

PENNSYLVANIA LIQUOR CONTROL BOARD
TAVERN GAMING LICENSE
APPLICATION PACKET INSTRUCTIONS

INSTRUCTIONS

THE ORIGINAL APPLICATION CONTAINING ALL FORMS MUST BE SENT TO THE PENNSYLVANIA LIQUOR CONTROL BOARD, BUREAU OF LICENSING, P.O. BOX 8940, HARRISBURG, PENNSYLVANIA 17105-8940 WITH THE APPROPRIATE FEES.

AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED BY THE APPLICANT TO THE PENNSYLVANIA LIQUOR CONTROL BOARD (“BOARD”) AND THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF INVESTIGATIONS AND ENFORCEMENT (“BUREAU”) SHALL BECOME THE PROPERTY OF THE BOARD AND BUREAU AND WILL NOT BE RETURNED TO THE APPLICANT.

1. TAVERN GAMING LICENSE APPLICATION PACKET

AN APPLICATION PACKET FOR A TAVERN GAMING LICENSE INCLUDES THE FOLLOWING:

A. TAVERN APPLICATION AND DISCLOSURE INFORMATION FORM

(THE HOLDER OF THE TAVERN GAMING LICENSE. THIS MUST BE THE SAME ENTITY THAT CURRENTLY HOLDS THE LIQUOR, MALT OR BREWED BEVERAGE LICENSE ISSUED BY THE BOARD)

B. ENTITY APPLICATION AND DISCLOSURE INFORMATION FORM

(ANY ENTITY THAT OWNS 10% OR MORE OF THE TAVERN, OR HAS A CONTROLLING INTEREST IN THE TAVERN, OR SERVES AS THE MANAGEMENT COMPANY FOR THE TAVERN. “CONTROLLING INTEREST” IS DEFINED AS THE POWER OR AUTHORITY TO MANAGE, DIRECT, GOVERN, ADMINISTER OR OVERSEE THE OPERATION OF A LICENSED BUSINESS.)

C. INDIVIDUAL APPLICATION AND DISCLOSURE INFORMATION FORM

(ANY INDIVIDUAL THAT SERVES AS AN OFFICER OF THE TAVERN, OR OWNS 10% OR MORE OF THE TAVERN, OR HAS A CONTROLLING INTEREST IN THE TAVERN. THE TERM OFFICER INCLUDES PRESIDENT, TREASURER, SECRETARY, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND MANAGER OF THE TAVERN.)

INDIVIDUALS WHO SUBMIT AN INDIVIDUAL APPLICATION AND DISCLOSURE INFORMATION FORM WILL BE REQUIRED TO OBTAIN A CRIMINAL HISTORY SUMMARY FROM THE FBI. FOR MORE INFORMATION, SEE THE FINGERPRINT PACKET INSTRUCTIONS.

2. FEES

THE APPLICATION AND INVESTIGATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKET. THE APPLICATION FEE WILL BE USED BY THE BOARD TO PROCESS THE APPLICATION. THE INVESTIGATION FEE WILL BE USED BY THE BUREAU AS A DEPOSIT TOWARD THE INVESTIGATIVE COSTS ASSOCIATED WITH PROCESSING THIS APPLICATION.

ALL ADDITIONAL COSTS OR EXPENSES RELATED TO THE BACKGROUND INVESTIGATION WILL BE BILLED AT AN HOURLY RATE FOR PENNSYLVANIA GAMING CONTROL BOARD PERSONNEL (\$65 PER HOUR FOR INVESTIGATORS AND ATTORNEYS, \$55 PER HOUR FOR INVESTIGATIVE ANALYSTS) AND FOR THE ACTUAL ASSOCIATED EXPENSES. ALL BACKGROUND INVESTIGATION COSTS AND EXPENSES SHALL BE PAID IN FULL BY THE APPLICANT PRIOR TO THE APPLICATION BEING CONSIDERED BY THE PENNSYLVANIA LIQUOR CONTROL BOARD.

THE APPLICATION AND INVESTIGATION FEES SHALL BE PAID BY A SINGLE CASHIER’S CHECK, MONEY ORDER OR CHECK MADE PAYABLE TO THE “COMMONWEALTH OF PENNSYLVANIA.” CASH WILL NOT BE ACCEPTED.

APPLICATION FEE	\$1,000.00	
INVESTIGATION FEE	<u>\$1,000.00</u>	
TOTAL FEES	\$2,000.00	PAYABLE TO THE “COMMONWEALTH OF PENNSYLVANIA”

NOTE: ALL CHECKS MUST BE CLEARED AS SUFFICIENT FUNDS PRIOR TO THE APPLICATION BEING FORWARDED TO THE PENNSYLVANIA GAMING CONTROL BOARD.

3. TAVERN, ENTITY AND INDIVIDUAL APPLICATION FORMS

AS USED IN THIS FORM, THE WORD "YOU" SHALL MEAN THE **TAVERN, ENTITY AND/OR INDIVIDUAL** COMPLETING THE APPLICATION FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY, WRITE "**DOES NOT APPLY**" IN RESPONSE TO THAT QUESTION.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE BUREAU TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA.C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE BUREAU.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE PERSON WHO SUPPLIED THE INFORMATION IN THE APPLICATION FORM. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD AND/OR BUREAU IF THERE IS A CHANGE IN ANY INFORMATION PROVIDED TO THE BOARD AND/OR BUREAU. THE BUREAU WILL DETERMINE THE SCOPE OF THE INVESTIGATION AND MAY REQUIRE ADDITIONAL APPLICATIONS AND/OR INFORMATION. THE APPLICANT SHALL COOPERATE WITH THE BUREAU AS REQUESTED DURING THE CONDUCT OF THE BACKGROUND INVESTIGATION. ANY REFUSAL TO PROVIDE THE INFORMATION REQUIRED UNDER THE LOCAL OPTION SMALL GAMES OF CHANCE ACT OR TO CONSENT TO A BACKGROUND INVESTIGATION SHALL RESULT IN THE IMMEDIATE DENIAL OF AN APPLICATION.

THE APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW AND IRS FORM 4506T MUST BE COMPLETED AND SIGNED BY THE APPLICANT. ALL AUTHORIZATIONS, AFFIDAVITS AND WAIVERS OF LIABILITY AND CONDITIONAL LICENSING AGREEMENTS MUST BE SIGNED BY THE APPLICANT AND NOTARIZED. THE APPLICANT'S AFFIRMATION MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT.

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION.

ALL NOTICES REGARDING YOUR APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE BOARD AND THE BUREAU IF YOU CHANGE YOUR CONTACT INFORMATION.

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY WILL BE CAUSE FOR THE DENIAL OF YOUR APPLICATION AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA.C.S.A. § 4903.

UPON COMPLETION OF YOUR APPLICATION, YOU MUST COMPLETE AN AFFIDAVIT AND WAIVER OF LIABILITY CERTIFYING THAT THE INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION. YOU WILL BE FURTHER CERTIFYING THAT YOU ARE AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION MAY BE CAUSE FOR THE DENIAL OF YOUR APPLICATION OR REVOCATION OF A TAVERN GAMING LICENSE AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA.C.S.A. § 4902, 4903 AND 4904.

PLEASE NOTE THAT A TAVERN GAMING LICENSE IS A REVOCABLE PRIVILEGE. THERE IS NO PROPERTY RIGHT IN A TAVERN GAMING LICENSE.

A LICENSE MAY NOT BE SOLD, TRANSFERRED OR ASSIGNED TO ANY OTHER PERSON. A LICENSEE MAY NOT PLEDGE OR OTHERWISE GRANT A SECURITY INTEREST IN OR LIEN ON THE LICENSE. THE BOARD SHALL HAVE SOLE DISCRETION TO ISSUE, RENEW, CONDITION, SUSPEND, REVOKE OR DENY A LICENSE.

ONCE THE APPLICATION PACKET HAS BEEN FILED, THE APPLICANT **MAY NOT** WITHDRAW ITS APPLICATION PACKET WITHOUT PERMISSION FROM THE BOARD.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKET FORMS OR THE INFORMATION REQUIRED TO COMPLETE ANY APPLICATION, PLEASE CONTACT THE PENNSYLVANIA LIQUOR CONTROL BOARD BY EMAIL AT lbtavern gaming@pa.gov

CONTACT NAME FOR TAVERN _____

ADDRESS _____

TITLE _____ CONTACT EMAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

I, _____ (NAME), AM THE INDIVIDUAL WHO SUPPLIED THE INFORMATION IN THIS APPLICATION. IN THE EVENT THAT THIS APPLICATION PACKET IS DEEMED INCOMPLETE, I AM THE INDIVIDUAL THAT SHOULD BE CONTACTED.

SIGNATURE

POSITION OR TITLE

CONTACT NAME FOR ATTORNEY (IF APPLICABLE) _____

ADDRESS _____

CONTACT EMAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

SIGNATURE