## PERSONAL FINANCIAL QUESTIONNAIRE

	Date		Date	
	Full Name	Last First		М.І.
	Address			
		Street Address		Apartment/Unit #
		City	State	ZIP Code
	Disco	·		
0				
Sui	omitted in connec	ction with application for Registration for:		
		Name of Gaming Licensee		
1.	Do you anticip Yes 🗌 No	Date active participation in the management and operation of the line of the l	• •	e?
2.	Amount to be	invested in the business \$		
	Percentage of	f ownership this will represent		
3.		ill be derived from the following sources: uted agreements for all financial transactions and documentation	on of investment.)	
4.	person, firm, o pledged, or so	erest in this gaming licensee or holding company been assigne or corporation, or has any agreement been entered into where old either in part or in whole?		
5.	member of a	ividual, city, county, state, or Federal liens been filed against y partnership, owner of a corporation, or similar capacity? Ye e details on separate sheet.	you as an individu es 🔲 No 🗌	al, sole proprietor
6.		eral Income Tax Return ever been audited or adjusted? Ye details on separate sheet.	es 🗌 No 🗌	
7.	Last Federal I	Income Tax Return was filed	for year	at
	City	State		
For	m 5R Personal Fin	ancial Questionnaire (Rev. 03/18) 1 of 5	Applicant's Initials	
. 01			Applicant s Initials	

8.	Do you own or control any assets or liabilities located outside the United States? Yes No I If yes, provide details on appropriate schedule or on a separate sheet.
9.	Do you hold any assets in a Trust? Yes No No I If yes, list Trusts and generally describe the Asset held therein.
10.	Do you control, manage, or hold in trust any assets or liabilities for another person or entity? Yes INO Provide details under remarks on page 5.
11.	Annual Income \$
	Salary\$
	Interest \$
	Dividends\$
	Other (Describe)\$
	Other (Describe)\$
	Other (Describe)\$

## **STATEMENT OF ASSETS**

as of \_\_\_\_\_\_ Date

List all assets, both tangible and intangible, on the appropriate line below. Enter the amount as of the date of this statement.

ASSETS:	Original Cost/ Investment	Market Value
Cash on Hand\$	<u> </u>	\$
Cash in Financial Institutions		
Accounts and Notes Receivable		
Marketable Securities		
Business Investments		
Fixed Assets		
OTHER ASSETS:		
TOTAL ASSETS		\$

## STATEMENT OF LIABILITIES

as of		
List all liabilities on the appropriate line below. Enter the amount as of the date	e of this statement	
LIABILITIES:	Original Amount	Present Balance
Accounts Payable (credit cards, etc.)	\$	\$
Taxes Payable		
Notes Payable		
Mortgages Payable		
Other Liabilities		
TOTAL LIABILITIES	\$	\$
NET WORTH		\$
CONTINGENT LIABILITIES		\$

STATE OF		ר –	
			SS.
COUNTY OF			
l,	Registrant's Name		, being duly sworn, depose and say that the above

statements 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 gaming approval 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 registration and require the registrant to apply for full licensure. Further, that I am voluntarily submitting this application under oath with full knowledge that the Gaming Control Act (NRS 463.140(5)) provides that "Any person making false oath in any matter before either the board or commission is guilty of perjury." I am voluntarily submitting this application under oath with full knowledge that I may be required to submit this application to appropriate municipal and county authorities charged by law with granting gaming licenses.

		REGISTRANT	
			Signature
SUBSCRIBED	AND SWORN TO BEFORE ME	E	
This	DAY OF		
	Notary Public		
		REMARKS	