

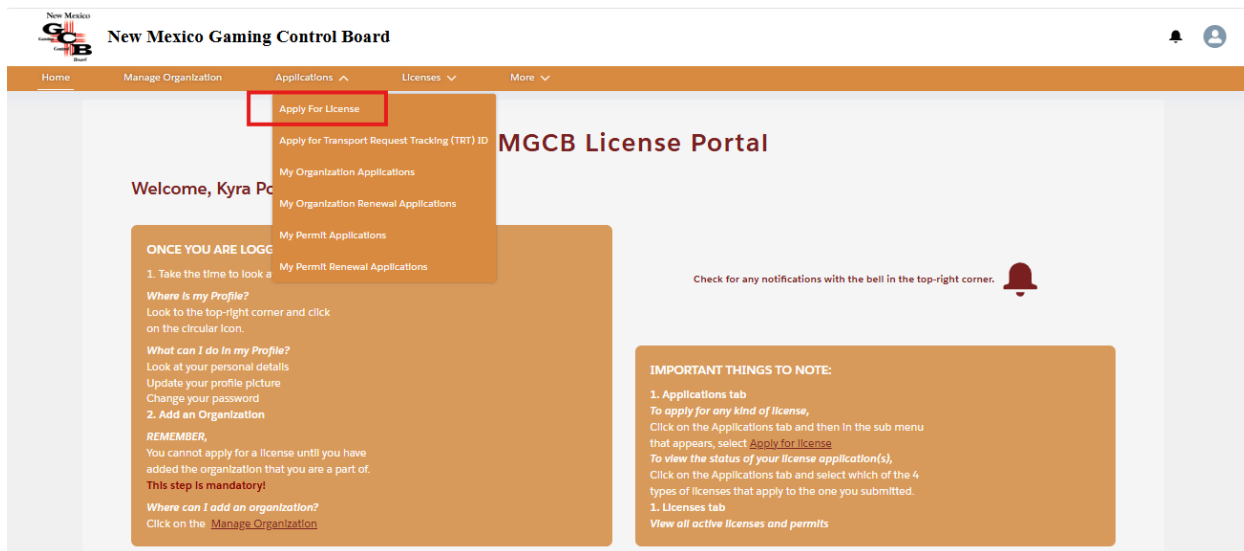
Gaming Machine Manufacture License Intake Application User Guide

This user guide will walk you through submitting a Gaming Machine Manufacturer License Application.

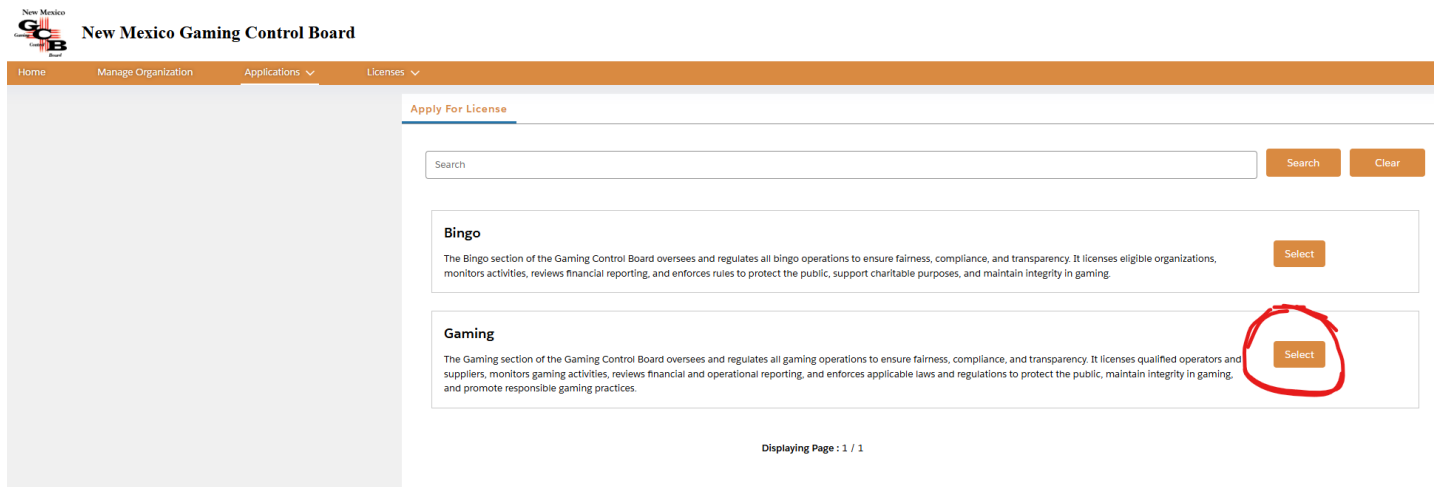
Step 1: Log in to the Portal / External Site via:

<https://nmgcb.my.site.com/gcb/s/login/>

Step 2: Click on Applications -> Apply for License



Step 3: Click Select for 'Gaming Board'



Step 4: Click 'Apply' next to Gaming Machine Manufacturer License to launch the application.

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Apply For License

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Gaming Machine Manufacturer License

Authorizes the licensee to design, manufacture, assemble, sell, distribute, or otherwise provide gaming machines and related gaming devices for use in the State of New Mexico in accordance with the New Mexico Gaming Control Act and applicable regulations, subject to the oversight and compliance requirements of the New Mexico Gaming Control Board.

Apply

Step 5: Specify the 'Profit' Organization for which you would like to apply for this License. **You cannot apply for this license for a Nonprofit Organization.**

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Select Organization

Organization Name	NM Tax ID Number	FEIN	Organization Type	Organization Status	Your Status	Action
Zia Community Education Fund	78-787287-38-7	78-7387837	Nonprofit	Verified	Authorized	Select
New Horizons Learning Foundation of New Mexico		32-7999298	Nonprofit	Verified	Authorized	Select
Desert Phoenix Gaming LLC	95-898958-49-8	84-5894859	Profit	Verified	Authorized	Select
United Gaming	78-980768-97-0	67-8798786	Profit	Verified	Authorized	Select
Desert Mesa Educational Foundation	73-673467-36-7	76-6376734	Nonprofit	Pending Verification	Authorized	Select
Four Corners Enrichment Group	94-009409-49-3	39-9389489	Profit	Verified	Authorized	Select
Enchanted Skies Education Initiative	92-839288-29-8	09-0909109	Profit	Verified	Authorized	Select

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Step 6: First is the Introduction Screen

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Gaming Machine Manufacturer Intake Application

Introduction

Every Gaming Machine Manufacturer that intends to design, manufacture, assemble, sell, offer to sell, distribute, or otherwise provide gaming machines or related gaming devices for use in this state must complete this application and obtain a Gaming Machine Manufacturer License from the State of New Mexico pursuant to the New Mexico Gaming Control Act and applicable regulations prior to engaging in any of these activities. All required application fees and any applicable supplementary background investigation fees must be submitted with this application. Approved licenses are valid for the term established by statute or regulation and are subject to continued compliance with all applicable laws, rules, and requirements of the New Mexico Gaming Control Board.

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Step 7: Next is the Organization Information Screen

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Organization Information

Name of Qualified Organization

Control Number (Assigned by Gaming Control Board)

Desert Phoenix Gaming LLC

Does the organization do business under different name? If yes, specify DBA and Trade Name.

Yes

No

Mailing Address

Mailing Address

456 Canyon Roads

Mailing City

Santa Fe

Mailing State

New Mexico

Mailing Zip

87502

Mailing Country

United States

☒ Is physical address same as mailing address?

Business Phone ((XXX) XXX-XXXX)

(123) 456-7890

Business Email

dp gaming@email.com

FEDIN (XXX-XXXXXXX)

84-5594359

NM State Tax ID Number (XXX-XXXXXX-XXXX)

95-490958-49-8

Type of Business Structure

Limited Liability Company

State of Creation of Business Entity

Maryland

Date of Qualification to conduct business in New Mexico (IF CORPORATION, PROVIDE CERTIFICATE OF AUTHORITY OR EQUIVALENT ISSUED BY NEW MEXICO SECRETARY OF STATE)

02-26-2026

List all states where business entity is authorized to conduct business.

List all names used by the business entity (other than above)

Specify if any other gaming license held by the organization.

Primary Contact Information

Contact Name

Title

Contact Phone ((XXX) XXX-XXXX)

Contact Email

Primary Contact Address

Street

City

State

New Mexico

Zip

Country

United States

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▼ First Primary Contact Information

* First Contact Name

First Title

* First Contact Phone ((XXX) XXX.XXXXX)

* First Contact Email

☐ Is primary contact address same as mailing address?

▼ First Primary Contact Address

* Street

* City

* State

New Mexico

* Zip

* Country

United States

▼ Second Primary Contact Information

Second Contact Name

Second Title

Second Phone ((XXX) XXX.XXXXX)

Second Contact Email

☐ Is primary contact address same as mailing address?

▼ Second Primary Contact Address

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Organization Address

List all principal places of business for the past 10 years if different from the current address.

Principal Places

Add New

Organization Name	Address	
Enchantment Gaming Group	456 Canyon Road, Santa Fe, NM 87501, US	✎ ✕
Gaming Group	1890 Sunrise Canyon Dr, Santa Fe, NM 87507, US	✎ ✕
Desert Canyon	123 street, santa fe, NM 87001, US	✎ ✕

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Principal Places

* Organization Name

* Address

* City * State
 New Mexico

* Zip * Country
 United States

Save

Step 9: Next is the Licensing History Screen. Based on response, an explanation box will be required.

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Licensing History

* Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever applied for a gaming license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If Yes, provide details including jurisdiction, type of license, license number, and dates license held or applied for. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☒ Yes ☐ No

Provide Details

* Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been denied a gaming license, withdrawn a gaming license or had any disciplinary action taken against any gaming license that they have held in this or any other jurisdiction, foreign or domestic? If Yes, provide details including jurisdiction, type of action, and date of action. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☐ Yes ☐ No

* Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant in good corporate standing in New Mexico, as certified by the New Mexico State Corporation Commission or its successor agency, the Public Regulation Commission, and in all other states where it is authorized to transact business? If No, provide details. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☐ Yes ☐ No

* Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been charged with, or convicted of, any illegal gaming activity in New Mexico or any other jurisdiction? If Yes, provide details including jurisdiction, type of action, and date of action. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☐ Yes ☐ No

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Step 10: Next is the Financial History Screen. Based on response, an explanation box will be required

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Financial History

*Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere? If yes, provide details. You can upload any associated documents on the document screen later in the application.

☒ Yes ☐ No

Provide Details

*Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever held a financial interest in a gambling venture, including but not limited to, a slot track, dog track, race horse or dog, lottery casino, bookmaking operation, internet casino, card room, keno, parlor or pool table, whether or not a license to hold such interest was applied for or received? If yes, provide details. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☐ Yes ☐ No

*Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If yes, provide details. You can also upload any associated documents on the document screen later in the application.

☐ Yes ☐ No

*Does the applicant, the applicant's parent company or any other intermediary affiliate of applicant now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or another name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status? If yes, provide details. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☐ Yes ☐ No

*Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If yes, provide details. You can also upload any associated documents as 'Other Supporting Documents' on the document screen later in the application.

☐ Yes ☐ No

*Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary affiliate of applicant? If yes, provide details. You can upload any associated documents on the document screen later in the application.

☐ Yes ☐ No

*Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been a party to a lawsuit, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If yes, provide details. You can upload any associated documents on the document screen later in the application.

☐ Yes ☐ No

*Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant filed a business tax return in the past three years? If yes, provide details. You can upload any associated documents on the document screen later in the application.

☐ Yes ☐ No

*Is the business a prospective business or has it recently begun operations? If yes, provide details. You can upload any associated documents on the document screen later in the application.

☐ Yes ☐ No

*Is the business a party to a lease? If yes, provide details. You can upload any associated documents on the document screen later in the application.

☐ Yes ☐ No

Step 11: Next is the Key Personnel Screen

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Key Personnel

Person who maintains applicant's business records

*Name *Title

*Street

*City *State

*Zip *Country

*Phone Number (xxx) xxxxxxx

☐ Person who prepares applicant's tax returns, government forms & reports same as Person who maintains applicant's business records.

Person who prepares applicant's tax returns, government forms & reports

*Name *Title

*Street

*City *State

*Zip *Country

*Phone Number (xxx) xxxxxxx

Location of financial books and records for applicant's business

*Physical Address

*Physical City *Physical State

*Physical Zip *Physical Country

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Certification

I acknowledge, understand and agree that by applying for and accepting any license, certification, registration, renewal, finding of suitability, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

- I have read the Gaming Control Act, Sections 60-2E-1 through 60-2E-61 NMSA 1978 ("Act") and administrative rules, plans and policies adopted or approved by the Board (collectively "Rules"), and I understand the requirements of the Act and Rules.
- I have read the minimum internal controls established or approved by the Board for use by the gaming operator licensee ("Licensee") for which I am a key person, and I understand the requirements of the minimum internal controls, OR, I certify that the minimum internal control requirements do not apply to my job duties.
- I have read the compulsive gambling assistance plan required by the Act and Board rules and approved by the Board for use by the Licensee, and I understand the requirements of the compulsive gambling assistance plan, OR, I certify that the compulsive gambling assistance plan requirements do not apply to my job duties.
- I understand and agree that, as a key person, I am responsible for the Licensee's compliance with the Act and Rules including, where applicable to my job duties, the minimum internal controls and compulsive gambling assistance plan.
- I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties, requirements of the minimum internal controls and compulsive gambling assistance plan.

* Full Legal Name

* Date

Signature

Save Signature

Clear

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Tax Information Authorization

Business Name *New Mexico ID Number

Desert Phoenix Gaming LLC

*Trade Name (DBA) *Name

FEIN (XX-XXXXXXX)

04-5894859

Street

456 Canyon Roads

City State

Zip Country

Telephone Number (XXXX) XXX-XXXX

(123) 456-7890

Hereby authorizes New Mexico Gaming Control Board Address: 4900 Alameda Blvd NE Telephone Number: (505) 841-9700 Albuquerque, NM 87113-1736 to represent me and/or my business pertaining to taxes administered by the New Mexico Taxation and Revenue Department.

Type of taxes that apply

☒ All state taxes
 ☐ CRS taxes
 ☐ Income taxes
 ☐ Others

Year

Any year

I certify that I have the authority to execute this tax information authorization.

*Signature

*Title

*Date

☐ Is this a joint return?

The taxpayer may limit the scope of this authorization by specifying the particular information or tax types to be handled by authorized person.

For joint returns, both taxpayers must sign. If not signed by the taxpayer, signature must be that of a corporate officer, partner, or fiduciary on behalf of the taxpayer.

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Step 16: Last is the Confirmation Screen

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Your application has been submitted successfully
Application Number : PAB-0000000361

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