



**SOUTH DAKOTA COMMISSION ON GAMING**

87 Sherman Street • Deadwood, SD 57732  
(605) 578-3074 • [dor.sd.gov/gaming](http://dor.sd.gov/gaming)

Dear Applicant:

Enclosed you will find an application for a route operator license.

The definition of a route operator is "any person who, individually or jointly pursuant to an agreement whereby consideration is paid for the right to place slot machines or gaming tables, engages in the business of placing and operating slot machines or gaming tables within the city of Deadwood."

An application fee of one thousand dollars (\$1,000) is required to be submitted with this application and upon approval of the license; a license fee of one thousand dollars (\$1,000) is required. Thereafter this license is renewable each year for a fee of two hundred dollars (\$200). Each route operator shall also hold a valid operator license.

Our records indicate that you are doing business as a route operator and accordingly, must be licensed as such. The licensing fee will be due upon arrival of the route operator application.

If you have any questions, feel free to contact our office.

Sincerely,

SUSAN CHRISTIAN  
Executive Secretary

# SOUTH DAKOTA COMMISSION ON GAMING APPLICATION FORM

South Dakota Commission on Gaming  
 87 Sherman Street  
 Deadwood, SD 57732  
 Telephone: (605) 578-3074

**SDCG2**

**DO NOT WRITE HERE**

Amount Rec'd:

Date Rec'd:

License #:

Please Print or Type – Attach Additional Sheets if Needed

1. TYPE OF GAMING LICENSE  Route Operator (\$1000)  
 \*(MUST HAVE OPERATOR LICENSE TO APPLY FOR ROUTE OPERATOR LICENSE)

2. Name of Establishment:	Address:	Telephone #
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3. Federal Taxpayer ID #	SD Sales Tax License No.	SD Liquor License No.	Name of Liquor License Holder
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4. Indicate Type of Business or organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Profit	<input type="checkbox"/> Corporation/Non-Profit <input type="checkbox"/> Association (Fraternal, Civic, etc.) <input type="checkbox"/> Other:
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5. Explain your involvement with the business:

6. Complete the following (if the application is a partnership, corporation, or other form of business organization, furnish such similar information as that shown below).

a) State of Corporation \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Qualification to do business in South Dakota \_\_\_\_\_

b) A certified copy of all the Articles of Incorporation or a true copy of the partnership agreement is attached  YES  NO  
 If no, state reasons \_\_\_\_\_

c) A general description of the nature of the business (attach a separate sheet if necessary): \_\_\_\_\_

d) A complete list of all stockholders/partners showing the number of shares/interest held of record by each is filed herewith.  
 YES  NO If no, state reasons: \_\_\_\_\_

e) List below the following information with respect to all partners, directors, officers, and key employees. Each of the persons named below who own 5% or more of the corporation or who are the designated manager must complete and submit a Personal History Information Form, Personal Financial Questionnaire, fingerprint cards, and other documentation required by the Commission. (Use attachment if necessary.)

Full Name	Residence Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


f) The terms, positions, rights and privileges of the different classes of securities outstanding:

Security	Terms & Positions	Rights & Privileges

g) Options existing or to be created in respect of their security or other interest:

Name	Address	Title	Options or Other Interests

7. List below the following information with respect to any persons who will receive, directly or indirectly, any compensation or rents based on a percentage or share of the proceeds of the gaming venture. Each person named below may be required to complete and file a Personal History Information Form SDCG2-1 and other documentation required by that form.

Full Name	Residence Address	Title

8. List below the primary contact person for this business:

Name	Address	Title	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

9. A – Has the business ever filed bankruptcy?  YES  NO  
If yes give details: (Use additional sheets if necessary) \_\_\_\_\_

B – Is the business delinquent in the payment of any taxes, interest or penalties owed to the State of South Dakota, including items currently under formal dispute or appeal under law?  YES  NO  
If yes, give details: (Use additional sheets if necessary) \_\_\_\_\_

C – Have you applied for or received a license from the South Dakota Lottery Commission?  YES  NO  
If yes, what is lottery license number \_\_\_\_\_

10. Is another license to be issued to this location?  YES  NO  
If yes, who will hold the additional license? \_\_\_\_\_

**AFFIRMATION OF INFORMATION PROVIDED**

I, \_\_\_\_\_, declare and affirm under the penalties of perjury that this Application, and any statements, attachments, supporting schedules and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a gaming license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65.

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

## ROUTE OPERATOR AGREEMENTS

OPERATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE COMPLETE THIS FORM BY LISTING ALL RETAILERS THAT YOU RECEIVE CONSIDERATION BY PLACING GAMING DEVICES IN THEIR RETAIL ESTABLISHMENT.

	RETAIL LOCATION	# OF GAMING DEVICES	COMPENSATION	
			TO ROUTE OPERATOR	TO RETAILER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				