**REQUEST FOR PLACEMENT OF ADDITIONAL GAME SYSTEM TERMINALS**

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| DATE | Click or tap here to enter text. |
| NAME | Click or tap here to enter text. |
| COMPANY | Click or tap here to enter text. |
| LOCATION NAME AND  ADDRESS | Click or tap here to enter text. |
| NUMBER OF CURRENT GAME SYSTEM TERMINALS | Click or tap here to enter text. |
| NUMBER OF REQUESTED ADDITIONAL GAME SYSTEM TERMINALS | Click or tap here to enter text. |
| TOTAL NUMBER OF GAME SYSTEM TERMINALS REQUESTED FOR LOCATION | Click or tap here to enter text. |

* AS PER PENNSYLVANIA SKILL OPERATOR AGREEMENT, CODE OF CONDUCT, EXHIBIT C, SECTION #5, I AM REQUESTING PERMISSION TO PLACE ADDITIONAL GAME SYSTEM TERMINALS OVER AND ABOVE THE MAXIMUM NUMBER OF FIVE (5) AT THE ABOVE LISTED LOCATION.
* I VERIFY THAT THIS LOCATION MEETS THE REQUIREMENTS OF EACH GAME SYSTEM TERMINAL CURRENTLY IN THE LOCATION OF AVERAGING A MINUMUM GROSS WEEKLY REVENUE OF THREE THOUSAND DOLLARS ($3,000.00) FOR A PERIOD OF AT LEAST ONE (1) MONTH.
* I AM FURTHER ATTACHING COPIES OF SAID LOCATION RECIPTS VERIFYING THIS REQUIREMENT.
* I ALSO UNDERSTAND THAT BY SIGNING THIS REQUEST, I GIVE PENNSYLVANIA SKILL COMPLIANCE TEAM MEMBERS THE AUTHORITY TO REQUEST ADDITIONAL RECIPTS AT ANYTIME IN THE FUTURE FOR VERIFICATION OF SAID REQUIREMENTS. I ALSO UNDERSTAND THAT FAILURE TO ABIDE BY THESE COULD BE A VIOLATION OF THE OPERATORS AGREEMENT CODE OF CONDUCT.

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| REQUESTOR’S NAME: Click or tap here to enter text. |

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| COMPLIANCE OFFICER: Click or tap here to enter text. |