



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

INSTANT BINGO FACILITY

PRINCIPAL EMPLOYEE LICENSE RENEWAL APPLICATION

FORM #3022

(To be used only for facilities with [eleven \(11\) or more Instant Bingo Machines](#))

Applicant:

Last, First Middle Initial

Name of Employing Business Entity:

RENEWAL ELIGIBILITY

“Principal Employee” is defined in regulations promulgated by the Maryland Lottery and Gaming Control Commission (“Commission”) by its authority under State Government Article (“SG”), Title 9, Subtitle 1A, of the Annotated Code of Maryland (“the Gaming Law”). The Commission’s regulations are found in Code of Maryland Regulations (“COMAR”) in Title 36 of COMAR, and available at <http://www.dsd.state.md.us/comar/>. COMAR 36.07.01.02(21) defines an Instant Bingo Facility Principal Employee as “*an individual who manages a licensee, or otherwise exercises control over an instant bingo function of a licensee*”.

The term of an instant bingo facility principal employee license is **five years**, and the term cannot be extended under any circumstances. It is the responsibility of each licensed individual to submit a license renewal application to the Commission with sufficient time for the Maryland Lottery and Gaming Control Agency’s Casino Licensing and Background Investigations Division to conduct a thorough investigation prior to the license expiration date.

Principal employee license renewal applications must be submitted to the Commission **at least 90 days before, but not more than 120 days before, the individual’s license expires.**

COMPLETING THIS FORM:

- a. This renewal application must be accompanied by a **new** conditional offer of employment from a licensed bingo facility operator, manufacturer or contractor as an instant bingo principal employee as defined in COMAR 36.07.02.14. The conditional offer of employment for your initial application is not applicable.
- b. Read each question carefully prior to answering. Some of the questions may be different from the initial application. Answer every question completely.
- c. All entries on the form must be typed or in printed block lettering. Unless otherwise stated by the Commission, initials or signatures must be in the handwriting of the person providing the information. If the answers are not legible, the application may not be accepted.
- d. Do not leave blank spaces. If the correct answer to a particular question is “None,” write “**None.**” If a question does not apply to you, 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.
- e. 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.
- f. Carefully review each page before submission. The applicant **must initial** and **date** each page in the space provided in the lower right-hand corner. The applicant is attesting to the accuracy and completeness of the information contained on that page and/or that the applicant has read the page.

PLEASE MAKE SURE THAT YOU:

- a. Sign the *Affidavit* page and the *Authorization* page in the presence of a notary; and
- b. You retain a completed copy of your application for your own records.

Instant Bingo Facility - Principal Employee Renewal Application (For Facilities with 11 or more Instant Bingo Machines)
Maryland Lottery and Gaming Control Commission

REQUIREMENTS

- a. An Instant Bingo Principal Employee License is a privilege and not everyone who applies will be granted permission to work in a bingo facility. The burden of proving and maintaining qualifications to receive and hold a principal employee license is at all times on the applicant.
- b. You are required to make accurate statements and include all material facts. All information submitted to the Commission is subject to verification. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement is a violation of Maryland gaming laws. Any false statement made in this application will reflect on your character and may result in the denial of your application. If you receive a license based on submission of false information, it may result in suspension or revocation of your license.
- c. Failure to submit a complete and accurate renewal application; Failure to submit any documentation required to complete a renewal investigation; or Failure to submit a license renewal application to the Commission with sufficient time for a thorough investigation to be conducted, may result in the expiration of your current license and the Commission's refusal to issue a renewal license.
- d. You will be required to submit answers and documents that encompass the entire period of time since your last application was submitted to the Commission through to the current date, unless otherwise noted. You may be required to submit additional information in the form of written responses, oral statements, or documentation.

LICENSE RENEWAL FEES, TERM and PAYMENT METHODS

- 1. License Renewal Fee (**ELEVEN OR MORE** Instant Bingo Machines) \$375.00
- 2. License Renewal Term 5 Years

Fees are non-refundable, and are due at the time of application submission.
Unless the applicant is paying via wire transfer, this application and the **business check or money order** should be sent **together**.

Payment and Application are mailed to:

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

Wire Payment to:

Maryland Lottery Account Number: 446014266944

Name of the Account – Maryland Lottery VLT Escrow 026009593 Bank of America, New York, NY

If required, the SWIFT code is BOFAUS3N Ref: Bank of America in the State of Maryland

EXHIBIT 1 - UPDATED PHOTOGRAPH of the APPLICANT

Submit a **Passport** quality color photograph of you, alone, that is recent (**taken within the last six months**), presents a good likeness of you, and is 2x2 (max. 3 x 3) inches in size. Also, scan and save the photograph according to instructions in **B.6, B.7** and **B.8**.

The image will be used to create your badge, and the size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1-3/8 inches.

The photograph must be:

- Of you, alone;
- In focus,
- A full front view of your face (no hat, head covering, or dark glasses);
- Of your head and shoulders; and
- Taken in front of a plain background.

Retouched photographs that alter your appearance are unacceptable.

[Step 1](#)

Write your name on an adhesive **address label**;

[Step 2](#)

Attach the address label to the **BACK** of the photograph (without distorting the image);

[Step 3](#)

Place the photograph in an envelope and submit it according to instructions in SECTION D (without damaging the photograph).

 Date the photograph was taken

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SECTION A
IMPORTANT NOTICES

- A.1 This form is an official document of the Commission. It cannot be altered or changed in any fashion, except to fill in the areas provided with the information that is required. Any alteration or change to this document, which is not within the exception, may cause this application to be delayed or denied, or your license to be delayed or revoked.**
- A.2 All applicants and all individuals issued an Instant Bingo Facility Principal Employee license must adhere to the rules and regulations promulgated by the Maryland Lottery and Gaming Control Commission and in State Government Article, Title 9, Subtitle 1A, Annotated Code of Maryland for the entire term of their license. Violations may result in the denial of an application; a reprimand; suspension or revocation of a license; and/or imposition of a fine(s).
- A.3 Notifications regarding your application will only be sent to the address you provide on this form. Changes or corrections to your address must be reported to the Commission immediately.
- A.4 Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if: (1) the Commission denies your license application; or (2) if after you are licensed in Maryland, the Commission takes adverse action against your license.
- A.5 The Commission may contact any state in which you hold, or have held, a similar gaming employee license in order to verify your compliance with that state's licensing standards.
- A.6 All submissions with and for this application become the property of the Commission and will not be returned.
- A.7 You must promptly provide the Commission with **written notification** of any corrections or changes to this application after it has been submitted. You are under a continuing obligation to promptly notify the Commission **in writing** if there is **any change** in the information provided to the Commission (to include, but not restricted to, family/social data; physical/email addresses; phone numbers; office and business positions; business entity information; licensing data; civil proceedings; criminal arrests, charges, offenses; investigatory proceedings; and financial data).
- A.8 Any person who applies for and obtains a license from the Commission may be required to submit to warrantless searches when present in an instant bingo facility.
- A.9 An application for an instant bingo employee license may be withdrawn only if the applicant submits a written request to the Commission to withdraw the application. The written request must be submitted before the Commission has taken any Final Action.
- A.10 Additional costs and expenses may be incurred by the Commission in its investigation of the applicant. Background investigation costs will be assessed by the Commission and shall be reimbursed by the applicant. The failure to reimburse the Commission for background investigation costs is a basis for disqualification of the applicant.

- A.11 The Maryland Lottery and Gaming Control Agency's Casino Licensing and Background Investigation Division is referred to, throughout this application, as the "Licensing Division".

SECTION B RENEWAL APPLICATION SUBMISSION INSTRUCTIONS

- B.1** **Submission requirements:** A completed application with all of the original signatures, initials, and notarization must be submitted to the Licensing Division. Attach the Exhibits, appendices and any attachments in a tabbed manner, so that each tab indicates the Exhibit number. Immediately following the tab, insert a page with the Exhibit number and all applicable information.
- B.2** The applicant must also provide a copy of the application and all accompanying documentation, attachments, appendices and/or supporting documents in .pdf format, on a **password protected**, electronic storage device, such as a CD or 'thumb drive'.
- B.3** The application, as well as each document, must be saved as separate .pdf files (not one continuous .pdf), and each file must be identified by name or designated exhibit number. Failure to submit properly formatted documents will delay the application process and may result in the expiration of your current license, delay the approval of your renewal license and/or denial of your application.
- B.4** The applicant is required to mail, send or transmit the **password** to the Licensing Division in a timely fashion. The applicant should forward the password separately from the application.
- 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 State Lottery and Gaming Control Agency for any damages resulting from any disclosure or publication in any manner.

SECTION C DEFINITIONS

Please refer to the list of Consolidated Definitions applicable to all video lottery license applications, which is available on the MLGCA website: <https://www.mdgaming.com/licensing>.

SECTION D
SUPPLEMENTAL EXHIBITS and APPLICATION CHECKLIST

Use the following list to indicate with an “X” the exhibits that are attached with this application. All attachments MUST be submitted. If a question, exhibit or addendum is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. If any item is missing or not submitted according to the directions below, the entire application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE “X” WHEN COMPLETED
1	Updated Photograph	
2	Applicant Information	
3(a)	Family/Social Data – Marriage(s)	
3(b)	Family/Social Data – Domestic Partners(s)	
3(c)	Family/Social Data – Civil Union (s)	
3(d)	Family/Social Data – Children and In-Laws	
4	Offices and Positions (2 parts)	
5	Business Entity Information (1 part)	
6	Employment and Licensing Data (14 parts)	
7	Civil, Criminal and Investigatory Proceedings (10 parts)	
	Signed acknowledgment of instructions and definitions	
8	Financial Data (21 parts)	
9	Miscellaneous Questions (5 parts)	
10	Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling (3 parts)	
11	Authorization for Release of Information	
12	Affidavit of Individual Applicant	

Explanation of missing or non-applicable exhibits and attachments:

Exhibit 2
Applicant Information

SPONSOR of LICENSE RENEWAL, POSITION	
Name of Employing Business Entity:	
Type of Licensee	<input type="checkbox"/> Bingo Facility <input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor
Position Applicant is Applying for:	

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NAME, ADDRESS, DESCRIPTIVE INFORMATION				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	
Maiden Name <input type="checkbox"/> N/A			Date of Birth	
Address Line 1		Address Line 2		
P. O. Box <input type="checkbox"/> N/A	City	County	State/Province	
Zip Code	Country	Email Address	Home Phone	Cell Phone
Social Security Number *	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", attach details and indicate Alien Registration Number here:			
Sex	Eye Color	Hair Color	Height Feet Inches	Weight lbs
Driver License Number		State Issued	Marital Status (Single, Married, Separated, Divorced, Widowed)	
Tattoos, Scars or Distinguishing Marks (Please Describe)		Race Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____ Multiracial respondents may select all applicable racial categories.		
Do you have a current passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If, "Yes" please complete the following:				
Passport Number	Country of Issue	City or State Where Issued	Date Issued	Expiration Date

* Disclosure of your Social Security Number is **mandatory**.

MAILING ADDRESS (if different from above)			
<input type="checkbox"/> N/A, not different			
8. Address Line 1		Address Line 2	
P. O. Box <input type="checkbox"/> N/A	City	County	State/Province
Zip Code	Country		

Have you lived at the same address, listed above, since you submitted your last application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "Yes", skip to 'Maiden Names, Nicknames, Other Names, Aliases'			
If "No", list all addresses where you have lived since you submitted your last application.			
Street Address	City/State/Zip	From: Mo/Yr	To: Mo/Yr

Maiden Names, Nicknames, Other Names, Aliases

Have you **ever** been known by any other name(s)? YES NO.

If "Yes", list all other names below and state dates of use for each.
 Include Maiden Names, Aliases, Nicknames, other name changes, legal or otherwise.

Last, Suffix, First Middle / Nickname / Name Changes / Alias	From: Mo/Yr	To: Mo/Yr

Exhibit 3(a)

Family/Social Data – Marriage(s)

Has your marital status changed since you submitted your last application? YES NO

What is your current marital status: Single Married Separated Divorced Widow/Widower

CURRENT MARRIAGE N/A

Name (Last, First, Middle)	Date of Birth	Place of Birth
Address		
City	State	Postal Code
Maiden Name	Phone Number	
Date of Marriage	Where Married	

PREVIOUS MARRIAGE N/A

Name of Former Spouse (Last, First, Middle)	Maiden Name	Place of Birth
Date & Place of Marriage		
Jurisdiction of Divorce/Annulment		
Present Address of Former Spouse		

Exhibit 3(b)

Family/Social Data – Domestic Partner(s)

Has your domestic partner changed since you submitted your last application? YES NO N/A

Present and Former Domestic Partner(s), beginning with the most recent.

Name (Last, First, Middle)	Date of Birth	Present or Former Partner (indicate one)
Address 1		
Address 2		
City	State	Postal Code
Phone Number	Email Address	Occupation

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Name (Last, First, Middle)	Date of Birth	Present or Former Partner (indicate one)
Address 1		
Address 2		
City	State	Postal Code
Phone Number	Email Address	Occupation

Note: Attach additional copies of Exhibit pages as needed

Exhibit 3(c) Family/Social Data – Civil Unions(s)		
Has your civil union status changed since you submitted your last application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Civil Union(s) – Provide civil union date, jurisdiction where civil union occurred, and partner’s name, date of birth, place of birth, home address, phone number and occupation.		

Date of Civil Union	Where Civil Union Occurred	
Name (Last, First, Middle)	Date of Birth	Present or Former Partner (indicate one)
Address 1		
Address 2		
City	State	Postal Code
Phone Number	Email Address	Occupation

Date and Jurisdiction of Dissolution (if applicable)

Date of Civil Union	Where Civil Union Occurred:	
Name (Last, First, Middle)	Date of Birth	Present or Former Partner (indicate one)
Address 1		
Address 2		
City	State	Postal Code
Phone Number	Email Address	Occupation

Date and Jurisdiction of Dissolution (if applicable)

Note: Attach additional copies of Exhibit pages as needed

**Exhibit 3(d)
Family/Social Data – Children & Dependents**

Have your custody arrangements or financial support provisions changed since you submitted your last application?

YES NO N/A

**If “Yes”, list the applicable names of your dependent children, step-children and adopted children;
list the amount of support; and
list all other persons who you are supporting or contributing to the support of, and provide the amount of support.**

Dependent #1

Please mark the appropriate response regarding your child support obligations:

- I am not subject to a court order for the support of this child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in section above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Name (Last, First, Middle)	Date of Birth
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Address

City	State	Postal Code
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Amount of Support

Identify the public agency/court responsible for enforcing the child support order: N/A

Dependent #2

Please mark the appropriate response regarding your child support obligations:

- I am not subject to a court order for the support of this child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in section above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Name (Last, First, Middle)	Date of Birth
----------------------------	---------------

Address

City	State	Postal Code
------	-------	-------------

Amount of Support

Identify the public agency/court responsible for enforcing the child support order: N/A

Note: Attach additional copies of Exhibit pages as needed

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**Exhibit 4
Offices and Positions**

1. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity since you submitted your last application. Begin with the most recent and work backward.

Dates		Title of Office or Position Held	Name and Address of Firm, Corporation, Association, Partnership or Other Business Entity	Compensation Received
From: (Mo/Yr)	To: (Mo/Yr)			

2. List all government positions and offices, whether salaried or unsalaried, held by you since you submitted your last application. Begin with the most recent and work backward.

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

**Exhibit 5
Business Entity Information**

Business Name - As it is written on the Article of Incorporation, by-laws or other official documents filed with the state or federal government. Supply all names such as "Trade Names" ("T/A") and "Doing Business As" ("D/B/A")

Name and Address of Business Entity With Which You Are A Principal

Name of the Business in which I am a Principal		
Provide D/B/A or T/A name, if Applicable		
Address line 1		
Address line 2		
City	State	Postal Code
Mailing Address line 3 (if different from above)		
Mailing Address line 4 (if different from above)		
City	State	Postal Code
Business Telephone Number	Fax Number	Business Website Address

Applicant's Association With Business Entity

Explain Your Role within Business Entity: (Job title and description of duties)

**Exhibit 6
Employment and Licensing Data**

1. List any casino,* gaming/gambling related company,* or Instant Bingo Operation in any jurisdiction (including the Instant Bingo Operation for which you are submitting a renewal license application) where you have been employed since you submitted your last application.

*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, Instant Bingo Operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

Name of Gaming/Gambling Related Company and Country/State Where You Were Employed	Name, Mailing Address and Telephone Number of Employer(s)	Dates		Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving
		From: (Mo/Yr)	To: (Mo/Yr)			

2. Provide the information regarding your employment since you submitted your last application. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

Dates		Name, Mailing Address and Telephone Number of Employer(s)	Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving/Compensation at Departure
From: (Mo/Yr)	To: (Mo/Yr)				

3. With regard to the employment listed in #2:

a. **Since you submitted your last application, were you discharged, suspended or asked to resign from employment?** YES NO

b. **Since you submitted your last application, were you charged with any infraction in relation to any employment which was the subject of any disciplinary action?** YES NO

If "Yes" to either question, complete the following chart:

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

Note: Attach additional copies of Exhibit pages as needed

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4. List all compensated employment, of whatever nature, held by your spouse or domestic partner during the past twelve (12) month period. Begin with the current employer.

Dates		Name, Address and Telephone Number of Employer	Title/Position Held
From: (Mo/Yr)	To: (Mo/Yr)		

5. To the best of your knowledge, have you or has your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the past twelve (12) month period? YES NO

If “Yes” complete the following chart:

Dates		Capacity	Nature Of Trust Or Other Fund	Income Received	For Whom Held
From: (Mo/Yr)	To: (Mo/Yr)				

6a. Since you submitted your last application, have you, or your spouse or domestic partner, sought and been denied a position as a trustee or other fiduciary officer? YES NO

6b. Since you submitted your last application, have you, or your spouse or domestic partner, been suspended or removed from a position as a trustee or other fiduciary officer? YES NO

If “Yes” to either question, complete the following chart:

Date	Capacity	Nature of Trust or Other Office	Reason for Denial, Suspension or Removal

7. Since you submitted your last application, have you, or your spouse or domestic partner, made application for, or held, any NON-GAMING professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance or any other type of professional license? (Do not include alcoholic beverage or driver’s license). YES NO

You must answer “Yes” to this question if you, or your spouse or domestic partner applied and the application was granted, denied or returned by the licensing agency for any reason, withdrawn or is currently pending.

If “Yes”, complete the following chart:

Name on License	Type of License	Dates		Name and Address of Licensing Agency/Organization	Disposition of the Application
		From: (Mo/Yr)	To: (Mo/Yr)		

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8. Since you submitted your last application, have any of the licenses, permits or certifications applied for, or held by you, or your spouse or domestic partner, as identified in the previous question, been denied, suspended, revoked or subject to any conditions in any jurisdictions? YES NO

If "Yes", complete the following chart:

Type of License, Permit or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

9. Since you submitted your last application, has any entity in which you, your spouse, or your domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest had a license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions? YES NO

If "Yes", complete the following chart:

Name of Entity	Position Held by You, Spouse, or Domestic Partner	Type of License, Permit or Certificate	Type of Action Taken	Name and Address of Government Agency/Organization Taking Action	Date of Action	Reason(s) for Action

10. List any group, firm, partnership, corporation or any other businesses in which, you, your spouse, or your domestic partner have held an ownership interest of 5% or more since you submitted your last application. (Do not include publicly traded corporations in which you owned stock.) None, N/A

Dates		Name(s) & Address(es) of Business(es)	Current Status of Business(es)	% Interest Held by You	Name(s) of Other Owners	Address(es) of Other Owners	State/Province and Country of Organization or Incorporation
From: (Mo/Yr)	To: (Mo/Yr)						

Note: Attach additional copies of Exhibit pages as needed

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11. Since you submitted your last application, have you, your spouse, or domestic partner made application for, or held, a license, permit, registration, finding or suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction?

You must answer "YES" to this question if you applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending. YES NO

If "Yes", complete the following chart:

Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, Pending, etc.)	License, Permit, Approval or Registration Number

12. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding or suitability, qualification or other authorization identified in the Question #11, were you, your spouse, or domestic partner called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying? YES NO N/A

If "Yes", complete the following chart:

Name and Address of Licensing Agency or Commission	Date of Appearance	Nature of Hearing	Was Testimony Given?

13. To the best of your knowledge, since you submitted your last application, have you, your spouse, or domestic partner held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding or suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, or Instant Bingo Operation etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.) YES NO

If "Yes", complete the following chart:

Name and Address of Business Entity	Nature of Your Interest	Date of Application	Name & Address of Licensing Agency to Which Application Was Made	Type of License Applied For	Disposition Of Application

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14a. Are any members of your family (spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in the previous question in any jurisdiction? YES NO

14b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction? YES NO

If “Yes” to either question, complete the following chart:

Name of Person	Relationship	Name of Gaming/Gambling or Alcoholic Beverage Business and Address	Business Telephone

(Remainder of page left intentionally blank)

Exhibit 7
Civil, Criminal and Investigatory Proceedings

RENEWAL APPLICATION INSTRUCTIONS:

Your responses to the questions on the Page 19, Page 20 and Page 21 relate to the entire period of time since you submitted your last application.

Prior to responding to Question #1 and to Question #6, carefully review the definitions and instructions.

DEFINITIONS: For purposes of Question #1 and Question #6:

- 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 that carry any period of incarceration (examples are violations such as, but not limited to, Driving Under the Influence; Driving While Intoxicated; Driving While Suspended; Driving While Revoked; Fleeing and Eluding; Falsified Registration Plates, False Reports, and Failure to Remain at the Scene of a Collision).
1. **Answer “YES”** and provide all information to the best of your ability EVEN IF:
- A. You or the identified individual did not commit the offense charged;
 - B. The charges were dismissed or downgraded to a lesser charge;
 - C. You or the identified individual completed a pretrial intervention or other rehabilitation or diversionary program;
 - D. You or the identified individual were not convicted;
 - E. You or the identified individual did not serve any time in a correctional facility;
 - F. The charges or offenses happened a long time ago; or
 - G. You or the identified individual were not arrested for the charge.
2. **Answer “NO”** if:
- a) You or the identified individual were not charged with or arrested for any crime or offense;
 - b) You or the identified individual were arrested or charged when you or the identified individual were under eighteen (18) years of age and the 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.

After you have carefully read the contents of this page, sign below.

I have read and understand the instructions and definitions

Signature

Printed Name

Date

IMPORTANT

The Maryland Lottery and Gaming Control Agency will make inquiries to establish whether the identified individuals have had involvement with law enforcement agencies. Failure to disclose any such involvement, or submitting false or misleading information, will be taken into account when assessing the Applicant's character, honesty and integrity.

1. Since you submitted your last application to the Commission, have you been arrested or charged with any offense in any jurisdiction, as outlined on Page 18? YES NO

If "Yes", complete the following chart:

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

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

If "Yes", complete the following chart:

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

3. To the best of your knowledge, have you 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 since you submitted your last application? 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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4a. Since you submitted your last application, have you been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam, by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction, other than in connection with a traffic summons? YES NO

4b. Since you submitted your last application, have you been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other civil or criminal investigatory agency, body, board or commission, at any civil, criminal or administrative proceeding or hearing? YES NO

If "Yes" to either question, complete the following chart:

Name and Address of Court or Other Agency/Organization	Nature of Proceeding or Investigation	Was Testimony Given?	Date of Testimony	Investigation Dates	
				From: (Mo/Yr)	To: (Mo/Yr)

5. Since you submitted your last application, have you received a pardon, or has any government agency/organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense? YES NO

If "Yes", complete the following chart:

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

6. Since you submitted your last application, has your spouse, domestic partner, child, step-child or adopted child been arrested or charged with any offense in any jurisdiction, as outlined on Page 18? YES NO

If "Yes", complete the following chart:

Name of Person	Relationship	Nature of Charge or Offense	Date of Charge or Offense	Name & Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)

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7. Since you submitted your last application, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial, negligence, auto accident, contract, collection, debt, and bankruptcy matters) YES NO

If "Yes", complete the following chart:

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

8. Since you submitted your last application, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy? YES NO

If "Yes", complete the following chart:

Name of Entity	Type of Entity	Approximate Date (s) of Lawsuit/ Arbitration/ Bankruptcy	Where Action Filed (City/Town, State/Province, County)

9. Since you submitted your last application, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense? YES NO

If "Yes", complete the following chart:

Governmental Agency/Organization	Nature of Charge	Date	Disposition

10. Since you submitted your last application, have you been barred or otherwise excluded, for any reason, including due to a voluntary exclusion, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "Yes" even if you are no longer barred or excluded) YES NO

If "Yes", complete the following chart:

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

**Exhibit 8
Financial Data**

1. Do you have an ownership interest, financial interest or financial investment in the business entity for which you are a Principal employee? YES NO

If "Yes" list all debt and equity holdings in the business entity: (If necessary, copy exhibit and attach to application.)

List Number of Shares or Units Held and Holding/Investment/Interest	Percentage of Interest in all Outstanding Shares in Business Entity

2. Since you submitted your last application, have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? YES NO

If "Yes", complete the following chart:

Nature of Lien/Debt	When Filed	Where Filed	Current Status

3. Since you submitted your last application, have you personally been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? YES NO

If "Yes", complete the following chart:

Date Adjudicated/ Filed	Docket/Case Number	Name and Address of Court	Name and Address of Trustee

4. Since you submitted your last application, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? YES NO

If "Yes" to either question, complete the following chart:

Date Adjudicated/ Filed	Docket/Case Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee

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5. Since you submitted your last application, have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring? YES NO

If "Yes" to either question, complete the following chart:

Name and Address of Business Entity	Your Relationship to Business Entity	Date Placed Under Liquidation, Receivership, etc.	Reason Placed Under Liquidation, Receivership, etc.	Present Status

6. Since you submitted your last application, have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like? YES NO

If "Yes", complete the following chart:

Date of order	Docket/Case Number	Name and Address of Court	Nature of Obligation	Amount of Obligation	Name and Address of Holder of Obligation

7. Since you submitted your last application, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction? YES NO

If "Yes", complete the following chart:

Type of Property	Date Repossessed	Name and Address of Company Repossessing Property	Reason for Repossession

8. Since you submitted your last application, have you been an executor/executrix, administrator or other fiduciary of any estate; a beneficiary or legatee under a will or received anything of value under an intestacy statute; or a settler/grantor, beneficiary or trustee of any trust? YES NO

If "Yes", complete the following chart:

Name and Location of Estate/Trust	Position/ Interest Held	Date(s) on which Positions were Held or Interest was Received	Amount of Compensation or Nature and Value of Benefit Granted/Received

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9. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to the previous question.) YES NO

If "Yes", complete the following chart:

Description of Trust	Location of Trust	Name of Trustee(s)	Names of Other (s) with Interests in Your Trust

10. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in the previous questions.) YES NO

If "Yes", complete the following chart:

Gaming/ Gambling Agency	Date of Exclusion	Reason for Exclusion

11a. Please state your country of residence _____.

11b. Since you submitted your last application, have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in 11a. above?

YES NO

If "Yes" to either question, complete the following chart:

Dates		Name and Address of Institution Holding Account	Account Number	Name and Address of Each Person/Entity Appearing on the Account	Present Amount Held/Amount Held Before Closing Acct
From: (Mo/Yr)	To: (Mo/Yr)				

12. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in 11a. above (excluding foreign bank accounts identified in 11b. above)? YES NO

If "Yes", complete the following chart:

Description of Asset/Liability	Location of Asset/Liability

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13. Since you submitted your last application, have you or has your spouse, domestic partner, or any of your children, while dependent, received a loan in excess of \$25,000? YES NO

If "Yes", complete the following chart:

Date Received Loan	Name and Address of Lender	Name of Borrower and all Co-Signers	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan

14. Since you submitted your last application, have you or has your spouse, domestic partner, or any of your children, while dependent, made any loan in excess of \$10,000? YES NO

If "Yes", complete the following chart:

Date of Loan	Name and Address of Borrower	All Co-Parties to Loan	Name of Lender	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan	Security Pledged

15. Since you submitted your last application, have you individually exchanged currency in an amount of more than \$10,000? YES NO

If "Yes", complete the following chart:

Date and Amount of Exchange	Location Where Exchange was Made	Reason for Exchange	Did You Fill Out or File Any Governmental Reporting Document

16. Do you maintain a brokerage or margin account with any securities or commodities dealer? YES NO

If "Yes", complete the following chart:

Type of Account	Name and Address of Dealer	Amount of Margin

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

If "Yes", complete the following chart:

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

18. Since you submitted your last application, have you, your spouse, domestic partner or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000 USD in value in any one year period? YES NO

If "Yes", complete the following chart:

Name of the Donor or Recipient	Date Gift Received/Given	Description of Gift	Approximate Value

19a. Do you have any safe deposit boxes in your name in any jurisdiction? YES NO

19b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? YES NO

If "Yes" to either question, complete the following chart:

Name and Address of Bank or Other Institution/Business Where Located	Name(s) in which Account(s) or Safe Deposit Box(es) Held	Type of Account (Savings, Checking, Safe Deposit, etc.)	Account No. or Safe Deposit Box No.

20. Since you submitted your last application, have you received any referral or finder's fee in excess of \$10,000? YES NO

If "Yes", complete the following chart:

Name and Address of All Parties Involved	Nature of Goods or Services Provided	Amount Received	Date Received

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21. Since you submitted your last application, have you given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction? YES NO

If "Yes", complete the following chart:

Nature of Obligation (Personal Guarantee, etc.)	Date Obligation Made	Name(s) of Person Responsible for Obligation	Status of Underlying Obligation

**Exhibit 9
Miscellaneous Questions**

1. Are you currently in default on the payment of any student loan? YES NO

If "Yes", complete the following chart:

Name of Creditor: _____

Address of Creditor: _____	City: _____	State: _____	Zip: _____
Account/Loan Number: _____	Outstanding Amount of Liability: _____		

Name of Creditor: _____

Address of Creditor: _____	City: _____	State: _____	Zip: _____
Account/Loan Number: _____	Outstanding Amount of Liability: _____		

Name of Creditor: _____

Address of Creditor: _____	City: _____	State: _____	Zip: _____
Account/Loan Number: _____	Outstanding Amount of Liability: _____		

2. Are you currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal? YES NO

If "Yes", complete the following chart(s):

Name of Taxing Authority: _____

Address of Taxing Authority: _____	City: _____	State: _____	Zip: _____
Outstanding Amount of Liability: _____			

* If necessary, copy Exhibit and attach to application

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Name of Taxing Authority:			
Address of Taxing Authority:	City:	State:	Zip:
Outstanding Amount of Liability:			

Name of Taxing Authority:			
Address of Taxing Authority:	City:	State:	Zip:
Outstanding Amount of Liability:			

3. Has your gaming/gambling related operation license, permit, certification, registration, finding of suitability, qualification or other authorization ever been subject to any specific regulatory enforcement action in any jurisdiction? YES NO

If "Yes", complete the following chart(s):

Name of Licensing Authority:		License Number:	
Address of Licensing Authority:	City:	State:	Zip:
Details of Regulatory Action:			

Name of Licensing Authority:		License Number:	
Address of Licensing Authority:	City:	State:	Zip:
Details of Regulatory Action:			

4. Do you have any personal or business relationship with any member, agent or employee of the Maryland State Lottery Agency, Maryland State Lottery and Gaming Control Commission, Maryland State Police or Office of the Maryland Attorney General? YES NO

If "Yes", complete the following chart(s):

Name:		Employer:	
Address:	City:	State:	Zip:
Details of Relationship with Applicant:			

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Name:		Employer:	
Address:	City:	Address:	City:
Details of Relationship with Applicant:			

5. Have you ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino or gaming/gambling related operation, including any referral, finder's or consulting fee? (Exclude employment) YES NO

If "Yes", complete the following chart(s):

Name of Persons Involved:			
Address of Person Involved:	City:	State:	Zip:
Dates Received:	Amount(s):		
Reasons for Remuneration:			

Name of Persons Involved:			
Address of Person Involved:	City:	State:	Zip:
Dates Received:	Amount(s):		
Reasons for Remuneration:			

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Exhibit 10
**Illegal Use of Controlled Dangerous Substances;
Use of Alcohol in the Workplace; Problem Gambling**

1. Do you currently engage in the illegal use of drugs, or have you been arrested for such use since you submitted your last application? YES NO

If “Yes”, explain below:

Detailed Explanation (dates, jurisdictions, etc., as applicable for full explanation):

* If necessary, copy Exhibit and attach to application

2. The use of alcohol by licensees may be prohibited in an Instant Bingo Facility, and any use of alcohol that adversely affects job performance or conduct may be the basis for discipline of an instant bingo facility employee and revocation or suspension of an Instant Bingo Facility Employee license. Does this present a problem for you? YES NO

If “Yes”, explain below:

Detailed Explanation:

* If necessary, copy Exhibit and attach to application

3a. Are you a compulsive gambler or a problem gambler? YES NO
3b. Have you been voluntarily or involuntarily excluded from any gaming facility in any state or any jurisdiction since you submitted your last application? YES NO

If “Yes” to either question, explain below:

Detailed Explanation (dates, jurisdictions, etc., as applicable for full explanation):

* If necessary, copy Exhibit and attach to application

EXHIBIT 11
AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be completed by Commission)

FROM: _____
(Printed Name of Applicant)

I am an applicant for an Instant Bingo Facility Principal Employee license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission (“Commission”) is required by law to conduct an investigation of an applicant for an Instant Bingo Facility Principal 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 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 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; tribal authority; 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 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 12
Affidavit of Individual Applicant

I, _____ (printed name) am an applicant for an Instant Bingo Facility Principal Employee license in the State of Maryland. I have read, and understand, every page of this Application 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 gaming license, and may subject me to civil or criminal liability. I also understand that providing the Maryland Lottery and Gaming Control Commission (“Commission”) with false or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license. I also understand that, if I am issued a license, I remain under an ongoing obligation to comply with all licensing requirements.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Commission, its employees, agents, and vendors for purposes of its investigation of the application for a gaming license.

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

Signature of Applicant

Date

Print Name of Applicant

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_____