INFORMATIONAL ATTACHMENT A
***FOR* NEW ELECTRONIC GAMES**
***AND* NEW PROPRIETARY GAMES / EQUIPMENT**

Applicant: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

PERSONS WHO WILL RECEIVE SOME PORTION OF ANY MARKETING REVENUES

Total Number of Persons: |___|___|___|

Feel free to duplicate this page to include all parties who will benefit / share in the proceeds.

➢ Person # |___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Last Name

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|
First Name MI

|___|___|___| – |___|___| – |___|___|___|___| |___|___| / |___|___| / |___|___|___|___|
Social Security Number Birthdate

• Spouse:

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Last Name

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|
First Name MI

|___|___|___| – |___|___| – |___|___|___|___| |___|___| / |___|___| / |___|___|___|___|
Social Security Number Birthdate

➢ Person # |___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Last Name

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|
First Name MI

|___|___|___| – |___|___| – |___|___|___|___| |___|___| / |___|___| / |___|___|___|___|
Social Security Number Birthdate

• Spouse:

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Last Name

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|
First Name MI

|___|___|___| – |___|___| – |___|___|___|___| |___|___| / |___|___| / |___|___|___|___|
Social Security Number Birthdate