
MARYLAND STATE LOTTERY COMMISSION

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



Principal Employee Waiver Form

Applicant: _____

Name of Company: _____

WAIVER ELIGIBILITY

The Commission may waive, or exempt the applicant from, some or all of the licensing requirements set forth in Subtitle § 9-1A of the State Government Article of the Annotated Code of Maryland (“Subtitle 9-1A”). At any time before or after a waiver or exemption has been granted, the Commission may limit or restrict the exemption or waiver as the Commission deems necessary in the public interest, and may require the applicant who is granted the exemption or waiver to cooperate with the Commission and to provide the Commission with any required additional information as a condition of the exemption or waiver.

To be eligible the applicant must demonstrate one of the following:

1. If the applicant is an officer or director of a publicly traded intermediary or holding company of a VLT Applicant or of a privately held company, who is not a member of the audit committee, the person shall be required to demonstrate that he is not significantly involved in the affairs of the VLT Applicant in addition to the following:
 - i. A description of their duties and responsibilities with the Business Entity;
 - ii. The terms of their compensation;
 - iii. Any Board Committee Memberships, including a description of the functions and responsibilities of any such committee;
 - iv. A description of their ownership interest; and
 - v. A certification by the director stating that the director is not significantly involved in the affairs of the VLT Applicant.

2. If the applicant is an officer or director of a Publicly Traded Intermediary or holding company or of a privately held company of a VLT Applicant, contractor, manufacturer or management company the person shall be required to demonstrate that he is not significantly involved in the affairs of the licensed supplier, manufacturer, VLT Operator in addition to the following:
 - i. A description their title, duties and responsibilities with the Business Entity;
 - ii. The terms of their compensation;
 - iii. Any Board Committee Memberships, including a description of the functions and responsibilities of any such committee;
 - iv. A description of their ownership interest; and
 - v. A certification by the officer stating that the officer is not significantly involved in the affairs of the licensed supplier, manufacturer or management company.

Note: An Outside director of a Publicly Traded Intermediary or holding company of a licensed supplier, licensed manufacturer or licensed management company who is not a member of the entity’s audit committee or the Chairman of The Board, is not required to apply for a waiver unless otherwise determined by the Commission

- 3. If the applicant is a PRINCIPAL EMPLOYEE of an entity, the person, shall be required to demonstrate that he or she is not assigned to the licensee’s gaming operations in the State Of Maryland or that their duties do not have an effect on or require contact with slot machines for use or play in the State of Maryland as well as the following:
 - i. A description of their title, duties and responsibilities with the business entity; and
 - ii. A certification by the entity’s CEO stating that the employee is not assigned to the licensee’s gaming operations in the State of Maryland or that the employee’s duties do not have an effect on or require contact with slot machines for use or play within the state of Maryland.
- 4. If the applicant is a PRINCIPAL employee of a VLT Applicant, supplier, manufacturer or management company who have been licensed in another jurisdiction. The Commission will determine if that jurisdictions licensing standards are comprehensive, thorough and provide similar adequate safeguards to those provided in the State of Maryland before granting a waiver.

Note: A complete and unaltered copy of the jurisdiction(s) application must be attached to this waiver request. Only attach jurisdiction(s) who you believe most closely resemble Maryland’s comprehensive licensing standards.

Note: This waiver temporarily suspends the filing of the Principal Employee Forms VLT Form 1004 until a determination is made by the Commission regarding the granting of the waiver.

APPLICATION AND LICENSE FEES

1. Application fee.....	\$2,500.00
2. Principal Employee Waiver.....	2,500.00*
3. License fee.....	750.00
4. Fingerprint Fee.....	37.25
5. Once approved the License is valid for.....	3 Years
6. Background Investigation Fee Deposit.....	\$2,000.00**

***Note:** There is only one \$2,500 fee. If a waiver is filed the \$2,500 is due upon filing. Should the Commission then require the filing of Forms 1004 there would be no additional application fee.

****Background Investigation Fees:** Applicant shall reimburse the Commission for any additional costs incurred in completing the background investigation.

Note: License, Application, Background & fingerprint 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: (**DO NOT SEND THE APPLICATION AND PAYMENT TOGETHER**)

Payment is mailed to:

Maryland State Lottery Agency
Attn: Support Services
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

The **application** is sent to the same address, except: Attn: VLT Licensing Division.

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

TABLE OF CONTENTS

	<u>Page #</u>
Section A IMPORTANT NOTICES.....	4
Section B INSTRUCTIONS.....	4
Section C DEFINITIONS.....	5
Section D APPLICANT INFORMATION.....	9
Personal Information.....	9
Business Entity Information.....	10
Financial Interest.....	12
Gaming Licenses.....	13
Criminal History.....	14
Net Worth Statement.....	16
 Authorization for Release of Information.....	 17
Certification.....	18
Chief Executive Officer Affidavit.....	19

SECTION A**IMPORTANT NOTICES**

- A.1** This form is an **OFFICIAL DOCUMENT** of the Maryland State Lottery 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** 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.3** An application fee shall be paid by the Applicant with the submission. If a Principal Employee has submitted a Principal Employee Waiver Form and is directed by the Commission to complete the Principal Employee Form (VLT 1004) there will be no additional fees required.
- A.4** All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission if you change your address.
- A.5** Any person who applies for and obtains a license from the Commission may be required to submit to warrantless searches when present in a licensed gaming facility.
- A.6** The applicant ***shall promptly*** provide written notification to the Commission of any corrections or changes to this application once submitted. The applicant is under a continuing duty to promptly notify the Commission if there is a change in the information provided to the Commission.
- A.7** Once the application has been submitted, the applicant ***MAY NOT*** withdraw its application without the permission of the Commission.
- A.8** All submissions with and for this application become the property of the Commission and ***will not*** be returned.
- A.9** If this Waiver form is submitted by an applicant who is licensed by another state, the Commission will contact that state in order to verify applicant's compliance with that state's licensing standards.
- A.10** Send a copy of this application and all forms on a CD in PDF format
- A.11** You ***must*** submit fingerprint cards, one FBI and one Maryland unless you can come in and be processed through Live Scan.

SECTION B
INSTRUCTIONS

- B.1** As used in this form the words “Applicant” and “you” mean the Principal Employee completing this form.
- B.2** As used in this form the words “Business Entity” mean the manufacturer, supplier, management company or VLT Operator licensee or applicant or any of its affiliates, intermediaries, subsidiaries or holding companies with which you are a Principal Employee.
- B.3** 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.4** All entries on the form must be typed or printed block lettering. Initials or signatures must be in handwriting, unless otherwise stated by the Commission, by the person providing the information. If the answers are not legible, the application may not be accepted. Do not misstate or omit any material fact(s). All information is subject to verification.
- B.5** The Certifications ***must*** be signed and notarized by the Applicant. The Affidavit ***must*** be signed by the Chief Executive Officer (CEO) of the business entity for which applicant is a principal, and notarized
- B.6** All pages of this form must be initialed by the applicant. 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.
- B.7** In accordance with Section 5 of the Privacy Act of 1974, disclosure of your Social Security Number (SSN) is voluntary; however, the absence of a SSN on the application may result in a delay in the final determination of your license. Failure to disclose your Social Security number is not grounds for denial of your application. If provided, your Social Security Number will be used by the Commission to obtain and verify information in connection with the processing of this application.
- B.8** An applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, if requested, should not be disclosed by the State pursuant to the Public Information Act (“PIA”), Title 10, Subtitle 6, State Government Article, Annotated Code of Maryland. Confidential information supplied shall be revealed in the course of the necessary administration and processing of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the PIA. Applicant is advised that, upon request for this information from a third party, the Commission will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the State of

Maryland, the Commission, and the Maryland State Lottery Agency, its employees, instrumentalities and agents for any damages resulting from any disclosure or publication in any manner of the application information supplied by the applicant.

B.9 The Commission may request additional financial and other information as needed; applicant shall comply with such a request.

SECTION C
DEFINITIONS

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

SECTION D – APPLICANT INFORMATION

LICENSEE AFFILIATION

PRINCIPAL EMPLOYEE OF: _____

Name of Business Entity Licensee

NAME AND ADDRESS

Last Name	First Name	Middle Name	Suffix(Jr., Sr., etc.)
Maiden Name			Date of Birth
Address Line 1		Address Line 2	
Address Line 3	City	County	State/Province
Postal Code	Country	Email Address	Phone Fax

Mailing Address (If different from above)

Address Line 1		Address Line 2	
Address Line 3	City	County	State/Province
Postal Code	Country	Email Address	Phone Fax

DESCRIPTIVE INFORMATION

Height ____ FT ____ IN	Weight ____ lbs	Social Security Number ____ - ____ - ____	Drivers License No. _____ State Issued: _____
---------------------------	--------------------	--	--

TATOOS, SCARS OR DISTINGUISHING MARKS:

MARITAL STATUS:

SINGLE (Never Married)

SEPARATED **MARRIED**

WIDOWED **DIVORCED**

PLACE OF BIRTH:

City/Town	State/Province	Country
-----------	----------------	---------

HAIR COLOR <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (BD) Blond <input type="checkbox"/> (RD) Red <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (WH) White <input type="checkbox"/> (BA) Bald	EYE COLOR <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (HZ) Hazel <input type="checkbox"/> (BL) Blue <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (GR) Green	SEX <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	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.
--	--	--	---

LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)

Have you been known by any other name or names? YES NO If YES, list the additional names below and specify dates for use for each. Include maiden name, aliases, nicknames or any other names used.

LAST NAME	MIDDLE NAME	FIRST NAME	SUFFIX	FROM DATE	TO DATE

TYPE OF WAIVER REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Principal Employee Waiver | <input type="checkbox"/> Other Jurisdiction Licensee |
| <input type="checkbox"/> Principal/Outside Director Waiver | |

Business Entity Information

Provide the following information about the business entity with which you are a Principal Employee

BUSINESS ENTITY NAME

Business name as it appears on the Business Entity’s Certificate of Incorporation, Charter, Bylaws, Partnership Agreement or other official Documents (Spell Out complete name, no abbreviations)

Trade Name(s) and Doing Business As (DBA) Names:

BUSINESS ENTITY PRINCIPAL ADDRESS

Address Line 1			
Address Line 2			
Address line 3			
City	Township(s)	County(ies)	
State/Province	Postal Code	Country	
Email Address		Web URL	
Phone Number ()		Fax Number ()	

OTHER ADDRESS OF BUSINESS ENTITY

Address Line 1			
Address Line 2			
Address line 3			
City	Township(s)	County(ies)	
State/Province	Postal Code	Country	
Email Address		Web URL	
Phone Number ()		Fax Number ()	

Applicant’s Employment or Other Association with Business Entity

<input type="checkbox"/> I am a PRINCIPAL of the Business Entity	Title or Position Held or Will Hold
Principal Role <input type="checkbox"/> Officer <input type="checkbox"/> Other _____ <input type="checkbox"/> Outside Director	
Name of Business Entity with which I am currently a Principal Employee:	

DESCRIPTION OF TITLE, DUTIES AND RESPONSIBILITIES

PROVIDE TERMS OF COMPENSATION

Description of any board or committee memberships, including a description of functions and responsibilities

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) Your 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.

I understand the definitions and instructions

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)

Principal Employee Waiver Form

Maryland State Lottery Commission

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:

Principal Employee Waiver Form

Maryland State Lottery Commission

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

**Net Worth Statement
Assets and Liabilities**

ASSETS		LIABILITIES	
Asset	Amount	Liability	Amount
Cash	\$	Notes Payable	\$
Loan, Notes and Other Receivables		Loans and Other payables	
Securities		Credit Card Debt	
Real Estate – Residences		Mortgages – Residences	
Real Estate – Other		Mortgages – Other	
Cash Value Pension/Retirement Funds		Loans against Life Insurance/Pensions	
Furniture, Clothing, Jewelry, etc.		Other Indebtedness	
Vehicles		TOTAL LIABILITIES	\$ _____
Business Valuation		NET WORTH (Assets less Liabilities)	\$ _____
Other Assets			_____
TOTAL ASSETS	\$ _____	Contingent Liabilities (List)	\$ _____

Date of Statement of Net Worth: _____

Signature: _____

NOTE: This form is only to be completed if the Principal Employee has been licensed in another jurisdiction.

CERTIFICATION

[] Certification: I hereby certify that I am an officer or director of a Publicly Traded Intermediary or Holding Company of a VLT Applicant or Licensee, who is not a member of the audit committee and, am not significantly involved in the affairs of the applicant or licensee. I am aware that false or misleading statements or omitted information will be cause for rejection of this waiver or revocation of the license and I may be subject to criminal penalties.

[] Certification: I hereby certify that I am an officer or director of a Publicly Traded Intermediary or Holding Company of a licensed manufacturer, licensed supplier or licensed management company and is not significantly involved in the affairs of the licensee. I am aware that false or misleading statements or omitted information will be cause for rejection of this waiver or revocation of the license and I may be subject to criminal penalties.

[] Certification: I hereby certify that I am a Principal Employee of _____ but, I am not assigned to the Business Entity Gaming Operations and my duties do not have an effect on or require contact with slot machines for use or play in Maryland. I am aware that false or misleading statements or omitted information will be cause for rejection of this waiver or revocation of the license and I may be subject to criminal penalties.

[] Certification: I hereby certify that I hold a valid gaming license* in _____. I understand that the Commission will contact that state’s licensing entity to verify my eligibility for this waiver. I am aware that false or misleading statements or omitted information will be cause for rejection of this waiver or revocation of the license and I may be subject to criminal penalties.

*NOTE: A complete and unaltered copy of the jurisdictions initial application must be attached to this waiver request. Please only attach copies of a jurisdiction who you believe most closely resembles Maryland’s comprehensive licensing standards.

Date

Printed Name of Applicant

Title

Signature

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, and acknowledged the execution of the foregoing instrument as their own voluntary act and deed.

This _____ day of _____, 20____, and to which witness my hand and seal.

Stamp or Seal

Notary Public

Printed Name

My commission expires _____, 20____

AFFIDAVIT

STATE OF _____:

COUNTY OF _____:

I, the Chief Executive Officer (CEO) of _____ - (VLT Applicant or Licensee), hereby certifies that the applicant for a Principal Waiver is not significantly involved in the affairs of the VLT Applicant or Licensee, or that the applicant for a Principal Employee Waiver is not assigned to the VLT Applicant or Licensee’s gaming operation in Maryland or his or her duties do not have an effect on or require contact with slot machines for use or play in Maryland or that the applicant has recently applied for or is licensed in another gaming jurisdiction and that, to the best of my knowledge, the information contained herein is true and correct and that there is no misrepresentation, falsification or omission in this application. Further, I am aware that any false or misleading statement or omitted information will be cause for rejection or revocation of a license and may be subject to criminal penalties.

_____ Date

_____ Printed Name of CEO

_____ Title of CEO

_____ Signature

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, and acknowledged the execution of the foregoing instrument as their own voluntary act and deed.

This _____ day of _____, 20____, and to which witness my hand and seal.

Stamp or Seal

_____ Notary Public

_____ Printed Name

My commission expires _____, 20____

NOTE: This affidavit is to be completed by the CEO of the Business Entity for which the applicant is a Principal Employee.