



SPORTS WAGERING SUBSTANTIAL CHANGE APPLICATION

| OFFICIAL USE ONLY | | | | | | | | | | | | |
|---|--|-------------------|---------------|---------|---------------------------------------|--|--------------|-------|------------|--------------------|-------------|--|
| License Number: | Date Ac | cepted: | | | | Acc | Accepted by: | | | | | |
| Fees Paid: \$ | | From: | То: | | | Issue Date: | | From: | | То: | | |
| Date Approved by Board: | | Initial: → | | | | | | | | | | |
| Date Denied by Board: | | Initial: → | | | | | | | | | | |
| / / | | | _ | | | | | | | | | |
| TO BE COMPLETED BY APPLICANT 1 Licenses's Name as it appears on the APC Licenses (Comparation LLC at al. 2 Licenses Name 2 Licenses Numbers | | | | | | | | | | | | |
| 1. Licensee's Name as it appears on the ABC License (Corporation, LLC, etc.) 2. Licensee Trade Name | | | | | | | | | | 3. License Number: | | |
| 4. Business Address as it appears on the ABC License: | | | | | | 5. Business Email Address: | | | | | | |
| 6. Business Telephone Number: | | | | | | 7. Cell Phone Number: | | | | | | |
| 8. Business Hours of Operation: | | | | | | 9. Business Hours of Sales and Service of Alcoholic Beverages: | | | | | | |
| Sunday | | | | | Sunday From To | | | | | | | |
| Monday | From To | | | | Monday From To | | | | | | | |
| Tuesday | From To | | | | Tuesday From To | | | | | | | |
| Wednesday Thursday | From To From To | | | | Wednesday From To Thursday From To | | | | | | | |
| Friday | From To | | | | | | | | | | | |
| Saturday | From To | | | | | Friday From To Saturday From To | | | | | | |
| Gutarady | | | | | 11011110 | | | | | | | |
| located within the establi | omining (process) | | | | | | | | | | | |
| 11. Do you have a Class A or Class B Sports Wagering Operators License, issued by the Office of Lottery and Gaming? | | | | | | | | | | | | |
| Yes (Please a | iew | No | | | | | • | | | | | |
| 12. Do you have a securi | ty plan? | Yes (Please attac | ch copy) | No | | | | | | | | |
| 13. Do you have a Settl | ement Agree | ement? Yes (| Please attach | а сору) | | No | | | | | | |
| 14. Certification : I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above named applicant is the true and actual owner of the business. (If the applicant is a Sole Proprietor, the individual must sign, if Partnership, each Partner must sign, if Corporation, the President or Vice President must sign, if Limited Liability Company, the Managing Member must sign below.) | | | | | | | | | | | | |
| Print Name: Signature: | | | | | | | | | | | | |
| Subscribed and sworn to before me | | | | on this | | day of, | | 20 | My commiss | sion expires: | on expires: | |
| Print Name: Signature: | | | | | | | | | | | | |
| Subscribed and sworn to before me | | | | on this | _ da | y of | f, 20 My co | | | ommission expires: | | |
| 15. In what language do | 15. In what language do you need vital documents translated? | | | | | | | | | | | |

NOTICE: The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423. In order to report fraud, waste, and abuse in the District of Columbia government, call 1-800-521-1638.