Cboe Exchange, Inc. On-Floor Lead Market-Maker (LMM) Appointment Application

I. APPLICANT DATA			
Name of TPH Organization:			
Business Address:			
City:	State:		Zip:
Phone:	Firm CRD #	' :	
APPOINT	ED CLASS		
Request to be appointed in class:			
APPLICANT CONTACT PERSON RELATED TO LMM PROGRAM			
Name of Contact Person:			
E-Mail: Phone:			
DESIGNEE I	NFORMATIO	N	
Information concerning individuals (designees) who will act on behalf of the LMM. This information must be completed for all LMM designees. Describe, in detail, all industry experience as well as the relevant trading experience of each designee named in this application. Include all experience as a floor broker, market-maker or proprietary (firm) trader. Please list any additional Designee(s), if any, on a separate page using the same format.			
DESIG	SNEE #1		
Name/Acr:		CRD #:	
		Business Phone:	
Email:		Mobile/Pit Phone:	
Experience:			

DESIGNEE #2		
Name/Acr:	CRD #:	
Title:	Business Phone:	
Email:	Mobile/Pit Phone:	
Experience:		
DESIGNEE #3		

DESIGNEE #3		
Name/Acr:	CRD #:	
Title:	Business Phone:	
Email:	Mobile/Pit Phone:	
Experience:		

	DESIGNEE #4
Name/Acr:	CRD #:
Title:	Business Phone:
Email:	Mobile/Pit Phone:
Experience:	

		APPLICANT INF	ORMATION			
Identify the owners,	partners, members	, and designees of t	he applicant LMM n	nember organizatio	on as follo	ws:
Names of Owners, Partners, Members, Designees	Title or Status	\$ Capital Contribution	% Profit	% Loss		to act as LMM NO
		ADDITIONAL AL	IEODMATION			
ADDITIONAL INFORMATION A. Please list those owners, partners, members, and designees of this LMM applicant organization who are affiliated in any way with another LMM organization. Include the extent of the affiliation, including amounts of capital contributions, % profits, % losses, voting rights etc.						
B. Describe in detail, the proposed day-to-day operation of the LMM station. Include information such as: Who will be the LMM designees at the station; how many hours/days/months will these people be employed at the station; describe the autonomy of each designee who will man the station; how many clerks will continuously support the operation etc.						

C. Note any disciplinary or remedial action taken against any individual or organization named in this application other than action taken pursuant to an SRO minor rule violation plan. If any disciplinary or remedial action has been taken, describe in detail the circumstances surrounding each action and identify the issuing SRO or governmental agency. Also note and describe any warnings issued to any individual or organization named in this application related to a capital or operational problem, rules of trading procedure or evaluation of market quality and identify the issuing SRO or Governmental agency.
MARKET SERVICE
Describe the efforts which are proposed by the applicant to provide the highest quality service to member organizations conducting business at Cboe Options. Responses should be specific with respect to willingness to participate in marketing efforts, maintaining competitive markets, competing with other marketplaces, and promoting Cboe Options as the marketplace of choice.
MARKET QUALITY
Describe the level of market quality which the applicant proposes to maintain. Specifically, note commitments to bid-ask spread differentials, firmness, size and depth of markets.

OPERATIONAL CONSIDERATIONS
A. Describe the level of staffing which the applicant intends to have available.
B. Describe the arrangements which have been made to assure that the LMM station is continuously operated by
approved and experienced LMM designees.
CAPITAL
Note the financial resources that the LMM Applicant proposes to commit. Provide details such as: The specific dollar amount; the name(s) of the source(s); whether or not the source(s) has any management responsibility or
participates in the profits/losses of the operation and to what extent the source(s) participates in management
and/or profits/losses. If the money is borrowed, note the repayment schedule. Provide any other related
information that should be considered by the Exchange.

MISCELLANEOUS		
Note any additional information which the applicant	t deems pertinent to this application.	
to those questions. On behalf of the LMM applicant o	application and the responses that have been provided organization, I represent that the responses provided and behalf of the LMM applicant organization in connection te.	
Signature of Authorized Officer, Partner or Managing Member of TPH	Date	
Printed Name	Title	