



Welcome prospective Live! Casino & Hotel vendor!

We are pleased that you have decided to venture into a partnership with Louisiana Riverboat Gaming Company, LLC d/b/a Live! Casino & Hotel Louisiana and we appreciate your interest in becoming a viable part of the Live! team. Our economic development strategy reflects our commitment to the citizens of the Bossier community. We are committed to providing business opportunities for minorities, women, and Louisiana domiciliary, thereby allowing an equal opportunity for all vendors to promote their businesses.

As a member of the Louisiana gaming industry, Live! Casino and Hotel Louisiana is required to maintain a file of specific information on all vendors providing goods or services. The State will also require vendors conducting business with licensed casinos to furnish detail of their business entity. To ensure compliance with State Regulations, we request the following information:

- 1. VENDOR REGISTRATION FORM**
- 2. VENDOR AFFIDAVIT OF COMPLIANCE**
- 3. LOUISIANA OWNED BUSINESS AFFIDAVIT (if applicable)**
- 4. MINORITY OWNED BUSINESS AFFIDAVIT (if applicable)**
- 5. WOMAN OWNED BUSINESS AFFIDAVIT (if applicable)**
- 6. ACH PAYMENT AGREEMENT OR VISA SUPPLIER PAY FORM**
- 7. TAXPAYER ID NUMBER AND W-9 CERTIFICATION**
- 8. CERTIFICATE OF INSURANCE (See attached insurance requirements)**
- 9. GAMING OR NON-GAMING SUPPLIER PERMIT OR WAIVER (if applicable, copy only)**

Upon completion of this packet, please forward to:

***Live! Casino & Hotel Corporate Office
Accounts Payable
7002 Arundel Mills Circle, Suite 7777
Hanover, MD 21076***

Accounts.Payable@livech.com

IMPORTANT NOTES:

- All forms must be completed and signed by an officer or owner of the company and notarized, if applicable.
- Your vendor paperwork should reflect the way you are registered in the State in which you are duly organized and validly existing under.
- E-mail/Mail the completed vendor packet to: Accounts.Payable@livech.com; Live! Casino & Hotel Louisiana 7002 Arundel Mills Circle, Hanover, MD 21076 Attn: Accounts Payable.
- All gaming suppliers shall be licensed with the Louisiana Gaming Control Board.
- If you anticipate providing services or goods and receive compensation or remuneration in excess of \$500,000 per calendar year with Live! Casino & Hotel Louisiana, you must obtain a non-gaming supplier permit or waiver from the Louisiana State Police - Department of Public Safety & Corrections. This is a separate application form (not included in this vendor packet) that is available from the Louisiana State Police.

APPLICABLE STATUTES:

Louisiana Revised Statute 27:29.2 provides that a person shall not supply, sell, lease, or repair or contract to supply, sell, lease, or repair gaming devices, equipment, and supplies unless they possess a valid gaming supplier permit as issued by the Louisiana Gaming Control Board.

Louisiana Revised Statute 27:29.3 provides that non-gaming suppliers must have a permit or waiver issued from the Office of the State Police – Department of Public Safety & Corrections, if such supplier furnishes services or goods to the holder of a gaming license or the casino gaming operator and receives compensation or remuneration in excess of five hundred thousand dollars (\$500,000.00) per calendar year for such goods or services, as defined by the rules of the Louisiana Gaming Control Board. Furthermore, any person who, directly or indirectly, furnishes services or goods to the holder of a license or the casino gaming operator, regardless of the dollar amount of the goods and services furnished or who has a business association with the holder of a gaming license or the casino operator, may be required by the Louisiana Gaming Control Board or Office of the State Police – Department of Public Safety & Corrections, where applicable, to be found suitable or apply for a non-gaming supplier permit.

DEFINITIONS:

Louisiana Business, Louisiana Company or Louisiana Corporation: A business, company or corporation which is at least fifty-one percent (51%) owned by one or more individuals domiciled in Louisiana and who also control and operate the business. “Control” in this context means exercising the power to make policy decisions. “Operate” in this context means being actively involved in the day-to-day management of the business.

Minority Business Enterprise or Minority Owned Business: A business, company or corporation which is at least fifty-one percent (51%) owned by one or more minority individuals domiciled in Louisiana and who also control and operate the business. “Control” in this context means exercising the power to make policy decisions. “Operate” in this context means being actively involved in the day-to-day management of the business.

** Minority Status Abbreviations and Definitions **

A = Asian and Pacific Islander: All persons having origins in any of the original peoples of the Far East/Southeast Asia, the Asian Continent, Indian Subcontinent, or Pacific Islands.

AN = Alaskan Native or Native American: All persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

BA = African American/ Black: All persons having origins in any of the Black African racial groups - not of Hispanic origin.

H = Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American Culture or origin, regardless of race.

Women’s Business Enterprise or Woman Owned Business: A business, company, or corporation which is at least fifty-one percent (51%) owned by one or more women domiciled in Louisiana and who also control and operate the business. “Control” in this context means exercising the power to make policy decisions. “Operate” in this context means being actively involved in the day-to-day management of the business.

In determining whether a business is fifty-one percent (51%) owned by one or more women, the percentage ownership by a woman shall not be diminished because she is part of community property regime.

Vendor Registration Form

A. Company Name and Billing Address

Company Name _____ Contact Name _____
DBA (If applicable) _____ Phone _____
Address _____ Company Website _____
City _____ State _____ Zip Code _____ Email Address _____
Federal Tax ID/Social Security Number _____ Phone Number _____
Payment Terms _____ Discount Terms _____ Fax Number _____

Current Permit Status

Applied for Louisiana Gaming/Non-Gaming Permit? ___ Yes ___ No (If yes, please attach a copy of the application, permit or waiver.)

State Police Gaming/Non-Gaming Permit # _____ Expiration Date: ___/___/___

Approved Denied Suspended Revoked Incomplete Withdrawn Expired Pending

Publicly Traded Business: ___ Yes ___ No. (Publicly traded stock is exempt from obtaining Non-Gaming Vendor License)

*****A permit is required if a vendor conducts \$500,000 or more in business with a casino in a calendar year.**

B. Type of Business (Check all that apply)

Corporation Distributor Large Manufacturer
Partnership Distributor Small Other
Individual Business

State of Incorporation: _____ Date of Incorporation: _____

C. Business Information

Type of Business/Goods or Services _____

Number of years in business providing goods and/or services _____ Number of employees _____

Number of commercial delivery vehicles owned or leased _____

Existence and nature of warehouse and storage facilities (Photo) _____

Total customer base _____

Are the goods and/or services provided to the license brokered, and if so from where? _____

Attach copy of additional documentation if company qualifies as a Louisiana company:

- Lease or proof of ownership for physical address listed above.
- Louisiana state business registration

Please list the names of your company's owners and officers

<u>Name</u>	<u>Title</u>	<u>Domicile City, State</u>	<u>Ownership %</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Louisiana Gaming Control Law prohibits companies owned or controlled by an elected public official from engaging in any business activity with a gaming operator and/or licensee. Are any of your company's owners, officers, partners, or agents elected officials? ___ Yes ___ No

Please attach copy of any additional certification as a minority or woman owned enterprise.

_____ is licensed and operates in the state/states of _____.

*** Please check all that apply***

- | | | |
|---------------------------------|--------------------------------|---------------------------------|
| <i>Louisiana Owned Business</i> | <i>Minority Owned Business</i> | <i>Woman Owned Business</i> |
| <i>Hispanic</i> | <i>Alaskan Native</i> | <i>Native American</i> |
| | | <i>African American (Black)</i> |
| | | <i>Asian</i> |

If category is not listed, please specify: _____

VENDOR AFFIDAVIT OF COMPLIANCE

Louisiana Gaming Control Law [LSA-R.S, 27:96] provides that: No elected public official as defined in R.S. 42:1 shall engage in any business activity with a licensee except as a patron. As used in this section "business activity" shall specifically include, but is not limited to contracts:

1. For the sale of purchase of goods, merchandise, and services.
2. To provide or receive legal services, advertising, public relations, or any other business or personal service.
3. For the listing, purchase or sale of immovable property or options or real rights relating thereto.
4. Modifying ownership or possessor interests in stocks, bonds, securities, or any financial instruments.

THE ACT WENT INTO EFFECT ON MAY 1, 1996 AND, TO ENSURE FULL COMPLIANCE, LIVE! CASINO & HOTEL LOUISIANA IS REQUIRING THAT AN OWNER OR OFFICER OF THE COMPANY READ THE STATEMENT BELOW, SIGN IT, AND HAVE THE DOCUMENT NOTARIZED.

I hereby certify that no elected public official has any ownership, entitlement to profits, employment or representative status or other interests of any kind with the below listed individual and/or company. I further certify that no elected public official has received any portion of any funds that the below listed company or I (individually) have received from Live! Casino & Hotel Louisiana.

Name: _____

Doing Business As: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Print Name: _____

Title/Position: _____ Date: _____

Witnesses:

PRINT

SIGNATURE

PRINT

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County/Parish of _____ State of _____.

My commission expires: _____ or at death.

LOUISIANA OWNED BUSINESS AFFIDAVIT

State of _____

Parish/County of _____

I, _____, the owner of _____,
(Owner Name) (Company Name)

located at _____, in
(Business Address)

_____, _____, _____,
City State Zip Code

submit this affidavit to Louisiana Riverboat Gaming Company, LLC d/b/a Live! Casino & Hotel Louisiana located at 711 DiamondJacks Blvd., Bossier City, Louisiana 71111. I do hereby make the following statements and declare that, to my personal knowledge, they are true.

1. The company _____ is licensed and operates in the State of Louisiana.
(Company Name)
2. The company _____ is a Louisiana Owned company.
(Company Name)
3. I do understand that a "Louisiana Business, Louisiana Company or Louisiana Corporation" is a business, company, or corporation which is at least fifty-one percent (51%) owned by one or more individuals domiciled in Louisiana and who also control and operate the business. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management of the business.

Witnesses:

PRINT

SIGNATURE

PRINT

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County/Parish of _____ State of _____.

My commission expires: _____ or at death.

MINORITY OWNED BUSINESS AFFIDAVIT

State of _____

Parish/County of _____

I, _____, the owner of _____,
(Owner Name) (Company Name)

located at _____, in
(Business Address)

_____, _____, _____
City State Zip Code

submit this affidavit to Louisiana Riverboat Gaming Company, LLC d/b/a Live! Casino & Hotel located at 711 DiamondJacks Blvd., Bossier City, Louisiana 71111. I do hereby make the following statements and declare that, to my personal knowledge, they are true.

1. The company _____ is licensed and operates in the State of Louisiana.
(Company Name)

2. The company _____ is a Minority Owned company.
(Company Name)

3. I do understand that a "Minority Business Enterprise or Minority Owned Business" is a business, company, or corporation which is at least fifty-one percent (51%) owned by one or more minority individuals domiciled in Louisiana and who also control and operate the business. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management of the business.

Witnesses:

PRINT

SIGNATURE

PRINT

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20_____.

Notary Public

Notary Public in and for the County/Parish of _____ State of _____.

My commission expires: _____ or at death.

WOMAN OWNED BUSINESS AFFIDAVIT

State of _____

Parish/County of _____

I, _____, the owner of _____,
(Owner Name) (Company Name)

located at _____, in
(Business Address)

_____, _____, _____
City State Zip Code

submit this affidavit to Louisiana Riverboat Gaming Company, LLC d/b/a Live! Casino & Hotel located at 711 DiamondJacks Blvd., Bossier City, Louisiana 71111. I do hereby make the following statements and declare that, to my personal knowledge, they are true.

1. The company _____ is licensed and operates in the State of Louisiana.
(Company Name)

2. The company _____ is a Women Owned company.
(Company Name)

3. I do understand that a "Women's Business Enterprise or Woman Owned Business" is a business, company, or corporation which is at least fifty-one percent (51%) owned by one or more women domiciled in Louisiana and who also control and operate the business. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management of the business.

Witnesses:

PRINT

SIGNATURE

PRINT

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County/Parish of _____ State of _____.

My commission expires: _____ or at death.



ACH PAYMENT AGREEMENT

Company Name: _____

I (we) hereby authorize PPE Casino Resorts Maryland LLC, Stadium Casino RE LLC, Stadium Casino Westmoreland RE LLC, Louisiana Riverboat Gaming Company, LLC and/or CG Shared Services, hereinafter called COMPANY, to initiate credit entries to my (our)

Checking Account

Savings Account

In accepting the ACH Payment option, the COMPANY provides the following payment terms:

Net15 with 2% discount*

Net30 no discount

**Payments not made within Net 15 will have no discount taken.*

Indicated below at the depository financial institution named, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the orientation of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Beneficiary Name on Account: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Remittance Email: _____

The authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PLEASE attach a voided check or ACH instructions on bank letter head.

Name (s): _____ Date: _____ Phone Number _____
(Please Print)

Signature: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

^a Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ^a _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ^a _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ^a	Date ^a
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Louisiana Riverboat Gaming Company
d/b/a Live! Casino & Hotel Louisiana**

CERTIFICATE OF INSURANCE REQUIREMENT SHEET

The following coverages are required to be shown on a Certificate of Insurance listing Louisiana Riverboat Gaming Company, LLC d/b/a Live! Casino & Hotel Louisiana as the certificate holder:

General Liability* - Per Occurrence	\$1,000,000.00
General Liability* - General Aggregate	\$2,000,000.00
Automobile Coverage – Combined Single Limit	\$1,000,000.00
Employers Liability	\$ 500,000.00
Workers’ Compensation	Statutory
USL&H Coverage (if applicable)	\$1,000,000.00

* Commercial General Liability shall include Contractual Liability, Products and Completed Operations

On all Certificates of Insurance, the Certificate Holder shall read:

Louisiana Riverboat Gaming Company, LLC
d/b/a Live! Casino & Hotel Louisiana
P.O. Box 5637
Bossier City, LA 71171

All General Liability and Automobile policies should contain an endorsement adding the following as “Additional Insured”: *Louisiana Riverboat Gaming Company d/b/a Live! Casino & Hotel Louisiana, its subsidiaries, affiliated, allied and/or proprietary companies, corporations, trusts, joint ventures and/or partnerships as are now or may hereafter be constituted or acquired, shall be named as additional insureds.*

All Policies shall be written as Primary and Non-Contributory and contain a Waiver of Subrogation in favor of Louisiana Riverboat Gaming Company. Furthermore, thirty (30) days written notice shall be given to the Additional Insured before any material change or cancellation of this policy shall be effective.

If your company will be doing work for Live! Casino & Hotel Louisiana with regards to electricity, plumbing, concrete or construction, you will be required to have additional coverage and such additional coverage will be at the sole discretion of Live! Casino & Hotel. Furthermore, at our discretion, any work you do could result in you being required to obtain additional insurance as deemed necessary.

Live! Casino & Hotel must have all the above information on file to do business with your company. Therefore, please be timely in providing the requested information.