

SIMULCAST SITE RENEWAL APPLICATION

SOUTH DAKOTA COMMISSION ON GAMING
87 Sherman Street
Deadwood, SD 57732

NAME OF BUSINESS: _____

PHYSICAL ADDRESS: _____
(Street)

(City) (State) (Zip Code)

MAILING ADDRESS: _____
(If different than above) (Street)

(City) (State) (Zip Code)

TELEPHONE NUMBER: _____

NAME OF PROVIDER: _____

NAME OF MANAGER: _____
(Name of person in charge of day-to-day operations)

Signature of Manager

Date