

ATTACHMENT

OTHER PERSONS HAVING INTEREST IN PREMISES OR GAMBLING EQUIPMENT

Applicant: _____
Use Full Name: Sole Proprietorship (Last, First, MI), Partnership, LLC, or Corporate Name

UBI # _____

FEEL FREE TO DUPLICATE THIS ATTACHMENT / WORKSHEET TO INCLUDE ALL PARTIES WITH INTEREST IN PREMISES OR GAMBLING EQUIPMENT.

Person # _____ Total Number of Persons: _____

Last Name

First Name

MI

Business Name

Mailing Address:

City

State

Zip

Primary Telephone Number

Message Telephone Number

Briefly describe the interest this person has in the premises and / or gambling equipment.

Person # _____ Total Number of Persons: _____

Last Name

First Name

MI

Business Name

Mailing Address:

City

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Primary Telephone Number

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Briefly describe the interest this person has in the premises and / or gambling equipment.