



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

INSTANT BINGO FACILITY

BINGO MANAGER LICENSE RENEWAL APPLICATION

FORM #3024

Applicant:

Last, First Middle Initial

Name of Employing Business Entity:

**Instant Bingo Facility – Bingo Manager Renewal License Application
Maryland Lottery and Gaming Control Commission**

RENEWAL ELIGIBILITY

“Bingo Manager” 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/>. An Instant Bingo Facility Bingo Manager is “*an individual who is employed by a facility operator and exercises control over the facility when a principal employee is not present,*” COMAR 36.07.01.02(B)(13).

The term of an Instant Bingo Facility Bingo Manager 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 individual’s license expiration date.

Bingo Manager 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.**

INDIVIDUALS REQUIRED TO OBTAIN A BINGO MANAGER RENEWAL LICENSE:

I. 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 manager as defined in COMAR 36.07.02.14. The conditional offer of employment for your initial license application is not applicable.
- b. You must make accurate statements and you must include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your renewal application.**
- c. Read each question carefully prior to answering. Some of the questions may be different from the initial application. Answer every question completely.
- d. Answer 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.**”.
- 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. Once your application or any addendum is submitted, it becomes the property of the Maryland Lottery and Gaming Control Agency and will not be returned.
- g. The applicant should 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.

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II. 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.

III. NOTICES

- a. An Instant Bingo Manager 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 Bingo Manager license is at all times on the applicant.
- b. All information submitted to the Commission is subject to verification. 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. 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, in writing, immediately.

UPDATED PHOTOGRAPH of the APPLICANT

Attach 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.

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.

Date the photograph was taken

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 photograph or digital image);

Step 3

Place the **Passport** quality photograph in an envelope and attach the envelope here (without damaging the photograph or digital image).

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LICENSE RENEWAL FEE and PAYMENT METHOD

- | | |
|-------------------------|-----------|
| 1. License Renewal fee | \$ 150.00 |
| 2. License Renewal term | 5 Years |

Note:

The license renewal fee is non-refundable and is due at the time of application. Unless the applicant is paying via wire transfer, the 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

NOTICES and OBLIGATIONS

This form is an official document of the Commission. It may not be altered or changed, except to insert the information that is required. Any alteration or change to this document may cause this application or your license to be delayed or denied.

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 and offenses; investigatory proceedings; and financial data).

All applicants and all individuals issued an Instant Bingo Facility Bingo Manager 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, to include failure or refusal to properly notify the Commission, may result in the denial of an application; a reprimand; suspension or revocation of a license; and/or imposition of a fine(s).

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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:	

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 <input type="checkbox"/> N/A	City	County	State/Province
Zip Code	Country	5. Email Address	6. Home Phone 7. Cell Phone

MAILING ADDRESS (if different from above) N/A, not different

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. Driver's License _____ State Issued: _____ <input type="checkbox"/> None, I do not have a driver's license
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, Former Spouse, Domestic Partner <input type="checkbox"/> N/A	17. Spouse, Former Spouse, Domestic Partner's Maiden Name (or other AKA) <input type="checkbox"/> N/A	18. S /FS /DP's DOB <input type="checkbox"/> N/A	19. Spouse, Former Spouse, Domestic Partner's Social Security Number <input type="checkbox"/> N/A
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: _____ * Multiracial respondents may select all applicable racial categories.

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

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24. Have you <u>ever</u> been known by any other name(s)? <input type="checkbox"/> YES <input type="checkbox"/> 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

25. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If “No”, complete the following:	
a. Country of Citizenship: _____	
Name and Address of sponsor upon your arrival:	
b. If a naturalized citizen complete:	1. C.T.S. Registration Number: _____ 2. Date Granted: _____ 3. Court: _____ 4. City/State of Court: _____ 5. Certificate Number: _____
c. If you are a legally authorized Permanent Resident Alien, provide the “A” number from your Permanent Resident Card: Card Number: _____ (Attach a color copy front and back)	
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: Description of Authorization: _____ VISA #: _____	

26. Do you have a current passport? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If “Yes”, complete the following:				
Passport Number	Country of Issue	City or State where Issued	Date Issued	Expiration Date

RESIDENCE				
27. Have you lived in the same address, listed above in Question #4, since you submitted your last application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If “Yes”, skip to Question #28				
If “No”, list all addresses where you have lived since you submitted your last application.				
Dates		Address, apt. #, city, state/province, zip code	Own or Rent	Name, address & telephone no. of mortgage company or landlord, if any
From: (Mo/Yr)	From: (Mo/Yr)			

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DEPENDENTS

28. 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	
Address		
City	State	Postal Code
Amount of Support		
Identify the public agency/court responsible for enforcing the child support order:		N/A <input type="checkbox"/>

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 <input type="checkbox"/>

Note: Attach additional copies of Exhibit pages as needed

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EMPLOYMENT

29. List any Instant Bingo Operation, or, casino or gaming/gambling related company,* 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.*

Dates		Name, Address and Telephone Number of Employer(s)	Title/Position and License Number	Name of Supervisor	Reason for Leaving
From: (Mo/Yr)	To: (Mo/Yr)				

30. List any other businesses where you have been employed since you submitted your last application.

Dates		Name, Address and Telephone Number of Employer(s)	Title/Position and License Number	Name of Supervisor	Reason for Leaving
From: (Mo/Yr)	To: (Mo/Yr)				

31. With regard to the employment listed in #29 and #30, since you submitted your last application:

- a. were you discharged, suspended or asked to resign from employment? YES NO
 b. were you charged with any infraction which was the subject of any disciplinary action? YES NO

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

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

BANKRUPTCY

32. Since you submitted your last application, have you as an individual, or any business entity with which you are or were associated, filed under bankruptcy, been petitioned into bankruptcy or made a proposal under any bankruptcy or insolvency law in any jurisdiction? 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

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CIVIL, CRIMINAL and INVESTIGATORY PROCEEDINGS

RENEWAL APPLICATION INSTRUCTIONS:

Your responses to the questions on the Page 9, Page 10 and Page 11 relate to the entire period of time since you submitted your last application.

Prior to responding to Question #33 and to Question #38, carefully review the instructions and definitions.

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

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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.

33. 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 9? 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)

34. 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

35. 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:

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

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36. 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

37. 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

38. 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 9? YES NO

If “Yes”, complete the following chart:

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

PERMITS, LICENCES, CERTIFICATES & REGISTRATIONS

39. Since you submitted your last application, have you or any business entity with which you are or were associated, applied for any permit, license, certificate or registration in connection with gaming in any jurisdiction? YES NO

If “Yes”, complete the following chart:

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

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40. Since you submitted your last application, have any of the gaming licenses, permits or certifications applied for, or held by you or any business entity with which you are or were associated 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

GARNISHMENTS, LIENS, JUDGMENTS, DELINQUENT PAYMENTS

41. Since you submitted your last application, have your wages, earnings or other income been subject to garnishment, attachment or other similar orders in any jurisdiction? YES NO

If “Yes”, complete the following chart:

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

42. Since you submitted your last application, have you had a lien or financial judgment filed against you? (This includes child support orders, or judgments and federal state and local tax liens) YES NO

If “Yes”, complete the following chart:

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

43. Are you currently delinquent in the payments, to include child support, taxes, student loans, mortgage, credit cards and any other financial obligations? YES NO

If “Yes”, complete the following chart:

Name & Address of Holder of Obligation	Nature of Obligation	Total Amount of Obligation	Amount Delinquent	Current Status

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ILLEGAL USE of CONTROLLED DANGEROUS SUBSTANCES

44. 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

USE of ALCOHOL in the WORKPLACE

45. 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 video lottery employees 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

PROBLEM GAMBLING

46a. Are you a compulsive gambler or a problem gambler? YES NO
46b. 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

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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 Bingo Manager 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 Bingo Manager 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____

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AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _____ (printed name) am an applicant for an Instant Bingo Facility Bingo Manager 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 an Instant Bingo Facility Bingo Manager 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 an Instant Bingo Facility Bingo Manager 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 an Instant Bingo Facility Bingo Manager 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____

***NOTE: If the application is being filed electronically, through the licensee facility directly to MLGCA, notarization of this certificate of business relationship is not required.**

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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:

Signature of Licensee Representative (If electronic, no signature required) 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____

***NOTE:** If the application is being filed electronically, through the licensee facility directly to MLGCA, notarization of this certificate of business relationship is not required.