



APPENDIX 2

Key Employee(s)

Identify any Key Employee(s), as that term is defined in [R.C. 3774.01\(H\)](#)¹. Each Fantasy Contest Operator Applicant must have at least one Key Employee. If additional fields are needed, please attach Appendix 2 to the Application.

First Name	Last Name	DOB
SSN ²	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County
First Name	Last Name	DOB
SSN	Telephone Number (include area code)	E-mail Address
Street Address	City, State	Zip County

¹ "Key employee" means a person, employed by a fantasy contest operator, who is responsible for ensuring, and has the authority necessary to ensure, that all requirements under this chapter and the rules adopted under this chapter and division (L) of section [3772.03 of the Revised Code](#) are met.

² Under the Privacy Act, disclosure of SSN is voluntary.