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# MARYLAND LOTTERY and GAMING CONTROL COMMISSION

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1800 Washington Blvd., Suite 330, Baltimore, Maryland 21230



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

**Name of Company:** \_\_\_\_\_

## Temporary Principal Employee Application

**WHO MUST FILE FORM**

1. An applicant for a video lottery principal employee license in the State of Maryland must file this form.
2. COMAR 36.03.01.02B defines a Principal employee as: (a) a video lottery employee who owns, controls or manages a licensee, or otherwise exercises control over a video lottery or table game function of a licensee; (b) an employee of a contractor who performs any of the following functions: (i) manage or operate a video lottery facility; (ii) provide security for a video lottery facility; (iii) perform service, maintenance or repairs of a video lottery terminal; (iv) own or control a person described in (i) through (iii) of this definition; or (v) provide any other service that is essential to operation of a video lottery facility.

**Temporary Licensee's Responsibilities**

3. This form is to be used only when a holder of a Maryland Video Lottery Manufacturer, Operator or Contractor Gaming License (temporary licensee) makes application for an employee applicant who has been offered a position within the temporary licensee business.
4. The form will be filled out by the applicant employee not the temporary licensee. The temporary licensee is responsible for completing the Certification of Temporary Licensee at the end of this application.
5. The form must be submitted to the Commission by the Temporary Licensee not the applicant employee.

**Applicant Employee's Responsibilities**

6. You are to complete this form and submit it to the temporary licensee for submission to the Commission.
7. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.**
8. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate **"Does Not Apply"** in response to that question. Failure to provide a response to every question could result in the denial of your application.
9. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.
10. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. **Once your application is submitted, it becomes the property of the Maryland Lottery and Gaming Control Agency and will not be returned.**

**APPLICATION AND REGISTRATION FEES**

- |  |             |
|--|-------------|
| 1. Application fee.....                  | \$2,500.00  |
| 2. Background Investigation Deposit..... | \$2,000.00* |
| 3. Finger print processing fee.....      | \$ 37.25    |
| 4. License fee.....                      | \$ 750.00   |
| 5. Initial term.....                     | 5 Years     |
| 6. Renewal fee.....                      | \$ 750.00   |
| 7. Renewal term.....                     | 5 Years     |

**\*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, Background and fingerprinting 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”**

**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:**

1. Maryland Lottery 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

**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 Maryland Lottery and Gaming Control Commission. It **CAN NOT** 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** Applicants for a license are seeking a privilege. The burden of proving qualifications to receive such a license is at all times on the applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, financial loss, or other event or detriment which may result from action with respect to any application, and expressly waives any claim for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's sole expense and cost.
- 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.
- A.5** The applicant is under a continuing duty to **promptly** disclose any changes in the information provided in the application and request materials submitted to 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** All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission in writing if you change your address.
- A.7** 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.8** Once the application has been submitted to the Commission, the Applicant **MAY NOT** withdraw its application without the permission of the Commission.
- A.9** All submissions with and for this application become the property of the Commission and ***will not*** be returned.

**SECTION B  
INSTRUCTIONS**

These instructions are applicable to any individual seeking a video lottery license who is required to fill out the Principal Employee Application (VLT Form 1004), including an individual who is considered a principal as defined below.

- 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 in ink, and either typed or printed in block lettering. Initials or signatures must be in handwriting by the individual 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 reject the application, or to suspend or revoke a license.
- B.3** The Applicant must initial and date each page as provided in lower right-hand corner attesting to the accuracy and completeness of the information contained on that page and/or 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 enough 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 must be submitted at the time of filing this form. Further, the Applicant is under a continuing duty to promptly notify the Commission if there is a change in the information that has been provided to the Commission. The Applicant shall promptly provide written notification to the Commission of any corrections or changes to this application after it has been submitted.
- B.6** An Applicant should clearly identify those portions of its Application that it deems to be confidential, proprietary commercial information, or a trade secret, and provide justification of why such information should not be disclosed by the State pursuant to a request received under the Public Information Act ("PIA"), Title 10, Subtitle 6, State Government Article, Annotated Code of Maryland. Confidential information will likely be provided to the Commission during the course of processing this Application. The Applicant is advised that a blanket statement that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. The Applicant is advised that, upon receipt of a PIA request for information about the Applicant, the Commission will make an independent determination under the PIA law as to whether the information may be made available for public inspection. An Applicant or licensee waives any liability of the State of Maryland, the Commission, the Maryland Lottery and Gaming Control Agency, and their employees, instrumentalities and agents for any damages resulting from any disclosure or publication of such information in any manner.
- B.7** All exhibits are to be attached with appropriate information or noted "not applicable."
- B.8** You must submit fingerprint cards, one FBI and one Maryland unless you can come in and be processed through Live Scan.
- B.9** The application submission will be a compilation of the required exhibits as listed on the application checklist. If any appendices are necessary they are to be provided by the applicant. The format will be presented with the exhibits and any appendices in a tabbed manner. Each tab must indicate the exhibit and appendix number. Immediately following the tab, applicant must insert a page with the Exhibit number and all information applicable to the Exhibit.
- B.10** Send a copy of this application and all forms on a CD in PDF format.

- B.11** The Commission may request additional financial and other information as needed. Additional costs and expenses may be incurred by the Commission in its processing and investigation of the applicant. If such added costs and expenses are assessed by the Commission, the Applicant must reimburse the Commission for these additional costs and expenses.

### **SECTION C** **DEFINITIONS**

Please refer to the list of Consolidated Definitions applicable to all video lottery license applications, which is available on the Maryland Lottery and Gaming Control Agency's website:

<http://slots.mdlottery.com/licensing/>.

# **SECTION D**

## **EXHIBITS**

### **Principal Employee Application and Personal History Disclosure Form**



## **APPLICATION CHECKLIST**

Use the following list to indicate with an "X" the exhibits that are attached with this application. All attachments are **Mandatory** and need to 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 application will be considered incomplete and will not be processed.

<b>EXHIBIT NUMBER</b>	<b>EXHIBIT DESCRIPTION</b>	<b>PLACE "X" WHEN COMPLETED</b>
1	Applicant Information	
2	Photograph	
3(a)	Family/Social Data – Domestic Partner(s)	
3(b)	Family/Social Data – Civil Union(s)	
3(c)	Family/Social Data – Children & In-Laws	
3(d)	Family/Social Data – Sibling(s)	
4	Educational Data	
5	Military Service Data	
6	Offices and Positions	
7	Business Entity Information	
8	Employment and Licensing Data	
9	Civil, Criminal and Investigatory Proceedings	
10	Financial Data	
11	Miscellaneous Questions	
12	Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling	
13	References	
14	Federal, State and Foreign Tax Returns	
15	Authorization for Release of Information	
16	Affidavit of Individual Applicant	
17	Military Records Form	
18	Request for Federal Tax Return	
19	List of Required Documents	

**Note:** Please remember to attach the Exhibits listed on this checklist to your completed application. If any appendices are necessary they must be provided by the Applicant. Please attach the Exhibits and any attachments in a tabbed manner, so that each tab must indicate the Exhibit number. Immediately following the tab insert a page with the Exhibit number and all applicable information.

### 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      *If "NO", attach details and indicate Alien <input type="checkbox"/> YES <input type="checkbox"/> NO      Registration Number here:		
<b>List Other Name(s)</b>					
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.					
<b>Last Name (Nickname)</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix (Jr., Sr. etc.)</b>	<b>From Date/To Date</b>	
<b>List all addresses where you have lived during the last 15 years. (Attach separate sheet if necessary)</b>					
<b>Street and Number</b>		<b>City/State/Zip</b>		<b>From: Mo/Yr</b>	<b>To: Mo/Yr</b>
<b>Applicant Descriptive Information</b>					
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:					
<b>Passport Number</b>	<b>Country of Issue</b>	<b>Place Issued</b>	<b>Date Issued</b>	<b>Expiration Date</b>	

\* 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.

## 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** **Educational Data**

**Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.**

Dates		Name and Address of School, Training Program, Etc.	Description of Education Program	List Any Degree or Certification Attained	Graduated Yes or No
From: (Mo/Yr)	To: (Mo/Yr)				

### **Exhibit 5** **Military Service Data**

**1. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?** ☐ YES ☐ NO

**If yes, provide the following information:**

Country of Service:		Branch of Service:	
Service Serial #:		Highest Rank Held:	
Period(s) of Active Service:		To:	From:

**2. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s). Attach a copy of your military records\* labeled as an Exhibit 5M. If in reserves, please attach a copy of your discharge papers.**

Date of discharge/separation	Type of discharge(s)

**3. Have you ever been tried by military court martial or have you had charges\*\* filed against you?** ☐ YES ☐ NO  
**If yes, complete the following:**

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization Filing Charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

\*In the United States, a military record is called a DD214. If you have served in the U.S. Military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

\*\*Charges filed against you by the military authorities in any country would fall under the code of military justice applicable to that jurisdiction. In the United States, this includes any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

### **Exhibit 6**

#### **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 7**

#### **Business Entity Information**

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

**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

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

## Exhibit 8

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



**4. List any and 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**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)						

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

**14a. Are any members of your family (spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in the previous question in any jurisdiction?**

☐ YES ☐ NO

**14b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?**

☐ YES ☐ NO

**If yes to either question, complete the following chart:**

Name of Person	Relationship	Name of Gaming/Gambling or Alcoholic Beverage Business and Address	Business Telephone

**Exhibit 9**  
**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 which follow.**

**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 offense 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.

**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

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

**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 10** **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



**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

**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:

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

**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

**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

NET WORTH STATEMENT – ASSETS AND LIABILITIES						
Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse, domestic partner or dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.				Please list all liabilities of you, your spouse, domestic partner and dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.		
ASSET	Cost at Date Acquired or Purchased (A)	Current Market Value (B)	Special Valuation Date, If Any	LIABILITY	Original Amount of Liability (C)	Amount Outstanding (D)
1. Cash a) On Hand		a)		10. Notes Payable  (Schedule I)		
b) In bank (Schedule A)		b)				
2. Loans, Notes and Other Receivables (Schedule B)				11. Loans and Other Payables  (Schedule J)		
3. Securities (Schedule C)				12. Taxes Payable  (Schedule K)		
4. Real Estate Interests (Schedule D)				13. Mortgages or Liens on Real Estate (Schedule L)		
5. Cash Value Life Insurance (Schedule E)				14. Loans Against Insurance/Pensions (Schedule M)		
6. Cash Value Pension/ Retirement Funds (Schedule F)				15. Other Indebtedness  (Schedule N)		
7. Furniture and Clothing (Reasonable Estimate)				<b>TOTAL LIABILITIES</b>		
8. Vehicles (Schedule G)				<b>NET WORTH</b> Total Assets (From Column B) less		
9. Other (Schedule H)				Total Liabilities (From Column D)		
<b>TOTAL ASSETS</b>				16. Contingent Liabilities (Schedule O)		
<b>NOTE:</b> Complete the financial statements on pages 31 through 38 and copy the totals in the appropriate space below.				Date of Statement:		
				Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.		
				Name:		
				Address:		
				Phone:		

**Temporary Principal Employee Application Form**
**Maryland Lottery and Gaming Control Commission**
**SCHEDULE "A" – CASH IN BANK**

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse, domestic partner, or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person (s) and Tax Identification Number(s) Appearing on Account	Account Number	Interest Rate (%)	General Nature of Account	Date of Balance	BALANCE
						\$
						<b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 1a, column B on page 30.)

**SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES**

List below all loans, notes and other receivables held by you, your spouse or domestic partner, or dependent children.

Check If Held by Spouse, domestic partner, or Dependent Child	Name and Address of Debtor	Interest Rate (%)	ORIGINAL LOAN AMOUNT	Original Date Of Loan/Note Receivable	Total Payments	Date Due	Nature of Advance and Nature of Security, If Any (Indicate If Unsecured)	CURRENT BALANCE
			\$					\$
			<b>TOTAL ORIGINAL LOAN AMOUNTS(S)</b> (Enter this figure in item 2, column A on page 30.)					<b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 2, column B on page 30.)

**Temporary Principal Employee Application Form**
**Maryland Lottery and Gaming Control Commission**
**SCHEDULE "C" –SECURITIES**

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse, domestic partner or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse, domestic partner or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (\*).

Check if Held by Spouse, domestic partner, or Dependent Child	Number of Securities or Contracts Held	Type of Security	Name of Issuing Company or Government Agency/Organization	Market Value at Time of Acquisition	DATE OF AND PRICE AT PURCHASE	% or Ownership if Greater Than 5%	Registered Owner	Date of Valuation	CURRENT MARKET VALUE
					\$				\$
					<b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 3, column A on page 30.)				<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B on page 30.)

**SCHEDULE "D" – REAL ESTATE INTERESTS**

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse, domestic partner or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Check if Held by Spouse, domestic partner or Dependent Child	Address Parcel/Lot Number	Lot Size/Stand No./Square Footage of Building	Type of Property	Date Acquired/Down Payment	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	PURCHASE PRICE OF % OWNED	Monthly Rental Income, If Any	ESTIMATED MARKET VALUE OF % OWNED
						\$		\$
					<b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 4, column A on page 30.)			<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B on page 30.)

# Temporary Principal Employee Application Form

# Maryland Lottery and Gaming Control Commission

## SCHEDULE "E" – CASH VALUE – LIFE INSURANCE

Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse, domestic partner, or dependent children.

Check If Held by Spouse, domestic partner or Dependent Child	Date Purchased	Insurance Carrier Policy Number	Beneficiary (ies)	Face Value	Annual Premium Payments	CASH SURRENDER VALUE	Effective Date of Cash Surrender Value
						\$	
						<b>TOTAL CASH SURRENDER VALUE</b> (Enter this figure in item 5, column B on page 30.)	

## SCHEDULE "F" – CASH VALUE – PENSION/RETIREMENT FUNDS

Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds\* held by you or your spouse or domestic partner.

Check if Held by Spouse or domestic partner	Type of Fund	Type of Securities Held and Account Number, If Any	Employer/ Institution	CUMULATIVE EMPLOYEE CONTRIBUTION	Cumulative Employer Distribution	CURRENT CASH VALUE	Effective Date of Cash Value
				\$		\$	
				<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (Enter this figure in item 6, column A on page 30.)		<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 6, column B on page 30.)	

\*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.



# Temporary Principal Employee Application Form

# Maryland Lottery and Gaming Control Commission

## SCHEDULE "G" – VEHICLES

Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, domestic partner, or dependent children.

Check if Held by Spouse, domestic partner or Dependent Child	Type of Vehicle	Specify if Owned or Leased*	Date of Purchase/ Lease	Model Year	Make/Model of Vehicle	COST**	IF OWNED, CURRENT MARKET VALUE
						\$	\$
						<b>TOTAL COST OF VEHICLES</b> (Enter this figure in Item 8, column A on page 30.)	<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 8, column B on page 30.)

\*If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

\*\*If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

## SCHEDULE "H" – OTHER ASSETS

List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse, domestic partner, or dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

Check if Held by Spouse, domestic partner or Dependent Child	Nature of Asset	Date of Acquisition	COST	% of Ownership Interest	Date Of Valuation	CURRENT MARKET VALUE
			\$			\$
			<b>TOTAL COST(S) OF OTHER ASSETS</b> (Enter this figure in item 9, column A on page 30.)			<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (Enter this figure in item 9, column B on page 30.)

**Temporary Principal Employee Application Form**
**Maryland Lottery and Gaming Control Commission**
**SCHEDULE "I" – NOTES PAYABLE**

List below the information requested with regard to all notes payable for which you, your spouse, domestic partner or dependent children are obligated.

Check if Held by Spouse, domestic partner or Dependent Child	Name and Address of Creditor	Account Number, If Any	Date Incurred	Due Date	Interest Rate (%)	Amount of Periodic Payment/Pay Period	ORIGINAL AMOUNT OF NOTE	Nature of Security, If Any	Total Payments	OUTSTANDING AMOUNT OF LIABILITY
							\$			\$
							<b>TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE</b> (Enter this figure in item 10, Column C on page 30.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 10, column D on page 30.)

**SCHEDULE "J" – LOANS AND OTHER PAYABLES**

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse, domestic partner or your dependent children are obligated.

Check if Held by Spouse, domestic partner or Dependent Child	Name & Address of Creditor	Account Number, If Any	Date Opened or Incurred	Due Date	Interest Rate (%)	Nature of Account	ORIGINAL AMOUNT OF LIABILITY	Nature of Security, If Any	Total Payments	CURRENT AMOUNT OUTSTANDING
							\$			\$
							<b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b> (Enter this figure in item 11, column C on page 30.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 11, column D on page 30.)

**Temporary Principal Employee Application Form**
**Maryland Lottery and Gaming Control Commission**
**SCHEDULE "K" – TAXES PAYABLE**

List below the information requested with regard to all taxes payable for which you, your spouse, domestic partner, or dependent children are obligated. Only real estate and income taxes need to be included.

Check if Held by Spouse, domestic partner or Dependent Child	Taxing Authority	Nature of Tax	DATE AND AMOUNT OF ORIGINAL OBLIGATION	Fines, Penalties and Interest, If Any	TOTAL AMOUNT DUE
			\$		\$
			<b>TOTAL ORIGINAL TAX OBLIGATION</b> (Enter this figure in item 12, column C on page 30.)		<b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 12, column D on page 30.)

**SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE**

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse, domestic partner or dependent children are obligated.

Check if Held by Spouse, domestic partner or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	ORIGINAL AMOUNT OF LIABILITY	Description/ Address of Real Estate	Term of Mortgage/Interest Rate (%)	Amount of Periodic Payment/ Pay Period	CURRENT MORTGAGE BALANCE
				\$				\$
				<b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column C on page 30.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column D on page 30.)

**Temporary Principal Employee Application Form**
**Maryland Lottery and Gaming Control Commission**
**SCHEDULE "M" – LOANS AGAINST INSURANCE/PENSION PLANS**

List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse, domestic partner or dependent children.

Check if Held by Spouse, domestic partner or Dependent Child	Insurance Carrier/ Pension Plan	Purpose of Loan	ORIGINAL AMOUNT OF LOAN	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	CURRENT LOAN BALANCE
			\$				\$
			<b>TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS</b> (Enter this figure in item 14, Column C on page 30.)				<b>TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS</b> (Enter this figure in item 14, column D on page 30.)

**SCHEDULE "N" – ANY OTHER INDEBTEDNESS**

List below the information requested with regard to any other indebtedness for which you, your spouse, domestic partner or dependent children are obligated.

Check if Held by Spouse, domestic partner or Dependent Child	Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, If Any	Due Date	Amount of Periodic Payment/ Pay Period	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$	\$
						<b>TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column C on page 30.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column D on page 30.)

# Temporary Principal Employee Application Form

# Maryland Lottery and Gaming Control Commission

## SCHEDULE "O" – CONTINGENT LIABILITIES

List below the information requested with regard to all contingent liabilities for which you, your spouse, domestic partner or dependent children are obligated.

Check if Held by Spouse, domestic partner or Dependent Child	Name and Address of Contingent Creditor	Date Incurred	Account Number	Primary Debtor	Description of Obligation Including Nature of Security, If Any	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$	\$
						<b>TOTAL ORIGINAL CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column C on page 30.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column D on page 30.)

**Exhibit 11**  
**Miscellaneous Questions**

**1. Is Applicant 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. Is Applicant 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. Does the Applicant have any personal or business relationship with any member, agent or employee of the Maryland Lottery and Gaming Control Agency, Maryland 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. Has the Applicant 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 12**

**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 13****References**

Provide the name, address, etc., of three (3) references. Each reference must be at least 18 years of age, have known you for at least one year, and can attest to your good character and reputation. Family members may not be listed as a reference. For the purpose of this form "family member" means spouse, domestic partner, parent, grandparent, child, grandchild, sibling, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-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 Email Address:			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (ex: friend, neighbor, co-worker, etc.)		

Reference # 2 Information			
Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address:			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (ex: friend, neighbor, co-worker, etc.)		
Reference # 3 Information			
Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address:			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (ex: friend, neighbor, co-worker, etc.)		

\* If necessary, copy exhibit and attach to application



**Exhibit 14**  
**Federal, State and Foreign Tax Returns**

**Applicant Tax History**

Year of Last Federal Tax Return Filed		Period Covered
Year of Last State Tax Return Filed	Period Covered	State of Filing

**Included with this application, provide a copy of each tax return, each IRS form filed with or concerning that tax return and all IRS schedules filed by you in the last five (5) years. If you and your spouse or domestic partner did not file joint returns at any time in the last five (5) years, please provide and attach your spouse's or partner's tax returns. Please provide all tax returns on a CD as separate PDF Documents.**

**1. Have your tax returns ever been audited or adjusted?** ☐ YES ☐ NO

**If yes, for which tax year did it occur and describe the outcome.**

**2. Have you ever failed to file a federal, state or foreign tax return?** ☐ YES ☐ NO

**If yes, for which tax year did it occur and describe the reason for your failure to file.**

**3. Have you or your spouse ever filed any type of tax return or the equivalent in a jurisdiction outside the United States in the last five (5) years?** ☐ YES ☐ NO

**If yes, provide the information requested below. Attach a copy of each tax return filed; include all documentation required by the jurisdiction's tax authority.**

Jurisdiction where Filed	Tax Year	Amount of Tax

\* If necessary, copy exhibit and attach to application

**EXHIBIT 15**  
**Authorization for Release of Information**TO: \_\_\_\_\_  
(To be completed by Commission)FROM: \_\_\_\_\_  
(Applicant's Printed Name)

I am an applicant for a video lottery terminal license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission is required by law to conduct an investigation of an applicant for a video lottery terminal license. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Maryland Lottery and Gaming Control Commission, the Video Lottery Facility Location Commission, the Maryland State Police, and persons authorized by either Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have 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 me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me 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, 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.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

\_\_\_\_\_  
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.

**Stamp or Seal**\_\_\_\_\_  
Notary Public\_\_\_\_\_  
Printed Name

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

**EXHIBIT 16**  
**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 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 video lottery terminal ("VLT") license, and may subject me to civil or criminal liability. I also understand that providing 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 Maryland Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, "the Commission"), for purposes of its investigation of the application for a VLT 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 a VLT license.

---

Signature of Applicant

---

Date

---

Print Name of Applicant

---

**NOTARY**

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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 17**  
**Military Records Form**

## Instructions for completing SF 180, Request Pertaining to Military Records

1. If you served in the U.S. Military, complete, sign and date the SF 180, Request Pertaining to Military Records and include the following information in the appropriate space:

Section I – Information Needed to Locate Records

- Complete all blanks and answer all questions.

Section II – Information and/or Documents Requested

- Item 1 – Check the box requesting an UNDELETED Report of Separation for the years you indicated in Dates of Service of Section I, Item 5.
- Item 2 – Insert the phrase “Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.”
- Item 3 – Insert the phrase “This information is necessary in order for the Maryland Lottery and Gaming Control Commission to complete my background investigation.”

Section III – Return Address and Signature

- Item 1 – Check “Other” and specify “Maryland State Lottery Commission.”
- Item 2 – Complete and sign with your information

2. Submit this completed document to the Commission with your application.

**INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS**

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/evetrecs/>.

**2. Personnel records and Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service less than 62 years ago and STR's are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, letter from funeral home or obituary.

b. Fees for records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service 62 or more years ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

**PRIVACY ACT OF 1974 COMPLIANCE INFORMATION**

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

**PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT**

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

Standard Form 180 (Rev. 09/08) (Page 1)  
Prescribed by NARA (36 CFR 1228.168(b))

Authorized for local reproduction  
Previous edition unusable

OMB No. 3095-0029 Expires 10/31/2011

### REQUEST PERTAINING TO MILITARY RECORDS

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> \*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

#### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

#### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

##### 1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- ☒ **DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):
- ☒ **UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
- ☐ **DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☐ **All Documents in Official Military Personnel File (OMPF)**
- ☐ **Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:
- ☒ **Other (Specify):** Information related to any military court martial or charges filed under Article 15 U.C.M.J.

2. **PURPOSE:** (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Medals/Awards ☐ Genealogy ☐ Correction ☐ Personal
- ☒ **Other, explain:** Necessary for completion of my background investigation by the Maryland State Lottery Commission

#### SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- ☐ Military service member or veteran identified in Section I, above
- ☐ Legal guardian (Must submit copy of court appointment.)
- ☐ Next of kin of deceased veteran (Must provide proof of death.)
- ☒ Other (specify) Maryland State Lottery Commission

Show relationship:

(See item 2a on accompanying instructions.)

2. **SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 4 on accompanying instructions.)

VLT-MANAGER, MARYLAND STATE LOTTERY

Name 1800 WASHINGTON BLVD.,  
SUITE # 330  
Street Apt.  
BALTIMORE, MARYLAND 21230  
City State Zip Code

Signature Required - Do not print

( )

Date of this request Daytime phone

Email address

\*This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site.\*

Standard Form 180 (Rev. 09/08) (Page 2)  
Prescribed by NARA (36 CFR 1228.168(b))Authorized for local reproduction  
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OMB No. 3095-0029 Expires 10/31/2011

## LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired after 10/16/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
NAVY	Current National Guard enlisted and officer not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
PHS	Active, reserve, or TDRL	10	
	Public Health Service - Commissioned Corps officers only	12	

## ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100  <a href="http://www.archives.gov/veterans/evetrecs/">http://www.archives.gov/veterans/evetrecs/</a>
5	Marine Corps Mobilization Command 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		

**Exhibit 18**  
**Request for Transcript of Tax Return – IRS Form 4506-T**

You **MUST** obtain this form on-line, at [www.IRS.GOV](http://www.IRS.GOV) then click “Forms.”

**Important Instructions:**

**Applicants must complete lines 1-4 and sign and date the form at the bottom. The Maryland Lottery and Gaming Control Commission representative will complete lines 5-9.**



**Exhibit 19**  
**ACKNOWLEDGEMENT of TEMPORARY LICENSE**

**MARYLAND LOTTERY AND GAMING CONTROL COMMISSION**

My initials on each item below mean that I understand and acknowledge the following legal requirements relating to the issuance of a **temporary license**, which would allow me to work as a video lottery employee, while the Commission completes my full background investigation.

INITIALS

As an applicant for a video lottery employee license (gaming or principal employee license), the Maryland Lottery and Gaming Control Commission ("Commission") may grant me a temporary license after receiving my completed application and performing a limited background investigation.

\_\_\_\_\_

I am not guaranteed to receive a temporary license. The Commission may not issue a temporary license to me if my limited background investigation shows disqualifying criminal activity, risk to the integrity of the State's Gaming Program, or that I am unlikely to prove my licensing qualifications.

\_\_\_\_\_

If I am granted a temporary license, I must fully cooperate with the Commission and staff of the Maryland Lottery and Gaming Control Agency to complete my background investigation. The investigator who is conducting my background investigation will notify me with specific instructions about submitting the required documents.

\_\_\_\_\_

If I am issued a temporary license, it may be terminated if I: (1) fail to pay a required fee; (2) fail to submit required documentation to the Commission within 30 days of submitting the application; (3) fail to comply with a request of the Commission; (4) engage in conduct that obstructs the Commission from completing my background investigation; or (5) violate any provision of the State's Gaming Law (State Gov't § 9-1A-01, *et seq.*) or the Commission's regulations. The Commission may terminate my temporary license for any of the above five reasons, without a hearing and without advance notice to me.

\_\_\_\_\_

A temporary license automatically expires 180 days after the date of issue.

\_\_\_\_\_

**My signature below means that I understand and acknowledge the statements on this form.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

**Exhibit 19**  
**ACKNOWLEDGEMENT of TEMPORARY LICENSE (Continued)**

**REQUIRED ACKNOWLEDGEMENT**

Maryland law requires that, in order to be issued a temporary license, an applicant must (1) file a completed application for a video lottery employee license; and (2) acknowledge, in writing, that the State is not financially responsible for any consequences resulting from termination of the temporary license. State Gov't § 9-1A-14(d)(2)(i).

I acknowledge that the State is not financially responsible for any consequences resulting from the termination of my temporary 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 Acknowledgment of Temporary License.

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**  
**REQUIRED DOCUMENTS**

**Notification to all temporary license applicants:** The Maryland Lottery and Gaming Control Commission ("Commission") may grant you a temporary license after receiving your completed application and performing a limited background investigation. This would allow you to work at a casino as a video lottery employee while a Commission investigator completes your background investigation. You must cooperate with your investigator. If your action or inaction hinders your investigator from completing your background investigation, your temporary license may be terminated without a hearing and without advance notice to you. This would mean you immediately lose your casino job.

**Documents submitted with your application must be submitted on a CD as separate PDF Documents and properly titled/labeled. Any documents that are not submitted with your application must be submitted to the MLGCA within 30 days of the date your application is submitted. Your investigator will contact you after your application is received by the Commission.**

**All documentation/information provided is confidential and will become the property of the Maryland Lottery and Gaming Control Commission. No document will be returned so please make certain you retain the original document unless otherwise specified.**

1. Copy of your Birth Certificate: ☐ Attached
2. Copy of your Social Security card: ☐ Attached ☐ Not Applicable
3. Copy of your Naturalization Certificate (if applicable): ☐ Attached ☐ Not Applicable
4. Copy (front & back) of your Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.) (if applicable):  
☐ Attached ☐ Not Applicable
5. Copy of your Passport (if applicable): ☐ Attached ☐ Not Applicable
6. Copy (front & back) of your Driver's License or State ID card: ☐ Attached ☐ Not Applicable
7. Official copy of your Driving Record(s) from any State in which you were licensed: ☐ Attached ☐ Not Applicable
8. Copy of your High School Diploma, an official High School transcript, or copy of your G.E.D. certificate:  
☐ Attached ☐ Not Applicable
9. Certified copy of college transcripts from all colleges and universities where you have attended. Transcripts must be received in the Institution(s) original envelope, unopened. It is preferred that you request the Institution(s) mail the transcript directly to the MLGCA investigator: **(Original document, mail only)** ☐ Attached ☐ Not Applicable
10. Copy of your military DD214 or National Guard NGB 22 (if applicable): ☐ Attached ☐ Not Applicable
11. Request for Military Records, Form 180, completed & signed (if applicable) **(Original document, mail only)**  
☐ Attached ☐ Not Applicable
12. F.B.I. Privacy Waiver and Certification of Identity (completed & signed) ☐ Attached ☐ Not Applicable
13. Copy of any professional license(s) held and documents relative to any sanctions: ☐ Attached ☐ Not Applicable
14. Copy of any gaming licenses you hold now or have held in the past and documents relative to any sanctions, fines or suspension:  
☐ Attached ☐ Not Applicable

**Exhibit 20**  
**REQUIRED DOCUMENTS (Continued)**

15. Copy of registration for any vehicles, aircraft, or boats: ☐ Attached ☐ Not Applicable
16. Copy of each tax return (Federal, State & Local), each Internal Revenue Service form filed with or concerning that tax return and all Internal Revenue Service schedules filed by you in the last five (5) years. If you and your spouse did not file joint returns at any time in the last five (5) years, **please provide and attach your spouses' tax returns**: ☐ Attached ☐ Not Applicable
17. Request for Transcript of Tax Return, **Form 4506-T** (completed & signed) **(Original document, mail only)**  
☐ Attached ☐ Not Applicable
18. Letter from each bank on their stationery relative to attesting to all accounts you have signatory authority:  
**(Original document, mail only)** ☐ Attached ☐ Not Applicable
19. Copy of the last bank statement on all bank accounts for which you have signatory authority listed on the net worth statement, schedule (A), and the last brokerage statement for all securities listed on the net worth statement, schedule (C). (We reserve the right to examine all cancelled checks for an approximate two (2) year period for a selected time frame, if necessary):  
☐ Attached ☐ Not Applicable
20. Copy of any Notes Receivable (including receivables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, schedule (B): ☐ Attached ☐ Not Applicable
21. Copies of mortgage statements for the last three (3) months. Documents and settlement sheets for all real estate properties in which you have an interest. Documentation supporting the fair market value of all real estate listed on the net worth statement, schedule (D), and outstanding amounts owed on mortgages and lien amounts on real estate listed on the net worth statement, schedule (L):  
☐ Attached ☐ Not Applicable
22. Copy of any Life Insurance Policies that have a cash value and the name(s) of all beneficiaries, reference schedule (E) on the net worth statement: ☐ Attached ☐ Not Applicable
23. Copy of the last statement relative to all retirement/investment/pension funds including, but not limited to, 401K retirement programs listed on the net worth statement, schedule (F): ☐ Attached ☐ Not Applicable
24. Copy of any documents indicating ownership of any assets not listed above, such as ownership documents for aircraft, vehicles or boats listed on the net worth statement, schedule (G & H): ☐ Attached ☐ Not Applicable
25. Copy of any Notes, Loans, or Taxes Payable (including payables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, schedules (I), (J), (K), (M) or (N): ☐ Attached ☐ Not Applicable
26. Copy of any documents relative to any Contingent Liabilities listed on the net worth statement, schedule (O):  
☐ Attached ☐ Not Applicable
27. Copy of last three (3) months Credit Card Statement(s): ☐ Attached ☐ Not Applicable
28. Documentation (i.e. partnership papers, stock registry-stock certificates) of any company you currently hold 5%:  
☐ Attached ☐ Not Applicable
29. Copy of any documents indicating any other indebtedness not listed above: ☐ Attached ☐ Not Applicable
30. Copy of any liens, judgments or taxes payable under your name: ☐ Attached ☐ Not Applicable
31. One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending:  
☐ Attached ☐ Not Applicable