

**SWEEPSTAKES REGISTRATION APPLICATION****ENTITY FILERS**

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This is the **SWEEPSTAKES TERMINAL DEVICE FACILITY OPERATOR REGISTRATION APPLICATION**, which must be filed with the Ohio Attorney General's Office. This form shall be completed by all non-natural persons that conduct or plan to conduct sweepstakes. All employees, agents and contractors conducting or participating in the conduct of a sweepstakes shall submit a **SWEEPSTAKES REGISTRATION APPLICATION** for **INDIVIDUAL FILERS** to the Attorney General.

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**INSTRUCTIONS****I. COMPLETING THIS APPLICATION**

A. You are to complete this application if you are:

A person, entity, or organization that conducts or plans to conduct sweepstakes at a facility that offers sweepstakes terminal devices to a sweepstakes participant unless you have been issued a "certificate of compliance" pursuant to Revised Code section 2915.02(G).

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, write "None" in response to that question. **Note: the Attorney General's Office will not review your application unless you provide a response to every question.**

C. All entries on this application, except initials and signatures, must be typed or printed in block lettering using dark ink. **Note: the Attorney General's Office will not review your application if it is illegible or if you have modified any of the questions or pre-printed information in this application.**

D. If the space available is insufficient to respond to a question, supply the required information on a separate page titled "Further Response Page" wherein you clearly identify the question(s) you are answering. The Further Response Page, if needed, should be attached to the back of the application and be placed in front of all requested exhibits that apply to the applicant.

E. Label all requested exhibits that apply to the applicant with the specified exhibit number and attach them, in the order that they are requested, to the back of the application. **Note: only those exhibits that apply to the applicant should be attached to this application.**

**II. DEFINITIONS**

A. "Conduct" means to back, promote, organize manage, carry on, sponsor or prepare for the operation of...a sweepstakes.

B. "Person" has the same meaning in section 1.59 of the Revised Code and includes any firm or other legal entity, however organized.

C. "Principal" means:

a. Any officer director, trustee, partner or general partner, including:

- i. Any president, chief financial officer, chief accounting officer, controller, any vice-president, or any other officer who performs a policy-making function, or any other individual who performs similar policy-making functions for the Applicant;
    - ii. Any officer, director, trustee, partner, or general partner of the Applicant's parent(s) or subsidiaries if they perform policy-making functions for or control the Applicant; and
    - iii. Any officer, director, trustee or employee of a general partner of the Applicant who performs policy-making functions for a limited partnership;
  - b. Any person who has a controlling interest in the Applicant, or has the ability to elect a majority of the Board of Directors (or similar controlling board) of the Applicant.
- D. "Prize" means any gift, award, gratuity, good, service, credit, reward, or any other thing of value that may be transferred to a person, whether possession of the prize is actually transferred, or placed on an account or other record as evidence of the intent to transfer the prize.
- E. "Sweepstakes" means any game, contest, advertising scheme or plan, or other promotion where consideration is not required for a person to enter to win or become eligible to receive any prize, the determination of which is based upon chance. "Sweepstakes" does not include bingo as authorized under this chapter, pari-mutuel wagering as authorized by Chapter 3769. of the Revised Code, lotteries conducted by the state lottery commission as authorized by Chapter 3770. of the Revised Code, and casino gaming as authorized by Chapter 3772. of the Revised Code.
- F. "Sweepstakes terminal device facility" means any location in this state where a sweepstakes terminal device is provided to a sweepstakes participant, except as provided in division (G) of section 2915.02 of the Revised Code.

### **III. BEFORE YOU SUBMIT THIS APPLICATION TO THE OHIO ATTORNEY GENERAL'S OFFICE, BE SURE THAT:**

- A. All attachments required in this application are labeled with the correct title or exhibit number and are included in the application filed with the Attorney General.
- B. You have signed and notarized the Statement of Truth and Release Authorization forms included with this application.
- C. You have answered every question completely.
- D. You initial and date each page of this application, **except the cover page**, in the spaces provided.
- E. You retain a completed copy of this application for your own records.

### **IV. FILING THIS APPLICATION WITH THE OHIO ATTORNEY GENERAL**

- A. A complete application for registration consists of this application, all attachments, and the application fee. Electronic submission is preferred.
- B. You must file your complete application, including all attachments and fees, with the Office of the Attorney General, 150 E. Gay Street, 23<sup>rd</sup> Floor, Columbus, OH 43215.
- C. The application fee consists of the payment of \$200.00 made payable to "Treasurer—State of Ohio" and shall be submitted by the applicant at the time of the submission of the application. Applications for registration will not be processed until the entire application fee is paid.

### **V. DUTY TO UPDATE INFORMATION**

- A. All Persons conducting sweepstakes or participating have a continuing duty to update changes to any of the information the applicant or registrant is required to provide or has provided to the Attorney General.

## VI. IMPORTANT NOTICES

- A. Should you be unable to fully understand this application or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address that you provide on this application. You must immediately notify the Attorney General's Office of any change of address.
- C. The Attorney General will not issue a Registration to an applicant if the applicant:
1. Has not filed a completed application, complying with all instructions in this form;
  2. Has submitted information to the Ohio Attorney General as part of a registration, certification, monthly report, semiannual report, or any other information that is materially false or misleading;
  3. Violates, or if any officer, partner or owner of five per cent or more interest in the applicant has violated any provision of this chapter or related rules;
- D. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, the Attorney General will use your social security number to obtain and verify information in your application. The absence of a social security number on the application may, however, delay the final determination of your application. **Note: If your social security number is provided as part of this application, it will not be disclosed by the Attorney General as part of any public record.**

## RECORDS, AUDITS AND INSPECTIONS

Applicant acknowledges that the State of Ohio or its Agent may examine all records, files, and other documents, including but not limited to electronic, paper and computer records, files and other documents, of the sweepstakes terminal device facility operator as they pertain to its registered activities. Each Applicant agrees to provide all records, files and other documents as may be requested to conduct an audit. All operators shall maintain all such records, files and other documents complete and up to date and such records, files and other documents shall be maintained for five (5) years. The operator shall allow inspections of the registered facility at any time by the Attorney General or his or her agent and such inspections may be made without prior notice to the operator.

# REGISTRATION APPLICATION

Designate the sweepstakes terminal device facility for which you are submitting an Application

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## NAME OF APPLICANT\*

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\* As it is designated in the Applicant's Articles of Incorporation, By-laws or other official documents filed with the State or Federal Government

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D/B/A or TRADE NAME(S)

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## APPLICANT'S BUSINESS ADDRESS

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Address Line 1 (Street Location)

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Address Line 2

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City

State

Zip

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Mailing Address (if different from above)

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City

State

Zip

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Country

( ) Telephone: (Area Code) Number

( ) Fax Number

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Web Site Addresses

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## APPLICANT'S FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

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## CONTACT NAME FOR THIS APPLICATION

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Name

Title

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E-mail address

( ) Telephone: (Area Code) Number

( ) Fax Number

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## ATTORNEY FOR APPLICANT (If Applicable):

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Name

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Law Firm or Employer

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E-mail address

(\_\_\_\_) (\_\_\_\_)  
Telephone: (Area Code) Number Fax Number

### APPLICATION QUESTIONS

1. ORGANIZATION AND OPERATION

Form of Organization (check one)

- Sole Proprietorship    Partnership    Limited Partnership    C-Corporation  
 LLC    S-Corporation    Trust    Other

(Describe) \_\_\_\_\_

Business name as it appears on formation documents: \_\_\_\_\_

Place of Incorporation or Formation: \_\_\_\_\_

Date of Incorporation or Formation: \_\_\_\_\_

Is the Applicant registered to do business in Ohio?    Yes    No

If yes, please provide registration number: \_\_\_\_\_

2. Identify the Applicant's Incorporators/Founders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List all other names by which Applicant has conducted business and give the approximate time periods during which these names were used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide all addresses at which Applicant currently conducts business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide all addresses at which Applicant has conducted business during the last ten (10) year period, and list the approximate dates during which the addresses were used to conduct business:

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6. Provide a description of all businesses operated by the Applicant during the last ten (10) year period:

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7. Provide a name and description of each of the Applicant's parent companies, intermediaries, subsidiaries, affiliates or any other business entities conducting business in the last ten (10) year period. Do not provide those businesses already listed in question 6:

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8. List all other states in which the Applicant is currently registered, licensed or otherwise authorized to conduct business and provide information about these registrations and licenses:

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9. SHAREHOLDERS/MEMBERS identify every natural person or entity having any direct or indirect beneficial ownership interest in the Applicant:

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10. FINANCIAL INSTITUTIONS, provide information with respect to each bank, savings and loan association and any other financial institution, whether domestic or foreign, in which the Applicant has or has had an account over the last ten (10) year period, regardless of whether the Applicant held the account in its own name or in the name of a nominee, or any other person over whom the Applicant exercised direct or indirect control:

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11. CONTRACTS, provide information with respect to all contracts that Applicant has entered into in the past six (6) months, and that are related to the sweepstakes terminal device facility, construction at the facility premise, and other related contracts valued at one thousand dollars (\$1,000) or more:

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APPLICATIONS, LICENSES, FINES AND OTHER PENALTIES

12. Has the Applicant ever applied for, or been granted any license or certificate issued by a licensing authority in Ohio or any other jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

13. If yes, provide a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action:

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14. Has the Applicant ever been granted any license or certificate issued by a licensing authority in Ohio or any other jurisdiction that has been fined, restricted, subjected to settlement, or otherwise penalized?

\_\_\_\_\_ Yes \_\_\_\_\_ No

15. If yes, provide a statement describing the facts and circumstances concerning the fine, restriction, settlement, or other penalty, including the licensing authority, the date each action was taken, and the reason for each action.

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18. CRIMINAL HISTORY

Has the Applicant or any of its subsidiaries or Principals ever been indicted, charged with or convicted of a criminal 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

Answer "Yes" even if:

- The person did not commit the offense charged;
- The arrest, charges or offense happened a long time ago;
- The person was not convicted or found guilty;
- The arrest or charges were dismissed;
- The charges were downgraded to a lesser charge;
- The person pled nolo contendere to the charges;
- The person completed any type of rehabilitative or diversionary program;
- The person was not physically arrested but did appear in court on the charges; or
- The person received a fine but no time was served in any type of correctional facility.

Answer "No" if:

The person has never been charged or arrested with any crime or offense;  
The arrest happened when the person (if an individual) was under eighteen (18) years of age and the person's court appearance and any resulting disposition occurred in Juvenile Court; or  
The records relating to a conviction or arrest have been sealed by court order pursuant to Sections 2953.32 or 2953.52 of the Revised Code or the equivalent in any other state jurisdiction, territory, or any other U.S. or foreign jurisdiction.

19. If yes, to question 18 provide information concerning criminal history.

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20. FILINGS CONCERNING THE PAYMENT OF A TAX

Has the Applicant filed or been served with a complaint or notice concerning a delinquency in the payment of, or a dispute over a filing concerning the payment of a tax required under federal, state or local law?

\_\_\_\_\_ Yes \_\_\_\_\_ No

21. If yes, provide information concerning the complaint or notice:

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22. BANKRUPTCY OR INSOLVENCY PROCEEDINGS

If an Applicant has ever filed or had filed against it a proceeding in bankruptcy, Applicant shall provide any and all information concerning the action or proceeding, including, but not limited to, the date of filing, the name and location of the court, the case caption, the docket number, and the disposition.

- A. Has the Applicant, or any Principal had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- B. Has the Applicant, or any Principal sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any Principal?

\_\_\_\_\_ Yes \_\_\_\_\_ No

23. If yes to any of question 22 provide information for each bankruptcy or insolvency proceeding:

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24. CONTRIBUTIONS AND DISBURSEMENTS

A. During the last ten (10) year period, has the Applicant or any Principal or employee or any third party acting for or on behalf of any of the foregoing made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any person to obtain favorable treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

B. During the last ten (10) year period, has the Applicant or any Principal or employee or any third party acting for or on behalf of the foregoing made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

C. During the last ten (10) year period, has the Applicant maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?

\_\_\_\_\_ Yes \_\_\_\_\_ No

D. During the last ten (10) year period, has the Applicant maintained any numbered accounts or any account in the name of a nominee for the Applicant?

\_\_\_\_\_ Yes \_\_\_\_\_ No

25. List all manufacturers, distributors and vendors of sweepstakes terminal devices that are installed or intended to be installed at the sweepstakes terminal device facility. For each provide the name, address and telephone number.

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26. Describe any of the Sweepstakes Terminal Devices and attach (label as Exhibit #1) draft conceptual plans either in sketch or narrative form, of the facility, including the number of sweepstakes terminal device machines requested and proposed location of each machine:

A. Provide a description of the Sweepstakes Terminal Devices and their game play:

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B. The projected number of admissions into the facility where the Sweepstakes Terminal Devices will be located:

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C. The projected gross receipts: \_\_\_\_\_

D. Projected expenses, including capital improvement costs: \_\_\_\_\_

E. The anticipated or actual number of employees or independent contractors hired or retained: \_\_\_\_\_

F. Provide a statement regarding Applicant's compliance with federal and state affirmative action guidelines: \_\_\_\_\_

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G. Are there established guidelines for the Sweepstakes Terminal game play: \_\_\_YES \_\_\_NO

a. If no, please explain why:

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b. If yes, please describe and explain these guidelines:

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## APPLICATION APPENDICES

In addition to the information requested in the questions and exhibit above, Applicant must submit the following information as an appendix to this Application:

As Appendix 1, submit certified copies of all of the following documents, including any amendments or proposed amendments thereto, that apply to the Applicant and its parent, intermediaries, subsidiaries, and affiliates: articles of incorporation, articles of organization, bylaws, charter, constitution, partnership agreement and operating agreement.

As Appendix 2, submit copies of all management agreements entered into by the Applicant relating to the Sweepstakes Terminal Device specified in this Application.

As Appendix 3, submit proof of Applicant's financial responsibility, stability, and integrity. This proof must include:

- A. Copies of audited financial statements for each of the Applicant's (and its parent corporation or parent entity, if applicable) three (3) most recently completed fiscal years. If the Applicant is a joint venture or a group of affiliated companies, the information requested shall be provided with respect to each member or affiliate of such joint venture or group, as applicable. If audited statements do not exist, then provide unaudited financial statements;
- B. Annual reports for the last three years for Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;
- C. A copy of the last quarterly unaudited financial statement for Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;
- E. Copies of any interim reports for Applicant and Applicant's parent, intermediaries, subsidiaries, and affiliates;

As Appendix 4, submit documents concerning Applicant's organizational structure. These documents shall include the following:

- A. A table or chart summarizing Applicant's organizational structure and copies of Applicant's operating agreement(s), venture agreement(s) and other organizing documents;
- B. A table or chart summarizing the organizational structure of Applicant's parent, intermediaries, subsidiaries, and affiliates;
- C. An organizational table or chart summarizing the job descriptions and names of employees of the Applicant; and
- D. A table or chart identifying the Applicant's vendors with which the Applicant has contracted for the provision of goods or services valued at \$1,000 or more.

For each such vendor, provide the vendor's name, address, phone number and tax identification number, the type of good and/or service provided by each vendor, and the total amount of business Applicant has conducted with each vendor in the last three (3) year period.

As Appendix 5, submit all official game rules, guidelines or criteria for each sweepstakes terminal device and/or each sweepstakes game offered to patrons at the sweepstakes terminal device facility.

As Appendix 6, submit all instruction manuals or other information related to the use and operation of a sweepstakes terminal device provided by the manufacturer or distributor of each sweepstakes terminal device.

As Appendix 7, submit all correspondence or other written materials, not otherwise provided, received from a distributor, manufacturer or vender within the last five years.

## APPLICANT'S STATEMENT & CERTIFICATION

The Applicant authorizes the investigations of any and all statements contained in this Application. The Applicant certifies that the information given in its Registration Application is an accurate statement of facts about the Applicant, its Principals and employees. By signing this document, Applicant acknowledges the Applicant's awareness that any false or misleading statements, omissions, or failure to disclose information may disqualify the Application.

**The Applicant hereby certifies that all data and information submitted in this Application are truthful and accurate and that no material fact has been omitted. The Applicant understands that if it supplies false information or omits material facts, such false information or omission may be used to reject the Registration Application.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF  
APPLICANT

\_\_\_\_\_  
WITNESS' SIGNATURE

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE OF AUTHORIZED REPRESENTATIVE

## NOTARY

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individuals appeared in person, for and behalf of himself/herself and the Applicant, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification for and on behalf of himself/herself and the Applicant.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_\_