



VENDOR REGISTRATION PACKET

Welcome prospective Belle of Baton Rouge Casino & Hotel vendor. We are pleased that you have decided to do business with us and we appreciate your interest in becoming a part of the Catfish Queen LLC d/b/a Belle of Baton Rouge team. Our economic development strategy reflects our commitment to the citizens of the state of Louisiana and the Baton Rouge area.

Please take a moment to scan through this vendor packet in order to make sure that you have received each of the following documents:

- 1) DEFINITIONS PAGE**
- 2) VENDOR REGISTRATION FORM**
- 3) VENDOR AFFIDAVIT OF COMPLIANCE**
- 4) MINORITY-OWNED BUSINESS AFFIDAVIT**
- 5) WOMAN-OWNED BUSINESS AFFIDAVIT**
- 6) LOUISIANA-OWNED BUSINESS AFFIDAVIT**
- 7) VENDOR CHECK LIST**
- 8) REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION FORM (W-9)**

If you are missing any of the documents listed above, please contact Carla Austin-Williams at 225-378-6005 or Nathalie Guillory at 225-378-6303 and we will forward the necessary documents to you.

IMPORTANT:

Louisiana Revised Statute 27:29.3 provides that non-gaming suppliers must have a permit or waiver from the state police, if it has provided goods and services over \$500,000 for a Type A licensee during the prior calendar year or has received fees from licensee in excess of that amount.



As an entity of the Louisiana Gaming Industry, we are required by the Louisiana State Police Gaming Division to maintain specific information on all vendors that provide goods/services to Belle of Baton Rouge Casino & Hotel. To ensure that your company and Belle of Baton Rouge Casino & Hotel are in compliance with these requirements, the following completed documents are needed before any business can be conducted between your company and Belle of Baton Rouge Casino & Hotel:

- ❑ **VENDOR REGISTRATION FORM** – must be signed and dated
- ❑ **VENDOR AFFIDAVIT OF COMPLIANCE** – must be signed and notarized as required
- ❑ **MINORITY-OWNED BUSINESS AFFIDAVIT** – must be signed and notarized, if it applies to your business
- ❑ **WOMEN-OWNED BUSINESS AFFIDAVIT** – must be signed and notarized, if it applies to your business
- ❑ **LOUISIANA-OWNED BUSINESS AFFIDAVIT**- must be signed and notarized, if it applies to your business
- ❑ **W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION** – must be signed and dated
- ❑ **Copy of ARTICLES OF INCORPORATION** (if your business is a corporation, with amendments and/or minutes that state present officers)
- ❑ **Copy of CASINO NON-GAMING SUPPLIER PERMIT OR WAIVER** (if applicable)
- ❑ **CERTIFICATE OF LIABILITY INSURANCE FORM** (your business' liability insurance)
- ❑ **TERMS AND CONDITIONS** - must be initialed on page 1 and signed on page 2

IMPORTANT NOTE:

- All forms must be completed and signed by an officer or owner of the company.
- If you anticipate providing services or goods and receive compensation or remuneration in excess of \$500,000 per calendar year with Belle of Baton Rouge Casino & Hotel, you must obtain a non-gaming supplier permit or waiver from the Louisiana Gaming Control Board. This is a separate application form (not included in this vendor packet) that is available from the Louisiana State Police. Please contact the Louisiana State Police License & Permit Division at 225-925-3597 to obtain the application form.
- Your vendor paperwork should reflect the way you are registered with the Louisiana Secretary of State.
- Mail the completed vendor packet to Belle of Baton Rouge Casino & Hotel, Carla Austin-Williams, 103 France Street, Baton Rouge, Louisiana 70802.



DEFINITIONS PAGE

Please use the definitions below to assist you when filling out the forms in the vendor packet. If the company that you represent is a Minority-owned, Woman-owned, or Louisiana-owned business, we ask that you please complete the enclosed affidavit(s) as directed, so that your company is properly registered in our vendor directory.

- I. **Minority Business Enterprise or Minority-Owned** – A business which is at least fifty-one percent (51%) owned by one or more minority individuals domiciled in Louisiana, 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. Those individuals to be defined as minorities must be citizens of the United States (or lawfully admitted permanent residents) and who are African-Americans, Hispanic-Americans, Asian or Pacific Islander, American Indian or Alaskan Native, and any other minorities or individuals found to be minority by the Small Business Administration.
- II. **Woman’s Business Enterprise or Woman Owned Business** – A business which is at least fifty-one percent owned by one or more women who are citizens of the United States, 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 the community property regime.
- III. **Joint Venture** – an association of two (2) or more persons to carry out a single business enterprise for profits, for which purpose they combine their property, money, efforts, skills, and knowledge.
- IV. **Sole Proprietorship** – 100% owned, operated, and controlled by an individual.
- V. **Corporation** – all classes of the shares of stock or other equitable securities shall be traded publicly.
- VI. **Partnership** – the assets and interest are owned by two or more individuals.
- VII. **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 Louisiana domicilliarities 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.



VENDOR CHECKLIST

Remember that these forms are not complete until the owner or an officer of the company signs them and the appropriate forms are notarized, as required.

Should you need assistance with any part of this vendor packet, please contact Carla Austin-Williams at 225-378-6005 or Nathalie Guillory at 225-378-6303 or fax 1-225-344-7987.

Please mail or deliver to Belle of Baton Rouge Casino & Hotel, Carla Austin - Williams, 103 France Street, Baton Rouge, Louisiana 70802.

The following list is for your convenience. Before returning this package to Belle of Baton Rouge Casino & Hotel, please check the following items for completion:

- 1) **VENDOR REGISTRATION FORM** _____

- 2) **VENDOR AFFIDAVIT OF COMPLIANCE** _____
(Have two (2) witnesses signed it?)

- 3) **MINORITY OWNED BUSINESS AFFIDAVIT** _____
(Have two (2) witnesses signed it?)

- 4) **WOMAN OWNED BUSINESS AFFIDAVIT** _____
(Have two (2) witnesses signed it?)

- 5) **LOUISIANA OWNED BUSINESS AFFIDAVIT** _____
(Have two (2) witnesses signed it?)

- 6) **W-9 FORM** _____

- 7) **ARTICLES OF INCORPORATION (and amendments)** _____

- 8) **GAMING OR NON-GAMING SUPPLIER PERMIT** _____
OR WAIVER (copy only)

- 9) **CERTIFICATE OF LIABILITY INSURANCE FORM** _____

- 10) **TERMS AND CONDITIONS** _____



VENDOR REGISTRATION FORM

COMPANY NAME: _____

DBA: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____ FAX #: _____ E-MAIL: _____

CONTACT PERSON: _____ PHONE #: _____ E-MAIL: _____

TYPE OF BUSINESS: _____

- Corporation Partnership Individual/Sole Proprietor
(If vendor is a Corporation, please attach a copy of Articles of Incorporation)

State Tax ID # _____ Federal Tax or Social Security # _____

Have you applied for a Louisiana Gaming or Non-Gaming Supplier permit or waiver? YES__ NO__
(If yes, please attach a copy of the application, permit or waiver.)

PERMIT CERTIFICATE #: _____ EXPIRATION DATE: _____

Please check the category(s) in which your business falls.

- Louisiana Business Woman-Owned Minority-Owned
Out-of-State Out-of-State Woman Owned Out of State Minority-Owned

If this is a Minority-Owned business, please check your EEOC category listed below:

- African American Asian American Hispanic American Native American Indian

IF CATEGORY IS NOT LISTED, PLEASE SPECIFY: _____

Does your company have a Louisiana address or office? YES _____ NO _____

If yes, please list address: _____

List all names of your company's principal officers, directors, and key employees in the space below.

Table with 3 columns: NAME, TITLE, PHONE #

All information requested on this form has been completed and submitted by the owner or officer listed below.

Print Name: _____ Title: _____

Signature: _____ Date: _____



VENDOR AFFIDAVIT OF COMPLIANCE

The Louisiana Gaming Control Law [LSA-R.S. 27:1 et seq.] provides that: No elected public official as defined in R.S. 42 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 BELLE OF BATON ROUGE CASINO & HOTEL 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 Belle of Baton Rouge Casino & Hotel.

Name: _____

Doing Business As: _____

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

Phone: _____ Fax: _____ E-mail _____

Signature: _____ Print Name: _____

Title/Position: _____ Date: _____

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

WITNESS

SIGNATURE OF OWNER/OFFICER

WITNESS

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 Belle of Baton Rouge Casino & Hotel located at 103 France Street, Baton Rouge, Louisiana 70802. 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.

SWORN TO AND SUBSCRIBED BEFORE ME this _____ Day of _____ in the
Year _____.

Witness

Owner

Witness

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 Belle of Baton Rouge Casino & Hotel located at 103 France Street, Baton Rouge, Louisiana 70802. 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.

SWORN TO AND SUBSCRIBED BEFORE ME this _____ Day of _____ in the
Year _____.

Witness

Owner

Witness

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 Belle of Baton Rouge Casino & Hotel located at 103 France Street, Baton Rouge, Louisiana 70802. 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.

SWORN TO AND SUBSCRIBED BEFORE ME this _____ Day of _____ in the
Year _____.

Witness

Owner

Witness

Notary Public

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

My commission expires: _____ or at death.



Belle of Baton Rouge Casino & Hotel

TERMS AND CONDITIONS

- 1. ACCEPTANCE: Any purchase order becomes a GENERAL binding contract between buyer and seller once accepted and acknowledged by the seller.
2. COMPLETE AGREEMENT: Any purchase order, including the terms and conditions on the face and any attachments hereto, contains the complete, exclusive and final agreement between buyer and seller and supersedes all proposals or prior agreements, oral or written.
3. INSPECTION: Notwithstanding payment or prior inspection, all goods and material shall be subject to inspection and approval upon a reasonable time after delivery.
4. WARRANTY: Seller expressly warrants that all goods, materials, services, and labor will in all respects conform to applicable specifications, drawings, samples or other descriptions and be of good quality, material, workmanship, and free of defects.
5. WARRANTY AGAINST INFRINGEMENT: Seller warrants that the sale or use of goods or material of seller's design or patents covered by the purchase order either alone, or in combination with other materials, will not infringe or contribute to the infringement to any patents or trademarks or copyrights.
6. PACKING: Each package shall contain an itemized packing slip with PO number included and shall be properly prepared for shipment so as to meet carrier's requirement unless otherwise specified in purchase order.
7. COMPLIANCE WITH THE LAW: The performance of any purchase order by seller is, and shall be, subject in all respect to, and in compliance with, all applicable federal, state and local laws, regulations and orders, including all gaming or casino control acts of the State of Louisiana, which now govern or may hereafter govern the manufacture, sale or delivery of the goods covered by the purchase order.
8. INDEMNITY AND INSURANCE: (a) Seller shall defend, protect, indemnify and hold harmless buyer and its affiliated entities, officers, directors, agents, employees, underwriters, insurers, and any lender involved with the project (collectively "buyer group") from and against all claims, demands and causes of action for injury, illness or death of seller's employees, agents or third parties brought onto the premise by seller which arise directly or indirectly from the performance of the work under any agreement. (b) Seller shall carry and maintain (i) comprehensive general liability coverage, including products/completed operations coverage and blanket contractual liability; and (ii) automobile coverage including coverage for all owned, non-owned and hired autos, with limits acceptable to buyer, but in no event less than \$1,000,000.00. (c) Seller shall carry workers compensation coverage with the statutory limits as provided by Louisiana law. (d) Seller shall maintain the insurance as required in 8(b) an 8(c) and provide buyer with a certificate of insurance from its insurer within five (5) days of execution of Catfish Queen LLC d/b/a Belle of Baton Rouge purchase order and provide buyer with thirty days advance notice of changes, nonrenewal or cancellation. (e) Seller shall immediately notify buyer, in writing, of all accidents or injuries to its employees, agents or third parties.
9. TERMINATION FOR DEFAULT: If seller fails to comply with any material provision of a purchase order, and such failure is deemed significant by buyer in the exercise of its judgment, buyer shall have the right to terminate further performance of a purchase order by seller upon such notice, if any, to seller as buyer deems appropriate.
10. ASSIGNMENT: Seller shall not assign any purchase order without the prior written consent of buyer executed by its general manager, vice president of finance, or manager of purchasing.
11. GOVERNING LAW: Any purchase order shall be governed in accordance with the law of the State of Louisiana. The enumeration of certain rights does not exclude others which may be given by law.
12. EQUAL EMPLOYMENT OPPORTUNITY: There are incorporated in Catfish Queen LLC d/b/a Belle of Baton Rouge/b/a Bell of Baton Rouge purchase order the provisions of Executive Order 11246 (as amended) of the President of the United States on Equal Employment Opportunity and the rules and regulations issued pursuant thereto with which the seller represents that he will comply, unless exempt.

Catfish Queen LLC d/b/a Belle of Baton Rouge/b/a Bell of Baton Rouge Initials _____

Vendor Initials _____



TERMS AND CONDITIONS (continued)

- 13. WAGES AND HOURS: Seller warrants that in the performance of this act seller has complied with all of the provisions of the Fair Labor Standards Act of 1938 of the Unites States, as amended.
14. LICENSE: If any software is necessary to operate the goods, seller hereby grants to buyer a perpetual, irrevocable and transferable license to use such software and any accompanying manuals.
15. CANCELLATION: The buyer is privileged to cancel any purchase order at any time upon written notice to the seller without cost to the buyer if a petition is filed by or against the seller under the bankruptcy laws of the United States, or the seller makes a general assignment for the benefit of their creditors, or if the seller fails to meet their current obligations as they fall due, or if a receiver is appointed for any of the property of the seller or if the seller fails to comply with any provisions of the general terms or conditions of the purchase order.
16. INDEPENDENT CONTRACTOR: If labor or services, as distinguished from goods and material, are covered by a purchase order, then it is understood and agreed that this is not a contract of employment, but insofar as the performance of services or labor ordered is concerned, seller is an independent contractor.
17. PATENT AND TRADEMARK INDEMNITY: Seller agrees, at its own expense, to defend any suit, or actions against buyer, or against those selling or using the product(s) or material covered by any purchase order for alleged infringement of invention or trademark rights arising from the sale or use of said product(s) and/or material, and to indemnify and save buyer harmless from any loss, liability, cost and expenses paid or incurred by buyer in connection with any suit or action, whether against buyer or against those selling or using the product(s) and/or material covered by any purchase order.
18. TRANSPORTATION CHARGES: (a) Freight or express charges must be prepaid by the seller when price is F.O.B. destination; (b) seller must pay transportation charges to and from destination on rejected product(s) and/or material.
19. TAXES: The seller shall pay all governmental taxes, excises, and/or any other charges (except taxes on or measured by net income) that buyer may be required to pay with respect to the production, sale of, transportation of any material delivered hereunder, except if and as so noted on any purchase order.
20. SERVICES IN CASINO: In the event seller performs any work or service for buyer in its casino, seller shall only allow employees who have reached the legal age for presence in a casino in the state where the services are performed.
21. GENERAL: The invalidity of any provision of any purchase order, as determined by a court or governmental body of appropriate jurisdiction, shall not impair the validity of any other provision. No waiver by buyer of any breach of any term, covenant or condition contained herein shall be deemed a waiver of the same or any subsequent breach of the same or any other term, covenant or condition. No term, covenant or condition of any purchase order shall be deemed waived by the buyer unless waived in writing and signed by the duly authorized officer of the buyer.

CATFISH QUEEN LLC D/B/A BELLE OF BATON ROUGE d/b/a BELLE OF BATON ROUGE (SIGNATURE)

VENDOR (SIGNATURE)

**Request for Taxpayer
 Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as reported on your income tax return)

Business name, if different from above

Check appropriate box: Individual/
 Sole proprietor Corporation Partnership Other ▶ Exempt from backup
 withholding

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

Sign Here Signature of U.S. person ▶ Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- an individual who is a citizen or resident of the United States,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- any estate (other than a foreign estate) or trust. See Regulation section 301.7701-6(a) for additional information.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments; attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lewis Mohr Real Estate & Insurance Agency LLC 11051 Coursey Blvd. Post Office Box 15811 Baton Rouge LA 70895	CONTACT NAME: Laurie Bonner PHONE (A/C, No, Ext): (225) 293-1086 E-MAIL ADDRESS: lbonner@mohragency.com	FAX (A/C, No): (225) 293-0048
	INSURER(S) AFFORDING COVERAGE	
INSURED All Star Catering LLC; All Star Properties LLC 8235 Florida Blvd Baton Rouge LA 70806	INSURER A: FCCI Insurance Company NAIC #: 10178	
	INSURER B: AmTrust Insurance Co NAIC #: 15954	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21/22

REVISION NUMBER:

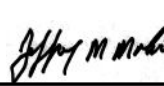
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP100068518	04/05/2021	04/05/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	KWC1243200	04/05/2021	04/05/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Blanket Waiver of Subrogation as respects to the General Liability & Workers Compensation policies, if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Belle of Baton Rouge Casino Hotel 103 France St Baton Rouge LA 70802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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