



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

INSTANT BINGO FACILITY LICENSE APPLICATION FORM #3001

LOCATION: _____

APPLICANT: _____

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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 that is not within the exception may cause the processing of your application to be delayed or your application denied.
- A.2** The Maryland Instant Bingo Facility Operation License is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's own expense.
- A.3** You must make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties.
- A.4** The total cost of the background 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 any license that may be 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 if you change your address.
- A.7** An 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** The Applicant shall promptly provide written notification to the Commission of any corrections or changes to this application after it is submitted.
- A.9** Failure to answer any question completely and truthfully may result in denial of your application and/or revocation of your license and subject you to civil and/or criminal penalties.
- A.10** After the application has been submitted, the Applicant MAY NOT withdraw its application without the permission of the Commission.
- A.11** All submissions with and for this application become the property of the Commission and will not be returned.
- A.12** In addition to the initial license fee, an Applicant is responsible for reimbursing the Commission for administrative costs associated with processing the application and conducting the background.
- A.13** Send a copy of this application, and all required forms, to the Commission on a CD in PDF format.

SECTION B

FEES

1. Application Fee (More than 10 Instant Bingo Machines).....\$5,000.00
Application Fee (Fewer than 10 Instant Bingo Machines).....\$150.00
2. Background Investigation Deposit.....\$2,000.00*
3. License Fee (More than 10 Instant Bingo Machines).....\$2,500.00
License Fee (Fewer than 10 Instant Bingo Machines).....\$150.00
4. Initial Term..... 15 Years
5. Annual License Fee (for each Instant Bingo Machine in operation at a facility) ..\$150.00
6. License Renewal Term..... 15 Years
7. License Renewal Fee (More than 10 Instant Bingo Machines).....\$2,500.00
License Renewal Fee (Fewer than 10 Instant Bingo Machines).....\$150.00

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

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

“SEND THE APPLICATION AND PAYMENT TOGETHER”

Payment and Application are mailed to:

Maryland Lottery and Gaming Control Agency

Attn: VLT – Licensing Division

1800 Washington Blvd, Suite 330

Baltimore, Maryland 21230

Wire Payment to:

Maryland Lottery Account Number: 446014266944

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

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

INSTRUCTIONS

These instructions are applicable to an Applicant seeking an Instant Bingo Facility Operation License ("license"). If a business entity that applies for a license is a subsidiary or if a business entity holding a license is to become a subsidiary, each holding company and each intermediary company with respect to the applicant shall provide all the information requested.

- B.1** Read each question carefully. Answer each and every question completely. Do not leave blank spaces. If a question does not apply, write "Does Not Apply" or "N/A." If the correct answer to a particular question is "None," write "None."
- B.2** All entries on the form must be typed or printed block lettering. Initials or signatures must be in handwriting, unless otherwise stated by the Commission, by the 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.
- B.3** If the Applicant is an individual, the Applicant must initial all pages. If the Applicant is not an individual, the individual who is authorized to complete the form on behalf of the Applicant must initial each page in the lower right-hand corner. By initialing each page, the Applicant is acknowledging that they have read the page and provided accurate and complete information.
- 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, as listed above, 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 provided to the Commission.

- B.6** An Applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the State pursuant to the Public Information Act (“PIA”), Title 10, Subtitle 6, State Government Article, Annotated Code of Maryland. Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the PIA. Applicant is advised that, upon request for this information from a third party, the Commission will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the State of Maryland, and its employees and agents, the Commission, and the Maryland Lottery and Gaming Control Agency for any damages resulting from any disclosure or publication in any manner.
- B.7** The Commission may request additional financial and other information as needed.
- B.8** All exhibits must be attached with appropriate information, or noted “not applicable.”
- B.9** The Applicant must provide appendices as listed on the application checklist. Exhibits and Appendices must be presented in a tabbed manner, and each tab must indicate the exhibit and appendix number. Immediately following the tab, Applicant must insert a page with the Exhibit or Appendix number and all information applicable to the exhibit or appendix.
- B.10** The original along with all the forms attached to the application shall be attached to the original proposal that is submitted in response to the RFP. Also, send a copy of this application and all forms on a CD in PDF format in response to the RFP.

SECTION C

DEFINITIONS

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

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

SECTION D

APPLICANT INFORMATION

D.1	APPLICANT'S FORM OF ORGANIZATION		
Check One:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corporation			
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust			
<input type="checkbox"/> Other (Describe) _____			
D.2	NAME OF APPLICANT*		
*As it is written on the articles of incorporation, by-laws, charter, partnership agreement or other official documents filed with a State or Federal government			
D/B/A or trade names(s)			
D.3	CONTACT NAME FOR THIS APPLICATION		
Name:		Title:	
Email:	Telephone Number:	Fax Number:	

D.4	APPLICANT'S PRINCIPAL ADDRESS		
Street Location			
Address Line 2			
City		State	Zip
Country	Telephone Number ()	Fax Number ()	
Mailing Address – If Different Than Above			
Address Line 2			
City		State	Zip
Country	Telephone Number ()	Fax Number ()	
Applicant's Web Address(es)			

D.5	INCORPORATION (If a Sole Proprietorship, Provide An Answer To The Appropriate Questions)
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a. APPLICANT'S INCORPORATION DOCUMENTS

1) Business name as it appears on formation documents:

2) Place of incorporation or other type of formation:

3) Date of formation:

- 4) List all states in which the Applicant is currently registered or authorized to do business:

- 5) Is the Applicant registered to do business in Maryland?: ☐ Yes ☐ No

- 6) If yes, please provide registration number: _____

- 7) Complete Exhibit 1(a) providing Applicant's incorporators/founders. (*Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.*)

b. OTHER NAMES AND ADDRESSES OF APPLICANT

- 1) Use Exhibit 1(b) to list all other names in which Applicant has done business and give the approximate time periods during which these names were being used. (*Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.*)
- 2) Use Exhibit 1(c) to provide all the current addresses of Applicant and all current addresses from which the Applicant is doing business. (*Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.*)
- 3) Use Exhibit 1(d) to provide all addresses, other than those listed in Exhibit 1c, which Applicant has used or from which it was conducting business during the last ten (10) year period, and list the approximate dates during which said addresses were held. (*Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.*)

c. ALL BUSINESSES OPERATED BY THE APPLICANT

- 1) Use Exhibit 1(e) to provide a description of all businesses presently operated or intended to be operated by the by the Applicant and all former businesses operated by the Applicant in the past ten (10) years.

d. ALL HOLDING, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER BUSINESS TYPE ENTITIES

- 1) Use Exhibit 1(f) to list the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in Exhibit 1(e).

D.6**DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

- a. Use Exhibit 2 to provide information for each director, partner, officer and trustee of the applicant. Include any grantors or beneficiaries of a trust who is required to be licensed as a Principal as defined in this application. (*IMPORTANT*: As part of this application each director, partner, officer and trustee *must* complete a Principal Employee Form (VLT Form 1004).

D.7**FORMER DIRECTORS, PARTNERS, OFFICERS & TRUSTEES**

- a. Use Exhibit 3 to provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

D.8**COMPENSATION OF DIRECTORS, PARTNERS, OFFICERS & TRUSTEES**

- a. Use Exhibit 2 to provide information regarding the amount of total compensation earned/received during the *last* calendar year and the amount to be earned during the *present* calendar year by *each* director, partner, officer and trustee of the Applicant. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, and bonuses.
- b. Use Exhibit 4 to provide the information for *all employees* who earn *over \$100,000* in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, and bonuses.

D.9**BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED
COMPENSATION & SIMILAR PLANS**

- a. Use Exhibit 5 to provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe every plan.

D.10**STOCK DESCRIPTION**

- a. Use Exhibit 6 to provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicant. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

D.11**VOTING SHAREHOLDERS / MEMBERS AND NON-VOTING
SHAREHOLDERS / MEMBERS (CORPORATION C OR S & LLC's)**

- a. Use *Exhibit 7a* – Voting shareholders/member and *Exhibit 7b* – Non-voting shareholder/members to provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting or non-voting stock issued by the Applicant as of the date of filing the Application. **IMPORTANT:** As part of this application, you must complete **Principal Employee Form (VLT Form 1004A) or Principal Entity Disclosure form (VLT Form 1006A)**, which ever applies. The form must be filled out and submitted for each individual, person or entity holding or having a beneficial interest in the voting or non-voting stock of the Applicant. This requirement includes non-public holding entities.

D.12**INTEREST OF CURRENT / FORMER PARTNERS
(PARTNERSHIPS, LLP's, and LIMITED PARTNERSHIPS)**

- a. Use *Exhibit 8a* to list the Applicant's Current Partners and *Exhibit 8b* for Former Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years. List and identify all current Partners first and list and identify all former Partners second. (**IMPORTANT:** It is a requirement, as part of this application, that each current Partner complete a Principal Employee Form (VLT Form 1004A).

D.13**HOLDER(S) and EXTENT OF LONG TERM DEBT**

- a. Use *Exhibit 9* to list the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are

renewable for a period of more than one (1) year from the date of issuance. (*IMPORTANT:* As part of this application a complete Principal Employee Form (VLT Form 1004A) or Principal Entity Disclosure Form (VLT Form 1006A) must be submitted, if required by the Maryland Lottery and Gaming Control Commission.)

D.14**HOLDER(S) and TYPE OF OTHER INDEBTNESS AND SECURITY DEVICES**

- a. Use *Exhibit 10* to identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to *Exhibit 9* for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants. (*IMPORTANT:* It is a requirement, as part of this application that a complete Principal Employee Form (VLT Form 1004A) or Principal Entity Disclosure Form (VLT Form 1006) should be submitted, if required by the Maryland Lottery and Gaming Control Commission.)
- b. Attach Description and Documentation as part of *Exhibit 10*.

D.15**HOLDER(S) and TYPE OF OTHER INDEBTNESS AND SECURITY DEVICES**

- a. Use *Exhibit 11* to provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited, to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (*IMPORTANT:* include with *Exhibit 11* copies of any outstanding option plans or proxy statements that correspond to the requested information.)

NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.

D.16**BENEFICIAL OWNERS OF OPTIONS**

- a. Use *Exhibit 12* to provide information regarding all persons holding the options described in number D.15.

D.17**PRINCIPALS NOT YET DISCLOSED**

- a. Use *Exhibit 13* to provide all Principals not yet disclosed in this Application. Such Principals shall include both individuals and entities that have a five (5%) percent direct or indirect ownership interest in the Applicant.

D.18**FINANCIAL INSTITUTIONS**

- a. Use *Exhibit 14* to provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the Applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

D.19**CONTRACTS**

- a. Use *Exhibit 15* to provide information with respect to all contracts or agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

D.20**APPLICANT STOCK HOLDINGS**

- a. Use *Exhibit 16* to provide information about each company in which the Applicant holds stock.

D.21**INSIDER TRANSACTIONS**

- a. Use *Exhibit 17* to provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) grant or receipt of a put, or (g) grant or receipt of a call.

D.22**CRIMINAL HISTORY**

THIS SECTION ASKS ABOUT ANY OFFENSES OR CHARGES AGAINST THE APPLICANT OR ANY OF ITS SUBSIDIARIES OR ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES OR PARTNERS. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.

- a. DEFINITIONS – For purpose of this section *ONLY*:
- 1) **ARREST**: Includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. “Arrest” also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court

order to appear in a judicial proceeding in which you were accused of an “offense” as defined in subsection a.3.

- 2) CHARGE: Includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph a.3.
- 3) OFFENSE: Includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, federal or municipal grand jury, court or any other judicial tribunal except juvenile court. “Offense” also includes all driving-related charges or offenses which carry any period of incarceration.

b. INSTRUCTIONS for question located in “c.” below

- 1) Answer “YES” and provide all information to the best of your ability EVEN IF:
 - a) You did not commit the offense charged;
 - b) The arrest, charge or offense happened a long time ago;
 - c) You were not convicted;
 - d) The charge was dismissed;
 - e) The charge was dismissed or downgraded to a lesser charge;
 - f) You pleaded nolo contendere to the charge;
 - g) You completed a pretrial intervention or other rehabilitation or diversionary program;
 - h) You were not found guilty; or
 - i) You served no time in any type of correctional facility.
- 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.
- c. QUESTION: Has the Applicant or any of its subsidiaries, principals, directors, partners, trustees or officers ever been indicted, charged with or convicted of a criminal offense, been a party to, or named as an unindicted co-conspirator in any criminal proceeding in any jurisdiction?
- ☐ Yes ☐ No
- d. If “Yes”, use *Exhibit 18* to provide information concerning criminal history.

D.23**INVESTIGATION, TESTIMONY OR POLYGRAPHS**

- a. Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental entity, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to minor traffic related offenses?
- ☐ Yes ☐ No
- b. If “Yes”, use *Exhibit 19* to provide the following information about any such testimony, investigation or polygraph exam.

D.24**LITIGATION**

- a. Use *Exhibit 20* to describe all open and closed civil litigation over the past three (3) years to which the Applicant, its parent, affiliate, holding company or any subsidiary is or was a party, in any jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is, or was, pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgment or settlement. The most recent litigation should be listed first.

D.25**ANTITRUST, TRADE REGULATIONS, SECURITIES JUDGEMENTS,
STATUTORY and REGULATORY VIOLATIONS**

- a. Has the Applicant ever been the subject of a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country?
- ☐ Yes ☐ No
- b. In the past ten years, has the Applicant been the subject of a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more?
- ☐ Yes ☐ No
- c. If "Yes" to either question, use *Exhibit 21* to provide the following information for each judgment, order, consent decree or consent order.

D.26**BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?
- ☐ Yes ☐ No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten-year period?
- ☐ Yes ☐ No
- c. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?
- ☐ Yes ☐ No
- d. If "Yes" to either question, use *Exhibit 22* to provide the following information for each bankruptcy or insolvency proceeding.

D.27**LICENSES**

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever applied in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful gambling operations (including instant bingo facility machines, slot machines, video lottery terminals, table gaming, horse racing, dog racing, pari-mutuel operation etc.)?
- ☐ Yes ☐ No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license, permit or other authorization issued by a government agency in this state or any other jurisdiction, denied, suspended or revoked in last ten year period?
- ☐ Yes ☐ No
- c. If "Yes", use *Exhibit 23* to provide the following information for each license, permit or other authorization applied for and license or certificate denied, suspended or revoked.

D.28**CONTRIBUTIONS AND DISTRIBUTIONS**

- a. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the Applicant made any bribes or kickbacks, or made any payments that were alleged to have been bribes or kickbacks, to or for any individual or person to obtain favorable treatment?
- ☐ Yes ☐ No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments that were alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?
- ☐ Yes ☐ No
- c. In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?
- ☐ Yes ☐ No

- d. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?

☐ Yes ☐ No

- e. If “Yes”, use *Exhibit 24* to provide the following information for any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions above for any of the referenced questions answered affirmatively under this item.

D.29**AUTHORIZATION FOR RELEASE OF INFORMATION**

- a. Use *Exhibit 25* to authorize the Commission to obtain information about the Applicant in order to investigate the VLT Application.

D.30**AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

- a. Use *Exhibit 26* to execute an affidavit that includes the authority of the individual who completes this application to provide the requested information, and acknowledgement of the Commission’s acquisition and use of this information.

D.31**REQUEST FOR TRANSCRIPT OF TAX RETURNS – FORM 4506-T**

- a. *Exhibit 27* is required to be executed so that the Commission will be authorized to obtain independent verification of the Applicant’s filing of required federal tax returns.



MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

SECTION E

EXHIBITS

EXHIBIT CHECKLIST

Use this checklist to indicate with an "X" that the exhibit is attached with this application. *All attachments are mandatory.* If a question, exhibit or addendum is not applicable, state "*Not Applicable*" and *explain why it is not applicable in the exhibit.* 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
1(a)	Incorporators/Founders	
1(b)	Other names and addresses of the applicant	
1(c)	Current Addresses of Applicant and where doing business	
1(d)	Other names and addresses of the corporation (Past 10 years)	
1(e)	All businesses operated by the Applicant	
1(f)	All holding, intermediary, subsidiary, affiliate or other business type entity	
2	Current Directors, Partners, Officers, Trustees and Compensation	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$100,000	
5	Bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
6	Stock Description	
7(a)	Voting shareholders	
7(b)	Non-voting shareholders	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
9	Extent and Holders of Long Term Debt	
10	Holder and Type of Other indebtedness and security instrument	
11	Securities options – description	

Exhibit Number	Exhibit Description	Place X
12	Beneficial Owners of securities options	
13	Principals not yet disclosed	
14	Financial Institutions	
15	Contracts	
16	Applicant Stock Holdings	
17	Insider Transactions	
18	Criminal History	
19	Investigations, testimony, or Polygraphs	
20	Litigation	
21	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
22	Bankruptcy or insolvency proceedings	
23	Licenses (Gaming and Non-Gaming)	
24	Contribution and Disbursements	
25	Authorization for Release of Information	
26	Affidavit of Representative of Applicant	
27	Request for Transcript of Federal Income Tax Returns Form 4506-T	

Exhibit 1(a)**INCORPORATORS / FOUNDERS**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State / Province	Postal Code	
Country	Email Address	Phone Number	

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State / Province	Postal Code	
Country	Email Address	Phone Number	

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No**If there are additional Incorporators / Founders, copy exhibit and attach to application.*

Exhibit 1(b)**OTHER NAMES AND ADDRESSES OF APPLICANT (Presently Used)**

Name	Street Address	City	State / Province	Postal Code

**If necessary, copy exhibit and attach to application*

Exhibit 1(c)**CURRENT ADDRESSES OF APPLICANT**

Address specific use

Address Line 1

Address Line 2

City

State / Province

Postal Code

Country

Email Address

Phone Number

Address specific use

Address Line 1

Address Line 2

City

State / Province

Postal Code

Country

Email Address

Phone Number

Address specific use

Address Line 1

Address Line 2

City

State / Province

Postal Code

Country

Email Address

Phone Number

**If necessary, copy exhibit and attach to application*

Exhibit 1(d) OTHER NAMES AND ADDRESSES OF CORPORATION (Past 10 Years)

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

Other Name (If applicable)		
Address specific use		
Address Line 1		Address Line 2
City	State / Province	Postal Code
Country	Email Address	Phone Number

**If necessary, copy exhibit and attach to application*

Exhibit 1(e)**ALL BUSINESSES OPERATED BY THE APPLICANT**

Name of Business		Operated From Date / To Date		Federal Identification Number / Social Security Number / Tax Identification Number	
Address specific use					
Address Line 1				Address Line 2	
City		State / Province		Postal Code	
Country	Contact Person		Contact Email Address		Contact Phone Number
Description of the business and its activities:					

**If necessary, copy exhibit and attach to application*

Exhibit 1(f) ALL HOLDING, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER BUSINESS TYPE ENTITY

Name of Business			Operated From Date / To Date	
State if Holding, Intermediary, Subsidiary, Affiliate or Other (if Other, state type of business)			Federal Identification Number / Social Security Number / Tax Identification Number	
Address Last 10 Years				
Address	City	State	Postal Code	Contact Number
Description and Activities of Business				
Forms of Organization (Check One)				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (Describe) _____				

**If necessary, copy exhibit and attach to application*

Exhibit 3**FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Name, Home and Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	
Title / Position Held, Dates, Compensation (List Current Position First, Then To Last)				
Title / Position	From Date / To Date	Annual Compensation & Value	Reason For Leaving	

**If necessary, copy exhibit and attach to application*

Exhibit 4**COMPENSATION OVER \$100,000****Name, Home and Business Address of Director, Partner, Officer or Trustee**

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	

Title / Position Held, Dates, Compensation (List Current Position First, Then To Last)

Title / Position	From Date / To Date	Annual Compensation & Value	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission)

**If necessary, copy exhibit and attach to application*

Exhibit 5 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION and SIMILAR PLANS**Plan**

Name of Plan

Trustee Name

Address Line 1

Address Line 2

City

State / Province

Postal Code

Country

Email Address

Contact Phone Number

Plan Specifications

Material Specifications of Plan

Method of Financing Plan

Class Of Employee In Plan

Number Of Individuals In Each Class

Amount Distributed To Each Class During The
Last Fiscal Plan Was In Effect

**If necessary, copy exhibit and attach to application*

Exhibit 6**STOCK DESCRIPTION (Corporations – C and S, LLC's)****Stock Types / Classes**

Stock Type / Class	Number of Shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Voting / Non-Voting (List All Voting Stocks First)	Term, Conditions, Rights, etc. of Stock

Is any right of a shareholder able to be modified by less than a majority vote of a particular class? If so, explain in the space below.

**If necessary, copy exhibit and attach to application*

Exhibit 7(a)**VOTING SHAREHOLDERS****Name, Home Address and Business Address**

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	

Stock Types / Classes

Stock Type / Class	Number of Shares Held	Acquisition Date	% of Outstanding Shares Held	Term, Conditions, Rights, etc. of Stock

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No**If necessary, copy exhibit and attach to application.*

Exhibit 7(b)**NON-VOTING SHAREHOLDERS****Name, Home Address and Business Address**

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	

Stock Types / Classes

Stock Type / Class	Number of Shares Held	Acquisition Date	% of Outstanding Shares Held	Term, Conditions, Rights, etc. of Stock

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No**If necessary, copy exhibit and attach to application.*

Exhibit 8(a)**INTEREST OF CURRENT PARTNERS****Name, Home Address and Business Address**

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	
Partner Type (Place "X" Next To Type of Partner)	% of Ownership In Applicant	Date Acquired Interest	Explain Participation In Applicant's Business, If Any.	
<input type="checkbox"/> Full / General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dominant / Silent Partner <input type="checkbox"/> Nominal Partner <input type="checkbox"/> Other: _____				

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No**If necessary, copy exhibit and attach to application.*

Exhibit 8(b)					INTEREST OF FORMER PARTNERS						
Name, Home Address and Business Address											
Last Name			First Name			Middle Name		Suffix (Jr.,Sr.,etc.)		Date of Birth	
Home Address Line 1						Home Address Line 2					
City			State / Province				Postal Code				
Country			Email Address				Contact Phone Number				
Business Address Line 1						Business Address Line 2					
City			State / Province				Postal Code				
Country			Business Email Address				Business Phone Number				
Partner Type (Place "X" Next To Type of Partner)			% of Ownership In Applicant		Held Interest To / From		Explain Participation In Applicant's Business, If Any.		Reason For Leaving		
<input type="checkbox"/> Full / General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dominant / Silent Partner <input type="checkbox"/> Nominal Partner <input type="checkbox"/> Other: _____											

**If necessary, copy exhibit and attach to application.*

Exhibit 9**EXTENT AND HOLDER OF LONG TERM DEBT**

Type Of Instrument (Place X Next To Type)	Date Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non- Renewable
<input type="checkbox"/> Bond <input type="checkbox"/> Note <input type="checkbox"/> Loan <input type="checkbox"/> Credit Line <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder / Partner Loan <input type="checkbox"/> Other: _____					

Explain Type, Class, Terms, Conditions and Priorities, etc. For The Debt Instrument.

Name, Home Address and Business Address

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

Current Balance Of This Debt

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No

**If necessary, copy exhibit and attach to application.*

Exhibit 10 HOLDER AND TYPE OF OTHER INDEBTNESS AND SECURITY INSTRUMENT

Type Of Instrument	Date Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable

Explain Type, Class, Terms, Conditions and Priorities, etc. For The Debt Instrument.

Name, Home Address and Business Address

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Current Balance Of This Debt				

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No

**If necessary, copy exhibit and attach to application.*

SECURITIES OPTIONS - DESCRIPTION

Option Name	Security Type	Option Grant Years	Option Expiration Date
Explain How The Option Holder Will, Or May Become Entitle To Exercise Option			

Option Name	Security Type	Option Grant Years	Option Expiration Date
Explain How The Option Holder Will, Or May Become Entitle To Exercise Option			

**If necessary, copy exhibit and attach to application.*

Exhibit 12**BENEFICIAL OWNERS OF SECURITY OPTIONS****Name, Home Address and Business Address**

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	

Beneficial Owner List Of Options

Security Option Name	Security Type	Option Grant Years	Option Expiration Date	Number Of Voting Shares Granted	Number Of Non-Voting Shares Granted	Value At Issuance

**If necessary, copy exhibit and attach to application.*

Exhibit 13**PRINCIPALS NOT YET DISCLOSED****Principal Employees Or Entities Not Yet Disclosed**

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

Describe Interest and Type Of Interest Or Control Over Applicant

Principal Employee (VLT Form 1004A) Attached

☐ Yes ☐ No

Principal Entity Disclosure Form (VLT Form 1006A) Attached

☐ Yes ☐ No**If necessary, copy exhibit and attach to application.*

Exhibit 14**FINANCIAL INSTITUTIONS**

Name Of Institution		Federal Identification Number	
Address Line 1		Address Line 2	
City	State / Province		Postal Code
Country	Email Address		Contact Phone Number

Accounts At The Financial Institution

Account Number	Account Type	Purpose Of Account	Purpose Of Closing	Date Opened and Closed

**If necessary, copy exhibit and attach to application.*

Exhibit 15**CONTRACTS**

Name Of Business Or Vendor			Federal Identification Number / Social Security Number / Tax Identification Number	
Address Line 1			Address Line 2	
City		State / Province		Postal Code
Country	Email Address	Contact Person		Contact Phone Number
Description Of Contract and Goods and Services To Be Provided			Compensation and Method Of Payment	

**If necessary, copy exhibit and attach to application.*

Exhibit 16**APPLICANT STOCK HOLDINGS**

Name and Address Of Company	Type Of Stock Held	Purchase Price Per Share	Number Of Shares Held	% Of Ownership 5% Or More Than	Voting Or Non-Voting Stock (List Voting Stock First)

**If necessary, copy exhibit and attach to application.*

Exhibit 17**INSIDER TRANSACTIONS****Name, Home Address and Business Address**

Last Name	First Name	Middle Name	Suffix (Jr.,Sr.,etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State / Province		Postal Code	
Country	Email Address		Contact Phone Number	
Business Address Line 1		Business Address Line 2		
City	State / Province		Postal Code	
Country	Business Email Address		Business Phone Number	
Date Of Transaction	Nature Of Transaction	Parties To Transaction (Include Name and Positions)	Number Of Securities Involved	Dollar Value Of Transaction

**If necessary, copy exhibit and attach to application.*

Exhibit 18**CRIMINAL HISTORY**

Name Of Case and Docket Number	Nature Of Arrest Or Charge	Date Of Arrest Or Charge	Name and Address Of Law Enforcement Agency Or Court Involved	Disposition (Acquitted, Convicted, Dismissed, etc.)	Sentence	Name Of Director, Partner, Officer Or Trustee

**If necessary, copy exhibit and attach to application.*

Exhibit 19**INVESTIGATIONS, TESTIMONY OR POLYGRAPHS**

Name and Address Of Court Or Other Agency	Nature Of Proceedings Or Investigation	Was Testimony Given? (Yes Or No)	Dates On Which Testimony Was Given	Approximate Time Period Of Investigation	Director, Partner, Officer Or Trustee
Type Of Proceeding Or Investigation					
Type Of Proceeding Or Investigation					

**If necessary, copy exhibit and attach to application.*

Exhibit 20**LITIGATION**

Name Of Case and Docket Number	Name and Address Of Court Involved In Litigation	Name Of All Parties Involved In Litigation	Nature Of Claim(s) and Judgment / Settlement (If Case Is Closed)

**If necessary, copy exhibit and attach to application.*

Exhibit 21 ANTITRUST, TRADE REGULATION AND SECURITIES JUDGEMENTS; STATUTORY AND REGULATORY VIOLATIONS

Title Or Case and Docket Number	Name and Address Of Court Or Agency	Date Of Charge
Nature Of Charge		
Disposition Of Action		
Nature Of Judgment, Decree Or Order		
Title Or Case and Docket Number	Name and Address Of Court Or Agency	Date Of Charge
Nature Of Charge		
Disposition Of Action		
Nature Of Judgment, Decree Or Order		

**If necessary, copy exhibit and attach to application.*

Exhibit 22**BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

Date Petition Or Relief Sought	Title Of Case and Docket Number	Name and Address Of Court Or Agency
Date Judgment Entered		Name and Date Appointed Of Court Appointed Receiver, Agent Or Trustee
Nature Of Judgment Or Relief		

**If necessary, copy exhibit and attach to application.*

Exhibit 23**LICENSES – GAMING****List Gaming Licenses First and Non-Gaming Licenses Second**

Type Of License Or Permit	Name and Location Of Governmental Agency	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked, Withdrawn)	Disposition Date	If Issued, Give Appropriate License, Permit Or Other Such Number and Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Explain Why.

**If necessary, copy exhibit and attach to application.*

Exhibit 24**CONTRIBUTIONS AND DISBURSEMENTS**

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

**If necessary, copy exhibit and attach to application.*

Exhibit 25**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: _____

FROM: _____

(Applicant's Printed Name)

I am an applicant for an Instant Bingo Facility Operator License in the State of Maryland.

The Maryland Lottery and Gaming Control Commission are required by law to conduct an investigation of an applicant for an Instant Bingo Facility Operator 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 Maryland State Police, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and (3) 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_____
Printed Name_____
Title**NOTARY**

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization.

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

Stamp or Seal

Notary Public

My commission expires _____, 20____

Printed Name

Exhibit 26**AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

Please read this document carefully, then sign and date it in ink. Please print the following information:

Applicant's Full Business Name _____

Street Address _____

City _____

State _____

Zip _____

I, _____ (printed name), am authorized to complete and execute this Instant Bingo Facility Operator License Application Form ("Form") on behalf of _____ (printed name of Applicant). I am also authorized to provide all of the information requested on this Form to the Maryland Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, "the Commission") and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this 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 an application for an instant bingo facility machine operator license, and may subject me to civil or criminal liability. I understand that providing false or misleading information is grounds for the Commission to reject this Application, or to suspend or revoke a license.

By a separate Authorization for Release of Information, I am authorizing any individual or person that has information about the Applicant to release that information to the Commission for purposes of its investigation of the application for a VLT operator license.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from the Applicant and the use of that information in connection with investigating the Applicant's qualifications for an Instant Bingo Facility Operator License.

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

Signature of Applicant

Date

Print Name of Applicant

Title

NOTARY

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization.

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

Stamp or Seal

Notary Public

My commission expires _____, 20____

Exhibit 27

REQUEST FOR FEDERAL TAX RETURN

You may also obtain this form on-line, at www.IRS.GOV then click “Forms”

Important Instructions:

Applicants must complete lines 1 – 4 and the signature area. The Maryland Lottery and Gaming Control Commission representative will complete lines 5 – 9.

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

Maryland Lottery and Gaming Control Agency, ATTN: VLT MGR, 1800 Washington Blvd., Suite 330, Baltimore, MD 21230 (410)230-8918

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days ☐

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

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

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2012)



MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

SECTION F

APPENDICES

APPENDICES

Appendices are attachments you are to provide or create and do not contain corresponding questions, exhibits or charts. Each document provided as an appendix shall be provided in a tabbed manner and presented in the same order as listed below. If an appendix is not applicable, indicate “*Not Applicable*” and *state why it is not applicable*. All information shall be provided in addition to the exhibits that are to be provided.

Appendix	Appendix Description	X If Attached (All Forms Are Mandatory)
1	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
2	Description of long term debt for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 9 & 10.	
3	Description of other indebtedness and security devices for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 11 & 12.	
4	Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 13 & 14.	
5	Description of Existing Litigation. Description of any settled or closed litigation against the Applicant for the past three (3) years. Also describe any existing or settled or closed litigation for the past three (3) years for any holding, intermediary, subsidiary or affiliate. A description of any judgments against Applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgments were covered by insurance and if so the insurance company. Provide this information in addition to both Exhibit 20 & 22.	
6	Audited financial statements for the last five years for Applicant and Applicant’s holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statement do not exist, then provide unaudited financial statements.	

7	Annual reports for the last five years for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
8	Annual reports prepared on the SEC's form 10K for the last 5 years.	
9	A copy of the last quarterly unaudited financial statement for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
10	Copy(s) of any interim reports for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
11	A copy of the last definitive proxy or information statement (SEC).	
12	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	
13	Copies of all other reports prepared in the last five years by independent auditors for the Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
14	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
15	Current ownership table of organization for the Applicant.	
16	Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the Applicant.	
17	Functional table of organization for the Applicant filing this form, job descriptions and names of employees earning in excess of \$100,000.	
18	Copies of 1120 forms and 941 forms filed with the IRS in the last five years.	
19	Copies of IRS 5500 form filed in the last 5 years.	
20	If Applicant or a holding, intermediary, subsidiary, affiliate and	

	any other type of business entity of Applicant has held a gaming license in another jurisdiction, provide a letter of reference from the gaming or casino enforcement or regulatory agency with the Applicant, specifying the experiences of the agency with the Applicant, the Applicant's associates and the Applicant's gaming operation.	
21	Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of good and/or services provided by the vendor, total amount of business with vendor in the past twenty four (24) months.	
22	Details of planned, committed and un-committed future capital expenditures.	
23	Schedule of insurance policies currently in effect, including deductibles and policy limits, and any self-insurance retentions.	
24	Along with the description provided in Exhibit 22, provide the nature and results of any other material reorganization, readjustment or successors of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise than in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such a proceeding.	