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# Lottery and Gaming Control Commission

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1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

## INSTANT BINGO FACILITY

### BINGO MANAGER LICENSE APPLICATION FORM #3004

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

**Name of Employing Business Entity:** \_\_\_\_\_

MARYLAND STATE LOTTERY COMMISSION  
BINGO MANAGER LICENSE APPLICATION

**INDIVIDUALS REQUIRED TO OBTAIN A BINGO MANAGER LICENSE:**

This application *must* be completed by an individual who has received at least a conditional offer of employment from a licensed facility operator, manufacturer or contractor as an instant bingo facility manager as defined in COMAR 36.07.02.14

**I. COMPLETING THIS FORM:**

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

**II. BE SURE:**

- a. You sign the *Statement and Authorization* at the end of this form in the presence of a notary.
- b. You retain a completed copy of your application for your own records.

**III. PHOTOGRAPH**

- a. You will be required to have your photograph taken when your application is made.

**IV. NOTICES**

- a. A Maryland Bingo Manager is a privilege. The burden of proving and maintaining qualifications to receive and hold a gaming employee license is at all times on the applicant.
- b. Any false statement made in this application will reflect on your character and may result in the denial of your application or, if you receive a license based on a false statement, may result in suspension or revocation of your license.

**NOTE:** AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE COMMISSION SHALL BECOME THE PROPERTY OF THE COMMISSION AND WILL NOT BE RETURNED TO THE APPLICANT.

**APPLICATION AND REGISTRATION FEES**

- 1. Application fee..... \$ 150.00
- 2. License fee..... \$ 150.00
- 3. License term..... 5 Years
- 4. Renewal fee..... \$ 150.00
- 5. Renewal term..... 5 Years

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

**MAIL APPLICATION AND PAYMENT TOGETHER!!!**

**Note:** License and Application 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:

**Payment is sent to:**

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

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

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<b>Name of Instant Bingo Facility Licensee:</b> (You <u>must</u> have an offer to work from a Licensee :)	
<b>Type of Licensee</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor
<b>Position Applicant is Applying for:</b>	

**NAME AND ADDRESS**

1. Last Name		First Name		Middle Name		Suffix(Jr., Sr., etc.)	
2. Maiden Name						3. Date of Birth	
4. Address Line 1				Address Line 2			
P. O. Box		City		County		State/Province	
Zip Code	Country	5. Email Address		6. Home Phone		7. Cell Phone	

**MAILING ADDRESS (If different from above)**

8. Address Line 1		Address Line 2					
P. O. Box		City		County		State/Province	
Zip Code	Country	Email Address		Home Phone		Cell	

**DESCRIPTIVE INFORMATION**

9. Height  _____ FT    _____ IN		10. Weight  _____ lbs		11. Social Security Number  _____ - _____ - _____		12. Drivers License _____  State Issued: _____	
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13. Do you have any tattoos, scars or distinguishing marks? If yes, describe in detail:  _____				14. MARITAL STATUS:  <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DOMESTIC PARTNER			
15. PLACE OF BIRTH:  _____							
City/Town		State/Province		Country			

16. Name of Spouse		17. Spouse's Maiden Name (AKA)		18. DOB		19. Spouse's Social Security Number	
20. HAIR COLOR  <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (BD) Blonde <input type="checkbox"/> (RD) Red <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (WH) White <input type="checkbox"/> (BA) Bald		21. EYE COLOR  <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (HZ) Hazel <input type="checkbox"/> (BL) Blue <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (GR) Green		22. SEX  <input type="checkbox"/> (M) Male  <input type="checkbox"/> (F) Female		23. RACE*  Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____ <small>* Multiracial respondents may select all applicable racial categories.</small>	

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

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

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	FROM DATE	TO DATE

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**25. Are you a United States citizen?** YES  NO  If NO, complete the following:

<b>a. Country of Citizenship:</b>	
<b>Name and Address of sponsor upon your arrival:</b>	
<b>b. If a naturalized citizen complete:</b>	1. C.T.S. Registration Number: _____ 2. Date Granted: _____ 3. Court: _____ 4. City/State of Court: _____ 5. Certificate Number: _____
<b>c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Permanent Resident Card:</b>	Card Number: _____ (Attach a color copy front and back)
<b>d. If you do not possess a Permanent Resident Card but are authorized to work in the United States, please describe the U. S. Work Visa that you possess and provide the Visa number:</b>	Description of Authorization: _____ VISA #: _____

**26. Have you ever been issued a passport?**  YES  NO If, yes please complete the following:

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

**DEPENDENTS**

**27. In the chart below, list the names of all your children, stepchildren and adopted children and the amount of support, if dependent. Also, list all other persons who you are supporting or contributing to the support of, and provide the amount of support.**

Name of Children/Dependent	Date of Birth	Amount of Support	Present Address of Children/Dependents

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**RESIDENCE**

**28.** Beginning with your current residence(s) and working backwards complete the following information for each place where you have lived (including residences while attending college or while in the military service) during the past ten (10) years or since the age of 18, whichever is less. *If additional space is needed, attach a separate sheet making certain to indicate the question number.*

Dates		Address (no, street, apt. #, City/town, state/province, zip code)	Own Or Rent	Name, address & telephone no. of mortgage company or landlord, if any
From: (Mo/Yr)	To: (Mo/Yr)			

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**EMPLOYMENT**

**30.** Beginning with your present job and working backwards, list below **all** periods of employment for the past ten years or from age 18, which ever is less. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For **any casino, horse racing or gaming related employment, please list your license number under "Title."** (If additional space is needed, attach a separate sheet making certain to indicate the question number.) Have you been in the Military?  Yes  No If yes, list regardless of time.

Dates		Name, Address and telephone Number of Employer(s)	Title/Position Held and Description of Duties	Supervisors Name	Reason for leaving/ Compensation at Departure
From: (Mo/Yr)	To: (Mo/Yr)				

**31.** Have you ever been discharged or asked to resign from a job?  No  Yes If Yes, complete below.

Employers Name & Address	Date of Discharge or Resignation	Reason for Leaving

**CIVIL, CRIMINAL & INVESTIGATORY PROCEEDINGS**

**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 offenses which carry any period of incarceration.

**INSTRUCTIONS:**

1. **Answer “YES”** and provide all information to the best of your ability EVEN IF:
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or downgraded to a lesser charge;
  - C. You completed a pretrial intervention or other rehabilitation or diversionary program;
  - D. You were not convicted;
  - E. You did not serve any time in a correctional facility;
  - F. The charges or offenses happened a long time ago; or
  - G. You were not arrested for the charge.
2. **Answer “NO”** if:
  - a) You have never been charged with or arrested for any crime or offense;
  - b) You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
  - c) The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

I have read and understand the definitions and instructions

**IMPORTANT**

Maryland will make inquiries to establish whether the identified individuals have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing the Applicant’s character, honesty and integrity. Do you understand?:  YES  NO

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

**If yes, complete the following chart:**

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



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

**If yes, complete the following chart:**

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

**34. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in connection with a traffic summons?**  YES  NO

**If yes, complete the following chart:**

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

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

**If yes, complete the following chart:**

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

**36. Have you or any business entity with which you are or was associated, ever filed under bankruptcy, been petitioned into bankruptcy or made a proposal under any bankruptcy or insolvency law in any jurisdiction?**  No  Yes **If yes, complete below:**

Date Filed	Docket #	Name & Address of Court	Date Judgment Entered.

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**37. In the past ten (10) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense?**  YES  NO

**If yes, complete the following chart:**

Governmental Agency/Organization	Nature of Charge	Date	Disposition

**PERMITS, LICENCES, CERTIFICATES & REGISTRATIONS**

**38. Have you or any business entity with which you are or were associated, ever applied for any permit, license, certificate or registration in connection with *gaming* in any jurisdiction?**  No  Yes If yes, complete below.

Name & Address of Applicant	Name & Address of Licensing Body	Type of Permit, License, Certificate or Registration	Date of Application	Disposition: Granted, Denied, Pending, Withdrawn

**GARNISHMENT PROCEEDINGS**

**39. Have your wages, earnings or other income ever been subject to garnishment, attachment or other similar orders in any jurisdiction?**  No  Yes If yes, complete below.

Nature & Amount of Obligation	Name & Address of Holder of Obligation	Name & Address of Court	Court Docket Number	Current Status

**40. Have you had a lien or financial judgment filed against you in the past ten (10) years? (This includes child support orders, or judgments and federal state and local tax liens)**  No  Yes If yes, complete below.

Nature & Amount of Obligation	Name & Address of Holder of Obligation	Name & Address of Court	Court Docket Number	Current Status

**41. Are you currently delinquent in the payments, to include child support, taxes, student loans, mortgage, credit cards and any other financial obligations?**  No  Yes If yes, complete below.

Nature & Amount of Obligation	Name & Address of Holder of Obligation	Name & Address of Court	Court Docket Number	Current Status

**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.”)

- 46 Do you currently engage in the illegal use of drugs, or have ever been arrested for such use?  No  Yes if yes, please explain below.
- 47 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?  No  Yes if yes explain below.
- 48 Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?  No  Yes if yes, please explain listing the jurisdiction, if applicable.

Item #	Detail Explanation (Dates, jurisdictions, etc, as applicable for full explanation)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO:** \_\_\_\_\_  
(To be filled-in by Commission)

**FROM:** \_\_\_\_\_  
(Applicant's Printed Name)

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

The Maryland Lottery and Gaming Control Commission is required by law to conduct an investigation of an applicant for a video lottery employee 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 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: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity, to release to the Commission any and all information about me that the Commission requests. 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\_\_\_\_

**AFFIDAVIT OF INDIVIDUAL APPLICANT**

I, \_\_\_\_\_ (printed name) am an applicant for a video lottery employee 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, if I am issued a license, I remain under an ongoing obligation to comply with all licensing requirements.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Maryland Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, “the Commission”), for purposes of its investigation of the application for a VLT license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from the any individual or person and the use of that information in connection with investigating 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.

**Stamp or Seal**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

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

**\*NOTE: If Application is filed electronically, through the licensee facility directly to the LOTTERY, notarization is NOT required.**

**CERTIFICATION OF BUSINESS RELATIONSHIP**

**LICENSEE:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_  
(Applicant's Printed Name)

I, \_\_\_\_\_ (printed name), am authorized to complete and execute Business Agreements on behalf of \_\_\_\_\_ (Licensee Name). The applicant listed above has received at least a conditional offer of employment from the Licensee. The Applicant will have the following job description:

\_\_\_\_\_  
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\_\_\_\_\_  
Signature of Licensee Representative (If electronic no signature required) \_\_\_\_\_ 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 and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

Stamp or Seal \_\_\_\_\_ Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20\_\_\_\_ Printed Name \_\_\_\_\_

**\*NOTE: If Application is filed electronically, through the licensee facility directly to LOTTERY, notarization is not required.**