



AFFIDAVIT OF CONFORMATION WOMAN-OWNED BUSINESS

State of _____ Parish/County of _____

I, _____, the Owner of the Company named _____,
(Owner Name) (Company Name)

Located at _____, _____, City of the State of _____,
(Business Address) (City)
_____, Zip Code _____.
(State) (Zip)

Submit this affidavit to the Isle of Capri Casino & Hotel at the property selected on the front of the registration form. I do hereby make the following statements and declare that, on my own personal knowledge, they are true.

1) The company _____ is licensed and operates in the State (s) of _____.
(Company Name) (State)

2) The company _____ is a _____ company.
(Company Name) (Woman-Owned)

3) I do understand that a Women's Business Enterprise or Woman-Owned Business-A business which is at least fifty-one (51%) 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 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.

SWORN TO AND SUBSCRIBED BEFORE ME,

On this _____ day of _____, 20_____.
(Day) (Month) (Year)

WITNESS

SIGNATURE OF OWNER

WITNESS

NOTARY PUBLIC