APPLICATION FOR CERTIFICATE OF COMPLIANCE
CONSOLIDATED FORM FOR MULTIPLE BUSINESS LOCATIONS

Under R.C. 2915.02, a person or entity 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 or entity from the requirement of registration under that section. A person or entity seeking a certificate of compliance must submit this form, along with the application fee of $250 to the Attorney General. The Attorney General may charge up to an additional two-hundred fifty dollars 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 is effective for one year.

This form may be used if the applicant operates more than one business location and wishes to file a consolidated application for certification of compliance. 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 certification of compliance.

PLEASE ANSWER ALL QUESTIONS ON THE APPLICATION 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: Initial Application ____	Renewal Application_____	If Previously Certified, Certificate No. _____

1. Legal Name of Applicant	2. Applicant's Trade Name, D.B.A. name, or former name	3. Phone Number:
_____	_____	_____
4. Applicant's IRS Employer ID Number:	5. Address of Principle Place of Business:	6. Mailing Address:
_____	_____	_____
	_____	_____
	_____	_____

6. Type of Business:

_____ Sole Proprietor

_____ Partnership

_____ Corporation

_____ Limited Liability Company

_____Other _____

7. Business Aliases (if any)

_____

8. Complete Name of Partnership/Corp:

_____

9. Alternative names used to advertise business, or for any other purpose

_____

_____

_____

10. If a Corporation or LLC, complete the following:

State of Corporation_____ For Profit _____ Not For Profit _____

Date of Corporation_____ Total Number of Employees _____

Charter No._____ Joint Venture _____ Other _____

Registration No. _____

Are you in good standing with the Ohio Secretary of State? _____ (if no, please explain)

_____

_____

_____

11. If a Corporation, complete the following, and please submit evidence that the corporation is in good standing under the law of the State of Ohio:

Registered Corporate Agent: _____

Registered Office Address: _____

_____

12. List all owners, members, shareholders with a five per cent or more equitable or beneficial interst in the applicant, principals, and other persons with direct oversight of the operation of sweepstakes terminal devices o the applicant. Attach additional pages if necessary:

Name	Address	Title/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. 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)

_____

13. Does the applicant conduct or participate in other forms of gaming? ___ (If yes, please describe, and identify gaming locations)

_____

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

_____

_____

_____

15. Identify and describe the sweepstakes games to be used at the listed business locations:

_____

_____

_____

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

_____

_____

_____

17. Does any 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? _____

BUSINESS LOCATIONS USING SWEEPSTAKES TERMINAL DEVICES

Name of Business Location	Business Address	Manager Name	No. of Employees
_____	_____	_____	_____
	_____		

Physical Location of Each Device	Device Manufacturer	Model
1. _____	_____	_____
2. _____	_____	_____

List all prizes that can be won at this business location:

_____

_____

Total Retail Value of Prizes Awarded at this Location

_____

Identify which games from the list in question 15 are used at this location:

_____

_____

Total Revenue of Location During Reporting Period

_____

Name of Business Location	Business Address	Manager Name	No. of Employees
_____	_____	_____	_____
	_____		

Physical Location of Each Device	Device Manufacturer	Model
1. _____	_____	_____
2. _____	_____	_____

List all prizes from the list in question 17 that can be won at this business location:

_____

_____

Total Retail Value of Prizes Awarded at this Location

_____

Identify which games from the list in question 15 are used at this location:

_____

_____

Total Revenue of Location During Reporting Period

_____

Name of Business Location	Business Address	Manager Name	No. of Employees
_____	_____	_____	_____
	_____		

Physical Location of Each Device	Device Manufacturer	Model
1. _____	_____	_____
2. _____	_____	_____

List all prizes from the list in question 17 that can be won at this business location:

_____

_____

Total Retail Value of Prizes Awarded at this Location

_____

Identify which games from the list in question 15 are used at this location:

_____

_____

Total Revenue of Location During Reporting Period

_____

Name of Business Location	Business Address	Manager Name	No. of Employees
_____	_____	_____	_____
	_____		

Physical Location of Each Device	Device Manufacturer	Model
1. _____	_____	_____
2. _____	_____	_____

List all prizes from the list in question 17 that can be won at this business location:

_____

_____

Total Retail Value of Prizes Awarded at this Location

_____

Identify which games from the list in question 15 are used at this location:

_____

_____

Total Revenue of Location During Reporting Period

_____

AFFIDAVIT

STATE OF _____:

COUNTY OF _____: SS.

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

that I am the _____
(title)

of _____
(Business Name)

and further state as follows:

1. am the individual responsible for submitting this Consolidated 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 each of the business locations listed on the foregoing Consolidated 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

_____
Stamp or Seal Printed Name

My commission expires _____, 20_____