADDRESS OF CREDITOR	DATE INCURRED	PURPOSE	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/PERIOD
				1	1	<u> </u>		

# 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
	1		1		1		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
							тс	DTAL	

STATE OF	)	
	)	SS.
	)	

\_\_\_\_\_, 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 license(s).

X Signature of Applicant

SUBSCRIBED AND SWORN TO, BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_

Notary Public in and for said county and state