

## Section 1: Company Identification

| 1                           | Company Name  | 8 Construction  |
|-----------------------------|---|---|
| 2                           | Business Address  | Construction Work Typically Performed (Please Specify)  |
|                             | Street or P.O. Box  |   |
|                             | City State Zip  | 9 Deprocurement Goods (Please Specify)  |
|                             | (Please list additional locations on back.)   | <ul> <li>☐ Food &amp; Beverage</li> <li>☐ Computer</li> <li>☐ Office Supplies</li> <li>☐ Equipment</li> </ul>   |
| 3                           | Telephone Number ()   | Image: Supplies   Equipment     Image: Supplies   Image: Supplies     Image: Supplies   I |
| 4                           | Contact Name  | <b>10</b> IMBE (Please Specify)   |
| 5                           | Email Address   | <ul> <li>African-American</li> <li>Native American</li> <li>Asian-American</li> <li>Asian-Pacific Islander</li> <li>Hispanic American</li> </ul>  |
| Section 2: Type of Business |   | 11 $\square$ WBE  |
| 6                           | <ul> <li>Professional Services (Please Specify)</li> </ul>  | <b>12</b> Are you a registered and/or certified MBE/WBE with any state, local government, or private entity in Indiana?   |
|                             | <ul> <li>Legal</li> <li>Insurance</li> <li>Accounting</li> <li>IT</li> <li>Consulting</li> <li>Other</li> </ul> | □ Yes<br>□ No   |
| 7                           | □ Other Services (Please Specify)   | If yes, identify the state, local government and/or<br>private entity in Indiana to whom you are<br>registered and/or certified with, along with the<br>expiration date of your certification.  |
|                             | <ul><li>Cleaning</li><li>Landscaping</li></ul>  | State   |
|                             | □ Maintenance<br>□ Catering   | Local   |
|                             | Other   | Private   |
|                             |   | Expiration Date   |

## Section 3: Company History

| 14<br>15 | Number of full-time employees<br>Number of part-time employees<br>Year company founded<br>Are you currently providing services and/or<br>selling goods to any Indiana riverboat casino? If<br>yes, please provide a list of these properties.<br>Yes<br>No | 19 | Have you previously sought to do business with<br>any Indiana riverboat casino?<br>Yes<br>No<br>If yes, please describe: |
|----------|--|----|--|
|          |  | AD | DITIONAL COMMENTS:   |
| 17       | Have you previously provided services and/or<br>sold goods to any Indiana riverboat casino? If<br>yes, please provide a list of these properties.  |    |  |
| 18       | Are you currently registered and being notified<br>of business opportunities by any Indiana<br>riverboat casino? If yes, please provide a list of<br>these properties.   |    |  |
|          |  |    |  |

Please return this form to the Indiana Gaming Commission 101 W. Washington Street, Suite 1600 East, Indianapolis, IN 46204 or via fax to (317) 233-0047