

**PUEBLO OF LAGUNA  
TRIBAL GAMING REGULATORY AUTHORITY**

P.O. Drawer 225 • Laguna, NM 87026

Phone: (505) 352-8240 | Fax: (505) 352-8241

Dear Contractor,

As a contractor to the Route 66 Casino ("Rt. 66"), Casino Xpress, or Dancing Eagle Casino ("DEC") you are required to license your company with the Pueblo of Laguna Tribal Gaming Regulatory Authority ("TGRA"). All contractors **MUST** obtain a contractor license before starting sales/service with the Pueblo of Laguna Gaming Enterprise.

Your company will be issued a contractor license that will be valid for a period of one (1) year upon submittal of the Contractor License Application and the \$100.00 Pre-Licensing fee (non-refundable), and the License Fee depending on the type of application applying for.

Please submit the completed application to one of the following addresses:

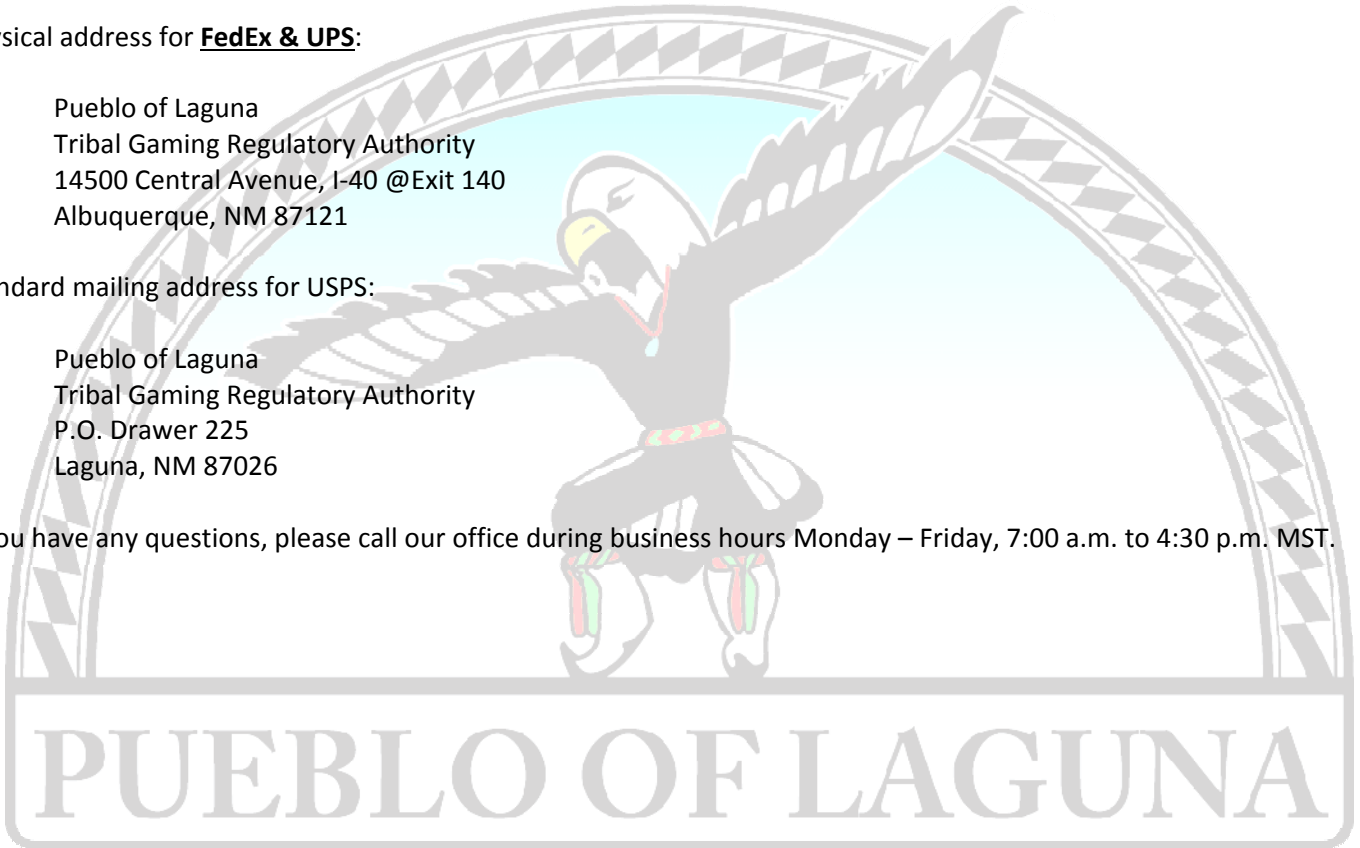
Physical address for **FedEx & UPS**:

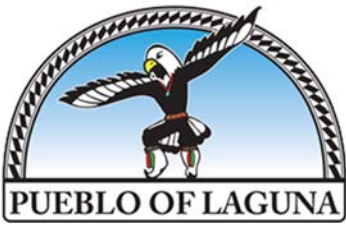
Pueblo of Laguna  
Tribal Gaming Regulatory Authority  
14500 Central Avenue, I-40 @Exit 140  
Albuquerque, NM 87121

Standard mailing address for USPS:

Pueblo of Laguna  
Tribal Gaming Regulatory Authority  
P.O. Drawer 225  
Laguna, NM 87026

If you have any questions, please call our office during business hours Monday – Friday, 7:00 a.m. to 4:30 p.m. MST.





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Phone: (505) 352-8240 | Fax: (505) 352-8241

**CONTRACTOR LICENSE APPLICATION**

Remit a Non-Refundable Pre-Licensing fee of **\$100.00** and appropriate License/Renewal fee with this application.

A fee will be assessed for each category of licensure you are eligible

**Type of Application**

Gaming                       Non-Gaming                       Construction                       Exempt

General description of commercial activity to be conducted within the jurisdiction of the Pueblo of Laguna:

Estimated Sales/Services within the next twelve months: \_\_\_\_\_

Services provided to:                       Dancing Eagle Casino                       Rt. 66 Casino/Casino Xpress                       All

**I. GENERAL INFORMATION**

(A) Name of Enterprise

State the complete names of the business enterprise and list names under which this enterprise has done business within the last ten years. For the purpose of this form "enterprise" shall be defined to include any corporation, association, operation, firm, partnership, trust or other form of business as well as natural person.

Name of Enterprise: \_\_\_\_\_

(Include Trade Names and/or DBA's): \_\_\_\_\_

Name of Enterprise (past ten years): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

(B) Address

Contact Person                      Title                      Telephone Number

Business Mailing Address (City, State, Zip, County)

Premises (Street) Address (City, State, Zip County)

Telephone Number                      Fax Number                      E-Mail Address (no personal e-mail)

(C) List the address of each office, warehouse, or outlet where you manufacture, store, or sell your manufactured goods and/or provide service from (any additional address please attach).

1. Premises Name Telephone Number

Business Mailing Address: (City/State/Zip/County)

2. Premises Name Telephone Number

Business Mailing Address: (City/State/Zip/County)

(D) List employee who will be the primary contact for Licensing matters:

Name \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail Address (No personal e-mail address) \_\_\_\_\_

**II. TYPE OF ENTERPRISE & OWNERSHIP INFORMATION (Check applicable block and submit the required information:**

NOTE: Include a copy of business license, an organization chart; which includes all parent subsidiary, related entities, including holding companies, and their relationships. **(Label as Attachment A1)** Provide the following information as applicable for the enterprise and all parent companies.

- Individual/Sole Proprietor(s)
  - ▶ Include Spouse (include maiden name)
- Partnership (Limited and General)
  - ▶ Attach a list of all partners and their spouses (include maiden name)
  - ▶ Partnership Agreement (If no agreement, list terms and date formed)
- Limited Liability Company
  - ▶ Attach a list of all members and their spouses (include maiden name)
  - ▶ Filing with Secretary of State/Province
  - ▶ Organizational Documents and/or member agreements
- Corporation
  - ▶ Attach a list of Corporate Officers, Directors, Shareholders owning 5% or more of stock and their spouses (include maiden name)
  - ▶ Signed and dated Certification of Corporation and/or Articles of Incorporation/Bylaws

NOTE: Provide the following information for the above corresponding individuals in the format show **(Label Attachment A2)**

Names Title

Street Address: City, State, Zip, County

Social Security Number Date of Birth % of Ownership

A.K.A.

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**III. STATE THE NAME, DATE OF BIRTH, RESIDENCE, ADDRESS, POSITION WITH OR RELATIONSHIP TO THE ENTERPRISE (Label as Attachment B)**

- (A) All persons of the enterprise who will be directly dealing with any **Dancing Eagle Casino (DEC)** or **Route 66 Casino-Hotel/Casino Xpress** licensee. To include all sales representatives and technicians dealing with **DEC or Route 66 Casino-Hotel/Casino Xpress**.
  - (B) All persons associated with the enterprise who will be signing agreements with any **DEC or Route 66 Casino-Hotel/Casino Xpress** licensees.
  - (C) The immediate supervisor(s) of each of the persons with whom casino licensees will be directly dealing with.
  - (D) The person(s) responsible for or in charge of the offices out of which these supervisor(s) work.
- 

**IV. FINANCIAL INTEREST**

Please submit the requested material for any "Yes" Answers:

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does any person or entity listed in Section II or III have any financial or ownership interest in any other gambling activity or enterprise" Provide fill details. <b>(Label as Attachment C1)</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does any person or entity, other than those listed in Section II & III have any financial or ownership interest in this enterprise. Provide a list including names and details of interest (including assigns, landlords, etc.) or to whom my interest or share of profit has been pledged as a security for the performance of a contract or sale, or whom as an obligation for enterprise liabilities relating to the gambling operation. <b>(Label as Attachment C2)</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does any person or entity have an option to purchase any share of the enterprise (5% or more). Explain, giving details including names and terms of option. <b>(Label as Attachment C3)</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the purchase or startup of the enterprise a cash transaction (including cash from loans). Provide narrative statement as to original source of cash. <b>(Label as Attachment C4)</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does any person or entity other than the enterprise own the land, building(s), equipment, or any other assets (including patents) used by the applicant. Provide full details including owner, item and terms. <b>(Label as Attachment C5)</b>  |

**V. PUBLICLY TRADED**

(A) Is the enterprise a publicly traded corporation?  Yes  No

If "Yes", please submit the following information on all institutional investors that hold 5% or more interest in the enterprise:

Name & Address if institutional Investor	% of Ownership	Number of Shares Held

If additional institutional investors need to be listed **(Label as Attachment D)**

(B) Ticker Symbol: \_\_\_\_\_ Exchange Traded on: \_\_\_\_\_

**VI. IS THIS ENTERPRISE ENTITLED TO INDIAN PERFERNECE?**

(At least 51% Owned and Controlled by Native Americans)  Yes  No

If "Yes" list name and location of Tribal affiliate and attach Tribal Membership Documentation. **(Label as Attachment E)**

**VII. TYPE OF PRODUCT/SERVICE**

Check all that apply:

- Manufacturer  Distributor
- Service Supplier  Gaming Equipment/Supplies
- Gaming Machines  Bingo Paper/Supplies
- Pull ticket/Tab or Punchboard  Management Co. /Financier
- Consultant  Casino Junket
- Other (State primary nature of goods/services to be provided)

**PUEBLO OF LAGUNA**

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**VIII. SUBCONTRACTORS/CONSULTANTS/OTHERS PERFORMING SERVICES FOR ENTERPRISE**

NOTE: For licensing application purposes, the term “subcontractor” means any corporation business, organization, or entity, consultant, or person(s) other than the enterprise or enterprise’s employees that the enterprise contracts or authorizes to do work for Dancing Eagle Casino & Route 66 Casino-Hotel/Casino Xpress. The enterprise may not anticipate the use of subcontractors at the time of the initial license application, however all subcontractors will be required to complete a separate licensing application prior to any work being authorized. If the enterprise has not yet selected a subcontractor, the enterprise must provide the requested information as soon as it becomes known, **no subcontractor work may be authorized under the enterprise’s license**. Failure to identify subcontractors or provide the required information on subcontractors could adversely impact the enterprise licensing process or the enterprise’s license.

Will the enterprise use a subcontractor to provide all or part of the described services or products listed under Section VII?

Yes             No

If “Yes” please provide the name, address, telephone number and designated agent of the subcontractor **(Label as Attachment F)**

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**IX. RECORD KEEPING**

(A) Who (company or individual) maintains the enterprise’s business records?

\_\_\_\_\_

(B) Who (company or individual) prepares the tax return, government forms, audits, and reports for the enterprise(s)?

\_\_\_\_\_

(C) Where are the financial books and records for the enterprise(s) kept?

\_\_\_\_\_

(D) For each financial institution in which the enterprise currently maintains its operating and/or investment account, attach a list of the following information. Include: **(Label as Attachment G1)**

- Institution Name
- Account Number
- Contact Name
- Telephone Number
- Address

(E) For each outstanding loan and/or financial obligation (intuitional/personal/other) obtained for use of operating this enterprise, attach a list of the following information: **(Label as Attachment G2)**

- Creditor Name
- Address
- Loan Number
- Loan Amount
- Date Acquired
- Date Due

**X. DEBT/BANKRUPTCY ACTIONS**

Has the enterprise ever filed, or had filed against it, a proceeding for bankruptcy or even been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt?

Yes       No

If you answered "Yes", complete the following:

Date of Filing	Name and Location of Court	Case Number	Disposition

If additional debt/bankruptcy actions needs to be listed **(Label as Attachment H)**

**XI. TAX INFORMATION**

Has there been filed against the enterprise or has the enterprise been served with a complaint, lien, judgment, or other notice filed with any public body regarding the payment of any tax required under Federal, State or Local law?

Yes       No

If you answered "Yes", complete the following table:

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount	Status/Disposition

If additional tax information needs to be listed **(Label as Attachment I)**

**XII. LITIGATION**

(A) Is your enterprise currently a party to any civil lawsuits?       Yes       No

If you answered "Yes" submit a description of all existing civil litigation to which the enterprise or any subsidiary is presently a party whether in this state or another jurisdiction. Include the following information: **(Label as Attachment J1)**

1. Official Title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made
6. Status/disposition

(B) Has your enterprise been a party to any other litigation?

1. In the previous ten years in which the enterprise or any of its officers, executives, or manager were accused of intentional misconduct

Yes  No

2. In which an ultimate decision adverse to the enterprise or any of its officers, executives or managers would have or could have a current or future effect on the enterprise

Yes  No

3. In which the *owner, partner, director* had ever been (for any offense): arrested charged indicted, tried, court marshaled, pled no contest, or had any criminal record expunged in this or any other state or foreign country

Yes  No

4. In which an ultimate decision adverse to the enterprise or any of its officers, executives or managers could reasonably be expected to reflect upon the current or future financial responsibility or ability of the enterprise or the character reputation, or integrity of the enterprise or any of it officers, executives or managers

Yes  No

If you answered "Yes" to any of the above, submit the following: **(Label as Attachment J2)**

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made
6. Status/disposition

- (C) Has the enterprise ever had a judgment consent decree or consent order pertaining to a violation or alleged violations of the Federal Antitrust, Trade Regulation or Securities Laws, or similar laws of any state, province or country entered against it/or has the enterprise been names as an in-indicted co-conspirator in any criminal proceeding in this state or any other jurisdiction

Yes  No

If you answered "Yes" to Section XII C, submit the following: **(Label as Attachment J3)**

1. Official title or caption of the case
2. Docket or case number
3. Name & Address of Court or Agency
4. Nature of Judgment
5. Decree or Order
6. Date Entered



**XIII. REPRESENTATIVES**

Submit the name, business address, and the telephone number of the enterprise’s representatives for: **(Label as Attachment K)**

- (A) Legal Services
- (B) Registered or authorized agent upon whom services of process in any proceedings against the filing entity pursuant to applicable rules, regulations and/or Statutes of the State of New Mexico or proceeding in any court of the State including the United State District Court of the District of New Mexico may be made.

**XIV. REGULATORY AGENCIES**

- (A) Does a public or regulatory agency (other than gaming agencies) regulate the enterprise

Yes       No

If “Yes”, complete the following chart:

Name and Location of Public Agency/Regulatory Agency	Type of Regulation	License number and/or Other Identifying number

- (B) Has the enterprise (including parent, subsidiaries, directors and/or principals) ever applied in any jurisdiction for a license, permit or other authorization to participate in **Indian Gaming** or other lawful gaming operations *(including manufacture or distributor of gaming supplies & equipment, casino gaming, horse racing, dog racing, parimutual operations, lottery or sports betting)*

Yes       No

If “Yes”, submit the following information: **(Label as Attachment L1)**

Name & Address of Licensing Agency	License #	Type of Gaming Activity	Status

- (C) Has the enterprise ever had a complaint or other notice or pending disciplinary action from any jurisdiction?

Yes       No

- (D) Has the enterprise ever had any license or certificate issued in any jurisdiction denied restricted, suspended, revoked or not renewed

Yes       No

(E) Has the enterprise ever withdrawn its application, license or certificate in any jurisdiction

Yes  No

If you answered “Yes” to any of the questions above, submit the following information, including a statement describing the facts or circumstances: **(Label as Attachment L2)**

1. Name of the Licensing Agency
2. Action Taken
3. Date of Action

(F) Provide a copy of the enterprise’s registration with the Department of Justice **(Label as Attachment L3)**

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## XV. AGREEMENTS

(A) Has the enterprise entered into any written agreements with **DEC or Route 66 Casino-Hotel/Casino Xpress**

Yes  No If “Yes”, submit a copy of such an agreement **(Label as attachment M1)**

(B) Has the enterprise entered into any unwritten agreements with **DEC or Route 66 Casino-Hotel/Casino Xpress**

Yes  No

If “Yes”, submit a description of the terms of each agreement, including in said description the duration and terms of compensation of each such agreement. **(Label as Attachment M2)**

(C) For each agreement or expected agreement with **DEC or Route 66 Casino-Hotel/Casino Xpress**, explain:

1. How and when the terms of compensation are to be determined, if different responses are required for different agreements, identify each response with the particular agreement to which it relates.
2. How and when orders, if any, are to be placed under each agreement. **(Label the above responses as Attachment M3)**

(D) Are, or were, any agreements between this enterprise and **DEC or Route 66 Casino-Hotel/Casino Xpress**, in any way subject to or conditioned upon any other agreement between **DEC or Route 66 Casino-Hotel/Casino Xpress**, its employees or either this enterprise or any other enterprise whatsoever

Yes  No

If “Yes” submit a list of each such agreement, explain the relationship and name the enterprise. **(Label as Attachment M4)**

(E) Are any of the suppliers, contractors or subcontractors of the enterprise, directly or indirectly, either holders of any securities or creditors as to any long or short term secured or unsecured debt of the enterprise

Yes  No

If “Yes” identify the said suppliers, contractors or subcontractors, the nature of the interest or debt, and the amount thereof. **(Label as Attachment M5)**

**XVI. CERTIFICATION**

**I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

*I further understand that any false statements or misrepresentation of any information, as well as a failure to consent to the disclosures on any part of this application may be grounds for the denial and/or revocation of the enterprise's gaming license.*

Name of Enterprise: \_\_\_\_\_

By: \_\_\_\_\_

Print Name

Title

Signature

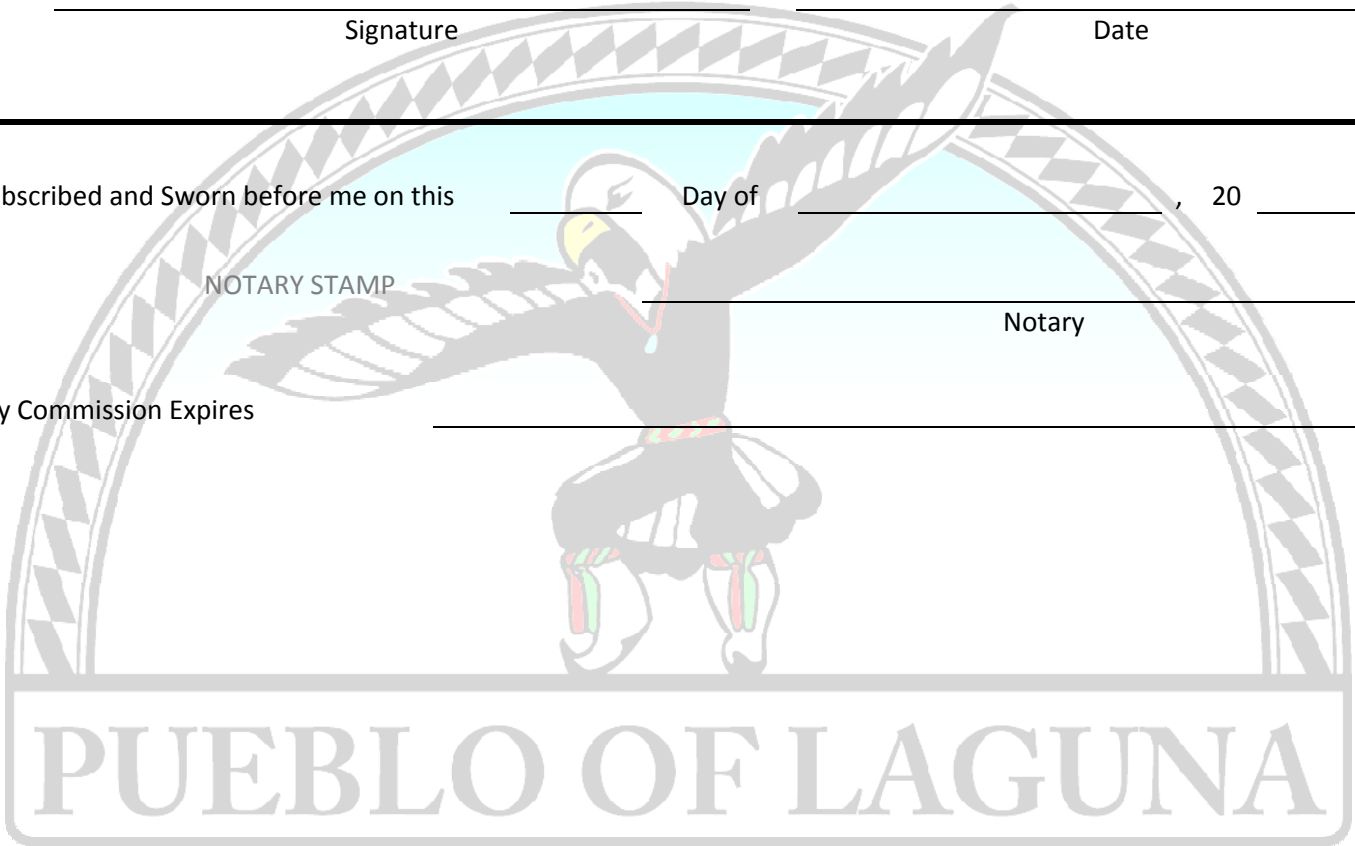
Date

Subscribed and Sworn before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY STAMP

Notary

My Commission Expires \_\_\_\_\_



**AFFIRMATION AND CONSENT**

I, \_\_\_\_\_ as authorized agent of the Contractor, state under penalty of perjury that the entire Contractor License Application, statements, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Contractor license by the Pueblo of Laguna Tribal Gaming Regulatory Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of contractor license or the revocation of the license. I am voluntarily submitting this application to the Tribal Gaming Regulatory Authority under oath with full knowledge that I may be charged with perjury or other crimes for the intentional omissions and misrepresentations pursuant to federal, tribal, and other applicable law, I further consent to any background investigation necessary to determine my present and continuing suitability as a Contractor and this consent continues during the term of this contractor license and for 90 days following the expiration or surrender of such license. I also agree that the Tribal Gaming Regulatory Authority its officers and designee shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs.

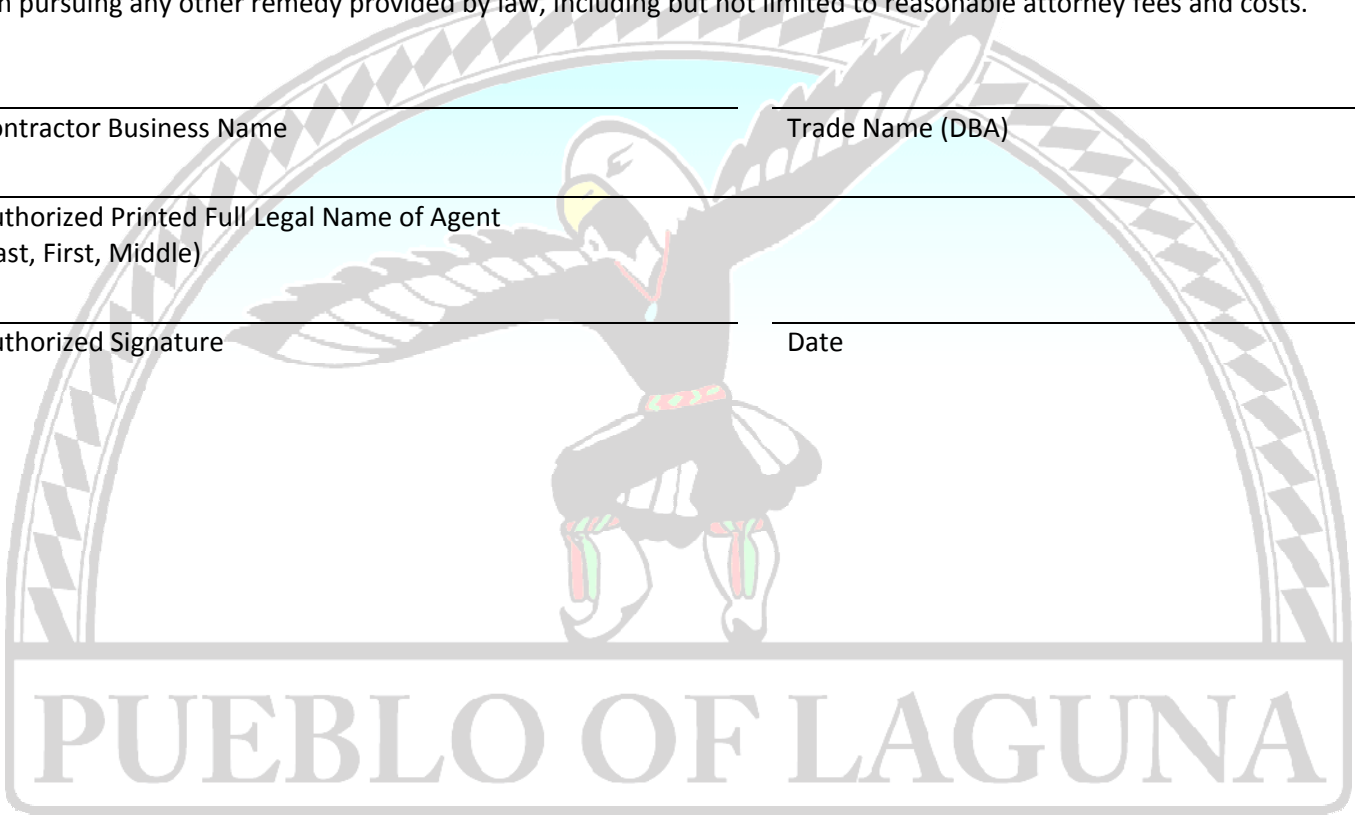
\_\_\_\_\_  
Contractor Business Name

\_\_\_\_\_  
Trade Name (DBA)

\_\_\_\_\_  
Authorized Printed Full Legal Name of Agent  
(Last, First, Middle)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



**APPLICANT’S REQUEST TO RELEASE INFORMATION**

To: Pueblo of Laguna Tribal Gaming Regulatory Authority

Contractor Name: (please print)

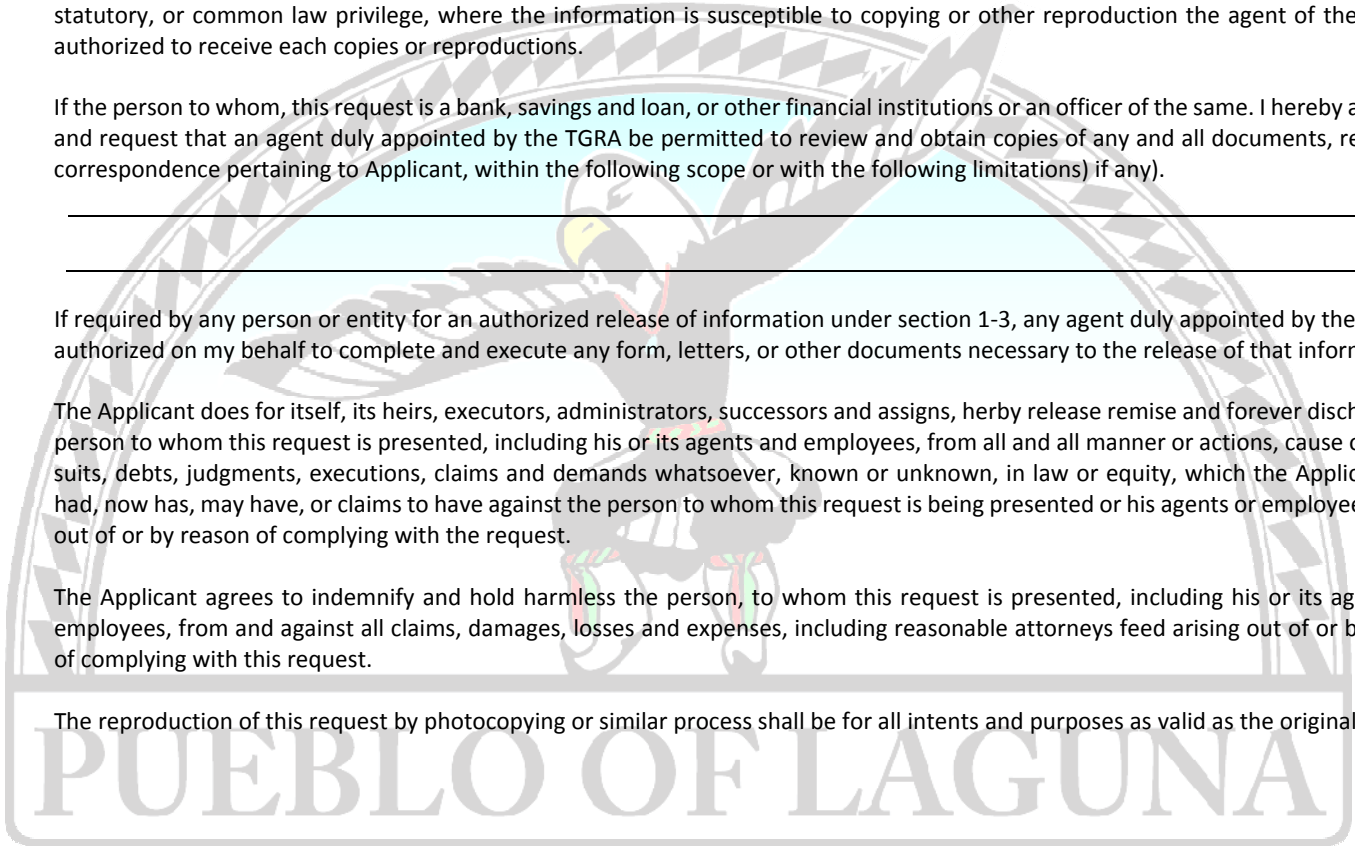
The applicant has filed with the Tribal Gaming Regulatory Authority (TGRA) an application for a contractor license. The applicant understands that it is seeking a grant of a privilege and acknowledges that the burden of providing its qualifications for a favorable determination is at all times on the Applicant. To complete its investigation of Applicant’s application, the TGRA may need additional authority to obtain information relevant to the application. If additional authority is requested by the TGRA, Applicant may grant such additional authority or withdraw its application. The TGRA reserves the right to deny an application even if it is withdrawn.

1. I hereby authorize and request all person to whom this request is presented having information (Including documents, electronic media, dates, and all other forms of information) relating to or concerning the Applicant to permit an agent duly appointed by the TGRA to receive such information, whether or not that information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege, where the information is susceptible to copying or other reproduction the agent of the TGRA is authorized to receive each copies or reproductions.
2. If the person to whom, this request is a bank, savings and loan, or other financial institutions or an officer of the same. I hereby authorize and request that an agent duly appointed by the TGRA be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to Applicant, within the following scope or with the following limitations) if any).  

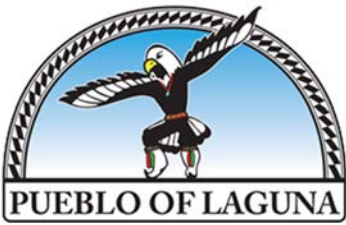

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3. If required by any person or entity for an authorized release of information under section 1-3, any agent duly appointed by the TGRA, is authorized on my behalf to complete and execute any form, letters, or other documents necessary to the release of that information.
4. The Applicant does for itself, its heirs, executors, administrators, successors and assigns, hereby release remise and forever discharge the person to whom this request is presented, including his or its agents and employees, from all and all manner or actions, cause of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the Applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
5. The Applicant agrees to indemnify and hold harmless the person, to whom this request is presented, including his or its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.
6. The reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.



Printed Full Name of Authorized Contractor Agent (Last, First, Middle)	Title
Signature	Date
Signature of TGRA Agent presenting this request	Date



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Phone: (505) 352-8240 | Fax: (505) 352-8241

**CEO BACKGROUND INVESTIGATION**

**Please submit a copy of Driver's License or ID & Social Security Card**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Full Middle

Former names used, AKA, Maiden Names ext.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name or P.O. Box City/State/Zip Code

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City Town County State

Citizenship:  United States  Other If other: Country of Origin \_\_\_\_\_  
Registration Number \_\_\_\_\_

If you are a naturalized United State Citizen:  
\_\_\_\_\_  
Naturalization Date Certification Number Place of Naturalization

Driver's License or ID #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

**FOR CEO**  
**Investigative Authorization to Release Information**

I, \_\_\_\_\_, as authorized Agent of the Contractor, hereby authorize the Tribal Gaming Regulatory Authority, the Federal Bureau of Investigation and the National Indian Gaming Commission (collectively "The Investigatory Agencies") to conduct a complete investigation into the Contractor's background, using whatever legal means they deem appropriate in order to determine the Contractor's suitability for involvement in Indian Gaming. On behalf of the Contractor, I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. On behalf of the Contractor, I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed on the Contractor's business operation. On behalf of the Contractor, I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the Contractor's business financial records in whatever form and wherever located.

I understand that by signing this authorization a civil record and criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning the Contractor contained in any type of criminal history record or files, wherever located, I understand that the criminal history record files contain records of arrests, which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charge, or charge that resulted in a not guilty finding). I understand that the information may contain listing of charges that resulted in suspended imposition of sentence even though the Contractor successfully completed the conditions of said sentence and was discharged pursuant to law, I authorize the release of this type of information even though this record may be designated as "confidential" or "nonpublic" under the provision of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction; I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Investigatory Agencies, and other agents or employees of the Investigatory Agencies shall not be liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the Contractor, its heirs, executors, administrators, successors and assigns, hereby release, waive, and forever discharge any and all manner or actions, cause of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the Contractor ever had, now has, may have, or claims to have against any Investigatory Agency or any person (of any kind, including his or its agents and employees) resulting from any use, disclosure or publication in any manner of information obtained pursuant to Contractor's Application and this Authorization that relate specifically to such Agency or person obtaining or providing information pursuant to such Application and Authorization; provided, however, that claims arising from the gross negligence, recklessness, or intentional misconduct or misuse of information by such person are not waived or released by this sentence.

Any information contained in this application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the Government of the United States, any foreign country, or any Indian Tribe.

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Trade Name (DBA)

\_\_\_\_\_  
Printed Full Legal Name of Authorized Agent (last, First, Middle)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please sign in the presence of a Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

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

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