



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

INSTANT BINGO FACILITY LICENSE APPLICATION FORM #3008

(To be used only for Facilities with 10 or fewer Instant Bingo Machines)

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 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 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 requested 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 investigation.
- A.13** Send a copy of this application, and all required forms, to the Commission on a thumb drive or similar device in PDF format. If the storage device is password protected (recommended), the password shall be transmitted separately to the MLGCA and shall arrive promptly after the submission of this application.

SECTION B
FEES

- 1. Application Fee (Fewer than 10 Instant Bingo Machines).....\$150.00
- 2. Background Investigation Deposit.....\$500.00*
- 3. 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 (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 Investigation 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: 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”).

- 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 in black ink 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** 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.6** The Commission may request additional financial and other information as needed.

- B.7** All exhibits must be attached with appropriate information, or noted “not applicable.”

- B.9** Send the original and one copy of this application and all related forms/attachments on a thumb drive in PDF format. If the storage device is password protected (recommended), the password shall be transmitted separately to the MLGCA and shall arrive promptly after the submission of this application.

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		
<p>Check One:</p> <p> <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) _____ </p>			
D.2	NAME OF APPLICANT*		
<p>*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</p>			
<p>D/B/A or trade names(s)</p>			
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: _____

D.6	CRIMINAL HISTORY
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EXHIBIT 2 ASKS ABOUT ANY OFFENSES OR CHARGES AGAINST THE APPLICANT 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 Exhibit 2 below

- 1) Complete Exhibit 2 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) You can mark Exhibit 2 as “N/A” 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.

D.7

LITIGATION

- a. Use *Exhibit 3* 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.8

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 4* to provide information for each license, permit or other authorization applied for and license or certificate denied, suspended or revoked.

D.9

AUTHORIZATION FOR RELEASE OF INFORMATION

- a. Use *Exhibit 5* to authorize the Commission to obtain information about the Applicant in order to investigate the Instant Bingo Facility Operation License Application.

D.10

AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

- a. Complete *Exhibit 6* (Affidavit of Representative of Applicant)



MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

SECTION E

EXHIBITS

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	

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	

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

Name	Street Address	City	State / Province	Postal Code

**If additional pages are necessary, copy exhibit and attach to application*

Exhibit 1(c)	CURRENT ADDRESSES OF APPLICANT
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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 additional pages are necessary, copy exhibit and attach to application*

Exhibit 1(d)	OTHER NAMES AND ADDRESSES OF CORPORATION (Past 10 Years)
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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 additional pages are necessary, copy exhibit and attach to application*

Exhibit 1(e)	ALL BUSINESSES OPERATED BY THE APPLICANT
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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 additional pages are necessary, copy exhibit and attach to application*

Exhibit 2 **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 additional pages are necessary, copy exhibit and attach to application*

Exhibit 3 **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 additional pages are necessary, copy exhibit and attach to application*

Exhibit 4 **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 additional pages are necessary, copy exhibit and attach to application*

Exhibit 5

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be completed by Commission)

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 is 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 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) have access to any and all information that I have provided to any jurisdiction seeking a similar license in that jurisdiction, along with 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. I hold a valid gaming license issued by another state, and I understand that the Commission will contact that state's licensing entity to get information that will help the Commission decide whether to grant my Request for Application of Alternative Licensing Standards, and I understand that false or misleading statements or omitted information will be the basis for rejection of this Request, revocation of the license, and criminal penalties.

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 Individual Completing Form Date
Printed Name Title

NOTARY PUBLIC

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
Printed Name

Stamp or Seal

My commission expires _____, 20____

Exhibit 6 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____

Printed Name