



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

GAMING CONTRACTOR LICENSE RENEWAL APPLICATION

Form #1025

Applicant: _____

ELIBIGILITY AND REQUIREMENTS

- 1) Any currently licensed Maryland Gaming Contractor, other than an employee of a video operation licensee, who contracts with a video lottery operation licensee, a video lottery operation licensee applicant or other person to:
 - (a) Manage or operate a video lottery facility;
 - (b) Provide security for a video lottery facility;
 - (c) Perform service, maintenance, or repairs of a video lottery terminal, central operating system, associated equipment, or software;
 - (d) Own or control a person described above; or
 - (e) Provide any other service that is essential to operation of a video lottery facility must:
 - I. submit an application for renewal to the Commission at **least 6 months before the contractor's license expires**, but not more than 9 months before the contractor's license expires;
 - II. continue to comply with all licensing requirements;
 - III. submits to a background investigation; and
 - IV. pays the required renewal fees and costs described below in 'Fees and Costs'.
- 2) Applicant owners, current officers, directors, trustees listed on Exhibit 9 and Exhibit 11 of this form **must file** the Principal Employee Application Form 1004 or Principal Employee Renewal Application Form 1008.
- 3) All video lottery employees of a contractor must be licensed. A contractor must submit the Temporary Gaming Employee License Application Form 2003 if the employee has not previously been licensed by the Maryland Lottery and Gaming Commission (Commission) or a Gaming Employee License Renewal Application Form 4001 if the employee's Gaming license is within 150 days of expiration.

FEEES AND COSTS**License fee:****(Tier 1)**

\$2,500 for a contractor who contracts with a video lottery operation licensee or other person to:

- a. Manage or operate a video lottery facility;
- b. Provide security for a video lottery facility;
- c. Perform service, maintenance, or repairs of a video lottery terminal, table game device, central operating system, associated equipment, or software;
- d. Own or operate an item or Applicant listed above in (a), (b) or (c);
- e. Provide junket enterprise services; or
- f. Provide any other service that is essential to operation of a video lottery facility.

(Tier 2)

\$800 for a contractor who contracts with a video lottery operation licensee or other person to:

- g. Provide a service that is essential to the operation of a facility service, but has no contact with or access to a:
 - i. Central operating system;
 - ii. Facility's video lottery system
 - iii. Video lottery terminal; or
 - iv. Table game.

Background investigation costs:

A \$2,000 Background Investigation Deposit is required at the time an Applicant files a Gaming Contractor License Renewal Application. Should the deposit be exhausted prior to the completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Commission. Conversely, the Applicant will be refunded any unused portion of this fee once the investigation has been concluded.

TERM OF LICENSE, RENEWALS, EXEMPTIONS**Term:**

A Maryland Gaming Contractor license is valid for five years from the date of approval. Each subsequent renewal of a Maryland Gaming Contractor license is valid for five years from the date of approval.

Renewal process:

The Commission may renew the Gaming Contractor license if the contractor licensee:

- a. Submits an application for renewal to the Commission at least 6 months before the contractor's license expires, but not more than 9 months before the contractor's license expires;
- b. Continues to comply with all licensing requirements;
- c. Submits to a background investigation; and
- d. Pays license renewal fees and costs described above in 'Fees and Costs'.

Exemptions:

A contractor is exempt from:

- (1) Bond requirements under COMAR 36.03.02.15.; and
- (2) Labor peace agreement requirements under State Government Article, §9-1A-07(c)(7)(v), Annotated Code of Maryland, unless the contractor is engaged:
 - (a) As a lessee;
 - (b) As a tenant; or
 - (c) Under a management agreement.

REMITTANCE OF FEES AND COSTS

Note: Application fees, license fees and the background investigation deposit, made payable to “Maryland Lottery and Gaming Control Agency”, are due at the time of application. Application fees and license fees are non-refundable. You may wire transfer your payment or send it (certified/bank check or money order) with the application to the following address:

Maryland Lottery and Gaming Control Agency
 Attn: Casino Licensing and Background Investigation Division
 1800 Washington Blvd, Suite 330
 Baltimore, Maryland 21230

Wire Payment to:

1. Maryland Lottery and Gaming Control Agency Account Number: 446014266944
2. Name of the Account – Maryland Lottery VLT Escrow 026009593 Bank of America, New York, NY
3. If required, the SWIFT code is BOFAUS3N Ref: Bank of America in the State of Maryland.

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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** The Maryland Contractor 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 what is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s own 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 obligation to promptly disclose any changes in the information provided in the application, as well as any changes to 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 Gaming Contractor 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 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 all pages** or if the Applicant is not an individual, the person authorized to complete the form on behalf of the Applicant (**Exhibit 19**) **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. The 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 Pages 2 and 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** 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://sdatt.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 if necessary.

SECTION C - CONTRACTOR LICENSE RENEWAL APPLICATION PACKAGE FORMS

- C.1 **Contractor Application Renewal and Disclosure Information (Form -1025)**
- C.2 **Principal Employee Application (Form -1004) or Principal Employee Renewal Application (Form -1008)** – An individual who is a Principal Employee of a (**Tier 1**) company, to include each Director, Partner, Officer, Trustee or Owner, applying renew a Gaming Contractor license who contracts with a video lottery operation licensee or other person to:
- a. Manage or operate a video lottery facility;
 - b. Provide security for a video lottery facility;
 - c. Perform service, maintenance, or repairs of a video lottery terminal, table game device, central operating system, associated equipment, or software;
 - d. Own or operate an item or Applicant listed above in (a), (b) or (c);
 - e. Provide junket enterprise services; or
 - f. Provide any other service that is essential to operation of a video lottery facility, **must**:
 - I. Be licensed by the Commission as a Principal Employee; or
 - II. Submit a Principal Employee License Application Form 1004, via MLGCA’s ‘eLicensing’ system, if the Director, Partner, Officer, Trustee or Owner has not previously been licensed by the Commission; or
 - III. Submit a Principal Employee License Renewal Application Form 1008, via MLGCA’s ‘eLicensing’ system, if the Director, Partner, Officer, Trustee or Owner’s Principal Employee License is within six months of expiration; unless
 - IV. 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 or a Form 1008 unless directed to do so by the Commission.

IMPORTANT: As of March 15, 2017 the online Temporary Principal Employee License application, the Principal Employee License Application and the Principal Employee Renewal License Application are now included and operational in the ‘e-Licensing’ system; the Commission will no longer accept paper applications for any of these Principal Employee related licenses. If you have not previously utilized MLGCA’s ‘e-Licensing’ system, please contact MLGCA’s Licensing Division for guidance.

- C.3 **Gaming Employee License Application (Form -2001)** - An individual who is a Principal Employee of a (**Tier 2**) company, to include each Director, Partner, Officer, Trustee or Owner, applying to become a Gaming Contractor who provides a service that is essential to the operation of a facility service, but has no contact with or access to a:
- a. Central operating system;
 - b. Facility’s video lottery system;
 - c. Video lottery terminal; or
 - g. Table game, **must**:
 - I. Be licensed by the Commission as a Gaming Employee; or
 - II. Submit a Gaming Employee License Application, Form 2001, via MLGCA’s ‘eLicensing’ system, if the Director, Partner, Officer, Trustee or Owner has not previously been licensed by the Commission; or

- III. Submit a Gaming Employee License Renewal Application, Form 4001, via MLGCA’s ‘eLicensing’ system, if the Director, Partner, Officer, Trustee or Owner’s Principal Employee License is within 150 days of expiration; unless
- IV. 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 2001 or a Form 4001 unless directed to do so by the Commission.

IMPORTANT: The Commission **will not accept the paper version** of the Gaming Employee License Application. If it is determined that an individual listed by the Applicant is required to submit a Gaming Employee License Application, the point-of-contact listed in **E.5** will be required to contact the MLGCA’s Casino Licensing and Background Investigation Division and request ‘e-Licensing System’ log-on and account access.

C.4 **Principal Entity Disclosure Form (Form-1006)** – Controlling shareholders, interest of current and former partners (if partnership, LLP, limited partnership).

C.5 **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 CONTRACTOR BUSINESS

Describe the type of product and/or service(s) provided:

E.3 LICENSEE ASSOCIATION

Name the Licensee with whom you have an agreement:

E.4 APPLICANT’S FORM OF ORGANIZATION

Check one:

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

E.5 POINT-OF-CONTACT FOR APPLICANT *

Name		Title / Position within the company	
Email address	Office telephone number	Fax number	
	Cell number		

* If it is determined that an individual listed by the Applicant is required to submit a Gaming Employee License Application, the point-of-contact listed above will be required to contact the MLGCA's Casino Licensing and Background Investigation Division for 'e-Licensing System' log-on and account access.

E.6 APPLICANT'S PRINCIPAL ADDRESS

Address Line 1 (Street Location)		
Address Line 2		
City	State	Zip code
Country	Telephone Number ()	Fax Number ()
Mailing Address – if different from above		
Address Line 1		
Address Line 2		
City	State	Zip code
Country	Telephone Number ()	Fax Number ()
Web Site Address(es)		

E.7 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** 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.9**.

(d) OTHER NAMES OF CORPORATION

Use **Exhibit 2** 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) ADDRESSES OF APPLICANT

Use **Exhibit 3** 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) APPLICANT'S BUSINESS BACKGROUND

Use **Exhibit 4** to provide a detailed description of the Applicant's business, type(s) of service and/or goods the Applicant anticipates providing to the video lottery licensee and the name(s) of the facility to which the Applicant's goods and/or services are to be provided.

(g) APPLICANT'S CONTRACT OR WRITTEN AGREEMENT WITH A FACILITY

Use **Exhibit 5** to provide details of the Contract or Written Agreement that the Applicant has enacted with the video lottery licensee. Submit a copy of the Contract or Agreement as described in **A.12** and **A.13**.

(h) APPLICANT SUBSIDIARIES

Use **Exhibit 6** to provide details of each company in which the Applicant has an ownership interest. Submit an organizational chart as described in **A.12** and **A.13**.

(i) LICENSES

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

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 five year period?

Yes No

If “Yes”, to either question, use **Exhibit 7** to provide information for each license application, license, permit, or other authorization. If “No”, write “None” in the first row on **Exhibit 7**.

(j) EMPLOYEES CONDUCTING BUSINESS WITH LICENSEE

Use **Exhibit 8** to provide details of any Applicant, or any employee of an Applicant, who:

- a) Entered into an agreement with, or will deal directly with, a Maryland licensed casino (e.g. technicians and sales representatives); and
- b) The immediate supervisor of such individuals; and
- c) The immediate supervisor’s supervisor.

An Applicant applying for renewal of a **Tier 1** Contractor license **must**:

- a) Submit a completed and notarized Release Authorization, **Exhibit 18**, for each individual listed on **Exhibit 8**;
- b) Fulfill licensing requirements as outlined in **C.2** for each individual listed as an immediate supervisor or an immediate supervisor’s supervisor on **Exhibit 8**; and
- c) Fulfill licensing requirements as outlined in **C.3** for each individual listed on **Exhibit 8** who has entered into an agreement with, or will deal directly with, a Maryland licensed casino.

An Applicant applying for renewal of a **Tier 2** Contractor license **must**:

- a) Submit completed and notarized Release Authorization, **Exhibit 18**, for each individual listed on **Exhibit 8**; and
- b) Fulfill licensing requirements as outlined in **C.3** for each individual listed on **Exhibit 8**.

(k) CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 9** 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:

- a. As part of this application each Director, Partner, Officer and Trustee of an Applicant applying to become a Gaming Contractor of a video lottery terminal or table game device; a central monitor and control system; associated equipment and software; or a distributor or reseller of a video lottery terminal, a table game device, a central monitor and control system, or associated equipment and software, **(Tier 1)**, must fulfill licensing requirements as outlined in **C.2**.
- b. As part of this application, each Director, Partner, Officer and Trustee of an Applicant applying to become a Gaming Contractor of a product that is related to video lottery terminals, table games or associated equipment and software that is intended for sale, lease, or other assignment to a licensee; does not have the ability to impact the integrity of a game; and is not essential to table game play, **(Tier 2)**, must fulfill licensing requirements as outlined in **C.3**.

(l) FORMER (NO LONGER ACTIVE) DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 10** to provide information for all officers, directors, partners and trustees who are no longer actively involved with Applicant but who held such a position during the last five (5) years.

(m) OWNERS

Use **Exhibit 11** to provide information for each individual or person who directly or indirectly owns more than five (5) percent of the Applicant or its business. For publicly traded companies, only provide information for each individual or person who directly owns more than five (5) percent of the Applicant or its business.

IMPORTANT:

- a. As part of this application, each owner of an Applicant applying to become a **(Tier 1)** Gaming Contractor of a video lottery terminal or table game device; a central monitor and control system; associated equipment and software; or a distributor or reseller of a video lottery terminal, a table game device, a central monitor and control system, or associated equipment and software, must fulfill licensing requirements as outlined in **C.2**.
- b. As part of this application, each owner of an Applicant applying to become a **(Tier 2)** Gaming Contractor of a product that is related to video lottery terminals, table games or associated equipment and software that is intended for sale, lease, or other assignment to a licensee; does not have the ability to impact the integrity of a game; and is not essential to table game play, must fulfill licensing requirements as outlined in **C.3**.

(n) BANKRUPTCY OR INSOLVENCY PROCEEDINGS

Use **Exhibit 12** to provide information for bankruptcy or insolvency proceeding involving the Applicant or any individual or person listed in **Exhibit 8, Exhibit 9, Exhibit 10** or **Exhibit 11**.

(o) 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:

- 1) **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.
- 2) **CHARGE:** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- 3) **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 below

- 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.
- 1) **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:**

During the past five (5) years, has the Applicant; or
 Have any of the Applicant's subsidiaries; or
 Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) 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 13** to provide information concerning criminal history during the past five (5) years.

(p) TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

During the past five (5) years, has the Applicant or any of its Principal Employees, (Directors, Partners, Officers, Trustees, Owners) 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

If "Yes", use **Exhibit 14** to provide information concerning testimony, investigations or polygraphs.

(q) LITIGATION

Use **Exhibit 15** to describe all existing civil litigation or any settled or closed legal action over the past five (5) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party in any 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 the most recent litigation first.

(r) ANTITRUST, TRADE REGULATION & SECURITY JUDGEMENTS, STATUTORY AND REGULATORY VIOLATIONS

During the past five (5) years, has the Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies 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

During the past five (5) years, has the Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies been the subject of a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine of \$25,000 or more?

Yes No

If "Yes", to either question, use **Exhibit 16** to provide information.

(s) 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 22a (Balance Sheet #1);

Exhibit 22b (Balance Sheet #2);

Exhibit 22c (Profit and Loss Statement #1); and

Exhibit 22d (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.

(t) 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 Casino Licensing and Background Investigation 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.

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.**

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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 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.

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. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

EXHIBIT 1 INCORPORATORS/FOUNDERS

Please 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

Gaming Employee Form (Form 2001) 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

Gaming Employee Form (Form 2001) Attached

Yes No

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 2: OTHER NAMES OF CORPORATION

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	TO

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 3: ADDRESSES OF APPLICANT

Provide all addresses which the Applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

Address specific use		Dates	
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Address specific use		Dates	
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Address specific use		Dates	
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 4: APPLICANT'S BUSINESS BACKGROUND

DESCRIPTION OF PRESENT BUSINESS

TYPE OF GOODS OR SERVICES TO BE PROVIDED BY CONTRACTOR TO FACILITY

NAME OF FACILITY TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED

EXHIBIT 5:

APPLICANT AND FACILITY AGREEMENT

The date that the Applicant & Facility formally agreed to conduct business	Contract Start Date:	Contract Completion Date:
--	----------------------	---------------------------

Terms of Compensation:	Amount of Compensation
------------------------	------------------------

Nature of Contract or Agreement and Goods and/or Services to be Provided (Attach a copy of the WRITTEN agreement)

EXHIBIT 6: NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES

Provide the following information with respect to each company in which Applicant has an ownership interest and provide an organizational chart.

Name and Address of Subsidiaries			
Other Name (if applicable)			
Address specific use			
Address Line 1		Address Line 2	
City		State/Province	Postal Code
Country	Email Address		Phone number
Name and Address of Subsidiaries			
Other Name (if applicable)			
Address specific use			
Address Line 1		Address Line 2	
City		State/Province	Postal Code
Country	Email Address		Phone number

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 7: LICENSES – GAMING AND NON-GAMING (Please list Gaming licenses first and Non-gaming Licenses second.)

If the Applicant has applied for any type of license, registration, certification or permit by any governmental agency provide the following information:

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 8: APPLICANTS EMPLOYEES CONDUCTING BUSINESS WITH FACILITY

Provide the following information for each individual who entered into an agreement with or will deal directly with the facility operator, including sales representatives; the immediate supervisors of such individuals; and that individual’s supervisor.
 Each individual listed in Exhibit 8 must submit a Release Authorization and a Principal or Gaming license application as described in E.7(j)

Name and Address				
Last Name	First Name	Middle Name	Suffix	Date of Birth
Home address		City	State	Postal Code Country
Business address		City	State	Postal Code Country
Email address	Phone Number	Social Security #	Title/Position	Years / Months with company
Name and Address				
Last Name	First Name	Middle Name	Suffix	Date of Birth
Home address		City	State	Postal Code Country
Business address		City	State	Postal Code Country
Email address	Phone Number	Social Security #	Title/Position	Years / Months with company
Name and Address				
Last Name	First Name	Middle Name	Suffix	Date of Birth
Home address		City	State	Postal Code Country
Business address		City	State	Postal Code Country
Email address	Phone Number	Social Security #	Title/Position	Years / Months with company

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 9: CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all officers, directors/partners and trustees. The term “officer” means President, Chief Executive Officer, a Chief Financial Officer and a Chief Operating Officer and any individual routinely performing corresponding functions with respect to an organization whether incorporated or unincorporated.

For Publicly Traded Companies, list only those who will be involved in the conduct of the Applicant’s business with the facility. Each individual listed in Exhibit 9 must submit a Release Authorization and a Principal or Gaming license application as described in C.2 and C.3

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		Telephone Number		Fax Number		Social Security Number
Title/Position		From	To	Annual Compensation		Composition of compensation	

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		Telephone Number		Fax Number		Social Security Number
Title/Position		From	To	Annual Compensation		Composition of Compensation	

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 10: FORMER (NO LONGER ACTIVE) DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all officers, directors/partners and trustees who are no longer actively involved with the Applicant but who held such a position during the last ten (10) years.

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		Telephone number	Fax Number		Social Security Number	
Most Recent Title/Position	From	To	Annual Compensation		Composition of compensation		
Reason for leaving:							

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		Telephone number	Fax Number		Social Security Number	
Most Recent Title/Position	From	To	Annual Compensation		Composition of compensation		
Reason for leaving:							

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 11: APPLICANT'S OWNERS

Provide the following information for each individual or person who directly or indirectly owns more than five (5) percent of the Applicant or its business. For publicly traded companies provide only the following information for each individual or person who directly owns more than five (5) percent of the Applicant or its business. Each individual listed in Exhibit 11 must submit a Release Authorization and a Principal or Gaming license application as described in C.2 and C.3

Name and 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	
Percent of Ownership	Date Acquired	Employer ID Number	Social Security Number	

Describe Nature, Type, Terms and Conditions of Ownership

Name and 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	
Percent of Ownership	Date Acquired	Federal Employer ID Number	Social Security Number	

Describe Nature, Type, Terms and Conditions of Ownership

EXHIBIT 12 BANKRUPTCY OR INSOLVENCY PROCEEDINGS *(During the past 5 years only)*

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 13: CRIMINAL HISTORY *(During the past 5 years only)*

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE, INDICTMENT 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 14: TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS (During the past 5 years only)

Has Applicant or any of its Principal Employees, (Directors, Partners, Officers, Trustees, Owners) 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? If “Yes”, provide the following information.

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 15: LITIGATION (During the past 5 years only)

Describe all existing civil litigation or any settled or closed legal action over the past five (5) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party in any 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 the 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 16 **ANTITRUST, TRADE REGULATION & SECURITY JUDEMENTS**
STATUTORY AND REGULATORY VIOLATIONS *(During the past 5 years only)*

During the past five (5) years, has the Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies 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

During the past five (5) years, has the Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies been the subject of a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine of \$25,000 or more?

Yes No

VIOLATION

Name of Case & Docket Number	Date of Judgment, Order or Decree	Name & Address of Agency or Court

Nature of Offense

Disposition: Acquitted Convicted Dismissed Other: _____

Nature of Judgment, Decree or Order

VIOLATION

Name of Case & Docket Number	Date of Judgment, Order or Decree	Name & Address of Agency or Court

Nature of Offense

Disposition: Acquitted Convicted Dismissed Other: _____

Nature of Judgment, Decree or Order

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 17

REQUIRED ATTACHMENTS - EXPLANATIONS

Provide an explanation for any attachment that is not applicable to the Applicant.

Attachment	Explanation

Note: Attach additional copies of Exhibit pages as needed

REQUIRED ATTACHMENTS

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 17** to explain why it is not applicable. All information shall be provided *in addition* to the exhibits that are to be submitted.

BUSINESS DOCUMENTS

Certified copies of all charters, articles of incorporation, by-laws, articles of organization, operating agreements, partnership agreements, trust agreements or other similar documents of the Applicant, including all amendments.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Proof of Registration with the Maryland Secretary of State. (Certificate of Good Standing)	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

ANNUAL REPORTS

The most recent annual report of the Applicant that was submitted to shareholders, partners, members or other persons and meeting minutes from the last 12 months.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
The most recent annual report (s) filed with the Secretary of State or similar official for all states in which the Applicant conducts business.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

PUBLICLY TRADED ENTITIES

A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of the two most recent annual reports prepared on Form 10K.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A corporation that is a registrant with the Securities and Exchange Commission (SEC) shall submit a copy of the Form 10Q for the last two filings.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A corporation that is a registrant with the SEC shall submit a copy of the most recent Form 8K filed with the SEC if filed after the latest 10K filing.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

ORGANIZATIONAL CHARTS

A flowchart illustrating the fully diluted ownership of the Applicant. List all parent, subsidiary or intermediary companies until the flowchart reflects 100% of the stock, partnership, membership or ownership interest as being held by an individual(s) and not other legal persons. If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A chart showing the corporate structure of the Applicant	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
An organizational chart identifying all officers, directors, managers, managing members, partners and key/managerial employees of the Applicant. Include position descriptions and the names of persons holding such positions.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

TAX RETURNS

All U. S. Corporate Income Tax Returns, or all U. S. Partnership Returns, or personal tax returns and state business or personal tax returns for the past three years . Include all amended returns, exhibits and attachments to tax returns.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A list of all IRS 1099 recipients for the past year.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

**EXHIBIT 18
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: _____

FROM: _____
(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a Gaming Contractor 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

Stamp or Seal

Printed Name

My commission expires _____, 20____

EXHIBIT 19
AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

I, _____ (printed name), am authorized to complete and execute this Gaming Contractor License Application on behalf of _____ (printed name of Contractor). 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 contractor that I represent, to civil or criminal liability. I understand and acknowledge that the contractor 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 Contractor that I represent, to release that information to the Commission for purposes of its investigation of an Applicant for a Gaming Contractor license.

On behalf of the Contractor 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 Contractor and the use of that information in connection with investigating an Institutional Investor.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

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 20
ACKNOWLEDGEMENT AND DISCLOSURE**

I understand and acknowledge the following:

I am a representative of the Applicant _____ (printed name of Contractor), who is applying to the Maryland Lottery and Gaming Control Commission (“Commission”) for a Maryland Gaming Contractor License. The Applicant cannot conduct business with a video lottery operation licensee applicant or a video lottery operation licensee unless the Commission finds that the Applicant meets the legal requirements for licensure. The Commission, through its employees, agents and vendors, is required by law to conduct a background investigation of each Applicant for a license.

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if Applicants meet the eligibility requirements for licensure. The background investigation will include, but not be limited to, information or reports about the Applicant’s: character; general reputation; personal characteristics, including honesty and integrity; financial stability; debts to State agencies; criminal records, records of involvement with federal, state or other law enforcement agencies as specified in the application, or record of involvement with any litigation. As a representative, 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 the Applicant’s rights under federal credit reporting law.

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about the Applicant to evaluate their eligibility for a license. I acknowledge that this disclosure and authorization remain in effect during the time the application is pending and during the time of any Contractor license that may be granted.

By separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Contractor that I represent, to release that information to the Commission for purposes of its investigation of an Applicant for a Gaming Contractor license.

Signature

Date

Printed Name

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 21

CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: _____

CONTRACTOR: _____
(Applicant's Printed Name)

I, _____ (printed name), am authorized to complete and execute Business Agreements on behalf of _____ (Licensee Name). The Contractor stated above has entered into an agreement/contract to provide Gaming related goods or services to this licensee.

The Contractor will provide the following Gaming related goods and/or services to this facility (describe in detail the goods and/or services to be provided:

Signature of Licensee Representative

Date

Printed Name

Title

NOTARY

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____