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# Lottery and Gaming Control Commission

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1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

## VIDEO LOTTERY OPERATION LICENSE APPLICATION

**Form #1001**

**Applicant:** \_\_\_\_\_

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**SECTION A - IMPORTANT NOTICES**

- A.1 This form is an official document of the Maryland Lottery and Gaming Control Commission (“Commission”). It may not be altered or changed, except to insert the information that is required. Any alteration or change to this document may cause this application or your license to be delayed or denied.**
- A.2 A Maryland Video Lottery Operation license is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s expense.**
- A.3 You must make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties.**
- A.4 The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the law and regulations and the posting of a bond that may be required by the Commission. The application will not be processed until the fees have been submitted.**
- A.5 The Applicant is under a continuing duty to promptly disclose any changes in the information provided in the application, as well as all changes to any of the materials submitted at the request of the Commission. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the Commission.**
- A.6 The Applicant shall promptly provide written notification to the Commission of any corrections or changes to this application once submitted or to any of the materials submitted at the request of the Commission.**
- A.7 All notices regarding the application will be sent to the address provided by the Applicant on this form. The Applicant must immediately notify the Commission of any change of address.**
- A.8 Any Applicant who applies for and obtains a license from the Commission may be required to submit to warrantless searches as stated in the law or regulation.**

- A.9** All submissions with and for this application become the property of the Commission and **will not** be returned.
- A.10** Once the application has been submitted to the Commission, the Applicant **may not** withdraw its application without permission of the Commission.
- A.11** A completed application with all of the original signatures, initials, and notarization must be submitted to the Maryland Lottery and Gaming Control Agency's Casino Licensing and Background Investigation Division. A copy of the completed application must be forwarded on the electronic storage device described in **A.12** and **A.13**.
- A.12** The Applicant must provide all accompanying documentation, attachments, appendices and/or supporting documents, (such as business formation papers and tax returns) on a **password protected**, electronic storage device, such as a CD or 'thumb drive', in **.pdf format**. The application and each document must be saved as separate .pdf files (not one continuous .pdf), and each file must be identified by name or designated exhibit number.
- A.13** The Applicant is required to mail, send or transmit the password to the Licensing Division in a timely fashion. The Applicant should forward the password **separately** from the application.
- A.14** The Maryland Lottery and Gaming Control Agency's Casino Licensing and Background Investigation Division is referred to, throughout this application, as the "Licensing Division".

## SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Maryland Video Lottery Operation license ("license"). If a business entity that applies for a license is a subsidiary or if a business entity holding a license is to become a subsidiary, each holding company and each intermediary company with respect to the Applicant shall, as a condition of the subsidiary acquiring or retaining a license, provide all the information requested by the Commission.

- B.1** Read each question carefully. Answer each and every question completely. **Do not leave blank spaces.** If a question does not apply, write "Does not apply" or "N/A." If the correct answer to a particular question is "None," write "None."
- B.2** All entries on the form must be typed or printed in block lettering. Initials or signatures must be in handwriting, unless otherwise stated by the Commission, by the person providing the information. If the answers are not legible, the application may not be accepted. Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Commission to deny the application, or to suspend or revoke the license.
- B.3** The Applicant, if it is an individual, **must initial each page**, or if the Applicant is not an individual, the person authorized to complete the form on behalf of the Applicant (**Exhibit 27**) **must initial each page** as provided in lower right-hand corner. The applicant is attesting to the accuracy and completeness of the information contained on that page and that they have read the page.

- B.4** If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page. Some schedules may require disclosure of information for more than one individual or entity or type of information. If there are multiple disclosures, make additional copies of the blank schedule and complete it for each individual or entity.
- B.5** All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a license, as listed above, **must** be submitted at the time of filing this form.
- B.6** An Applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the State pursuant to the Public Information Act (“PIA”), Title 10, Subtitle 6, State Government Article, Annotated Code of Maryland. Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the PIA. Applicant is advised that, upon request for this information from a third party, the Commission will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the State of Maryland, and its employees and agents, the Commission, and the Maryland State Lottery and Gaming Control Agency for any damages resulting from any disclosure or publication in any manner.
- When the Agency receives a PIA request, Staff retrieves and compiles all records that are responsive to the request. “Records” means all papers, emails, notes, recordings, maps, plans, forms, etc. After Staff compiles all responsive records, the Office of the Attorney General (OAG) reviews the request and the records, and makes a legal determination as to whether the records may be released. Additionally, when the Agency receives a request for records of an entity that holds a gaming-related license, or a vendor registration or certification, Agency Staff or the OAG typically advise the entity of the request and our anticipated response. The entity may file litigation to prevent the Agency from releasing records it wants kept confidential.
- B.7** The Commission may request additional financial and other information as needed.
- B.8** The license and application fees described in the “Fees and Costs” section on Page 3 of this form and authorized by COMAR are non-refundable. Additional costs and expenses may be incurred by the Commission in its investigation of the Applicant. Background investigation costs will be assessed by the Commission and shall be reimbursed to the Commission promptly upon receipt of an invoice. The failure to reimburse the Commission for background investigation costs is a basis for disqualification of the Applicant.
- B.9** Operators replying to a casino’s request for proposal (RFP) must submit the original application along with the original bid that is submitted in response to the RFP. A copy of this application, copies of all forms accompanying the application and a copy of the proposal shall be submitted as described in **A.12** and **A.13**.

- B.10** Attach proof of registration with the Maryland Department of Assessments and Taxation (MD SDAT) to do business within the State. A “Certificate of Good Standing” must be obtained from MD SDAT (**not** from the Maryland Comptroller’s Office). An Applicant will need to determine if the company’s status is listed as in “Good Standing” by checking the following: <http://sdat.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>. Assistance with this process may be obtained from: <http://dat.maryland.gov/Pages/default.aspx> or by sending email inquiries to [charterhelp@dat.state.md.us](mailto:charterhelp@dat.state.md.us) if necessary. Submit documentation in the manner described in A.12 and A.13, as a separate .pdf file, labeled as “MD SDAT”.

## SECTION C - OPERATION LICENSE APPLICATION PACKAGE FORMS

The forms and electronic submissions of applications related to a Video Lottery Operation license are as follows:

- C.1**  **Video Lottery Operation Application and Disclosure Information (Form -1001)**
- C.2**  **Principal Employee Application (Form -1004)** – An individual who is a Principal Employee of a company, to include each Director, Partner, Officer, Trustee or Owner, applying to become a Video Lottery Operation, **must** submit a Form 1004, unless the individual believes he or she is eligible for a waiver of a licensing requirement. An individual who submits the Principal Employee waiver form (Form 1007) does not need to complete Form 1004 unless directed to do so by the Commission.

### **IMPORTANT:**

MLGCA is currently in the developmental phase of the Principal Employee License application which is to be included in MLGCA’s ‘e-Licensing’ online electronic application system. Once the online Principal Employee License application is included and operational in the ‘e-Licensing’ system, paper applications for Principal Employee Licenses will no longer be accepted by the Commission. Prior to initiating and submitting any paper Principal Employee License applications, please contact MLGCA’s Casino Licensing and Background Investigation Division for guidance.

- C.3**  **Principal Entity Disclosure Form (Form-1006)** – Controlling shareholders, interest of current and former partners (if partnership, LLP, limited partnership).
- C.4**  **Principal Employee Waiver Form (Form-1007)** – For an individual who is a principal or key employee requesting a waiver of a licensing requirement.

## SECTION D - DEFINITIONS

Please refer to the list of Consolidated Definitions applicable to all video lottery license applications, which is available on the website of the Maryland Lottery and Gaming Control Agency’s website: <http://gaming.mdlottery.com/licensing/>.

## SECTION E - APPLICANT INFORMATION

**E.1** **NAME OF APPLICANT \***

\* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed with a State or Federal Government.

D / B / A or Trade Name(s):

**E.2 APPLICANT'S FORM OF ORGANIZATION**

Check one:

- Sole Proprietorship   
  Partnership   
  Limited Partnership   
  C-Corporation   
  Limited Liability Company  
 S-Corporation   
  Trust   
  Other (Describe) \_\_\_\_\_

**E.3 POINT-OF-CONTACT FOR APPLICANT**

Name		Title / Position within the company	
Email address	Telephone number	Fax number	

**E.4 APPLICANT'S PRINCIPAL ADDRESS**

Address Line 1 (Street Location)

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Address Line 2

City	State	Zip code
Country	Telephone Number ( )	Fax Number ( )

Mailing Address – if different from above

Address Line 1

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Address Line 2

City	State	Zip code
Country	Telephone Number ( )	Fax Number ( )

Web Site Address(es)

**E.5 INCORPORATION**  
(If a Sole Proprietorship, provide an answer to the appropriate questions)

**(a) APPLICANT’S INCORPORATION DOCUMENTS**

- 1) Business name as it appears on formation documents:  
\_\_\_\_\_
- 2) Place of Incorporation or other type of Formation:  
\_\_\_\_\_
- 3) Date of Formation: \_\_\_\_\_

**(b) INCORPORATORS / FOUNDERS**

Use **Exhibit 1(a)** to provide the Applicant’s Incorporators/Founders. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

**(c) MARYLAND SDAT COMPLIANCE**

- 1) Is the Applicant registered to do business in Maryland:  Yes  No
- 2) If “Yes”, please provide registration number: \_\_\_\_\_

**IMPORTANT:**

Submit a *.pdf* of the Applicant’s ‘Good Standing’ status from the Maryland Department of Assessments and Taxation (MD SDAT). The exhibit should be submitted as described in **A.12** and **A.13** and labeled as “**Certificate of Good Standing**”. For further information, see **B.10**.

**(d) OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS**

Use **Exhibit 1(b)** to list all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

**(e) CURRENT ADDRESSES OF APPLICANT**

Use **Exhibit 1(c)** to provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

**(f) PREVIOUS ADDRESSES OF APPLICANT**

Use **Exhibit 1(d)** to provide all addresses, other than those listed in **Exhibit 1(c)**, which Applicant has used or from which it was conducting business during the last ten (10) year period, and list the



approximate dates during which said addresses were held. (**Note:** If a Sole Proprietorship, provide the appropriate information on the Exhibits)

**(g) ALL BUSINESSES OPERATED BY THE APPLICANT**

Use **Exhibit 1(e)** to provide a description of all businesses presently operated or intended to be operated by the Applicant and all former businesses operated by the Applicant in the past ten (10) years.

**(h) ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES**

Use **Exhibit 1(f)** to list the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in **Exhibit 1(e)**.

**E.6 DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Use **Exhibit 2** to provide information for each Director, Partner, Officer and Trustee of the Applicant. Include any Grantors or Beneficiaries of a Trust who is required to be licensed as a Principal as defined in this application.

**IMPORTANT:**

As part of this application, each Director, Partner, Officer and Trustee of the Applicant **must** complete and submit a Principal Employee Application (Form 1004).

**E.7 FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Use **Exhibit 3** to provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

**E.8 COMPENSATION OF DIRECTORS, PARTNERS, OFFICERS & TRUSTEES**

- a. Use **Exhibit 2** to provide information regarding the amount of total compensation earned/received during the *last* calendar year and the amount to be earned during the *present* calendar year by *each* Director, Partner, Officer and Trustee of the Applicant. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses.
- b. Use **Exhibit 4** to provide the information for *all employees* who earn *over \$100,000* in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other.

**E.9 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

Use **Exhibit 5** to provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

**E.10 STOCK DESCRIPTION**

Use **Exhibit 6** to provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

**E.11 VOTING SHAREHOLDERS/ MEMBERS AND NON-VOTING SHAREHOLDERS/ MEMBERS (CORPORATION - C or S; LLS)**

Use **Exhibit 7a** – Voting Shareholders/ Member and **Exhibit 7b** – Non-voting Shareholder/ Members to provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting or non-voting stock issued by the Applicant as of the date of filing the Application.

**IMPORTANT:**

- a. As part of this application, each individual, person or entity holding or having a beneficial interest in the voting or non-voting stock of the Applicant **must** complete and submit a Principal Employee Form (Form 1004) or Principal Entity Disclosure form (Form 1006).
- b. This requirement includes non-public holding entities.

**E.12 INTEREST OF CURRENT/ FORMER PARTNERS (PARTNERSHIPS, LLPS AND LIMITED PARTNERSHIPS)**

Use **Exhibit 8a** to list the Applicant's Current Partners and **Exhibit 8b** for Former Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years.

List and identify all current Partners first and list and identify all former Partners second.

**IMPORTANT:**

As part of this application, each current Partner of the Applicant **must** complete and submit a Principal Employee Form (Form 1004). See C.2

**E.13 HOLDER(S) AND EXTENT OF LONG TERM DEBT**

Use **Exhibit 9** to list the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

**IMPORTANT:**

As part of this application, each individual applicant, as required by the Commission, of the Applicant **must** complete and submit a Principal Employee Form (Form 1004) or Principal Entity Disclosure form (Form 1006). See C.2 and C.3

**E.14 HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES**

Use **Exhibit 10** to identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to **Exhibit 9** for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants. Submit Description and Documentation as described in A.12 and A.13

**IMPORTANT:**

As part of this application, each individual applicant as required by the Commission of the Applicant **must** complete and submit a Principal Employee Form (Form 1004) or Principal Entity Disclosure Form (Form 1006). See C.2 and C.3

**E.15 SECURITY OPTIONS**

Use **Exhibit 11** to provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option

and the year or years during which, and the terms under which, optioned became or will become, entitled to exercise the options, and when such options expire.

**IMPORTANT:**

Include with **Exhibit 11**, copies of any outstanding option plans or proxy statements that correspond to the requested information. Submit documentation as described in **A.12** and **A.13**

**NOTE:** For the purpose of this application, option shall mean *right, warrant or option to subscribe to or purchase any securities issued by the corporation.*

**E.16 BENEFICIAL OWNERS OF OPTIONS**

Use **Exhibit 12** to provide information regarding all persons holding the options described in **E.15**.

**E.17 PRINCIPALS NOT YET DISCLOSED**

Use **Exhibit 13** to provide all Principals not yet disclosed in this Application. Such Principals shall include both individuals and entities that have a five (5%) percent direct or indirect ownership interest in the Applicant or licensee.

**E.18 FINANCIAL INSTITUTIONS**

Use **Exhibit 14** to provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

**E.19 CONTRACTS**

Use **Exhibit 15** to provide information with respect to all contracts or Agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or Agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

**E.20 APPLICANT STOCK HOLDINGS**

Use **Exhibit 16** to provide information about each company in which the Applicant holds stock.

**E.21 INSIDER TRANSACTIONS**

Use **Exhibit 17** to provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.

**E.22 CRIMINAL HISTORY (Directors, Partners, Officers, Trustees and Owners)**

**IMPORTANT:**

The Commission *will make inquiries* to establish whether the individuals and subsidiaries listed in this application have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant’s character, honesty and integrity.

This section asks about any arrests, offenses or charges against the Applicant or any of its subsidiaries or any of its directors, partners, officers, trustees or owners.

Prior to answering this question, carefully review the DEFINITIONS and INSTRUCTIONS.

**DEFINITIONS – For purposes of this section ONLY:**

- A. **ARREST:** includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. “Arrest” also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a crime or offense as defined in subsection C.
- B. **CHARGE:** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. **OFFENSE:** includes all felonies, misdemeanors, gambling offenses and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. “Offense” also includes all driving-related charges or offenses which carry any period of incarceration.

**INSTRUCTIONS for Question \***

- 1) **Answer "Yes"** and provide *all* information to the best of your ability **EVEN IF:**
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or downgraded to a lesser charge;

- C. You completed a pretrial intervention or other rehabilitation or diversionary program;
- D. You were not convicted;
- E. You did not serve any time in a correctional facility;
- F. The charges or offenses happened a long time ago; or
- G. You were not arrested for the charge.

2) Answer “No” if:

- A. You have never been charged with or arrested for any crime or offense;
- B. You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
- C. The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

\* **Question:**

Has the Applicant;

Have any of the Applicant’s subsidiaries;

Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) ever been indicted, arrested, charged with, or convicted of, a criminal offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

Yes  No

If “Yes”, use **Exhibit 18** to provide information concerning criminal history.

**E.23 INVESTIGATIONS, TESTIMONY or POLYGRAPHS**

a. Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses?  Yes  No

b. If “Yes”, use **Exhibit 19** to describe the investigations, testimony or polygraphs.

**E.24 EXISTING AND PAST LITIGATION**

Use **Exhibit 20** to describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgments.

List most recent litigation first.

**E.25****ANTITRUST, TRADE REGULATION & SECURITIES  
JUDGEMENT; STATUTORY AND REGULATORY VIOLATIONS**

- a. Has the corporation ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?  Yes  No
- b. In the past ten years, has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more entered against it?  Yes  No
- c. If “Yes”, to either question, use **Exhibit 21** to provide the following information for each judgment, order, consent decree or consent order.

**E.26****BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?  Yes  No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?  Yes  No
- c. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?  Yes  No
- d. If “Yes”, to question ‘a’, ‘b’ or ‘c’, use **Exhibit 22** to provide detailed information for each bankruptcy or insolvency proceeding.

**E.27****LICENSES**

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever **applied** in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful gambling operations (including slot machines, video lottery terminals, table gaming, horse racing, dog racing, pari-mutuel operation etc.)?  Yes  No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license application, license, permit or other authorization issued by a government agency in this state or any other jurisdiction denied, suspended or revoked in last ten year period?  Yes  No
- c. If “Yes”, use **Exhibit 23** to provide the following information for each license application, license, permit or other authorization applied for and license or certificate denied, suspended or revoked.

**E.28****CONTRIBUTIONS AND DISBURSEMENTS**

- a. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?  
 Yes  No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?  
 Yes  No
- c. In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?  
 Yes  No
- d. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?  
 Yes  No
- e. If "Yes", to question 'a', 'b', 'c' or 'd', use **Exhibit 24** to provide information for any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions above answered affirmatively.

**E.29****APPLICANT'S FINANCIAL STATEMENTS**

Submit the **two** most recent year's financial statements for the Applicant, specifically 'Balance Sheets' and 'Profit and Loss Statements', in the manner described in **A.12** and **A.13**.

The files must be submitted as **separate** .pdf files, and should be labeled as:

**Exhibit 29a** (Balance Sheet #1);

**Exhibit 29b** (Balance Sheet #2);

**Exhibit 29c** (Profit and Loss Statement #1); and

**Exhibit 29d** (Profit and Loss Statement #2).

During the investigation to determine the Applicant's financial stability, the Commission may require that additional financial documentation be submitted.



**E.30 REQUEST FOR TRANSCRIPTS OF FEDERAL TAX RETURNS**

The IRS Form 4506-T is required to be executed so that the Commission will be authorized to obtain independent verification of the Applicant's filing of required federal tax returns.

The Applicant must submit 2 (two) original IRS Form 4506-T forms with the application packet. (During the course of the investigation, the Commission may need to request up to five years of returns, but the Form 4506-T only provides space to request four years, which creates a need for a second form to be completed and submitted).

Since the IRS updates the language on the Form 4506-T periodically, please check the upper left corner and determine if the revision date is current. If the enclosed form is no longer the most current, the Applicant is asked to retrieve an up-to-date version from the IRS website:

<https://www.irs.gov/Forms-&-Pubs>

On both copies of the Form 4506-T, the Applicant must complete lines 1 through 4; check the "Signatory declaration" block; sign the form; date the form; and enter a telephone number corresponding to line 1a.

Since the Licensing Division will need to determine which tax returns will be necessary to complete the financial stability inquiries, the Applicant is requested to leave lines 6 through 9 blank. It is recommended that the Applicant contact the Licensing Division if the Applicant has questions or concerns regarding the cautionary notes above line 6 and below line 9.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.  Maryland Lottery & Gaming, Licensing Division, 1800 Washington Blvd., Suite 330, Baltimore MD 21230 (410) 230-8918	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
▶ <b>Signature</b> (see instructions)	Date
<b>Sign Here</b> ▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
▶ <b>Spouse's signature</b>	Date

**SECTION F - EXHIBITS****Video Lottery Operation Application and Disclosure Information Form**

Use this checklist to indicate with an "X" that the exhibit is attached with this application. All attachments are **mandatory**. If a question, exhibit or addendum is not applicable, indicate "**Not Applicable**" and **state why it is not applicable in the exhibit**. If any item is missing or not filed according to these directions, the application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE X
None	Maryland SDAT "Certificate of Good Standing"	
None	Request for Transcript of Federal Income Tax Returns Form 4506-T	
1(a)	Incorporators/Founders	
1(b)	Other names in which the applicant has done business	
1(c)	Current Addresses the of Applicant	
1(d)	Previous addresses of the Applicant (Past 10 years)	
1(e)	All businesses operated by the Applicant	
1(f)	Holding, intermediaries, subsidiaries, affiliates or other business type entities	
2	Current Directors, Partners, Officers, Trustees	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$100,000	
5	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
6	Stock Description	
7(a)	Voting shareholders/Members	
7(b)	Non-voting shareholders	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
9	Extent and Holders of Long Term Debt	
10	Holder and Type of Other indebtedness and security devices	
11	Securities options – description	
12	Beneficial Owners of securities options	
13	Principals not yet disclosed	
14	Financial institutions	
15	Contracts	
16	Applicant's Stock Holdings	
17	Insider Transactions	
18	Criminal History	
19	Investigations, Testimony or Polygraphs	
20	Existing and Past Litigation	
21	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
22	Bankruptcy or insolvency proceedings	
23	Licenses	

24	Contributions and Disbursements	
25	Required attachments - explanations	
26	Authorization for Release of Information	
27	Affidavit of Representative of Applicant	
28	Acknowledgement and Disclosure	
None	Appendices	

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**EXHIBIT 1(a):**

**INCORPORATORS/FOUNDERS**

Provide the Applicant's Incorporators/Founders. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Principal Employee (Form 1004) Attached

Yes  No

Principal Entity Disclosure Form (Form 1006) Attached

Yes  No

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Principal Employee (Form 1004) Attached

Yes  No

Principal Entity Disclosure Form (Form 1006) Attached

Yes  No

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 1(b):**

**OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS**

List all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

NAME	FULL ADDRESS	FROM (MM/YYYY)	TO (MM/YYYY)

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 1(c):**

**CURRENT ADDRESSES OF APPLICANT**

**Provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)**

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 1(d):**

**PREVIOUS ADDRESSES OF APPLICANT**

Provide all the previous addresses of the Applicant and all previous addresses from which the Applicant has done business during the last 10 years. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

**Note: Attach additional copies of Exhibit pages as needed**



**EXHIBIT 1(e):**

**ALL BUSINESSES OPERATED BY THE APPLICANT**

Provide a description of all businesses presently operated or intended to be operated by the Applicant and all former businesses operated by the Applicant in the past ten (10) years.

Name of Business		Operated From Date/To Date	Federal Identification Number/ Social Security Number/ Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person	Contact Number	
Description of the business and business activities				

Name of Business		Operated From Date/To Date	Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person	Contact Number	
Description of the business and business activities				

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 1(f): ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES**

List the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in Exhibit 1(e).

Name of Business	Operated From Date/To Date
State if Holding, Intermediary, Subsidiary, Affiliate or other (if other, state type of business)	Federal Identification Number/Social Security Number/Tax Identification Number

**Address last 10 years**

Address	City	State	Postal Code	Contact Number

**Description and Activities of Business**

**Forms of Organization (Check One)**

Sole Proprietorship   
  Partnership   
  Limited Partnership   
  C-Corporation   
  Limited Liability Company   
  S-Corporation   
  Trust

Other (Describe) \_\_\_\_\_

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 2:                      CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Provide information for each Director, Partner, Officer and Trustee of the applicant. Include any Grantors or Beneficiaries of a Trust who is required to be licensed as a Principal as defined in this application.

Name, Home Address & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address		Contact number	
Business Address Line 1		Business Address Line 2		
City	State/Province		Postal Code	
Country	Business email address		Business Contact number	

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 3:**

**FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

Name, Home & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business email address	Business Contact number		

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation & Value	Reason for leaving

**Note: Attach additional copies of Exhibit pages as needed**

**Exhibit 4:**

**COMPENSATION OVER \$100,000**

Provide the information for *all employees* who earn over \$100,000 in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other.

**Name, Home Address & Business Address of Employees**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business email address	Business Contact number		

**Title/Position Held, Dates, Compensation (List Current Position first, then work backward)**

Title/Position	From Date/To Date	Annual Compensation & Value	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

**Note:** Attach additional copies of Exhibit pages as needed

**Exhibit 5: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

Provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

<b>Plan</b>			
Name of Plan			
Trustee Name			
Address Line 1		Address Line 2	
City		State	Postal Code
Country	Email address		Contact Number

<b>Plan Specifications</b>
----------------------------

Material Specifications of Plan
---------------------------------

Method of Financing Plan
--------------------------

Class of Person in Plan	Number of Individuals in each Class	Amount Distributed to Each Class during the Last Fiscal Year Plan was in Effect

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 6:**

**STOCK DESCRIPTION (Corporations - C & S; LLC's)**

Provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

Stock Types/Classes					
Stock Type/Class	Number of shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Voting/Non-voting? (list all voting stocks first and then non-voting stock)	Term, Conditions, Rights etc. of Stock

Is any right of a shareholder able to be modified by less than a majority vote of a particular class? If so, explain in the space below.

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 7a:**

**VOTING SHAREHOLDERS**

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting stock issued by the Applicant as of the date of filing the Application.

**Name, Home Address & Business Address**

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business email address	Business Contact number	

**Stock Types/Classes**

Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1004) Attached

Yes  No

Principal Entity Disclosure Form (Form 1006) Attached

Yes  No

**Note: Attach additional copies of Exhibit pages as needed**



**EXHIBIT 7b:**

**NON-VOTING SHAREHOLDERS**

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any non-voting stock issued by the Applicant as of the date of filing the Application.

**Name, Home Address & Business Address**

Last Name		First Name		Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1			Home Address Line 2			
City			State/Province		Postal Code	
Country			email address		Contact number	
Business Address Line 1			Business Address Line 2			
City			State/Province		Postal Code	
Country			Business email address		Business Contact number	

**Stock Types/Classes**

Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1004) Attached

Yes  No

Principal Entity Disclosure Form (Form 1006) Attached

Yes  No

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 8a:**

**INTEREST OF CURRENT PARTNERS**

List the Applicant's Current Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner.

**Name, Home Address & Business Address**

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business email address	Business Contact number		

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Date Acquired interest	Please explain participation in Applicant's business, if any
<input type="checkbox"/> Full/General Partner			
<input type="checkbox"/> Limited Partner			
<input type="checkbox"/> Dormant/Silent Partner			
<input type="checkbox"/> Nominal Partner			
___ other: _____			

Principal Employee (Form 1004) Attached  
 Principal Entity Disclosure Form (Form 1006) Attached

Yes  No  
 Yes  No

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 8b:**

**INTEREST OF FORMER PARTNERS**

List all Former Partners. List the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years.

**Name, Home Address & Business Address**

Last Name		First Name		Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1			Home Address Line 2			
City			State/Province		Postal Code	
Country			email address		Contact number	
Business Address Line 1			Business Address Line 2			
City			State/Province		Postal Code	
Country			Business email address		Business Contact number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Held interest To/From	Please explain participation in Applicant's business, if any	Reason for Leaving
<input type="checkbox"/> Full/General Partner				
<input type="checkbox"/> Limited Partner				
<input type="checkbox"/> Dormant/Silent etc. Partner				
<input type="checkbox"/> Nominal Partner				
<input type="checkbox"/> other: _____				

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 9:**

**EXTENT AND HOLDER OF LONG TERM DEBT**

List the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

Type of instrument (Place X next to type)	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable (State One)
<input type="checkbox"/> Bond <input type="checkbox"/> Note <input type="checkbox"/> Loan <input type="checkbox"/> Credit line <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder/Partner Loan <input type="checkbox"/> other _____					

Explain type, class, terms, conditions and priorities etc. for the debt instrument

**Name and Address of Person Holding Debt**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address		Contact number	

Current balance of this debt

Principal Employee (Form 1004) Attached

Yes  No

Principal Entity Disclosure Form (Form 1006) Attached

Yes  No

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 10: HOLDER AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES**

Identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants.

Type of Instrument	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable(State One)

Explain type, class, terms, conditions and priorities etc. for the debt instrument

**Name and Address of Person Holding Debt**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address		Contact number	

Current balance of this debt

Principal Employee (Form 1004) Attached

Yes  No

Principal Entity Disclosure Form (Form 1006) Attached

Yes  No

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 11:**

**SECURITIES OPTIONS – DESCRIPTION**

Provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optioned became or will become, entitled to exercise the options, and when such options expire.

Include with Exhibit 11, copies of any outstanding option plans or proxy statements that correspond to the requested information. Submit documentation as described in A.12 and A.13

Option Name	Security Type	Option Grant Years	Option Expiration Date

Explain how the option holder will or may become entitled to exercise option

Option Name	Security Type	Option Grant Years	Option Expiration Date

Explain how the option holder will or may become entitled to exercise option

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 12:**

**BENEFICIAL OWNERS OF SECURITY OPTIONS**

Provide information regarding all persons holding the options described in E.15

**Name, Home Address & Business Address**

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business email address	Business Contact number		

**Beneficial Owner List of Options**

Security Option Name	Security Type	Option Grant Years	Option Expiration Date	Number of Voting Shares Granted	Number of Non-voting Shares Granted	Value at Issuance

**Note: Attach additional copies of Exhibit pages as needed**





**EXHIBIT 14:**

**FINANCIAL INSTITUTIONS**

Provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

Name of Institution		Federal Identification Number	
Address Line 1		Address Line 2	
City	State/Province	City	
Country	email address	Contact Number	

**Accounts at the Financial Institution**

Account Number	Account Type	Purpose of Account	Purpose of Closing	Date Opened and Closed

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 15:**

**CONTRACTS**

Provide information with respect to all contracts or Agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or Agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

Name of Business or Vendor		Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2	
City		State/Province	City
Country	email address	Contact Person	Contact Number
Description of Contract and Goods and Services to be provided			Compensation and Method of Payment

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 16:**

**APPLICANT STOCK HOLDINGS**

Provide information about each company in which the Applicant holds stock.

NAME AND ADDRESS OF COMPANY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP 5% OR MORE	VOTING OR NON-VOTING STOCK (List Voting Stock First)

**Note:** Attach additional copies of Exhibit pages as needed

**EXHIBIT 17:**

**INSIDER TRANSACTIONS**

Provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.

Name, Home Address & Business Address*			
First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	email address	Contact number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business email address	Business Contact number	

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE Name & POSITIONS)	NUMBER OF SECURITIES INVOLVED	DOLLAR VALUE OF TRANSACTION

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 18:**

**CRIMINAL HISTORY**

Has the Applicant;

Have any of the Applicant's subsidiaries;

Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) ever been indicted, arrested, charged with, or convicted of, a criminal offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE	NAME OF DIRECTOR, PARTNER, OFFICER OR TRUSTEE

**Note:** Attach additional copies of Exhibit pages as needed

**EXHIBIT 19:**

**INVESTIGATIONS, TESTIMONY OR POLYGRAPHS**

Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses?

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE

Type of Proceeding or Investigation

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE

Type of Proceeding or Investigation

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 20:**

**EXISTING LITIGATION**

Describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgments. List most recent litigation first.

Name of case and docket number	Name and address of law court involved in litigation	Name of all parties involved in litigation	Nature of Claim(s) and judgment (if judgment has been rendered)

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 21:**                    **ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY**  
**AND REGULATORY VIOLATIONS**

Has the corporation ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?

In the past ten years, has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more entered against it?

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Offense
Nature Of Offense		
Disposition of Action		
Nature Of Judgment, Decree Or Order		

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Offense
Nature Of Offense		
Disposition		
Nature Of Judgment, Decree Or Order		

**Note: Attach additional copies of Exhibit pages as needed**



**EXHIBIT 22:**

**BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

**Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?**

**Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?**

**Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?**

Date Petition Filed Or Relief Sought	Title Of Case And Docket Number	Name And Address Of Court Or Agency
Date Judgment Entered		Name and Date Appointed of Court Appointed Receiver, Agent or Trustee
Nature of Judgment or Relief		

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 23:**

**LICENSES (Operations, Gaming and Non-Gaming)**

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever applied in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful gambling operations (including slot machines, video lottery terminals, table gaming, horse racing, dog racing, pari-mutuel operation etc.)?

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license application, license, permit or other authorization issued by a government agency in this state or any other jurisdiction denied, suspended or revoked in last ten year period?

**(List video lottery operations licenses first, gaming licenses second and non-gaming licenses third)**

Type Of License Or Permit	Name And Location Of Governmental Agency	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked Withdrawn etc.)	Disposition Date	If Issued, Give Appropriate License, Permit Or Other Such Number And Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Provide Why

**Note: Attach additional copies of Exhibit pages as needed**

**EXHIBIT 24:**

**CONTRIBUTIONS AND DISBURSEMENTS**

During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?

In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?

During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		

**Note: Attach additional copies of Exhibit pages as needed**



**EXHIBIT 26  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a video lottery operation license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission (“Commission”) is required by law to conduct an investigation of an applicant for a video lottery terminal license or instant bingo facility license. That investigation requires the Commission to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about the entity that the Commission requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

_____	_____
Signature of Individual Completing Form	Date
_____	_____
Printed Name	Title

**NOTARY PUBLIC**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_

**EXHIBIT 27**  
**AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

I, \_\_\_\_\_ (printed name), am authorized to complete and execute this Video Lottery Operation License Application on behalf of \_\_\_\_\_ (printed name of Operator). I am also authorized to provide all of the information requested on this Form to the Maryland Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, "the Commission"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a license, or may result in the Commission imposing sanctions against the Applicant, up to and including revocation of its license if it has been awarded or issued a license. I understand that any misrepresentation or omission on this Application may also subject me, or the Applicant that I represent, to civil or criminal liability. I understand and acknowledge that the Applicant has an ongoing duty to promptly notify the Commission if any information it provides the Commission changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the Commission for purposes of its investigation of an applicant for a Video Lottery Operation License.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from the Applicant and the use of that information in connection with investigating an Institutional Investor.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE

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**NOTARY PUBLIC**

---

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_

**EXHIBIT 28  
ACKNOWLEDGEMENT AND DISCLOSURE**

I understand and acknowledge with my initials and signature the following:

The Maryland Lottery and Gaming Control Commission ("Commission"), through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the license. Initials\_\_\_\_\_

I am applying for a Maryland Video Lottery Operation license. I cannot be employed in a job that requires this license unless the Commission finds that I meet the legal requirements for licensure. I am required to submit correct and accurate information, and I am prohibited from submitting false or misleading information, to the Commission. Failure to disclose any required information will be considered when assessing my character, honesty and integrity, and may disqualify me. Initials\_\_\_\_\_

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if an applicant meets the eligibility requirements for licensure. The background investigation will include, but not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness; criminal record, record of involvement with law enforcement agencies, as specified in the application, or record of involvement with civil litigation. I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of my rights under federal credit reporting law. Initials\_\_\_\_\_

I have a continuing obligation for the entire period I am licensed to inform the Commission if any information I submit on my application changes, to include, but not limited to, contact information (physical/email addresses and phone numbers); name changes; arrests, charges, or convictions for any offense; or the inability to maintain my credit stability. Initials\_\_\_\_\_

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a Video Lottery Operation license. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and during the time of any Gaming license that I may be granted. Initials\_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**NOTARY PUBLIC**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_

## SECTION G - APPENDICES

### Video Lottery Operation License Application and Disclosure Information Form

## APPENDICES

Attachments are appendices you are to provide or create. Attachments do not contain corresponding questions, exhibits or charts. Each document provided as an attachment must be presented in the same order as listed below provided to the Commission in the manner described above in **A.12** and **A.13** (separated, secure and labeled).

If an attachment is not applicable to the applicant, indicate “**N/A**”, then use **Exhibit 25** to explain why it is not applicable. All information shall be provided *in addition* to the exhibits that are to be submitted.

Appendix	Appendix Description	X IF ATTACHED (ALL FORMS ARE MANDATORY)
1	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
2	Description of long term debt for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both <b>Exhibit 9 &amp; 10</b> .	
3	Description of other indebtedness and security devices for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both <b>Exhibit 11 &amp; 12</b> .	
4	Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both <b>Exhibit 13 &amp; 14</b> .	
5	Description of Existing Litigation. Description of any settled or closed litigation against the Applicant for the past three (3) years. Also describe any existing or settled or closed litigation for the past three (3) years for any holding, intermediary, subsidiary or affiliate. A description of any judgments against Applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgments were covered by insurance and if so the insurance company. Provide this information in addition to both <b>Exhibits 20 &amp; 22</b> .	
6	Audited financial statements for the last five years for Applicant and Applicant’s holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statement do not exist, then provide unaudited financial statements.	
7	Annual reports for the last five years for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
8	Annual reports prepared on the SEC’s form 10K for the last 5 years.	
9	A copy of the last quarterly unaudited financial statement for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	



10	Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
11	A copy of the last definitive proxy or information statement (SEC).	
12	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	
13	Copies of all other reports prepared in the last five years by independent auditors for the Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
14	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
15	Current ownership table of organization for the Applicant.	
16	Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the Applicant.	
17	Functional table of organization for the Applicant filing this form, job descriptions and names of employees earning in excess of \$100,000.	
18	Copies of 1120 forms and 941 forms filed with the IRS in the last five years.	
19	Copies of IRS 5500 form filed in the last 5 years.	
20	If Applicant or a holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicant has held a gaming license in another jurisdiction, provide a letter of reference from the gaming or casino enforcement or regulatory agency with the Applicant, specifying the experiences of the agency with the Applicant, the Applicant's associates and the Applicant's gaming operation.	
21	Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of good and/or services provided by the vendor, total amount of business with vendor in the past twenty four (24) months.	
22	Details of planned, committed and un-committed future capital expenditures.	
23	Schedule of insurance policies currently in effect, including deductibles and policy limits, and any self-insurance retentions.	
24	Along with the description provided in <b>Exhibit 22</b> , provide the nature and results of any other material reorganization, readjustment or success of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise than in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such a proceeding.	