

**CASINO REINVESTMENT DEVELOPMENT AUTHORITY
STATEMENT FOR PUBLIC DISCLOSURE**

Full disclosure is required for consideration of Casino Reinvestment Development Authority (CRDA) financing.

NAME OF PROJECT

CITY

NAME OF DEVELOPER

**CASINO REINVESTMENT DEVELOPMENT AUTHORITY
STATEMENT FOR PUBLIC DISCLOSURE**

Section I: General Requirements

- A. Mail or deliver one (1) original and three (3) copies to:

Executive Director
Casino Reinvestment Development Authority
15 South Pennsylvania Avenue
Atlantic City, NJ 08401

- B. Before completing the disclosure statement, please read it thoroughly
- C. Forms are included in this disclosure statement for most of the sections. Other sections require narratives and/or supporting documents.
- D. Respond to all sections in the disclosure statement. If a particular question or section of the application does not apply, write "not applicable". PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED.

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PART I.

Section II. General Information

A. Name of Ownership Entity that will own and construct or rehabilitate property.

B. Address
(street address) (city) (state) (zip)

C. Telephone Number

D. Name of Project

E. Address of Project
(street address) (city) (state) (zip)

F. If the Ownership Entity is not an individual(s) doing business under his or her own name(s), the Ownership Entity has the status indicated below (check one), and is organized or operating under the laws of:

Corporation

Community Development Corporation (CDC)

Non-profit or charitable institution

Partnership

Business Association or Joint Venture

Federal, state or local government

Other (explain):

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PART I.

Section III. Identity of Principals (Individual applicants should complete Section III.A.
An Ownership Entity other than an individual should
Complete Section III.B.

A. Individual Applicants:

1. If the owner identified in Section II is an individual/individuals, please provide the following information:

Name of Individual(s)	Home Address (street, city, state, zip)	Date of Birth	Society Security Number

2. If any of the individuals listed above are married, please provide the following additional information for each spouse:

Name of Individual	Name of Spouse	Date of Birth	Society Security Number

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PART I.

Section III. Identity of Principals (continued)

A. Individual Applicants: (continued)

3. Has the individual(s) listed in paragraph 1 and 2 above, or any associated entity, been adjudged bankrupt, either voluntary or involuntary, within the past ten (10) years?

Yes

No

If yes, complete:

Date

Place

Under which name

4. Has any individual listed in paragraph 1 or 2 above been indicted for or convicted of any felony within the past ten (10) years?

Yes

No

If yes, give for each case:

(i) date

(ii) charge

(iii) place

(iv) court

(v) action taken

Attach any explanation deemed necessary.

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PART I.

Section III. Identity of Principals (continued)

B. Other Than Individual Applicants:

To be completed if applicant is not applying for financing as an individual.

1. If the Ownership Entity is not an individual or a government agency or instrumentality thereof, give date of organization/incorporation.

2. Is the Ownership Entity a subsidiary of or affiliated with any other corporation(s) or firm(s)? Yes No

If yes:

Name of Parent or Affiliate Address

3. If the Ownership Entity is a CDC, non-profit, or charitable institution/corporation, list the board of trustees or board of directors or similar governing body (attach additional sheets if necessary).

Name	Mailing Address	Position

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PART I.

Section III. Identity of Principals (continued)

A. Other Than Individual Applicants: (continued)

4. Complete the form below for all officers, principal members and directors of the Ownership Entity. In addition, list all other shareholders or investors having 10% or more interest in the Ownership Entity (attach additional sheets if necessary).

Name of Individual	Home Address	Social Security Number	Date of Birth	Owner-Ship Interest	Title

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PART I.

Section III. Identity of Principals (continued)

A. Other Than Individual Applicants: (continued)

5. If any of the individuals listed in question 4 is married, please provide the following additional information for each spouse (use additional sheets if necessary):

Name of Individual	Name of Spouse	Home Address	Date of Birth	Social Security Number

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Section IV. Ownership Entity Experience

A. List any and all undertakings comparable to the proposed rehabilitation or construction work which have been completed by the Ownership Entity or any of the principals of the Ownership Entity, including identification, and a detailed description of each project and date of contract. Make additional copies of this form as needed for complete disclosure.

1. Name of Project

2. Address

3. Detailed description of project, including date of project construction, number of units and square footage, project reference contact, total construction budget and specific services provided by an applicant.

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PART I.

Section IV. Ownership Entity Experience: (continued)

B. If the Ownership Entity or any of the individuals or entities named in Section III intend to participate as a construction contractor or builder provide below:

Name	Address	Telephone Number	Construction Services

C. Have any of such contractors or builders within the last ten (10) years ever failed to qualify as a responsible bidder, refused to enter into a contract after an award has been made or failed to complete a construction or development contract?

Yes

No

If yes, explain:

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Section V. Casino Involvement:

A. Will a casino be involved in the development and financing of this project?

Yes

No

If yes:

1. Name of Casino:

2. Address:

3. Name of Contact Person:

4. Telephone no. of Contact Person:

5. Nature of involvement:

B. Is Ownership Entity presently working or under contract to complete work or services with any casino?

Yes

No

C. Has the Ownership Entity performed any work or services for a casino in the past three years?

Yes

No

If yes, describe:

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PART I.

Section VI. Financial Condition:

- A. The applicant shall attach to this Disclosure Form, financial statements for the Ownership Entity for each of the last three (3) years. In the instance of a non-corporation without a financial history, statements of the principals shall be included. Each financial statement must show the assets and the liabilities, including contingent liabilities, fully itemized in accordance with generally accepted accounting principles. If the date of the last financial statement precedes the date of this submittal by more than six (6) months, also attach an interim balance sheet not more than sixty (60) days old. If the Ownership Entity is not an individual, financial statements must be prepared by a certified public accountant.

Individual/Entity	Date of Statement
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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PART I.

Section VI. Financial Condition: (continued)

B. Please list below the sources and amounts of cash available to the Ownership Entity to meet equity requirements or the minimum cash investment of the proposed undertaking:

1. Cash in banks or other financial institutions (for each financial institution listed below, please complete a Bank Verification form):

Name and Address of Financial Institution	Balance on Hand

2. By sale of readily saleable assets:

Description	Market Value	Mortgage or Liens

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PART I.

Section VI. Financial Condition: (continued)

3. Please describe any other source of equity or cash investment the Ownership Entity intends to utilize:

Description	Amount

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PART I.

Section VII. Ownership Equity Credit References

A. Reference Name and Address

Account Number

Purpose

Present Balance

B. Reference Name and Address

Account Number

Purpose

Present Balance

C. Reference Name and Address

Account Number

Purpose

Present Balance

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PART II.

OTHER THAN INDIVIDUAL APPLICANTS

Ownership Entity Disclosure

Name of Entity

- A. Complete a disclosure form for each company, partnership, etc., participating in the project. Make copies if necessary.

Name

Street

City

County

State

Zip Code

Telephone Number

Federal ID Number

- B. Please describe the type of services to be provided to the project and the amount and method of compensation.

-
-
-
-
-
- C. Is the Applicant a subsidiary or direct or indirect affiliate of any other organization? If so, indicate name of related organization and relationship.

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PART II.

OTHER THAN INDIVIDUAL APPLICANTS (continued)

Name of Project Applicant

- D. Other than as described above, does the applicant have any present or part interest in or relationship with the project or the property on which it is located or with the owner or manager of the same? Do any of the parties have any identity or interest whatsoever now existing or which will exist in connection with the project?

Yes

No

If yes, furnish detailed information on a separate attachment.

- E. Has the applicant shared or accepted any compensation or will they share or accept any compensation directly or indirectly, if any, for or with any other party with an interest in or a relationship to the project?

Yes

No

If yes, furnish detailed information on a separate attachment.

- F. Has the applicant entered into any agreement, participated in a collusion or otherwise taken any action in restraint of free and competitive bidding or negotiation in connection with the services to be provided?

Yes

No

If yes, furnish detailed information on a separate attachment.

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PART II.

OTHER THAN INDIVIDUAL APPLICANTS (continued)

Name of Project Applicant

- G. Has the applicant, within the last five years, been a party defendant in litigation or administrative proceedings involving laws governing hours of labor, minimum wage standards, discrimination in wages, child labor, worker's compensation, payroll or withholding taxes, employment discrimination or occupational safety and health?

Yes

No

If yes, furnish detailed information on a separate attachment.

- H. Is the applicant or management of applicant now a plaintiff or defendant in any civil or criminal litigation?

Yes

No

If yes, furnish detailed information on a separate attachment.

- I. Has the applicant been subject to any disciplinary action or other sanctions, past or pending, by any administrative, governmental or regulatory body?

Yes

No

If yes, furnish detailed information on a separate attachment.

- J. Has the applicant been or is now subject to any order resulting from any criminal or civil administrative proceedings brought against them by any administrative, governmental or regulatory agency?

Yes

No

If yes, furnish detailed information on a separate attachment.

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PART II.

OTHER THAN INDIVIDUAL APPLICANTS (continued)

Name of Project Applicant

- K. Has the applicant or management of the applicant been informed of any current or ongoing investigation of the applicant or management of the applicant for possible violation of state or federal laws, or has the applicant or management of the applicant been indicted or subpoenaed by any grand jury or investigative body or had any records subpoenaed by any grand jury or investigative body?

Yes

No

If yes, furnish detailed information on a separate attachment.

- L. Has the applicant ever been in receivership or adjudicated a bankrupt?

Yes

No

If yes, furnish detailed information on a separate attachment.

- M. Has the applicant been denied a business-related license or had it suspended or revoked by an administrative, governmental or regulatory agency?

Yes

No

If yes, furnish detailed information on a separate attachment.

- N. Has the applicant been debarred, suspended or disqualified from contracting with any federal, state or municipal agency?

Yes

No

If yes, furnish detailed information on a separate attachment.

- O. Has the applicant, if a corporation, had its charter revoked or suspended in the State of New Jersey?

Yes

No

If yes, furnish detailed information on a separate attachment.

- P. Does any employee or member of the Casino Reinvestment Development Authority have any interest, direct or indirect, in the applicant's business?

Yes

No

If yes, furnish detailed information on a separate attachment.

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PART III.

PERSONAL DISCLOSURE (Make appropriate number of copies of this form as required.)

Name of Project Applicant

- A. Complete a personal disclosure for each individual, applicant or officer, director, partner, shareholder or owner of a 10% or more interest.

Name	Street		
------	--------	--	--

City	County	State	Zip Code
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Telephone No.	Social Security No.	Date of Birth	Place of Birth
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- B. Please describe the type of services to be provided to the project and the amount and method of compensation.

- C. Other than just described in Item B, do you have any present interest or relationship with the project or the property on which it is located, or do you have any identity or interest whatsoever existing or which will exist in connection with the project?

Yes

No

If yes, furnish detailed information on a separate attachment.

- D. Have you entered into any agreement, participated in a collusion, or otherwise taken any action in restraint of free and competitive bidding or negotiation in connection with the services to be provided?

Yes

No

If yes, furnish detailed information on a separate attachment.

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PART III.

PERSONAL DISCLOSURE (continued)

Name of Project Applicant

- E. Please list all other companies, partnerships or associations in which you have more than a 10% interest. (If needed, use a separate page.)

-
-
-
- F. Have you, within the last five years, been a party defendant in litigation or administrative proceedings involving laws governing hours of labor, minimum wage standards, discrimination in wages, child labor, worker's compensation, payroll or withholding taxes, employment discrimination or occupational safety and health?

Yes

No

If yes, furnish detailed information on a separate attachment.

- G. Have you ever been charged with, or convicted of, any criminal offenses other than a minor motor vehicle violation:

Yes

No

If yes, furnish detailed information on a separate attachment.

- H. Are you a plaintiff or defendant in any civil or criminal litigation?

Yes

No

If yes, furnish detailed information on a separate attachment.

- I. Have you been subject to any disciplinary action, past or pending, by any administrative, governmental or regulatory body?

Yes

No

If yes, furnish detailed information on a separate attachment.

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PART III.

PERSONAL DISCLOSURE (continued)

Name of Project Applicant

J. Are you now subject to any order resulting from any criminal, civil or administrative proceedings brought against you by any administrative, governmental or regulatory agency?

Yes

No

If yes, furnish detailed information on a separate attachment.

K. Have you ever been denied any license by any administrative, governmental or regulatory agency on the grounds of moral turpitude?

Yes

No

If yes, furnish detailed information on a separate attachment.

L. Are you or any member of your family (including in-laws) the subject of a current or ongoing investigation with respect to possible violations of state or federal laws, or have you or any member of your family (including in-laws) been subpoenaed or indicted by any grand jury or investigative body?

Yes

No

If yes, furnish detailed information on a separate attachment.

M. Have you ever been adjudicated a bankrupt or filed for bankruptcy?

Yes

No

If yes, furnish detailed information on a separate attachment.

N. Have you ever been denied a business-related license or had it suspended or revoked by an administrative, governmental or regulatory agency?

Yes

No

If yes, furnish detailed information on a separate attachment.

O. Have you ever been debarred, suspended or disqualified from contracting with any federal, state or municipal agency?

Yes

No

If yes, furnish detailed information on a separate attachment

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PART III.

PERSONAL DISCLOSURE (continued)

Name of Project Applicant

P. Are you or any members of your family employed by or related to any member of the Casino Reinvestment Development Authority?

Yes

No

If yes, furnish detailed information on a separate attachment

CERTIFICATION AND AUTHORIZATION

NOTE: This Certification and Authorization is to be completed and signed by all persons identified in Section II. and/or III. of the Statement for Public Disclosure.

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto, to the best of my knowledge, are true and complete. I acknowledge that the CRDA is relying on the information contained herein and thereby acknowledge that the undersigned entity is under a continuing obligation, from the date of this Certification through the completion of any contracts with the CRDA on subject project, to notify the Authority in writing of any changes to the answers or information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement of misrepresentation in this Certification, and if I do so, I recognize that I am and/or the undersigned entity is subject to criminal prosecution under the law and that it will also constitute a material breach of any agreement between the undersigned entity and the CRDA on the subject project and that the CRDA, at its option, may declare all such contracts associated with the subject project void and unenforceable.

The undersigned entity authorizes the CRDA to verify any answer(s) contained herein, to investigate the background and creditworthiness of the undersigned entity and to enlist the aid of third parties, including state police checks, which may be completed by the CRDA in its investigative process. The undersigned entity further authorizes the CRDA to disclose any of the foregoing information and any information discovered in any investigation pursuant to this Certification to any party which has entered or is entering into any contract with the undersigned entity in connection with the subject project.

ENTITY NAME: _____

SIGNATURE: _____

NAME (Print): _____

TITLE: _____

DATE: _____

BE IT REMEMBERED THAT on this ____ day of _____ 20____, before me personally appeared _____, who I am satisfied is the person named in the within instrument and who, being duly sworn upon his/her oath, has executed the same as his/her voluntary act and deed.

Notary Public

My Commission Expires: _____

RELEASE AUTHORIZATION

NOTE: This Release Authorization is to be completed and signed by all persons identified in Section II. and/or III. of the Statement for Public Disclosure.

TO WHOM IT MAY CONCERN:

I have authorized the Casino Reinvestment Development Authority (CRDA) to investigate my qualifications and fitness to participate in this project and to verify information regarding my financial and other background that I have submitted to the CRDA in support of an application for financing.

You are, therefore, authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an appropriate employee, agent, or representative of the CRDA.

A photostat copy or other reproduction of this authorization shall be considered as effective and valued as the original.

Date: _____ Signed: _____ L.S.
(Signature)

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____

