



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

INSTANT BINGO FACILITY

PRINCIPAL EMPLOYEE APPLICATION FORM #3002

(To be Used Only for Facilities with More than 10 Instant Bingo Machines)

Applicant: _____

Name of Employing Business Entity: _____

ELIGIBILITY

You must submit this form to begin the process of becoming licensed as an instant bingo facility principal employee in the State of Maryland.

“Principal Employee” is defined in regulations promulgated by the Maryland Lottery and Gaming Control Commission (“Commission”) by its authority under State Government Article (“SG”), Title 9, Subtitle 1A, of the Annotated Code of Maryland (“the Gaming Law”). The Commission’s regulations are found in Code of Maryland Regulations (“COMAR”) in Title 36 of COMAR, and available at <http://www.dsd.state.md.us/comar/>.

COMAR 36.07.01.02(21) defines an Instant Bingo Facility Principal Employee as: an individual who manages a licensee, or otherwise exercises control over an instant bingo function of a licensee.

The term of an instant bingo facility principal employee license is five years. To renew your license, prior to its expiration you must meet the requirements and pay the fee required under the Commission’s regulations.

FEES AND COSTS

1. Application Fee (More than 10 Instant Bingo Machines).....\$1,250.00
2. Background Investigation Deposit.....\$1,000.00*
3. License Fee (More than 10 Instant Bingo Machines).....\$375.00
4. Initial License Term.....5 Years
5. License Renewal Term.....5 Years
6. License Renewal Fee (More than 10 Instant Bingo Machines).....\$375.00

***Note:** Should the background investigation fee be exhausted prior to the completion of the investigation you will be billed for any additional investigative costs incurred by the Commission. Conversely, you will be refunded any unused portion of this fee.

Note: License, Application and Background fees are due at the time of application. They are non-refundable. You may wire transfer your payment or send it to the following address:

“SEND THE APPLICATION AND PAYMENT TOGETHER”

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Payment and Application are mailed to:

Maryland Lottery and Gaming Control Agency
Attn: VLT – Licensing Division
1800 Washington Blvd, Suite 330
Baltimore, Maryland 21230

Wire Payment to:

Maryland Lottery Account Number: 446014266944

1. **Name of the Account** – Maryland Lottery VLT Escrow 026009593 Bank of America, New York, NY
2. **If required**, the SWIFT code is BOFAUS3N Ref: Bank of America in the State of Maryland

PAYMENT FORM: *MUST* be sent as a certified/bank check or money order.

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**SECTION A
 IMPORTANT NOTICES**

- A.1 This form is an official document of the Commission. It cannot be altered or changed in any fashion, except to fill in the areas provided with the information that is required. Any alteration or change to this document, which is not within the exception, may cause this application or your license to be delayed or denied.**

- A.2 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.**

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- A.3 You must submit all required fees with this Request. If the Commission subsequently directs you to submit Principal Employee Form # 1004A, you are not required to pay additional fees unless the Commission incurs additional background investigation costs.
- A.4 All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission if you change your address.
- A.5 Any person who applies for and obtains a license from the Commission may be required to submit to warrantless searches when present in an instant bingo facility.
- A.6 You must promptly provide written notification to the Commission of any corrections or changes to this application after it has been submitted. You are under a continuing duty to promptly notify the Commission if there is a change in the information provided to the Commission.
- A.7 An application for an instant bingo employee license may be withdrawn only if the applicant submits a written request to the Commission to withdraw the application; and the written request is submitted before the Commission has denied the application.
- A.8 Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if: (1) the Commission denies your license application; or (2) after you are licensed in Maryland, the Commission takes adverse action against your license.
- A.9 All submissions with and for this application become the property of the Commission and will not be returned.
- A.10 The Commission may contact any state in which you hold a similar, current gaming employee license in order to verify your compliance with that state's licensing standards.

SECTION B
INSTRUCTIONS

- 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 in printed block lettering. Unless otherwise stated by the Commission, initials or signatures must be in the handwriting of 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. All information is subject to verification.
- B.3 The applicant, if an individual, must initial all pages or if not an individual, the person authorized to complete the form on behalf of the applicant 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/or that the applicant has 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 of the question 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 enough additional copies of the blank schedule and complete it for each individual or entity.
- B.5** 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.
- B.6** The Commission may request additional information as needed.
- B.7** The license and application fees described in the “Fees” section of this form and authorized by COMAR are non-refundable. Additional costs and expense 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 by the Commission. The failure to reimburse the Commission for background investigation costs is a basis for disqualification of the applicant.
- B.8** Send a copy of this application and all forms on a CD in PDF format.

SECTION C

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 D

EXHIBITS AND APPLICATION CHECKLIST

Use the following list to indicate with an “X” the exhibits that are attached with this application. All attachments MUST be submitted. If a question, exhibit or addendum is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. If any item is missing or not filed according to these directions, the entire application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE “X” WHEN COMPLETED
1	Applicant Information	
2	Photograph	
3(a)	Family/Social Data – Marriage(s)	
3(b)	Family/Social Data – Domestic Partners(s)	
3(c)	Family/Social Data – Civil Union (s)	
3(d)	Family/Social Data – Children and In-Laws	
3(e)	Family/Social Data – Sibling(s)	
4	Offices and Positions	
5	Business Entity Information	
6	Employment and Licensing Data	
7	Civil, Criminal and Investigatory Proceedings	
8	Financial Data	
9	Miscellaneous Questions	
10	Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling	
11	References	
12	Authorization for Release of Information	
13	Affidavit of Individual Applicant	

Please:

- Remember to attach the Exhibits listed on this checklist to your completed application.
- If any appendices are necessary, provide them.
- Attach the Exhibits and any attachments in a tabbed manner, so that each tab indicates the Exhibit number. Immediately following the tab insert a page with the Exhibit number and all applicable information.

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**Exhibit 1
Applicant Information**

Last Name		First Name		Middle Name	Suffix (Jr., Sr., etc.)
Mailing Address Line 1		Mailing Address Line 2			
City		State/Province	Postal Code		
Home Address Line 1 (If Different than Mailing)		Home Address Line 2			
City		State/Province	Postal Code		
Home Phone		Business Phone	Cell Phone	e-mail address	
Date of Birth	Social Security Number*	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		*If "NO", attach details and indicate Alien Registration Number here:	
List Other Name(s)					
Have you been known by any other name(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "yes", list all other names below and state dates of use for each. Include Maiden Names, Aliases, Nicknames, other name changes, legal or otherwise.					
Last Name (Nickname)	First Name	Middle Name	Suffix (Jr., Sr. etc.)	From Date/To Date	
List all addresses where you have lived during the last 20 years. (Attach separate sheet if necessary)					
Street and Number		City/State/Zip		From: Mo/Yr	To: Mo/Yr
Applicant Descriptive Information					
Sex	Color of Eyes	Color of Hair	Height	Feet(Inches)	Weight (lbs)
Driver License Number		State Issued		Marital Status (Single, Married, Separated, Divorced, Widowed)	
Tattoos, Scars or Distinguishing Marks (Please Describe)		Race* Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____ * Multiracial respondents may select all applicable racial categories.			
Have you ever been issued a passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes please complete the following:					
Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date	

* Disclosure of your Social Security Number is voluntary. If you choose not to provide your Social Security Number, the processing of your application and background investigation may be delayed.

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**Exhibit 2
Photograph**

Please attach a **Passport** quality color photograph of you alone that is recent (taken within the last six months), presents a good likeness of you, and is 2x2 (max. 3 x 3) inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1-3/8 inches. The photographs must be color, clear, with a full front view of your face. The photographs must be taken in street attire, without a hat, head covering, or dark glasses. Photographs retouched so that your appearance is changed are unacceptable.

Applicant's Full Name

Date of Photograph

Affix a **Passport** Quality
Photograph Here That Was Taken
Within
The Last Six Months

Print a **label** with Your Name On
The **Back**
Of The Photograph Before
Attaching It

**Exhibit 3(a)
Family/Social Data – Marriage(s)**

What is your current marital status: Single Married Separated Divorced Widow/Widower
How many times have you been married?

CURRENT MARRIAGE			
Name (Last, First, Middle)	Date of Birth	Date of Marriage	
Address			
City	State	Postal Code	
Where Married:		Place of Birth:	
Maiden Name:		Phone Number	

PREVIOUS MARRIAGE (S)				
Name of Former Spouse (include Maiden name)	Date & Place of Marriage	Date of Birth	Jurisdiction of Marriage and Divorce/Annulment	Present address of former spouse

Exhibit 3(b)
Family/Social Data – Domestic Partner(s)

Present and former domestic partner(s) – Provide names, date of birth, phone number and occupation of each domestic partner, beginning with the most recent.

Name (Last, First, Middle)	Date of Birth	Present or Former Partner (indicate one)
Address 1		
Address 2		
City	State	Postal Code
Occupation	Phone Number	
Name (Last, First, Middle)	Date of Birth	Present or Former Partner (indicate one)
Address 1		
Address 2		
City	State	Postal Code
Occupation	Phone Number	

Exhibit 3(c)
Family/Social Data – Civil Union(s)

Present and former civil union(s) – Provide civil union date, jurisdiction where civil union occurred, and partner’s name, date of birth, place of birth, home address, phone number and occupation.

Date of Civil Union	Date of dissolution	Where Civil Union Occurred:
Name of Partner (Last, First, Middle, Pre-union)	Partner Occupation	
Date of Birth (Month, Day, Year)	Place of Birth (City/Town, County, State/Province, Country)	
Home Address (City/Town, County, State/Province, Country, Postal Code)	Telephone Number	
Date of Civil Union	Date of dissolution	Where Civil Union Occurred:
Name of Partner (Last, First, Middle, Pre-union)	Partner Occupation	
Date of Birth (Month, Day, Year)	Place of Birth (City/Town, County, State/Province, Country)	
Home Address (City/Town, County, State/Province, Country, Postal Code)	Telephone Number	

Exhibit 3(d) - Family/Social Data – Children & In-Laws

List the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

Name	Date of Birth	Birth Place	Address (No., Street, Apt., City, State, Country, Zip Code)	Amt. of Support (If a Dependent)

Please mark the appropriate response regarding your child support obligations:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in section above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order (if applicable):

Name	Address	Contact Person and Phone

List names, residence addresses, dates of birth, and most recent occupation of parent, parents-in-law, former parents-in-law, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

Name (Include Maiden)	Date Of Birth	Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code)	Phone Number	Occupation
Father: Mother: Father-in-law: Mother-in-law: Former Parents-in-law*: * For former parents-in-law, only provide names				

**Exhibit 3(e)
 Family/Social Data – Sibling(s)**

List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and their respective spouses:

Name (Include Maiden)	Date of Birth	Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code)	Phone Number	Occupation
Sibling: Spouse: Sibling: Spouse: Sibling: Spouse:				

Exhibit 4
Offices and Positions

1. List all offices, trusteeships, directorships or fiduciary position (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward.

Dates		Title of Office or Position Held	Name and Address of Firm, Corporation, Association, Partnership or Other Business Entity	Compensation Received
From: (Mo/Yr)	To: (Mo/Yr)			

2. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward.

Dates		Title of Office or Position Held	Name and Address of Government Agency/Organization
From: (Mo/Yr)	To: (Mo/Yr)		

Exhibit 5
Business Entity Information

(Information concerning the Business Entity with which you are a Principal Employee)

Business Name - As it is written on the Article of Incorporation, by-laws or other official documents filed with the state or federal government. Supply all names such as "Trade Names" and "Doing Business As" ("DBA")

Principal Address of Business

Address line 1		
Address line 2		
City	State	Postal Code
Mailing Address line 3 (if different from above)		
Address line 4		
City	State	Postal Code
Telephone Number	Fax Number	Web Site Address

Applicant's Association With Business Entity

Name of Business in which I am a Principal

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Explain Role within Business Entity: Job title and description of duties.

Exhibit 6
Employment and Licensing Data

1. Have you ever been employed by a casino or gaming/gambling related company in any jurisdiction? YES NO
 *Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

Name of Gaming/Gambling Related Company and Country/State Where You Were Employed	Name, Mailing Address and Telephone Number of Employer(s)	Dates		Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving
		From: (Mo/Yr)	To: (Mo/Yr)			

2. Provide the information regarding your employment for the past twenty (20) years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

Dates		Name, Mailing Address and Telephone Number of Employer(s)	Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving/Compensation at Departure
From: (Mo/Yr)	To: (Mo/Yr)				

3. With regard to the employment listed in #2:

a. Were you ever discharged, suspended or asked to resign from employment? YES NO

b. During the last ten year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? YES NO

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

Date of Discharge, Suspension,	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

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Resignation or Disciplinary Action			

4. List all compensated employment, of whatever nature, held by your spouse or domestic partner during the past twelve (12) month period. Begin with the current employer.

Dates		Name, Address and Telephone Number of Employer	Title/Position Held
From: (Mo/Yr)	To: (Mo/Yr)		

5. To the best of your knowledge, have you or has your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last twelve (12) month period?

YES NO

If yes, complete the following chart:

Dates		Capacity	Nature Of Trust Or Other Fund	Income Received	For Whom Held
From: (Mo/Yr)	To: (Yr/Mo)				

6a. Have you, or your spouse or domestic partner, ever sought and been denied a position as a trustee or other fiduciary officer?

YES NO

6b. Have you, or your spouse or domestic partner, ever been suspended or removed from a position as a trustee or other fiduciary officer?

YES NO

If yes to either question, complete the following chart:

Date	Capacity	Nature of Trust or Other Office	Reason for Denial, Suspension or Removal

7. Have you, or your spouse or domestic partner, ever made application for, or held, any NON-GAMING professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you or your domestic partner ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

YES NO

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If yes, complete the following chart:

Name on License	Type of License	Dates		Name and Address of Licensing Agency/Organization	Disposition of the Application
		From: (Mo/Yr)	To: (Mo/Yr)		

8. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdictions?
 YES NO

If yes, complete the following chart as to each denial, suspension, revocation or conditions:

Type of License, Permit or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

9. Has any entity in which you, your spouse, or your domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest ever had a license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?
 YES NO

If yes, complete the following chart as to each denial, suspension or revocation:

Name of Entity	Position Held by You, Spouse, domestic partner	Type of License, Permit or Certificate	Type of Action Taken	Name and Address of Government Agency/Organization Taking Action	Date of Action	Reason(s) for Action

10. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past twenty (15) years, or since the age of 18, whichever is less. (Do not include publicly traded corporations in which you owned stock.)

Dates		Name(s) & Address(es) of Business(es)	Current Status of Business(es)	% Interest Held by You	Name(s) of Other Owners	Address(es) of Other Owners	State/Province and Country of Organization or Incorporation
From: (Mo/Yr)	To: (Mo/Yr)						

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11. Have you, your spouse, or domestic partner ever made application for, or held, a license, permit, registration, finding or suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending. YES NO

If yes, complete the following chart:

Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, Pending, etc.)	License, Permit, Approval or Registration Number

12. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding or suitability, qualification or other authorization identified in the previous question, were you, your spouse, or domestic partner ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying? YES NO

If yes, complete the following chart:

Name and Address of Licensing Agency or Commission	Date of Appearance (s)	Nature of Hearing	Was Testimony Given?

13. To the best of your knowledge, in the past twenty (20) years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding or suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.) YES NO

If yes, complete the following chart:

Name and Address of Business Entity	Nature of Your Interest	Date of Application	Name & Address of Licensing Agency to which Application was Made	Type of License Applied For	Disposition Of Application

Exhibit 7
Civil, Criminal and Investigatory Proceedings

Information about any offenses that you, your spouse, your domestic partner or your children may have committed

Prior to answering this question, carefully review the definitions and instructions.

DEFINITIONS: For purposes of this question:

- 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, 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:

- 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.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.

IMPORTANT

Maryland will make inquiries to establish whether the identified individuals have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account in assessing the Applicant's character, honesty and integrity.

1. Have you ever been arrested or charged with any offense in any jurisdiction? YES NO

If yes, complete the following chart:

Nature of Charge or Offense/Location of Where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)

2. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, or named you as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction? YES NO

If yes, complete the following chart:

Name and Address of Governmental Agency/Organization Involved	Nature of Proceeding	Outcome/Disposition	Date

3. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in connection with a traffic summons?

YES NO

If yes, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given?	Date on which Testimony was Given	Approximate Time Period of Investigation

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4a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam, by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in connection with a traffic summons? YES NO

4b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other civil or criminal investigatory agency, body, board or commission, at any civil, criminal or administrative proceeding or hearing?
 YES NO

If yes to either question, complete the following chart:

Name and Address of Court or Other Agency/Organization	Nature of Proceeding or Investigation	Was Testimony Given?	Date on which Testimony was Given	Approximate Time Period of Investigation

5. Have you ever received a pardon, or has any government agency/organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense? YES NO

If yes, complete the following chart:

Date of Pardon, Dismissal, Suspension or Deferral	Type of Action Taken	Name and Address of Government Agency/Organization Granting Pardon, Dismissal, Suspension or Deferral

6. Has your spouse, domestic partner, children, step-children or adopted children ever been arrested or charged with any offense in any jurisdiction? YES NO

If yes, complete the following chart:

Name of Person	Relationship	Nature of Charge or Offense	Date of Charge or Offense	Name & Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)

7. In the past fifteen (15) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial, negligence, auto accident, contract, collection, debt, and bankruptcy matters)
 YES NO

If yes, complete the following chart:

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

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8. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy? YES NO

If yes, complete the following chart:

Name of Entity	Type of Entity	Approximate Date (s) of Lawsuit/Arbitration/Bankruptcy	Where Action Filed (City/Town, State/Province, County)

9. In the past ten (15) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense? YES NO

If yes, complete the following chart:

Governmental Agency/Organization	Nature of Charge	Date	Disposition

10. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if you are no longer barred or excluded) YES NO

If yes, complete the following chart:

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

**Exhibit 8
Financial Data**

Applicant Ownership Interest

1. Do you have an ownership interest, financial interest or financial investment in the business entity for which you are a Principal employee? YES NO

If "Yes", list all debt and equity holdings in the business entity. (If necessary, copy exhibit and attach to application.)

List Number of Shares or Units held and Holding/Investment/Interest	Percentage of Interest in all Outstanding Shares in Business Entity

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2. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?
 YES NO

If yes, complete the following chart:

Nature of Lien/Debt	When Filed	Where Filed	Current Status

3. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? YES NO

If yes, complete the following chart:

Date Adjudicated/Filed	Docket/Case Number	Name and Address of Court	Name and Address of Trustee

4. In the past twenty (20) years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? YES NO

If yes, complete the following chart:

Date Adjudicated/Filed	Docket/Case Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee

5. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring? YES NO

If yes, complete the following chart:

Name and Address of Business Entity	Your Relationship to Business Entity	Date Placed Under Liquidation, Receivership, etc.	Reason Placed Under Liquidation, Receivership, etc.	Present Status

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6. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten (10) year period? YES NO

If yes, complete the following chart:

Date of order	Docket/Case Number	Name and Address of Court	Nature of Obligation	Amount of Obligation	Name and Address of Holder of Obligation

7. In the past ten (10) years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction? YES NO

If yes, complete the following chart:

Type of Property	Date Repossessed	Name and Address of Company Repossessing Property	Reason for Repossession

8. During the last ten (10) year period, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
- c. A settler/grantor, beneficiary or trustee of any trust? YES NO

If yes, complete the following chart as to each estate and trust:

Name and Location of Estate/Trust	Position/Interest Held	Date(s) on which Positions were Held or Interest was Received	Amount of Compensation or Nature and Value of Benefit Granted/Received

9. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to the previous question.) YES NO

If yes, complete the following chart:

Description of Trust	Location of Trust	Name of Trustee(s)	Names of Other (s) with Interests in Your Trust

10. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in the previous questions.) YES NO

If yes, complete the following chart:

Description of Trust	Location of Trust	Names of Other (s) with Interest in Trust

11a. Please state your country of residence _____.

11b. During the last ten (10) year period, have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in 11a. above? YES NO

If yes, complete the following chart:

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Dates		Name and Address of Institution Holding Account	Account Number	Name and Address of Each Person/Entity Appearing on the Account	Present Amount Held/Amount Held Before Closing Acct
From: (Mo/Yr)	To: (Mo/Yr)				

12. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in 11a. above (excluding foreign bank accounts identified in b. above)? YES NO

If yes, complete the following chart:

Description of Asset/Liability	Location of Asset/Liability

13. During the last ten (10) year period, have you or has your spouse, domestic partner, or any of your children, while dependent, received a loan in excess of \$25,000? YES NO

If yes, complete the following chart:

Date Received Loan	Name and Address of Lender	Name of Borrower and all Co-Signers	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan

14. During the last ten (10) year period, have you or has your spouse, domestic partner, or any of your children, while dependent, made any loan in excess of \$10,000? YES NO

If yes, complete the following chart:

Date of Loan	Name and Address of Borrower	All Co-Parties to Loan	Name of Lender	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan	Security Pledged

15. Have you individually ever exchanged currency in an amount of more than \$10,000 within the past ten (10) years? YES NO

If yes, complete the following chart:

Date and Amount of Exchange	Location Where Exchange Made	Reason for Exchange	Did You Fill Out or File Any Governmental Reporting Document

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16. Do you maintain a brokerage or margin account with any securities or commodities dealer? YES NO

If yes, complete the following chart:

Type of Account	Name and Address of Dealer	Amount of Margin

17. Have you, your spouse, domestic partner, or dependent children filed any claims in excess of \$100,000 under any fire, theft, automobile or insurance policy within the past ten (10) year period? YES NO

If yes, complete the following chart:

Date of Claim	Nature of Claim	Name and Address of Insurance Carrier	Disposition

18. During the last five (5) year period, have you, your spouse, domestic partner or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value in any one year period?

YES NO

If yes, complete the following chart as to each gift:

Name of the Donor or Donee	Date Gift Given/Received	Description of Gift	Approximate Value

19a. Do you have any safe deposit boxes in your name in any jurisdiction? YES NO

19b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? YES NO

If yes to either question, complete the following chart:

Name and Address of Bank or Other Institution/Business Where Located	Name(s) in which Account(s) or Safe Deposit Box(es) Held	Type of Account (Savings, Checking, Safe Deposit, etc.)	Account No. or Safe Deposit Box No.

20. In the past ten (10) years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000?

YES NO

If yes, complete the following chart:

Name and Address of All Parties Involved	Nature of Goods or Services Provided	Amount Received	Date Received

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21. Have you, in the past ten (10) years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction? YES NO

If yes, complete the following chart:

Nature of Obligation (Personal Guarantee, etc.)	Date Obligation Made	Name(s) of Person Responsible for Obligation	Status of Underlying Obligation

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Exhibit 9
Miscellaneous Questions

1. Are you currently in default on the payment of any student loan? YES NO

If yes, complete the following chart:

Name of Creditor:				
Address of Creditor:	City:	County:	State:	Zip:
Account/Loan Number:		Outstanding Amount of Liability:		

2. Are you currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal? YES NO

If yes, complete the following chart:

Name of Taxing Authority:				
Address of Taxing Authority:	City:	County:	State:	Zip:
Outstanding Amount of Liability:				

3. Has your gaming/gambling related operation license, permit, certification, registration, finding of suitability, qualification or other authorization ever been subject to any specific regulatory enforcement action in any jurisdiction? YES NO

If yes, complete the following chart:

Name of Licensing Authority:				License Number:
Address of Licensing Authority:	City:	County:	State:	Zip:
Details of regulatory action:				

4. Do you have any personal or business relationship with any member, agent or employee of the Maryland State Lottery Agency, Maryland State Lottery and Gaming Control Commission, Maryland State Police or Office of the Maryland Attorney General?

YES NO

If yes, provide the following information about the individual with whom you have a personal or business relationship.

Name:		Employer:		
Address:	City:	County:	State:	Zip:
Details of relationship with Applicant:				

5. Have you ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino or gaming/gambling related operation, including any referral, finder's or consulting fee? (Exclude employment) YES NO

If yes, complete the following chart:

Name of Persons involved:				
Address of Person involved:	City:	County:	State:	Zip:
Dates received:		Amount(s)		

Reasons for remuneration:

Exhibit 10
**Illegal Use of Controlled Dangerous Substances;
 Use of Alcohol in the Workplace; Problem Gambling**
(Answer all questions and provide information to any question you answer “yes.”)

1. Do you currently engage in the illegal use of drugs, or have you ever been arrested for such use? YES NO

If yes, please explain below.

2. The use of alcohol by licensees may be prohibited in a VLT facility, and any use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of video lottery employees and revocation or suspension of a VLT license. Does this present a problem for you? YES NO

If yes explain below.

3. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility? YES NO

If yes, please explain listing the jurisdiction, if applicable.

Item #	Detailed Explanation (dates, jurisdictions, etc., as applicable for full explanation)

* If necessary, copy Exhibit and attach to application

Exhibit 11
References

Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No individual can be a reference who is a member of your family. For purpose of this question “family” means spouse, domestic partner, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law and sister-in-law, or any other individual related by blood, marriage, or adoption.

Reference # 1 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Home Address line 1			
Reference Home Address line 2			
City	State	Postal Code	
Reference Business Address line 1			
Reference Business Address line 2			

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City		State		Postal Code
Occupation		Home Telephone		Business Telephone
Years Known	Explain the relationship			
Reference # 2 Information				
Reference Name: Last		First	Middle	Suffix (i.e. Jr., Sr.)
Reference Home Address line 1				
Reference Home Address line 2				
City		State		Postal Code
Reference Business Address line 1				
Reference Business Address line 2				
City		State		Postal Code
Occupation		Home Telephone		Business Telephone
Years Known	Explain the relationship			
Reference # 3 Information				
Reference Name: Last		First	Middle	Suffix (i.e. Jr., Sr.)
Reference Home Address line 1				
Reference Home Address line 2				
City		State		Postal Code
Reference Business Address line 1				
Reference Business Address line 2				
City		State		Postal Code
Occupation		Home Telephone		Business Telephone
Years Known	Explain the relationship			

* If necessary, copy exhibit and attach to application

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EXHIBIT 13

Affidavit of Individual Applicant

I, _____ (printed name) am an applicant for a video lottery license in the State of Maryland. I have read, and understand, every page of this Application Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a gaming license, and may subject me to civil or criminal liability. I also understand that providing the Maryland Lottery and Gaming Control Commission (“the Commission”) with false or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license. I also understand that, if I am issued a license, I remain under an ongoing obligation to comply with all licensing requirements.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Commission, its employees, agents, and vendors for purposes of its investigation of the application for a gaming license.

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 any individual or person and the use of that information in connection with investigating and processing the application for an Instant Bingo Facility license.

Signature of Applicant

Date

Print Name of Applicant

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____