

ATTACHMENT

CURRENT EMPLOYEES / EXPECTED EMPLOYEES

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

UBI # _____

This worksheet consists of two parts: Current Employees and Expected Employees.

DUPLICATE THIS ATTACHMENT / WORKSHEET TO COVER ALL EMPLOYEES.

CURRENT EMPLOYEES

How many employees do you currently have? _____

For each person now involved in your gambling activity, provide the following information:

➤ _____ - _____
Job Title Pay Range

_____ MI

_____|-|_____|-|_____| _____ / _____ / _____ _____ M / F
Social Security Number Birthdate Gender

_____|-|_____|-|_____| _____

Primary Telephone Number Message Telephone Number

EXPECTED EMPLOYEES

What will be the total number of employees you expect to have? _____

Of that total, how many do you expect to be involved in the gambling activity? _____

What are the titles and pay schedules for these gambling activity employees?

<u>Titles</u>	<u>Monthly Pay Range</u>
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____

IMPORTANT: For each job title listed, provide a copy of the written job description.