

APPLICATION FOR GAMING SITE AUTHORIZATION

WARD COUNTY, NORTH DAKOTA

This application shall be considered for approval in accordance with regulations for Site Authorizations adopted by the Ward County Commissioners. By completing and submitting this application the applicant acknowledges having read and understood the regulations. Should additional space be needed to answer any question(s) on this form, please attach additional pages with references to the questions responded to.

This application is for: (check one)

New application

Renewal

Requested effective date: _____

1. Applicant: _____

2. Address of primary business office for the State of North Dakota:

3. Phone number at primary business office: (701) _____

4. Ward County business address (if different):

5. Ward County phone number: (701) _____

6. Proposed gaming site: _____

7. Address: _____

8. Owner of proposed gaming site: _____

9. Business owner proposed site (if different): _____

10. List all administrative staff and the Board of Directors of the applicant organization:

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are any paid staff members or members of your organization's Board of Directors related to one another? _____ If so, please identify the names, positions and relationships on a separate page attached to this application.

Are any individuals who directly or indirectly receive funds or services from your organization's paid staff or Board of Directors? _____ If so, please name the individuals, their titles, their funds or services received during the past year and their relationships with one another on a separate, attached page.

- 11a. How many total staff members and employees are paid by your organization?

1. non-gaming: full-time _____ part-time _____
2. gaming: full-time _____ part-time _____

- 11b. How many of the above numbers reside in Ward County?

1. non-gaming: full-time _____ part-time _____
2. gaming: full-time _____ part-time _____

12. How long has the applicant's organization been in existence in North Dakota?
_____ years

13. Is your organization a chapter of a national organization? _____
If so, what organization? _____

14a. What games are you applying to operate at the site applied for?

14b. If you plan to operate blackjack, how many tables, maximum, are you applying for? _____

15. What is the seating capacity of the site? _____

16. What is the total square footage of the building for which you are applying for this Site Authorization? _____ sq. ft.

How many square feet will your gaming operation occupy? _____ sq. ft.

17. What is your cost per square foot for rental of your gaming site? \$_____ What additional services beyond floor space does this rent cover and what is the monthly cost of each?

_____ \$ _____/mo.

_____ \$ _____/mo.

What services will your organization provide for the lessor as part of your rental agreement and what do you estimate the monthly value to be for each?

_____ \$ _____/mo.

_____ \$ _____/mo.

18. What is the total off street automobile parking capacity of this site? _____

19. Are there any residences, schools, churches, hospitals, clinics, nursing homes, child care facilities, or similar facilities within 500 feet of this site? _____ If so, identify them:

20. For what days of the week and hours each day are you applying for authorization to operate gaming at this site?

Note: This application must be accompanied by all items listed in Ward County's Site Authorization Regulations before it will be presented to the County Commissioners for consideration.

I, the undersigned and authorized representative of _____
certify the information presented on this application and all accompanying materials is true, accurate and correct and can and will be substantiated upon request of the Ward County Commissioners by records and documents pertaining to the operation of this organization and its gaming operation.

Signed: _____
Name: _____
Title: _____
Daytime Phone Number: _____
Date: _____

STATE OF NORTH DAKOTA

} ss

COUNTY OF WARD

On this _____ day of _____, 20____, before me, personally
appeared _____ known to me to be the person(s) who
(is/are) described in, and who executed the within and foregoing instrument, and
severally acknowledged that (he/she/they) executed the same.

Notary Public
Ward County, North Dakota

My Commission expires: _____