



580 Fort Road
Toppenish, WA 98948
(509) 865-5322
Fax: (509) 865-7867

Dear Vendor:

The Legends Casino has indicated that your company has been selected to bid on, perform services or provide product. Pursuant to the Yakama Indian Nation Gaming Ordinance T-015-20 and in accordance with National Indian Gaming Commission and Tribal-State Compact Regulations, the Yakama Nation Gaming Commission is required to investigate and license all vendors who provide services or supplies to the Yakama Legends Casino.

Indian Gaming is the most regulated business today. It is the Commission's obligation to preserve the honesty, fairness, and integrity of all activities associated with Indian Gaming by the Yakama Nation. We have determined your company meets certain qualifying criteria based on anticipated future business with Yakama Legends Casino. A recent resolution enacted by the Yakama Nation's General Council membership states:

The Legends Casino Board of Directors, Tribal Council, General Council Officers, Gaming Commission and key Legends staff working on this project will do all that is necessary to protect tribal assets, to assure that no illegal business activities, and if anyone is found guilty of such crimes against the Yakama Nation, the consequences will include prosecution to the highest degree including the use of GC-02-01 which includes Title 18 United States Code, Section 1163 a Federal Indian Law on "Embezzlement and Theft from Indian Tribal Organizations," applied to criminal activity characterized as "white collar crime,"

Please find enclosed a **Vendor Licensing Application** packet. Included in this packet are completion instructions, a schedule of fees and the application itself. These forms may be duplicated as needed in order to submit the necessary information for the business entity and all required company representatives.

All requested information along with the **appropriate vendor fees** must be submitted prior to business being conducted between your company and Yakama Legends Casino to:

**Yakama Nation Gaming Commission
Attention: Licensing Department
580 Fort Road
Toppenish, WA 98948**

Failure to comply with the Yakama Nation Gaming Commission's licensing requirements may prevent your company from performing any work or providing goods to the Legends Casino.

We appreciate your cooperation and timely response. If you have any questions, please contact the Licensing Department at (509) 865-5322 at the following extensions:

Karen Tillequots, Licensing Manager, ext. 5504
Korina Polk, Licensing Agent, ext. 5152
Thelma Starr, Licensing Agent, ext. 5503

Cc: vendor file



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Business with Yakama Legends Casino Vendor License Application Packet

THIS PACKET CONTAINS:

1. Cover Letter, (form Lic-13-14)
2. General Instructions, (form Lic-14-14)
3. Fee Schedule, (form Lic-15-14)
4. Application forms
 - Vendor Application General Information, (forms Lic-16-14 through Lic-18-14)
 - Financial Statement Application, (forms Lic-19-11 through Lic-21-11)
 - Personal / Criminal History Statement, (forms Lic-22-14 through Lic-23-14)
 - Work Permit Application, (forms Lic-24-11) (Only for Waived Vendors)

NOTE: You may make and use copies of all forms within this packet.

GENERAL INSTRUCTIONS BEFORE COMPLETING ANY FORMS:

1. All applicants and substantial interest holders will be required to provide 2 forms of positive identification, as well as current photo (typical passport photo works well).
2. Please type or print in black ink.
3. Answer ALL questions. If a question is not applicable, use N/A.
4. Mail or Deliver the completed application, fee, and all accompanying documents to the above address.
5. Ensure that the application is sign and dated by the appropriate individuals.
6. When completed, the application and addendum should be rechecked to ensure completion. This may help to avoid delays during the processing of the application. **Please be aware that failure to provide documents or information may cause administrative closure, withdrawal, or denial of your application.**
7. If you need assistance in completing this application, please call Licensing at (509) 865-5322, extension 5504, 5503, 5152 or 5217.



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YNGC VENDOR LICENSE- SCHEDULE OF FEES

<u>License Class</u>	<u>Application Fees</u>	<u>Annual Renewal Fee</u>
A	\$1,000.00	\$1,000.00
B	\$500.00	\$500.00
C	\$200.00	\$200.00
Vendor Employees on Casino Premises	\$50.00	\$40.00

(NOTE: ALL VENDOR FEES ARE NON-REFUNDABLE)

CLASS A: Management Companies, Financiers, and Manufacturers and Suppliers of Gaming Supplies and Services directly related to Class II & III .

Requires:

- Vendor License Application – Forms Lic-16-14 through Lic-16-18 for the entity.
- Financial Statement Application – Forms Lic-19-11 through Lic-21-11. (The Companies Financial Annual Report may be submitted in lieu of filling out Section C and D).
- Personal/Criminal History Statement - Forms Lic-22-14 through Lic-23-14 for all executives and representatives of the company who do business directly with the Casino or any employees who will be on casino premises. Please include 2 forms of ID (preferably driver’s license, state ID, social security card, tribal enrollment card, military, passport, or alien registration).
- A current copy of your Washington State Gambling License Certificate.
- A current copy of your Company Business License and W-9.
- A current copy of your Yakama Nation Business License.
- Any Vendor Employee will be on Casino premises must fill out the Work Permit, Release of Authorization, provide a copy their ID for a badge to be issued and pay the initial vendor employee fee of \$50.00

CLASS B: Non-Gaming Vendors whose annual business with the casino is more than \$25,000. **Requires:** Same forms as Class A, with exception of WSGC Certificate. Vendor employees who will be working on casino premises fill out the Work Permit, Release of Authorization, copy of ID, and initial vendor employee fee of \$50.00

CLASS C: Non-Gaming Vendors whose annual business with the casino ranges \$10,000 to 24,999. **Requires:** Same forms as Class A, with exception of WSGC Certificate. Vendor employees who will be working on casino premises fill out the Work Permit, Release of Authorization, copy of ID, and initial vendor employee fee of \$50.00

WAIVED VENDORS: Businesses who do non-gaming business with the Casino (annual business is \$10k or less) may be waived by a written request from the vendor to the Yakama Nation Gaming Commission. All waiver request are at the discretion of the Gaming Commission. For those vendors working on casino premises they will pay the initial vendor employee fee of \$50.00, fill out Work Permit and Release of Authorization, and provide copy of ID. Company provides W-9 and a current copy of the Yakama Nation Business License.

EXEMPT VENDORS: Vendors that are licensed and regulated by an external federal government agency, need not apply for a vendor license. (example: Yakama Nation Programs, FAA, FDIC, FERC, FCC, etc.) This exemption does not include publicly traded companies regulated by the SEC. Forms required as deemed necessary by the Yakama Nation Gaming Commission. Company may need to provide W-9 and a current copy of the Yakama Nation Business License.

YAKAMA NATION BUSINESS LICENSE – All businesses that do business with any Yakama Nation entity will be required to apply for Business License with the Yakama Nation. The cost is separate from this vendor license fee. The fee for the Yakama Nation Business License is \$205.00. Please contact the Yakama Nation Department of Revenue at (509) 865-5121, extensions 4650, 6028, 6091, 6028, or 6069.

NOTE: Companies are prohibited from charging the Vendor fee back to the Yakama Legends Casino.



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VENDOR LICENSING APPLICATION

Licensing Use Only	
Application Sent _____	Approval Date _____
Application Received _____	Vendor No. _____ Tax ID#: _____

General Information

A. Applicant: _____
(Use full name, partnership, corporate name)

Doing Business As: _____

Type of Services Provided: _____

(Provide copies of any written agreements between your company and Yakama Legends Casino.)

Telephone: (____) _____ Fax: (____) _____ Cell: (____) _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Premises Address (Physical) _____

City: _____ State: _____ Zip: _____

Is the business Certified by the Washington State Gambling Commission (check one)? YES NO

B. List the address of each office, warehouse or outlet of the applicant's business:

1) _____

City: _____ State: _____ Zip: _____

2) _____

City: _____ State: _____ Zip: _____

C. Type of business (check applicable block and complete the entire section)

Provide copy of Articles of Incorporation and by-laws or any other documents that set out the organizational structure and purpose of the organization.

Sole Proprietor:

Owner: _____
Last First M.I.

DOB: _____ SSN: _____

Partnership:

Partner: _____
Last First M.I.

DOB: _____ SSN: _____

Partner: _____
Last First M.I.

DOB: _____ SSN: _____

Corporation:

CEO/President: _____
Last First M.I.

DOB: _____ SSN: _____

Sec/Treas _____
Last First M.I.

DOB: _____ SSN: _____

Chairperson: _____
Last First M.I.

DOB: _____ SSN: _____

(If necessary, list all other corporate officers on an additional sheet).

D. If your main office is located outside the State of Washington, provide the name of the individual who will act as your in-state representative. (If n/a, indicate)

Representatives Full Name: _____
Last First M.I.

DOB: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Office Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

E. Please list any agreement or license with any other tribe that you may have provided service/supplies, or act as a consultant?

Tribe: _____ City & State _____ From: _____ To: _____

Tribe: _____ City & State _____ From: _____ To: _____

(If necessary, please attach additional sheet.)

F. Were any of the license, permits, authorizations ever revoked, suspended, or denied (check one)? Yes No

(If yes, please attach a letter of explanation, including the date(s), location(s), and circumstances.)

G. Yakama Nation TERO Compliance - All businesses shall comply with TERO Ordinance rules and regulations.

H. Yakama Nation Business License – All businesses will apply for an annual Yakama Nation Business License. Current fee is \$205.00 (This fee is separate from Vendor fee).

OATH OF APPLICANT

I declare under penalty of perjury that all the answers and statements are true, correct and complete. I declare I am authorized as an official representative of this Company or Corporation to sign these documents. I understand that untruthful or misleading answers are cause for denial of my application and/or revocation of a licensure granted. I further understand that the Yakama Nation Gaming Commission may revoke, suspend, withdraw, or deny any licensure granted for any reason(s) it deems to be in the public interest under the provisions of the Yakama Nation Gaming Ordinance or Federal law. I agree to inform the Commission should any information provided on this application change or become obsolete, and/or should any criminal or civil actions be filed against our company.

I authorize the Commission to obtain a credit report on the company, for suitability determination purposes in the granting of a Tribal Vendor Gaming License, both at the present time, and at anytime during the Licensee's relationship with the Casino.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Follow-up on Vendor Application, contact: _____
Telephone: _____ Fax: _____ Email: _____

YAKAMA NATION GAMING COMMISSION
RELEASE OF INFORMATION AUTHORIZATION FOR
Business Company

I, _____ (name), _____ (title) of _____ (business entity), authorize the release of all information requested by the Yakama Nation Gaming Commission to determine this business entity's vendor suitability for involvement in Indian gaming. Information that may be requested includes, but is not limited to: Employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copy of any and all documents, records, or correspondence pertaining to this business entity, upon request of the representative of the Yakama Nation Gaming Commission, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors, and assigns, hereby release, waive and forever discharge any person to whom this request is presented and his agents and employees from any all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the business ever has had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

This business entity agrees to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

This business entity agrees to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

This business entity understands that the information released by records, custodians, and other sources of information is for a required background investigation to process its vendor license application for providing goods or services to a gaming operation.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid for the period of my vendor license and two (2) years beyond my license expiration date.

I certify that I am an owner, officer, or representative of the business entity and am authorized to execute this Release of Information Authorization on behalf of the named Vendor.

I, _____, hereby certify that I am not associated with organized crime and I have read the foregoing and understand and authorize release of personal, financial, and criminal information about this business entity.

Date of Birth: _____	_____
Signature: _____	Social Security # _____
Full Name: _____ (Print Legibly or Type)	Date Signed _____
Current Address: _____	_____
Street	City
State	Zip

This must be signed by a notary public or a staff member of the Yakama Nation Gaming Commission.

Witnessed before me this _____ day of _____, 20____.

Signed _____



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VENDOR'S LICENSING APPLICATION Financial Statement

(The Companies Financial Annual Report may be submitted in lieu of filling out Sections C and D.)

A. Business Name: _____
 (DBA or Trade Name)

Location Address: _____

 City County State Zip

B. This Financial Statement is for:

An Individual (can be joint for husband and wife)

I am a: Sole Proprietor Limited Partner Financier Other: _____
 LLC Member Stockholder(10% or more) Corporate Officer-Title: _____

Name: _____
 Last First M.I. Maiden Other

Home Address: _____

 City County State Zip

Mail Address: _____
 (if different)

Work Phone:(_____) _____ FAX Number:(_____) _____ Home Number:(_____) _____

A Business Entity

Entity is a: Corporation Limited Liability Company
 Limited Partnership Limited Liability Partnership

Business Entity Name: _____

Mailing Address: _____

 City County State Zip

C. Assets:

Income:	Self
Annual Gross Salary	
Annual Bonuses/Commissions/Dividends	
Other Annual Income	

Cash: (Total other than in bank)

Amount: \$	Monies held in escrow: \$
Location	

Checking, Savings, Stocks, Bonds, and Mutual Funds:

Name & type of company	Account Number	No. of Shares/ Face Value	Total Market Value	Authorized Signature(s)

Notes & Accounts Receivable: (Monies owed to you and/or your business)

From whom (Full name & address)	Monthly payment	Balance Due	Due Date

Real Estate Owned:

Address of Property Covered	County	Range/ Section	Title in Name of	Value of Land/ Building	Rental Income Per month

Vehicles/Boats Owned:

Year	Make	Model	Vehicle/Vessel ID Number	Fair market Value

Miscellaneous: (Other assets, such as personal property valued over \$1,000)

Description of Asset	Approximate Value/Balance

D. Liabilities:

Notes, Accounts, Bills, and Credit Cards Owning: (Over \$500)

To Whom (Full Name & Address)	Current Balance	Monthly Payment

Mortgages & Contracts Owning: (Including rent/lease payments)

Address of Property Covered	Full Name of Lender	Current Balance	Monthly Payment

Miscellaneous: (Other liabilities over \$500, such as tax obligations, etc.)

Description of Liability	Current Balance	Monthly Payment

E. General Information: (Please Circle Yes or No)

Use additional page(s) to fully explain "yes" answers to the following questions. Attach copies of documents and court papers.

Are any assets pledged or mortgaged other than as shown above? YES NO
Has undersigned been a defendant in any suits/legal actions regarding financial matters in the last 5 years? YES NO
Has the undersigned ever filed for bankruptcy YES NO
Has undersigned ever made a court ordered payment? YES NO

F. Source of Funds: The total cost to open the Business is \$ _____. The following explains my personal contributions.

Dollar Amount	Instructions (explain the following)	Explanation (attach documentation of the following sources.)
Cash Paid \$	The original source of cash used. Where the cash is or was kept.	
Cash Borrowed \$	Where the case was borrowed from. Provide name & address of lender.	
Deferred Contract \$	Any amounts being carried on a contract.	
Non-Cash Contribution \$	Explain any non-monetary contribution such as labor or equipment.	

G. Certification:

I certify that this Financial Statement represents my true financial status as of this date, and my contributions to this business. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

Signature: _____ Date: _____

Printed Name: _____



VENDOR LICENSING APPLICATION

Personal/Criminal History Statement

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Personal Statement		VENDOR NAME: (DBA or trade name)										
VENDOR LOCATION ADDRESS: <i>Street or Route</i>			<i>City</i>	<i>State or Country</i>	<i>Zip Code</i>	<i>County</i>						
I AM A: (Check all that apply) <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER: List Title:												
NAME: <i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Maiden</i>						
OTHER NAMES USED:				SOCIAL SECURITY NUMBER:		RACE/ORIGIN:						
HOME MAILING ADDRESS:				<i>City:</i>		<i>State:</i>						
<i>Zip Code:</i>	<i>County:</i>	<i>HOME PHONE:</i>		<i>WORK PHONE:</i>		<i>CELL PHONE:</i>						
<i>BIRTHDATE: Mo/Day/Yr</i>		<i>PLACE OF BIRTH: City</i>			<i>State or Country</i>							
<i>SEX:</i>	<i>HEIGHT:</i>	<i>WEIGHT:</i>	<i>EYE COLOR:</i>	<i>HAIR COLOR:</i>	<i>DRIVER'S LICENSE NUMBER & STATE OF ISSUE:</i>							
US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, give alien registration/entry visa/work permit number(s):										
<i>MILITARY SERVICE: Branch & Dates of Service</i>				<i>COUNTRY OF SERVICE:</i>								
SPOUSE'S NAME: <i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Maiden</i>						
DATE OF MARRIAGE:				PLACE OF MARRIAGE: <i>City, County, State</i>								
Criminal History Statement	<p>HAVE YOU EVER (as a Juvenile or Adult):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Been Arrested? <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td style="width: 50%;">4. Been jailed? <input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> <tr> <td>2. Been charged with a crime? <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>5. Been placed on probation? <input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> <tr> <td>3. Been convicted? <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>6. Forfeited bail, paid a fine over \$25 excluding traffic infractions, (speeding, seatbelt, sign, etc.)? <input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> </table> <p>You MUST answer "YES" if ANY of the above has occurred, even if the charges were dismissed, deferred or changed. Explain each charge below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license or vendor badge.</p>						1. Been Arrested? <input type="checkbox"/> Y <input type="checkbox"/> N	4. Been jailed? <input type="checkbox"/> Y <input type="checkbox"/> N	2. Been charged with a crime? <input type="checkbox"/> Y <input type="checkbox"/> N	5. Been placed on probation? <input type="checkbox"/> Y <input type="checkbox"/> N	3. Been convicted? <input type="checkbox"/> Y <input type="checkbox"/> N	6. Forfeited bail, paid a fine over \$25 excluding traffic infractions, (speeding, seatbelt, sign, etc.)? <input type="checkbox"/> Y <input type="checkbox"/> N
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3. Been convicted? <input type="checkbox"/> Y <input type="checkbox"/> N	6. Forfeited bail, paid a fine over \$25 excluding traffic infractions, (speeding, seatbelt, sign, etc.)? <input type="checkbox"/> Y <input type="checkbox"/> N											
DATE	OFFENSE	CITY	STATE	COUNTY	DISPOSITION & DATE							
OATH OF STATEMENT	I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for rejection of my application and/or revocation of any license granted. I hereby authorize investigation of my criminal history, credit history and other sources as necessary.											

Signature attesting to the above statements

Date

**YAKAMA NATION GAMING COMMISSION
RELEASE OF INFORMATION AUTHORIZATION**

I, _____ (name), _____ (title) of _____ (business entity), authorize the release of all information requested by the Yakama Nation Gaming Commission to determine in order to determine my suitability for involvement in Indian gaming. Information that may be requested includes, but is not limited to: Employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copy of any and all documents, records, or correspondence pertaining to me and my involvement with this business entity, upon request of the representative of the Yakama Nation Gaming Commission, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors, and assigns, hereby release, waive and forever discharge any person to whom this request is presented and his agents and employees from any all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

I understands that the information released by records, custodians, and other sources of information is for a required background investigation to process its vendor license application for providing goods or services to a gaming operation.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid for the period of my vendor license and two (2) years beyond my license expiration date.

I certify that I am an owner, officer, or representative of the business entity and am authorized to execute this Release of Information Authorization on behalf of the named Vendor.

I, _____, hereby certify that I am not associated with organized crime and I have read the foregoing and understand and authorize release of personal, financial, and criminal information about this business entity.

	Date of Birth: _____
Signature: _____	Social Security # _____
Full Name: _____ (Print Legibly or Type)	Date Signed _____
Current Address: _____	_____
Street	City State Zip

This must be signed by a notary public or a staff member of the Yakama Nation Gaming Commission.

Witnessed before me this ____ day of _____, 20 ____.

Signed _____



YNGC WORK PERMIT APPLICATION (INDIVIDUALS WORKING ON CASINO PREMISES)

I. VENDOR NUMBER _____ **VENDOR NAME** _____

Effective Date: _____ **EXPIRATION DATE:** _____

Reg. 3-Sec.3.080 (12-a) Any vendor that has been granted a waiver of the licensing requirements shall be required to file a request for a work permit which shall allow, once granted, the vendor the ability to conduct business with any licensed gaming entity. At no time shall any vendor be permitted to conduct business with any licensed gaming entity without a valid work permit. The work permit will be valid for the period of one (1) year and must be renewed on an annual basis.

Reg. 3-Sec.3.080 (12-c) A work permit shall be subject to immediate revocation if any vendor is suspected of inappropriate or questionable conduct. A processing fee of \$ _____ will be assessed at the time of application and must be paid for the work permit application to be accepted.

II. NAME OF PRINCIPALS: _____
AND/OR PRIMARY _____
VENDOR REPRESENTATIVE _____

Physical Address	_____	Mailing	_____
	_____	Address	_____
	_____	_____	_____

Phone Number: _____ **Fax Number:** _____

Cell Number: _____ **Email:** _____

III. PRIMARY CONTACT:

IV. DESCRIPTION OF SERVICES OR PRODUCT RENDERED OR PERFORM. INCLUDE PROJECTED VALUE OF SERVICES OR PRODUCTS: PROJECTED VALUE: \$ _____

Applicant Signature & Date: _____

Witnessed by Agent & Date: _____