



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

NON-GAMING VENDOR CHANGE OF INFORMATION FORM

for currently approved
Certified Vendors

Form #1021U

- 1) **Maryland Non-Gaming Vendor Number:** _____
Vendor Numbers are found on the Approved Vendors List <https://www.mdgaming.com/licensing/vendors/> To be completed by the Vendor
- 2) **Vendor's CURRENT Business Name:** _____
This name **MUST** match the name registered with Maryland SDAT To be completed by the Vendor
- 3) **Enter 'D/B/A' or 'T/A' name, if applicable:** _____ ☐ None
To be completed by the Vendor
- 4) **Sponsoring Casino or Casino Construction Co.:** _____
To be completed by the Vendor
- 5) **Attach verification of current Maryland SDAT Compliance:**
Visit <https://egov.maryland.gov/BusinessExpress/EntitySearch> **print and attach** the
'General Information' page for your company that displays current "Good Standing" or
'Trade Name Registration'. See **D.4**

-- **NO Fee is Required** --

ACKNOWLEDGMENT

I, _____, understand that the Vendor is under a continuing obligation to promptly provide **written notification** of any changes in the information provided to the Commission (including physical/email addresses, phone numbers, ownership, management, or SDAT status) whether in the application, or on any material(s) submitted with or subsequent to the application.

I am notifying the Commission, in writing, of changes to the information that the Vendor submitted during the approval process, or of changes to information that the Vendor has subsequently submitted.

I understand that the Vendor's approval was based solely on the specific information that was initially submitted to the Commission, or on specific information subsequently submitted to the Commission. Changes to that information has altered the terms and conditions of any previous approval, therefore, the Vendor must obtain new approval in order for the Vendor to continue providing non-gaming goods and services to Maryland casinos.

I understand that changes to that information may alter the Vendor's approval status.

I understand that the Commission will review the information I am submitting and will notify the Vendor if any additional information is required. If additional documents are requested, they must be submitted to the Commission in a timely fashion. Failure to submit required documents in a timely fashion may lead the Commission to cancel the Vendor's approval.

I understand that the Vendor will be notified in writing if the Commission determines that the Vendor is no longer suitable to provide non-gaming goods and services to casinos in Maryland.

Acknowledged by (Signature) _____

Must be hand signed. Computer generated signatures are NOT permitted.

I, _____, declare and affirm that the information I am submitting to the Commission is accurate and correct; I am not failing to disclose any material information relevant to this Form; and I am not submitting false or misleading information.

(Signature) _____

Must be hand signed. Computer generated signatures are NOT permitted.

NOTIFICATION TO COMMISSIONCheck all that apply

The currently approved vendor is notifying the Maryland Lottery and Gaming Control Commission (“Commission”) of changes to the following:

- ☐ Business Name (if so, complete the explanation below *)
 - ☐ Sale of the company, acquisition of another company, or merger with another company
 - ☐ Changes to company organization (e.g. conversion from a Sole Proprietorship to an LLC or conversion of an LLC into a corporation)
 - ☐ Rebranding
- ☐ Address
 - ☐ Physical address(s)
 - ☐ Email address or web address
- ☐ Point-of-Contact
- ☐ Owners / directors / partners
- ☐ Management employees / supervisory employees
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

*** Business Name Change**

When our company was approved by the Commission as a Non-Gaming Vendor, the name by which we were known to the Commission was:

_____ d/b/a _____.

Our company has changed names and is now known as:

_____ d/b/a _____.

SECTION A - IMPORTANT NOTICES

- A.1** This form is an official document of the Commission, and may not be altered or changed, except to insert the information that is required. Any alteration or change to this document is prohibited.
- A.2** An Applicant must make accurate statements and include all material facts. Failure or refusal to provide any required information; intentional omissions of material facts; misrepresentation of details; or failure or refusal to meet any other requirement as set out in law or regulation may result in the denial of the application. False or misleading statements to the Commission may subject a Vendor applicant to civil and/or criminal penalties. All submissions are subject to verification.
- A.3** An approved Vendor who is submitting changes to an initial application or updating previously approved changes must present sufficient justification of its suitability for continued approval by the Commission. The burden of proof remains with the Vendor. Failure or refusal to maintain the criteria for approval, to include compliance with Maryland SDAT regulations, may lead to the Commission suspending or cancelling the Vendor's approval.
- A.4** The Commission's decision to cancel a vendor registration or vendor certification does not give rise to an appeal right under the contested case provisions of the Maryland Administrative Procedure Act.

SECTION B – INSTRUCTIONS FOR CERTIFIED VENDORS

- B.1** Read each question carefully. **Do not leave blank spaces or blank blocks.** If a question does not apply, write "Does not apply" or "N/A." In most instances, however, "N/A" is not an accurate or appropriate response since each question is applicable to the Commission's inquiry. If the correct answer to a particular question is "None," write "None." If additional information is necessary to explain a response, enter "see attached" and label that information with the appropriate title, referencing the question, page and number.
- B.2** All entries must be legible, and should be typed or printed with block lettering. If the responses are not legible, the notification of change may not be accepted.
- B.3** The Vendor Information Change Form must be submitted to the Commission on single-sided paper.
- B.4** After carefully reviewing the Vendor's responses to each of the Commission's inquiries, the Vendor must initial the lower right corner of every page of this Form. The Vendor's initials will signify that each entry is complete and accurate. See **A.2**.
- B.5** Sensitive Information and Personally Identifiable Information (PII) - Vendor Information Change Forms may contain sensitive information and PII. Certified Vendor Information Change Forms will contain sensitive information and PII.

To ensure the proper transfer of the sensitive information and PII, Vendors are urged to consider sending the Change of Information Form to MLGCA via a secure document shipping company (USPS,

Fed-Ex, UPS, DHL, etc.) or arrange to have the documents hand-delivered during business hours. Vendors should **not** send any document containing PII as an attachment to an email.

B.6 Vendor Owners - Vendors have a continuing obligation to provide the Commission with information for **each person or entity who owns more than five percent (5%) of the Vendor or its business**, to include Vendors operating as a General Partnership.

If the ownership of the company is not an individual(s), the Vendor shall draft, or have a company officer draft, a basic memorandum, letter or correspondence explaining the ownership of the Vendor and the corporate structure. Vendors should enclose attachments, filings, organizational charts or other documents to bolster the description, as needed.

If parent companies are present, the memorandum should describe whether the parent company will have any direct, or any indirect, contact with the casino.

The Vendor shall address the memorandum to the Maryland Lottery and Gaming Control Commission, 1800 Washington Blvd, Suite 330 Baltimore, MD 21230.

On **D.7**, enter "See attached memorandum" or "See attached letter" in the "Name" block.

If the investigation into the owners of the Vendor reveals a need to request further information, MLGCA will contact the point-of-contact.

B.7 The Vendor must ensure that every **individual** listed on **D.6, D.7** and **D.8** (Pages 9, 10, and 11) has completed and submitted a Notarized 'Authorization of Release of Information' Form (Page 13).

B.8 The Vendor must complete, sign and submit a Notarized 'Authorization for Release of Information' Form on behalf of the **Vendor's business entity**, listing the 'Business Name' on the 'From' line. (Page 14).

B.9 It is recommended that each individual listed on **D.6, D.7** and **D.8** contact the Maryland Department of Budget and Management's Central Collections Unit at (410) 767-1220, Monday through Friday, from 8:00 a.m. to 5:00 p.m. to determine if the individual has any unpaid debts to the State of Maryland.

B.10A Certified Vendor should give specific attention to the clear identification of those portions of its notification of change 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 notification of change. A blanket statement by the Vendor that its entire notification of change is confidential, proprietary commercial information or a trade secret is unacceptable. Notification of changes shall be open to public inspection only after award of a license has been made, to the extent permitted by the PIA. The Vendor 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 approved Certified Vendor 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.

When the Agency receives a PIA request, Staff retrieves and compiles all records that are responsive to the request. "Records" means all papers, emails, notes, recordings, maps, plans, forms, etc. After Staff compiles all responsive records, the Office of the Attorney General (OAG) reviews the request and the records, and makes a legal determination as to whether the records may be released. Additionally, when the Agency receives a request for records of an entity that holds a gaming-related license, or a vendor registration or certification, Agency Staff or the OAG typically advise the entity of the request and our anticipated response. The entity may file litigation to prevent the Agency from releasing records it wants kept confidential.

SECTION C - SUBMISSION

C.1 After carefully reviewing **B.5**, submit the completed forms to:

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

C.2 No fee is required for the submission of this form.

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SECTION D - VENDOR INFORMATION**D.1 CURRENT BUSINESS NAME**

As written in the Articles of Incorporation, By-Laws, Charter or other official documents filed with a State or Federal Government

Doing Business As (d/b/a) or Trading As (t/a) Name(s): ☐ Check Here if **None****D.2 VENDOR'S PRINCIPAL ADDRESSES**

Describe the Vendor's use of this address (check all that apply to this address):

☐ Mailing ☐ Residential ☐ Corporate ☐ Production ☐ Development/Testing ☐ Warehouse ☐ Other _____

Address Line 1

Address Line 2

City

State

Zip

Mailing Address Line 1, if different from above, otherwise enter "Same"

Mailing Address Line 2, if different from above, otherwise enter "Same"

City

State

Zip

Vendor's website

Vendor's telephone number

Describe the Vendor's use of this address (check all that apply to this address):

☐ **No Secondary Address**☐ Mailing ☐ Residential ☐ Corporate ☐ Production ☐ Development/Testing ☐ Warehouse ☐ Other _____

Address Line 1

Address Line 2

City

State

Zip

Mailing Address Line 1, if different from above, otherwise enter "Same"

Mailing Address Line 2, if different from above, otherwise enter "Same"

City

State

Zip

Vendor's website

Vendor's secondary location telephone number

D.3 VENDOR'S POINT-OF-CONTACT

*Point-of-Contact: (Name) _____ (Company title) _____

*This individual **must** either have the authority to make decisions on behalf of the Vendor and/or be on-site at the casino.

E-mail address: _____

All notifications will be made to this e-mail address. If necessary, check the "SPAM" folder for e-mails from "...@maryland.gov".

Point-of-Contact's Office Number: _____ Cell Number: _____

D.4 COMPLIANCE WITH MARYLAND SDAT REGISTRATION

Compliance is required (NOT a “Good Standing Certificate” from the Maryland Comptroller’s Office).

Maryland State Department of Assessments and Taxation’s Department ID Number:
(1 letter plus 8 numbers) _____

Circle ONE: Certificate of ‘Good Standing’ or ‘Trade Name Registration’

D.5 CASINO / CASINO CONSTRUCTION COMPANY ASSOCIATION

Casino or Casino Construction Company with which the Vendor has contracted:

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

D.6**VENDOR OFFICER(S), PARTNER(S), AND DIRECTOR(S)**

Accurately complete all 15 blocks for each individual. **Refer to A.2, B.1 and B.7**

Provide information for each **Officer, Partner and Director** who will be directly/significantly involved in providing goods and services to a licensed Maryland casino.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Individuals listed in D.6 must submit a completed, signed and notarized Authorization For Release of Information (Page 13).

Note: Attach additional copies of this page as needed.

D.7**VENDOR OWNERS**

Accurately complete all 15 blocks for each individual. **Refer to A.2, B.1, B.6, B.7 and B.8**

Provide information for each person or entity who owns more than five percent (5%) of the Vendor or its business, to include Vendors operating as a General Partnership

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Individuals and entities listed in D.7 must submit a completed, signed and notarized Authorization For Release of Information (Pg 13 and/or 14).

Note: Attach additional copies of this page as needed.

D.8**VENDOR EMPLOYEE(S)**

Accurately complete all 15 blocks for each individual. **Refer to A.2, B.1 and B.7**

Provide information for individuals holding positions of supervision or management who are responsible for directly/significantly overseeing the provision of goods and/or services to a licensed Maryland casino. The Vendor shall divulge those individuals who are assigned to manage, administer or control the Vendor's activities within the casino, such as project managers, site superintendents, account representatives, field supervisors, distribution managers, sales supervisors, etc.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Individuals listed in D.8 must submit a completed, signed and notarized Authorization For Release of Information (Page 13).

Note: Attach additional copies of this page as needed.

D.9**VENDOR'S BUSINESS BACKGROUND**

(a) DESCRIPTION OF THE VENDOR'S PRESENT BUSINESS. Furnish the Commission with a 'snapshot' of the Vendor's company and describe the Vendor's capacity and capabilities to provide the services declared in the application.

(b) DESCRIPTION OF THE SPECIFIC TYPE OF GOODS OR SERVICES CURRENTLY BEING PROVIDED TO THE CASINO BY THE VENDOR.

(c) NAME OF CASINO(S) TO WHICH SUCH GOODS OR SERVICES ARE BEING PROVIDED.

(d) LIST OTHER LICENSED CASINOS SERVED BY THE VENDOR. Provide the Commission with a list of other jurisdictions where the Vendor conducts business related to a casino operation. (List the other jurisdictions by Casino Name, City, and State. List Country, if outside of the U.S.)

☐ None

(e) TALLY OF THE WORK FORCE SUPPORTING THE VENDOR'S PROVISION OF GOODS AND SERVICES TO THE CASINO. Furnish the Commission with the total number of employees IN MARYLAND who will be directly associated with providing the goods or services to the casino. Furnish the Commission with the total number of employees OUTSIDE MARYLAND who will be directly associated with providing the goods or services to the casino.

In Maryland =

Outside of Maryland =

(f) DESCRIPTION OF THE VENDOR'S ABILITY TO PROVIDE GOODS OR SERVICES TO MORE THAN ONE CASINO. Describe the Vendor's ability to serve one, two, or more casinos in Maryland and the other casinos with which the Vendor intends to conduct business.

Note: Attach additional copies of this page as needed.

AUTHORIZATION FOR RELEASE OF INFORMATION**(INDIVIDUAL)****TO:** _____
(Leave blank - to be filled in by the Commission)**FROM:** _____
(Vendor affiliate's printed name)

I, the above listed individual, am affiliated with an entity who is currently approved by the Maryland Lottery and Gaming Control Commission ("Commission") as a Certified Non-Gaming Vendor. I am affiliated with the Vendor as an: ☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Manager/Supervisor/Employee ☐ Other _____

The Commission, through its employees, agents and vendors, is required by law to conduct an investigation into the continued suitability of a Vendor upon written notification by the Vendor of changes to the Vendor's initial application, or subsequently approved changes. The Commission, through its employees, agents and vendors, is also required by law to conduct an investigation into the continued suitability of a Vendor's officers; partners; directors; proprietors; owners; certain employees; and certain other individuals affiliated with the Vendor as deemed necessary.

That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the Commission any and all information about me that the Commission requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission, under the authority of this Authorization.

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

Signature of 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**Stamp or Seal**_____
Printed Name

My commission expires _____, 20____

AUTHORIZATION FOR RELEASE OF INFORMATION**(BUSINESS)****TO:** _____
(Leave blank - to be filled in by the Commission)**FROM: (Business Name of Vendor)** _____

The above listed entity ("Vendor") is submitting information that changes the terms of a previously approved Certified Non-Gaming Vendor. The Vendor is seeking authorization to continue being approved as a Certified Non-Gaming Vendor in the State of Maryland. I am an authorized representative of the above listed Vendor.

I understand that the Maryland Lottery and Gaming Control Commission ("Commission") is required to conduct an investigation into the continued suitability of a Vendor upon written notification by the Vendor of changes to the Vendor's initial application; to subsequently approved changes; or to a Vendor's subsequent Notification(s) of Change. That investigation requires the Commission to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the Notification of Change documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has 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 the entity.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about the Vendor that the Commission requests: local, State or federal government unit; tribal authority; commercial or business enterprise, including a consumer reporting agency; 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, on behalf of the entity, 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. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form_____
DateMy affiliation with the Vendor is: ☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Other __________
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____

CASINO'S CERTIFICATION OF BUSINESS RELATIONSHIP

This page is to be completed only by a Casino Rep or an Authorized Casino Construction Rep.

Casino / Casino Construction Company: _____

Vendor Applicant's Business Name: _____
(Include 'D/B/A' or 'T/A' Name, if applicable)

The Vendor Applicant ("Applicant") listed above has entered into a **Business Relationship (agreement/contract)** with the Maryland licensed casino or a Maryland casino license applicant listed above. The Applicant will provide non-gaming goods and/or services with an anticipated value of \$ _____ in a calendar year. The Applicant is required by the Commission to submit a Non-Gaming Vendor Certification Application since this value either: 1) exceeds \$300,000; or 2) the combined total value of non-gaming goods and/or services to be provided to more than one Maryland licensed casino exceeds \$600,000.

The Applicant listed above has entered into a written agreement or contract to provide the following non-gaming goods and/or services:

I, _____, representing _____,
Printed name of Casino Representative - or - **Casino - or - Name of company**
Authorized Casino Construction Representative

*am authorized to complete and execute / sign Business Relationship Agreements on behalf of the Maryland licensed casino listed as **Casino** or **Casino Construction Company** at the top of this form.*

Signature of Casino Representative **Title within the company** **Date**
-or- Authorized Casino Construction Representative **A vendor applicant is prohibited from signing this form.**

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

Stamp or Seal

Printed Name

My commission expires _____, 20____