



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

Applicant: _____

Name of Company: _____

Principal Employee Renewal Application

WHO MUST FILE FORM

1. An applicant for renewal of a video lottery principal employee license in the State of Maryland must file this form. Applications **must** be submitted to the Licensing Division **five** months prior to the expiration date of the current license.
2. COMAR 36.01.02B 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 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.

APPLICATION AND REGISTRATION FEES

1. Finger print processing fee.....	\$ 37.25
2. Renewal fee.....	\$ 750.00
3. Background Investigation Deposit.....	\$2,000.00*
4. Renewal term.....	5 Years

*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 Renewal 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 is mailed to:

Maryland Lottery and Gaming Control Agency
Attn: 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 to renew a video lottery license is required to fill out the Renewal Application for Principal Employee (VLT Form 1008), 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 State Lottery 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** Fingerprinting will be completed through the Live Scan System. Submission of fingerprint cards, one FBI and one Maryland will only be considered in those instances where access to a Live Scan System is limited.
- 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 or Thumb Drive 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

Renewal 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.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE “X” WHEN COMPLETED
1	Applicant Information	
2	Photograph	
2(a)	Family/Social Data – Marriages	
2(b)	Family/Social Data – Domestic Partner(s)	
2(c)	Family/Social Data – Civil Union(s)	
2(d)	Family/Social Data – Children & In Laws	
3	Offices and Positions	
4	Employment and Licensing Data	
5	Civil, Criminal and Investigatory Proceedings	
6	Financial Data	
7	Miscellaneous Questions	
8	Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling	
9	Federal, State and Foreign Tax Returns	
10	Authorization for Release of Information	
11	Affidavit of Individual Applicant	
12	Request for Transcript of Tax Return – IRS Form 4506-T	
13	References	

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.)							
If a name change has occurred, list your new name below.																			
*Last Name:				First Name:				Middle Name:				Suffix (Jr., Sr., etc.)							
* Reason for change of name: Please circle one: MARRIAGE/DIVORCE/COURT ORDER/OTHER _____ A name change must include a copy of the marriage license, divorce decree or court order																			
Mailing Address Line 1								Mailing Address Line 2											
City								State/Province				Postal Code							
Home Address Line 1 (If Different than Mailing)								Home Address Line 2											
City								State/Province				Postal Code							
Home Phone				Business Phone				Cell Phone				e-mail address							
Date of Birth				Social Security Number*				U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO				*If "NO", attach details and indicate Alien Registration Number here:							
Weight:				Height:				Hair:											
Current Position/Title with Licensed Entity:																			
Date of Most Recent Application Submission:																			
Since your most recent application submission has there been a change in your address? If so, list all addresses where you have lived during the last 5 years. (Attach separate sheet if necessary)																			
Street and Number				City/State/Zip				From: Mo/Yr				To: Mo/Yr							
Have you been issued a passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes please complete the following:																			
Passport Number				Country of Issue				Place Issued				Date Issued				Expiration Date			

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

Exhibit 2
Photograph

Please attach a recent **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 2(a)
Family/Social Data – Marriage(s)

Since your most recent application submission, has your marital status changed? Yes No

If yes, provide documentation to support the change (Marriage License, Divorce Decree, or Court Order)

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

Exhibit 2(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 2(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 2(d)

Family/Social Data – Children & In-Laws

Have you had or do you currently have child support obligations? Yes No

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

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

Since your most recent application submission, if your marital status has changed list names, residence address, dates of birth, and most recent occupation of parents-in-law: Not Applicable

Name (Include Maiden)	Date Of Birth	Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code)	Phone Number	Occupation
Father-in-law:				
Mother-in law:				

Exhibit 3
Offices and Positions

1. Since your most recent application submission, has any information changed regarding 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? Yes No

If yes, complete the following chart:

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. Since your most recent application submission, list all government positions and offices, whether salaried or unsalaried, held by you during the last three year period. Not applicable

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

Exhibit 4
Employment and Licensing Data

1. Since your most recent application submission, provide current information regarding your employment 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.

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)				

2. With regard to the employment listed in #1:
 a. Were you ever discharged, suspended or asked to resign from employment? YES NO
 b. During this 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

3. 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)		

4a. Since your most recent application submission have you, or your spouse or domestic partner, sought and been denied a position as a trustee or other fiduciary officer YES NO

4b. Since your most recent application submission have you, or your spouse or domestic partner, 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

5. Since your most recent application submission, have you, or your spouse or domestic partner, 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)		

6. Since your most recent application submission, has any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in your previous application 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

7. Since your most recent application submission, 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 had its 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

8. Since your most recent application submission, list any group, firm, partnership, corporation or any other businesses in which you have an ownership interest of 5% or more. (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)						

9. Since your most recent application submission, have you, your spouse, or domestic partner 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 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

10. Since your most recent application submission, 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 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?

Exhibit 5

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. Since your most recent application submission have you 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. Since your most recent application submission, has a criminal indictment, information or complaint 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. Since your most recent application submission, have you 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. Since your most recent application submission, have you 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. Since your most recent application submission, have you 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. Since your most recent application submission, have you 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. Since your most recent application submission, 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. Since your most recent application submission, in the past five (5) 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. Since your most recent application submission, 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. Since your most recent application submission, 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. Since your most recent application submission, have you 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 6
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. Since your most recent application submission, 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. Since your most recent application submission, have you personally 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. Since your most recent application submission, 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. Since your most recent application submission, have you as an individual, member of a partnership, or owner, director or officer of a corporation 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. Since your most recent application submission, have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like? 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. Since your most recent application submission, have you 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. Since your most recent application submission, 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

11b. Since your most recent application submission, 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? 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. Since your most recent application submission, do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in 11b. 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. Since your most recent application submission, 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. Since your most recent application submission, 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. 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

16. Since your most recent application submission, have you, your spouse, domestic partner, or dependent children filed any claims in excess of \$100,000 USD under any fire, theft, automobile or insurance policy? YES NO

If yes, complete the following chart:

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

17. Since your most recent application submission, 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

18. Since your most recent application submission, have you, 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)	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)				TOTAL LIABILITIES		
8. Vehicles (Schedule G)				NET WORTH Total Assets (From Column B) less Total Liabilities (From Column D)		
9. Other (Schedule H)						
TOTAL ASSETS				16. Contingent Liabilities (Schedule O)		
NOTE: Complete the supporting schedules "A" through "O" on pages 24 through 36 and copy the totals in the appropriate space above. Submit copies of documentation supporting all items listed on the supporting schedules with your application.				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:		

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
						\$
						TOTAL CURRENT BALANCE (Enter this figure in item 1a, column B on page 23)

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
			\$					\$
			TOTAL ORIGINAL LOAN AMOUNTS(S) (Enter this figure in item 2, column A on page 23)					TOTAL CURRENT BALANCE (Enter this figure in item 2, column B on page 23)

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
					\$				\$
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A on page 23)				TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B on page 23)

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
						\$		\$
					TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 23)			TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 23)

Renewal Application Principal Employee 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
						\$	
						TOTAL CASH SURRENDER VALUE (Enter this figure in item 5, column B on page 23)	

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
				\$		\$	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A on page 23)			TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B on page 23)

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

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
						\$	\$
						TOTAL COST OF VEHICLES (Enter this figure in Item 8, column A on page 23)	TOTAL CURRENT CASH VALUE (Enter this figure in item 8, column B on page 23)

*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
			\$			\$
			TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A on page 23)			TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B on page 23)

Renewal Application Principal Employee 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
							\$			\$
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in item 10, Column C on page 23)			TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in item 10, column D on page 23)

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
							\$			\$
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C on page 23)			TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D on page 23)

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	
			\$		\$	
			TOTAL ORIGINAL TAX OBLIGATION (Enter this figure in item 12, column C on page 23)			TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D on page 23)

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
				\$				\$
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C on page 23)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D on page 23)

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
			\$				\$
			TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in item 14, Column C on page 23)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D on page 23)

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
						\$	\$
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C on page 23)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D on page 23)

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
						\$	\$
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C on page 23)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D on page 23)

Exhibit 7
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 State Lottery Agency, Maryland State Lottery 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:				
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Exhibit 8
**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 9
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

Attach to this form, a copy of each tax return, each IRS form filed with or concerning that tax return and all IRS schedules filed by you since your most recent application submission, If you and your spouse or domestic partner do not file joint returns at any time since your most recent application submission, also attach your spouse's or partner's tax returns.

Attach to this form, a copy of each State Income Tax Return(s) filed and all supporting schedules filed by you since your most recent application submission, If you and your spouse or domestic partner do not file joint returns at any time since your most recent application submission, also attach your spouse's or partner's tax returns.

1. Have your tax returns ever been audited or adjusted since your most recent application submission?
 YES NO

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

2. Have you failed to file a federal, state or foreign tax return since your most recent application submission,?
 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 filed any type of tax return or the equivalent in a jurisdiction outside the United States since your most recent application submission?
 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 10
Authorization for Release of Information

TO: _____
(Leave blank, 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 State Lottery 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 State Lottery 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 11
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 State Lottery 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

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 12
Request for Transcript of Tax Return – IRS Form 4506-T

You **MUST** obtain this form on-line, at 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 13
References

You must 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.)
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Reference Email Address (preferred contact method)

Reference Home Address

City	State	Zip Code
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Occupation	Home Phone #	Cell Phone #	Work Phone #
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Years Known	Explain Relationship (ex: friend, neighbor, co-worker, etc.)
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Reference # 2 Information

Reference Name: Last	First	Middle	Suffix (i.e Jr., Sr.)
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Reference Email Address (preferred contact method)

Reference Home Address

City	State	Zip Code
------	-------	----------

Occupation	Home Phone #	Cell Phone #	Work Phone #
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Years Known	Explain Relationship (ex: friend, neighbor, co-worker, etc.)
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Reference # 3 Information

Reference Name: Last	First	Middle	Suffix (i.e Jr., Sr.)
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Reference Email Address (preferred contact method)

Reference Home Address

City	State	Zip Code
------	-------	----------

Occupation	Home Phone #	Cell Phone #	Work Phone #
------------	--------------	--------------	--------------

Years Known	Explain Relationship (ex: friend, neighbor, co-worker, etc.)
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* If necessary, copy exhibit and attach to application