

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
License Services/Charitable Games  
450 Colubus Blvd, Ste. 801  
Hartford, Connecticut 06103

\*\*\* LICENSE OR REGISTRATION APPLICATION \*\*\*

CONCESSIONAIRE      TOTALIZATOR      VENDOR      MANUFACTURERS  
DISTRIBUTORS      AFFILIATES THERETO

Pursuant to Section 12-574/12-815a and 7-169h of the Connecticut General Statutes, application is made for a license or registration for the period ending

Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Person Regarding This Application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

License or Registration Fee: \$ \_\_\_\_\_

Enclose check payable to "Treasurer State of Connecticut" with completed application.

## GENERAL INFORMATION

1. This application form shall be completed by any business organization conducting gaming related business. This form shall also be completed by related affiliates to any business organization as described above, as well as any entity so directed by the Connecticut Department of Consumer Protection.
2. Applicant entity agrees that any license or registration which may hereafter be granted to said individual or business organization is predicated upon the statements and answers contained herein and that for any material false or misleading statement or answer, said license or registration may be revoked. The entity's background will be investigated by the Department of Consumer Protection, the Department of Public Safety and other agencies of the State.
3. False information or lack of total disclosure on any aspect of this application may result in license or registration denial.
4. Information requests must be answered completely by the applicant. Such information is to be provided as of the date of application unless otherwise specified. *Information that has been previously submitted to the Department of Consumer Protection, if complete, need not be resubmitted with this application.*
5. Where a response to a particular question is provided fully in a response to another question elsewhere in this application, or in a related license or registration application, reference your answer to that other response. If a partial response is given elsewhere, indicate the reference and complete the requested information.
6. If a question is inappropriate or not applicable to the type of business being conducted, indicate "N.A." on the application:
7. To preclude any misunderstanding on the applicant's part, the following terms are defined for your assistance in preparing this application.
  - a. Business Organization – a partnership, incorporated or unincorporated association, firm, corporation, trust, or other form of business or legal entity, other than a financial institution regulated by a state or federal agency which is not exercising control over an Association licensee.
  - b. Control – The power to exercise authority over or direct the management and policies of a person or business organization.
  - c. Management – Any persons or entities having responsibility to manage, direct, or administer the affairs of a person or business organization. Management includes but is not limited to members of the board of directors of a corporation, members/officers in charge of principal business functions, or principal owners.

- d. Related – Of any applicant: Its affiliates, principal owners, management and members of their immediate families; and any other party who has the ability to significantly influence, directly or indirectly, the applicant from fully pursuing its own separate management operating policies. This includes any power of attorney or fiduciary capacity delegated to any of the above.
  - e. Concessionaire – A person or business organization granted the right to operate an activity at a pari-mutuel or off track betting facility for the purpose of making a profit, and which person or business organization receives or, in the exercise of reasonable business judgment, can be expected to receive more than \$25,000.00 or 25% of its gross annual receipts from such activity at the facility. By way of example and not limitation, parking contractors, restaurant or catering contractors, closed circuit television contractors, handicappers, security services, and cleaning and maintenance contractors may be concessionaires.
8. Once filed, you may not withdraw this application without the permission of the Connecticut Department of Consumer Protection.
  9. We recommend that you keep a copy of your completed application for your records.
  10. An appropriate individual must sign the Verifying Affidavit, License and Registration Application Conditions and Release Authorization in the presence of a notary public and have the signatures notarized.
  11. All applications are confidential to the extent permitted by law.
  12. All applicants are checked for tax compliance. You must complete and submit the attached IRS 4506T form with this application.
  13. Note that all responses and attachments must be in the English language or include a translation to English.

**SPECIFIC NOTES**

*The majority of questions and requirements of this application are self-explanatory. Should the applicant need further explanation of any aspect of this application, applicant should contact the Gaming Division of the “Department of Consumer Protection” at (860) 594-0643.*

*The following are the license or registration fees:*

<i>Charitable Games Manufacturer</i>	<i>\$5,000.00</i>
<i>Charitable Games Distributor</i>	<i>\$2,500.00</i>
<i>All Others</i>	<i>\$ 250.00</i>

*Send your check payable to “Treasurer State of Connecticut” for the amount indicated.*

*The mailing address for the Department of Consumer Protection is:*

*State of Connecticut  
Department of Consumer Protection  
License Services/Charitable Games  
450 Columbus Blvd, Ste. 801  
Hartford, CT 06103*

1. Applicant entity is:  
 Sole Proprietor     General Partnership     Limited Liability Company L.L.C.  
 Limited Partnership     Corporation     Limited Liability Partnership L.L.P.  
 Unincorporated Association     Other (Explain business organization  
if necessary)

Check applicable type of category (above) which describes applicant entity's business organization. An individual should apply as a sole proprietor if the other specific categories are not applicable. The "Other" category must be indicated for any business organization which is not one of the specific categories listed. The category checked by the applicant will require the answering of either Question 2, 3 or 4.

- a. Description of all business conducted and intended to be conducted by the applicant entity.
- b. Submit as Exhibit No. 1 (b) certified copies of:
1. If applicant entity is a general, limited partnership, or LLP – The partnership agreement.
  2. If the applicant entity is a corporation – The articles of incorporation (or charter) and the by-laws, certified by the Secretary of State or other appropriate official.
  3. If applicant entity is an unincorporated association, - The articles of association or other legal instrument under which applicant is organized showing the purpose thereof and the by-laws, if any.
  4. If applicant entity is a LLC – The membership agreement.
- In each case, submit properly certified copies of all agreements and documents. Include a separate statement listing the other jurisdictions applicant entity does business in (if any) indicating the nature of business in such other jurisdictions.
- c. If any of the categories and/or written documents or agreements listed in Question 1(b) do **NOT** accurately describe your business or organization, submit as Exhibit No. 1 (c) a full description of the written or oral agreements under which applicant operates.
- d. Name and address of registered or authorized agent upon whom services of process in any proceedings against the applicant, pursuant to the rules and regulations of the Department of Consumer Protection and/or the Statutes of the State of Connecticut or proceedings in any court of this State including the United States District Court for the District of Connecticut, may be made.

This may be an officer or owner of the applicant entity, or other specified individual or entity, or the sole proprietor.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

e. Submit as Exhibit No. 1 (e) the name, business address, and the telephone number of applicant entity's representatives for:

1. Legal services
2. Accounting services
  - a. Accountant
  - b. Bookkeeper
3. Banking and financing

2. If applicant entity is a sole proprietor:

Name: \_\_\_\_\_

Legal Resident: \_\_\_\_\_  
(if different from mailing address)

Home Phone No.: ( ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit as Exhibit No. 2: three business references and a ten-year employment history.**

3. If applicant entity is a corporation:

Submit as Exhibit No. 3:

- a. The name, legal residence, mailing address, social security number, date of birth, place of birth, ten-year employment history and office held by each officer of the applicant corporation, of each member of the board of directors of the applicant corporation, of stockholders holding 5 percent or more of the applicant's stock.
- b. The physical location, if different from mailing address, of the corporation's principal place of business.
- c. Name of state under the laws of which organization is incorporated and the date of incorporation.

- d. If not incorporated under the laws of the State of Connecticut, is corporation authorized to do business in Connecticut? (Note: primary applicant must register as a foreign corporation with the Connecticut Secretary of State).
- e. Submit as Exhibit No. 3 (e) a statement showing:
1. Classes of stock and number of shares:
    - a. Authorized
    - b. Issued
    - c. Outstanding
  2. Market value
  3. Vote per share
  4. Current list of the names, addresses, and number of shares held for all holders of outstanding shares.
- f. Is the beneficial owner of any stock a person or organization other than the owner of record or subscriber?                      Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to Question 3 (f) is “Yes”, submit as Exhibit No. 3 (f) a statement showing:

1. The name of the owner or subscriber
  2. The name of the beneficial owner
  3. The condition under which the owner of subscriber holds and votes or has subscribed for such stock
  4. A copy of any contract or other instrument relating to such conditions.
- g. Submit as Exhibit No. 3 (g) a statement explaining in full detail all:  
Stock warrants, options or common stock equivalents which are authorized, issued and exercisable. Include applicable list of participant names, addresses and amount of holdings.
- h. Submit as Exhibit No. 3 (h) copies of filings by the applicant with the Securities and Exchange Commission and any state agency regulating transactions of securities or business offerings as required and applicable for the preceding twelve-month period.
- i. Have any of applicant’s securities or business offerings been suspended from trading, or has there been any action taken against them by any regulatory agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to question 3 (i) is “Yes”, submit as Exhibit 3 (i) full details regarding said suspension and or/action.

4. If applicant entity is other than a sole proprietor or corporation:

Submit as Exhibit No. 4 the name, physical location, if different from mailing address of the business organization, and a listing of names, legal residences, mailing addresses, social security numbers, and places of birth, dates of birth, and percentages of ownership for ALL business organization participants. Include a ten-year employment history and three personal references for each participant.

- a. State whether each participant is:
  - 1. General Partner
  - 2. Limited Partner
  - 3. Unincorporated Associate
  - 4. Managing Member
  - 5. Other Business Organization as described in Question 1
- b. If one or more of the business organization participants is other than an individual or corporation, submit as Exhibit No. 4 (b) a statement answering Question 4 for that participant.
- c. Name the state under the laws of which the participant business organization is organized.
- d. If one or more of the business organization participants is a corporation, submit as Exhibit No. 4 (d) a statement answering Questions 3 for that participant.
- e. Submit as Exhibit No. 4 (e) copies of filings by the applicant with the Securities and Exchange Commission and any state agency regulating transactions of securities or business offerings as required and applicable for the preceding twelve-month period.

- 5. a. Applicant Entity’s Federal Identification No.: \_\_\_\_\_.
- b. Applicant entity’s Connecticut Tax Registration No.: \_\_\_\_\_ or a copy of the applicant entity’s application for Connecticut Tax Registration Number.
- c. Submit as Exhibit No. 5 (c) complete copies of the applicant entity’s most recent federal, state and municipal income tax returns.
- d. Is the applicant entity, its owners, members, partners, associates, officers, directors, and holders of equity or debt, delinquent or in dispute over the filing of any report or the payment of any tax as required by federal, state or municipal statutes? Yes \_\_\_\_ No \_\_\_\_

If the answer is “Yes,” submit as Exhibit No. 5 (d) a statement fully describing the reasons for delinquency or dispute. Include the government agencies and time periods involved.

- 6. Submit as Exhibit No. 6:
  - a. A copy of the applicant entity’s certified financial statements for the preceding year or if said statements are unavailable, a copy of the preceding year’s financial statements attested to under oath.
  - b. A copy of the management representation and lawyer’s contingency letters provided to the applicant entity’s certified public accountant for the most recently completed certified financial audit.

\_\_\_\_\_ Not Applicable

7. Submit as Exhibit No. 7 the names and addresses of every person or business organization having a financial, property, leasehold, ownership or beneficial interest in the applicant's business organization not disclosed elsewhere.

\_\_\_\_\_ Not Applicable

8. Submit as Exhibit No. 8 the names and addresses of every person or business organization which provides (or will provide) major contractual services, equipment or property related to legalized gambling indicating the nature of such services (to be) rendered and equipment or property (to be) provided. Include copies of all pertinent written documents, instruments, agreements, and contracts, or state the substance of oral contracts and understanding, including the names and addresses of the party or parties with whom made. Also, state if such party or parties are related through control, family or business association with the applicant, its owners, members, partners, associates, officers, directors and holders of equity or debt.

\_\_\_\_\_ Not Applicable

9. Is applicant entity directly or indirectly controlled by another person(s) or business organization(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes," submit as Exhibit No. 9 a statement showing how such control is exercised and the extent of the control.

10. Are any of the owners, members, partners, associates, officers, directors, and holders of equity or debt of the applicant entity related through control, family or business association to any other individual or business organization doing business with any gambling entity by providing and/or receiving goods or services? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes," submit as Exhibit No. 10 a statement containing the names and addresses of the individual or business organization providing and/or receiving the goods or services to (from) the applicant organization. Include names and addresses of the related individuals and a full description of the goods provided or services rendered. Indicate the dollar amount and percentage of business such represents if known. If a fee or other consideration was (or is to be) paid or received for these transactions, indicate the value and to whom such was paid or received.

11. Are any of the owners, members, partners, associates, officers, directors, and holders of equity or debt of the applicant entity related through control, family ownership or business association to any other individual or business association through which the applicant provided (or is to provide) and/or received (or is to receive) mortgages, loans, leases, realty, or equipment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes," submit as Exhibit No. 11 a statement containing the names and addresses of the individuals or business organizations providing and/or receiving the aforementioned items. Indicate the names and addresses of the related individuals and fully describe the items provided or received including dollar value. If a fee or other consideration was (or is to be) paid or received, please indicate the value and to whom such was paid or received.



12. Has the applicant entity, its owners, members, partners, associates, officers, directors and holders of equity or debt EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense, or other offense, including motor vehicle crimes (other than a traffic violation)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is “Yes,” submit as Exhibit No. 12 a statement indicating the name of the person convicted, each offense, name and address of the court, and date and nature of disposition for each conviction.

13. Does the applicant entity, its owners, members, partners, associates, officers, directors and holders of equity or debt now have (or ever had) any interest or connection, in or out of the State of Connecticut, through employment or ownership with the following:
- a. Any other racing, jai alai, off-track betting, casino entity, charitable gaming or any other form of entity conducting legal wagering? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Any application which has been denied by any legalized gambling agency or authority?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Any license related to racing, jai alai, off-track betting, casino operation, charitable gaming or any other form of entity conducting legal wagering which has been suspended or revoked?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the foregoing parts of this question is “Yes,” submit as Exhibit No. 13 a full disclosure showing:

- 1. Names and addresses of involved individuals and/or business organization.
- 2. Nature of interest or connection (giving dates).
- 3. Place of wagering activity.
- 4. Name under which such wagering activity was conducted.
- 5. Complete description of events pertaining to legal gambling activity, license application, license approval or denial, license suspension or revocation.

14. Have voluntary proceedings in bankruptcy been instituted by, or have involuntary proceedings in bankruptcy been brought against the applicant?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is “Yes,” submit as Exhibit No. 14 a full disclosure concerning the person(s) or business organization(s) and matters involved, identifying the court and the proceedings by dates and file numbers, stating the facts upon which the proceedings were based and the disposition of the matter.

15. Submit as Exhibit No. 15 a statement of ALL current or material (more than \$100,000 in the aggregate) litigation, unsatisfied judgments, decrees, restraining orders and/or currently disclosable contingencies. Provide such details as dates, principal parties thereof, and basis for such. Explain the impact such may have upon the applicant’s operations if the applicant is rendered an unfavorable decision.

\_\_\_\_\_ Not Applicable

16. Submit as Exhibit No. 16 an organizational chart of the applicant entity, which includes position descriptions and the names of the persons holding such positions.

17. Does the applicant entity currently hold any license, permit or other authorization regarding legalized gambling operations (including casino gaming, horse racing, greyhound racing, pari-mutuel operation, lottery, sports betting, charitable gaming, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Type of Gambling Operation	Type of License or Registration Held	Licensing or Registration Agency (including state or municipality)	Date Applied	Name Applied Under	License, Registration, or Permit Number	Expiration Date

18. Has the applicant entity ever had a license, registration, permit or other authorization regarding legalized gambling in the State, or any other jurisdiction denied suspended, or revoked or ever been fined, suspended or appeared as a respondent to any administrative action undertaken by a licensing agency or similar authority in or outside the State of Connecticut, for any reason whatsoever?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above Question 18 is “Yes,” submit as Exhibit No. 18, a statement stating the agency taking such action, the date each such action was taken, and the reasons therefore and the results.

19. For Charitable Gaming Distributors only:

CT Business Address:

CT Warehouse Address:

**EXHIBITS FURNISHED AS REQUIRED BY THIS APPLICATION**

Exhibit No.	Name of officer or employee (1) by who made or (2) under whose direction exhibit was prepared (show which). If exhibit not applicable, indicate "N.A."	Official Title
1(b)		
1(c)		
1 (e)		
2		
3		
3(e)		
3(f)		
3(g)		
3(h)		
3(i)		
4		
4(b)		
4(d)		
4(e)		
5(c)		
5(d)		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

## **TAX RETURNS VERIFICATION**

By the signing of the attached Internal Revenue Service Form 4506-T (Request for Copy of Transcript of Tax Form), the applicant authorizes the Department of Consumer Protection to verify, **AS NECESSARY**, any tax information submitted pursuant to this application.

Applicant is required to complete items 1 through 3 on such form and sign (only), do not date.

This form is required in addition to submission of exhibit 5c.

No payment by applicant is required. If the Department of Consumer Protection deems it necessary to obtain tax return copies from the IRS in order to verify that the tax return copies provided by applicant are the same as filed with the IRS, fee will be paid by the Department of Consumer Protection.

**LICENSE/REGISTRATION APPLICATION CONDITIONS**

By the signing of this application, the applicant entity acknowledges that if a license or registration be granted, it will become the duty of the applicant/licensee/registrant to file with the Department of Consumer Protection such reports and financial data as may be required by State Statute or by such Rules and Regulations as the Department of Consumer Protection has adopted or may hereafter adopt, and to make such payments and/or fees as may be required by law. The aforementioned duty shall continue for the entire term (duration) of the license/registration. If the applicant/licensee/registrant fails to abide by these requirements, the applicant/licensee/registrant shall incur the penalties set forth in Chapters 226, 226b and 98 of the Connecticut General Statutes or in such Rules and Regulations as said Department of Consumer Protection has adopted or may hereafter adopt.

If a license/registration be issued, the applicant/licensee/registrant agrees to abide by and comply with the provisions of Chapters 226, 226b and 98 of the Connecticut General Statutes and any Rules and Regulations heretofore and hereafter promulgated by the Department of Consumer Protection.

Applicant entity verifies that all exhibits, statements, reports, papers, data, etc. submitted pursuant to this application are true, complete and current. The applicant entity additionally agrees to **THEREAFTER** provide the Department of Consumer Protection with full description of any significant operational change in any of the aforementioned exhibits, statements, reports, papers, data, etc., as said change occurs.

Applicant entity agrees that any license/registration which may hereafter be granted to said individual or business organization is predicated upon the statements and answers herein contained, which may be subject to verification by the Department of Consumer Protection, and that for any false or misleading statement or answer, said license/registration may be revoked.

I/We have read the application, attached instructions, and above paragraphs and agree to the conditions as set forth.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name/Title (Print or Type)

# VERIFYING AFFIDAVIT

\_\_\_\_\_ the \_\_\_\_\_ of the  
 (name) (title – Owner, Pres., Partner, etc.)

applicant entity, being duly sworn according to law, on his/her oath, deposes applicant entity, and that the above statements are true and correct to the best of his/her knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue, or revocation of, a registration. Further, that he/she is voluntarily submitting this statement and understands that misleading statements may subject him/her to criminal or other sanctions or punishment.

\_\_\_\_\_  
 (Name of Applicant Entity)

By \_\_\_\_\_  
 (Signature)

STATE OF \_\_\_\_\_ )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 (Accountant Preparing Form, if any)

\_\_\_\_\_  
 Commission Expiration Date

\_\_\_\_\_  
 (Attorney Preparing Form, if any)

\_\_\_\_\_  
 Seal

**AFFIDAVIT BY CORPORATION APPLICANT**

Corporation applicants shall attach to this page a resolution of the board of directors or a certified copy of the minutes of the board of directors, under seal and signed by the secretary of the corporation which resolution or minutes authorized the officer of the corporation signing this application to so sign this specific application and the IRS 4506-T form on behalf of the corporation.

**RELEASE AUTHORIZATION**

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and other such institutions, includes credit reporting services, and all Governmental Agencies – federal, state, and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_  
(Applicant entity)

I, \_\_\_\_\_ have  
(Name of President, Chief Executive Officer, Partner, Member, or Sole Proprietor)

authorized the Connecticut Department of Consumer Protection and the Connecticut State Police to conduct an investigation into the background of the said applicant entity. Therefore, you are hereby authorized to release any and all information pertaining to the said applicant entity, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Connecticut Department of Consumer Protection or the Connecticut State Police.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

SS:

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Seal



## **WORKERS' COMPENSATION INSURANCE COVERAGE**

Chapter 568 Sec 31-286a of the General Statutes requires that no state department, board or agency may renew a license, registration or permit to operate a business in this state unless the applicant first presents sufficient evidence of current compliance with the workers' compensation coverage requirements of Section 31-284 of the General Statutes.

Consequently, the Department of Consumer Protection requires proof of workers' compensation insurance coverage from all applicants for a license, registration, or renewal therefore prior to issuance.

The following certificates will be accepted as proof of compliance:

1. A Certificate of Self-Insurance issued by a Workers' Compensation Commissioner pursuant to Section 31-284 of the General Statutes, or
2. A Certificate of Compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the General Statutes, or
3. A Certificate of Insurance issued by any stock or mutual insurance company or mutual association (or its agent) authorized to write workers' compensation insurance in this state.

In circumstances where an applicant claims exemption from the workers' compensation coverage requirements of the General Statutes, the Department of Consumer Protection may accept an affidavit of exemption (attached), which must be executed before a notary public or other person authorized to take an oath.

**AFFIDAVIT OF EXEMPTION  
FROM WORKERS' COMPENSATION INSURANCE  
COVERAGE REQUIREMENT**

STATE OF \_\_\_\_\_ )      SS: TOWN OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ )

The undersigned, being duly sworn, deposes and says:

1. That I am over the age of 18 years and believe in the obligations of an oath.
2. That I am the Applicant (owner, partner, officer or agent) for an issued license, registration, or renewal thereof pursuant to Chapter 226 and 98 of the Connecticut General Statutes.
3. That no workers' compensation insurance coverage is required of this business because of exemption allowed by Section \_\_\_\_\_ of the General Statutes for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

DATED AT \_\_\_\_\_ THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(owner, partner, officer, agent)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

### Request for Transcript of Tax Return

OMB No. 1545-1872

(Rev. January 2011)

▶ Request may be rejected if the form is incomplete or illegible.

Department of the Treasury  
Internal Revenue Service

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

State of Connecticut, Department of Consumer Protection, Gaming Division, 555 Russell Road, Newington, CT 06111  
Fax 860-594-0649

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

- a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. . . . .
- b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .
- c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12/31/08	12/31/09	12/31/10
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Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note, For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	▶ Signature (see instructions)	Date
	▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
	▶ Spouse's signature	Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cal. No. 37667N

Form 4506-T (Rev. 1-2011)