Schedule C – Additional Information Eligible Organization Games Licensing

Schedule B: List the following data for all persons who will be responsible for operation of games of chance who are not listed on page 3 of the application.

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			

Full Name	Date of Birth	Title or Relationship	Social Security Nbr (Optional)

Email Address			Telephone Number (Home)
Complete Mailing Address (Home Address)			