NEVADA GAMING COMMISSION

ANNUAL STATE LICENSE FEE REPORT BASED ON THE NUMBER OF GAMES TO BE OPERATED

	For Calendar Year:	SER OF GAMES TO BE	Filing Deadline:	
				For Office Use Only
Account Number:			Check	
	egal Name:		Number	
Т	rade Name:		Batch	
	Address:		Number	
City	/, State, Zip:		Entry	
			Date	
	Please	e correct if in error Instructions		
calendar ye please cont	ar, you must file a supplemental NGC- act the Nevada Gaming Control Board	olacing games into operation (NRS 463.36 02. State law requires that a penalty will l Tax and License Division.		
	Imber of games to be operated must be ICLUDE POKER OR PAN TABLES A	e included on this report. S THEY ARE EXEMPT FROM THIS FEE).	
_		Fee Schedule		
One game Two games	•	100 8 thru 10 200 11 thru 1		\$ 6,000 total 650 each
Three game	es a	14 thru 1	6 games	1,000 each
Four Game		750 17 plus g		16,000 total + 200
Five games Six or sever	-	750 for each	game in excess of 16	
	Annual Filing (Due December	31)		
Line 1.	Enter the total number of gam	 "	lude Poker or Pan	
Line 1a.	TOTAL DUE ON ORGINAL F	FILING BEFORE PENALTY		\$
	Amendments (for game add	litions during the calendar year)	
	A. Enter date of addition:			
Line 2.	Enter the number of games li	censed before this addition		
Line 2a.	<u>-</u>	be added on the above date		
Line 2b.	Total number of games licens			
Line 2c.	TOTAL DUE ON AMENDED			¢
Line 3.		463.270 (5): Enter number of day(s) lat	·o:	Ψ
LIHE J.	A. Less than 10 days late:	25% of the amount due, but I less than \$50 and not more than \$1,000	not	
	B. Ten or more days late:	25% of the amount due, but I less than \$50 and not more than \$5,000	not	
Line 4.	TOTAL AMOUNT DUE [Tota	I of lines 1a or 2c and 3A or 3B]		\$
		oursuant to Nevada Gaming Commission Req taxes and fees, and all reports relating theret the Nevada Gaming Control Boa	o, pursuant to an electronic transfer	
l,		certify and declare	e under the penalties of per	jury that I am the
		of the business named above	; that this is a true, correct	and complete report
to the bes	ner, President, Treasurer, Other-describe) st of my knowledge, information of all other individuals licensed.	, and belief; and that this applicat	ion and report is made with	the knowledge and
Dated		Signed		
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Person to	contact regarding this report:	Name:	Phone:	