



ILLINOIS GAMING BOARD

160 North LaSalle ♦ Suite 300 ♣ Chicago, Illinois 60601 ♥ tel 312/814-4700 ♦ fax 312/814-4602

Video Gaming Terminal Operator License Application Exhibit 8D – Sales Agent/Broker Update

Provide the information requested below for each Individual/Business Entity who has acted or will act as a sales agent, broker or otherwise engage in the solicitation of business from current or potential Licensed Video Gaming Locations.

Name						
Date of Birth (mm/dd/yy)			Sex <input type="checkbox"/> male <input type="checkbox"/> female		Social Security Number/FEIN	
Race	Height	Weight	Hair Color	Eye Color	Place of Birth	
Street Address				City/State/Zip Code		
Business Phone				Cell Phone		
Email Address						
Marital Status				Spouse's Name (if applicable)		
Affiliated Terminal Operator				Relation: <input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor		
Job Title				Start Date		
Type of Service Provided						

If the information listed above is for a Business Entity, provide an additional registration form for each Partner of the Partnership, Member of the LLC, or Shareholder of the Corporation. Please remember that as a Licensee, you are under a continuing duty to disclose promptly any changes in the information provided in this form, including termination or dissociation of a Sales Agent/Broker. Please attach the following for each Sales Agent, Broker, Partner, Member, or Shareholder submitted.

- Current photo
- Copy of a government issued driver's license or I.D. card
- Signed "Request to Release Information" form ([Entity](#)) ([Individual](#))