

Application for Certificate of Compliance

Under R.C. 2915.02(G), a person desiring to conduct, or participate in the conduct of, a sweepstakes with the use of a sweepstakes terminal device may apply for a Certificate of Compliance exempting the person from the requirement of registration under that section. A person seeking a certificate of compliance must submit this application with all required information, along with the application fee of \$250 to the Attorney General. The Attorney General may charge up to an additional \$250 for reasonable expenses resulting from any investigation related to an application for a certificate of compliance.

Upon completion of this form, and subsequent determination that the applicant has complied with the provisions of R.C. 2915.02, the Ohio Attorney General’s Office will issue a Certificate of Compliance to the applicant. A Certificate of Compliance is effective for one year.

A person with more than one business location may instead file a consolidated application for a Certificate of Compliance. A consolidated application may be obtained from the Ohio Attorney General’s Office. An applicant should only file a consolidated application if that applicant retains central control, management, and decision-making over each location. If the applicant does not retain central control over multiple locations, each operator of those locations must individually apply for a Certificate of Compliance.

PLEASE ANSWER ALL QUESTIONS ON THE REGISTRATION FORM. DO NOT REFERENCE ANY FEDERAL TAX RETURN OR ANY OTHER ATTACHMENT. FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY AND IN A MANNER THAT CAN BE READ MAY RESULT IN DENIAL OF YOUR APPLICATION.

Application Type

- 1. Check the Appropriate Applicant Type:

Initial Application _____ Renewal Application _____

- 2. If previously Certified , provide Applicant’s Certification of Compliance number:_____

Identification of Applicant

- 3. Legal Name of Applicant: _____

- 4. Applicant’s I.R.S. Employer I.D. Number (EIN):_____

- 5. Applicant’s Trade Name, D.B.A. Name, or former name(s): _____

- 6. Address for Principal Place of Business:

Street Address City, State, Zip Code County

- 7. Telephone Number: _____

- 8. Mailing Address:

14. Advertising Names – List any names, not otherwise identified, used by Applicant to advertise business or for other purposes:

15. Does the applicant conduct or participate in other forms of gaming? _____

If yes, please describe:

A. Sweepstakes Terminals

16. With the initial application only, state the date when the applicant began using sweepstake terminal devices: _____

17. Describe the nature and operation of the business activity to be conducted at the premises:

18. Number of sweepstakes terminal devices at this location: _____

19. Describe the physical location of the sweepstakes terminal devices within this business location:

20. Identify the Manufacturer, Model, and Serial Number of each device (attach additional pages if needed):

<u>Manufacturer</u>	<u>Model</u>	<u>Serial Number</u>
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21. Please answer the following questions regarding use of the sweepstakes terminal device at the business location:

a. How does a person participate in the sweepstakes at the terminal device?

b. What games are offered at the sweepstakes terminal device(s)?

c. What are the rules for playing these games?

d. Please list the available prizes, and the retail value of the prizes.

e. What is the total retail value of the prizes?

22. Provide the projected gross receipts expected for the business location during the following reporting period (The Attorney General's Office considers estimates of projected gross receipts to be in good faith if actual gross receipts do not differ by more than twenty per cent) _____

23. Does the sweepstakes terminal device allow a person to participate in a sweepstakes by deposit of money, coins, or tokens, or the use of a credit card, debit card, prepaid card, or any other method of payment? _____

24. Describe how and when participants are notified of their winnings:

AFFIDAVIT

STATE OF _____:

COUNTY OF _____:

I, _____, being duly sworn say
(Please print Name)

that I am the _____
(Owner)

of _____
(Business of a location of Sweepstakes terminal devices)

and further state as follows:

1. I am the individual responsible for submitting this Application and all applicable Attachments;
2. I am familiar with and have actual knowledge of the facts underlying this Application;
3. I am fully authorized to submit this Application on behalf of Applicant identified herein, and to the best of my knowledge, information, and belief, the statements made in this Application and its Attachments are true and accurate;
4. That for the business location listed on this Application, the following is true:

- a. That the business location will not use more than two sweepstakes terminal devices;

Initials

- b. That the retail value of sweepstakes prizes to be awarded at the business location using sweepstakes terminal devices during a reporting period will be less than three per cent of the gross revenue received at the business location during the reporting period;

Initials

- c. That no other form of gaming except lottery ticket sales as authorized under Chapter 3770. of the Revised Code will be conducted at the business location or in an adjoining area of the business location;

Initials

- d. That any sweepstakes terminal device at the business location will not allow any deposit of any money, coin, or token, or the use of any credit card, debit card, prepaid card, or any other method of similar payment to be used, directly or indirectly, to participate in a sweepstakes;

Initials

- e. That notification of any prize will not take place on the same day as a participant's sweepstakes entry; and

Initials

- f. That the business location consents to provide any other information to the attorney general as required by rule adopted under division (H) of this section.

Initials

Signature

NOTARY

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individuals appeared in person, for and behalf of himself/herself and the Applicant, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification for and on behalf of himself/herself and the Applicant.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Printed Name

Stamp or Seal

My commission expires _____, 20____