



# BUSINESS STATEMENT FOR PUBLICLY TRADED COMPANIES

## SECTION I GENERAL INFORMATION

Licensed Entity \_\_\_\_\_  
*(ABC Manufacturing, Inc.)*

Business Name/DBA \_\_\_\_\_

FEIN \_\_\_\_\_ Account ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street, Suite No City State Zip*

Compliance Contact(s) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Total Stock (Licensed Entity Only) \_\_\_\_\_ Total Shares Issued \_\_\_\_\_

## SECTION II LICENSED ENTITY OWNERSHIP

### LIST INDIVIDUALS, ENTITIES, OWNERS OR STOCKHOLDERS OF OWNING ENTITY OF THE LICENSE:

Note: List anyone who has a 5% or more ownership/interest in the licensed entity. If an ownership structure tree is available, please submit a copy. If an entity owns 5% or more of the licensed entity, Section III will need to be completed for each entity.

1. Name \_\_\_\_\_  Active Investor  Passive Investor

FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

2. Name \_\_\_\_\_  Active Investor  Passive Investor

FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

3. Name \_\_\_\_\_  Active Investor  Passive Investor

FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

4. Name \_\_\_\_\_  Active Investor  Passive Investor

FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

5. Name \_\_\_\_\_  Active Investor  Passive Investor

FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

**SECTION III**  
**ENTITY OWNERS OF THE OWNING ENTITY OF THE LICENSE**

**LIST OWNERS, STOCKHOLDERS AND MEMBERS OF THE ENTITY WHO MAINTAIN 5% OR MORE OF THE OWNING ENTITY OF THE LICENSE:**

Note: Only complete for entity owners listed in Section II.

1. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_
2. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_
3. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_
4. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ # of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

**SECTION IV**  
**OFFICERS, DIRECTORS, BOARD MEMBERS, AND MANAGERS OF OWNING ENTITY OF THE LICENSE**

Note: List the individuals if:

- they have a voting interest;
- they have influence or control over the day-to-day operations of the Corporation;
- they have responsibility for ensuring compliance with gambling regulations; and/or
- authority to represent the entity in decision making or act as a signatory.

1. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ Title \_\_\_\_\_
2. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ Title \_\_\_\_\_
3. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ Title \_\_\_\_\_
4. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ Title \_\_\_\_\_
5. Name \_\_\_\_\_  
FEIN/SSN \_\_\_\_\_ Title \_\_\_\_\_

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Please submit (to the address below) the following items for each individual listed in the tables above unless the individual has been previously disclosed to the division in the past:

- Two fingerprint cards,
- Personal/Criminal History Statement (Form 10),  
and
- \$30.00 background check processing fee.

*Gambling Control Division, PO Box 201424, Helena, MT 59620*

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I affirm I am authorized to make this application for the applicant and that the answers contained herein are true and complete. If this application or attachments contain false information, I understand I may be subject to the criminal penalties of Montana Code Annotated § 45-7-202, 45-7-203, 45-7-208, 16-4-402 and/or revocation of any gambling license granted pursuant to this application.

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Signature

Date

Print Name and Title of Person Signing