

GC/BC FORM 108
 NYS RACING & WAGERING BOARD
 1 Broadway Center, Suite 600
 Schenectady, NY 12305-2553
 (518) 395-5400, Fax (518) 347-1469
www.racing.state.ny.us



SCHEDULE E
LIST OF EMPLOYEES, AGENTS OR
REPRESENTATIVES

Business Name: _____

List all officers, directors, employees, agents or representatives acting on behalf of the company's New York State Supplier's License within New York State. Must include all personnel actively involved with supplying product within New York State (ex. employees involved in submitting games for approval to the Board for sale into NYS, salesperson, order takers, delivery drivers, warehouse workers and anyone else who is directly involved).

Name	Street Address	City	State	Zip Code	Job Title	Duties

___ Yes ___ No Have you or your agents participated in the conduct of Games of Chance on behalf of any licensee organization or any other entity?
 (If yes, provide details on a separate sheet of paper.)

___ Yes ___ No Have you or your agents participated in the conduct of Bingo on behalf of any licensee organization or any other entity?
 (If yes, provide details on a separate sheet of paper.)

_____, _____ being duly sworn and says that (s)he is
 (Print Name of Applicant) (Title)
 the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me on this _____ day of _____, 20_____

 (Signature of Applicant)

 (Signature of Notary Public)

 (Commissioner of Deeds)

NOTARY STAMP