



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

PRINCIPAL EMPLOYEE LICENSE APPLICATION

Form #1004

Applicant: _____

First, Middle, Last Name

Affiliation: _____

NOTICE

Maryland's Gaming Law and Sports Wagering Law are long and complex. Maryland Gaming Law is located in State Government Article, Title 9, Subtitle 1A, Annotated Code of Maryland ("SG"). The regulations promulgated by the Maryland Gaming Control Commission ("Commission") are found in Code of Maryland Regulations ("COMAR") 36.03. Collectively, SG § 9-1A *et seq.* and COMAR 36.03 are referred herein as the "Gaming Law". Maryland's Sports Wagering Law is located in SG Title 9, Subtitle 1E, and the regulations promulgated the Commission are found in COMAR 36.10. Collectively, SG § 9-1E *et seq.* and COMAR 36.03 are referred herein as the "Sports Wagering Law".

The cites referenced within this application are for explanatory purposes, are subject to change, may be different from what is provided, and should not be relied upon. You are expected to be familiar with the current Gaming Law and Sports Wagering Law; updates and information may be found at <https://www.mdgaming.com/>.

Failure or refusal to adhere to Gaming Law and Sports Wagering Law may result in the Commission imposing sanctions and/or penalties, to include, but not limited to, the placing of conditions on a license; suspension or revocation of a license; reprimand of a licensee; and/or fines, and may result in criminal and/or civil charges being filed against the licensee.

APPLICABILITY AND ELIBIGILITY

The Commission is required to investigate an Applicant for a sports wagering and video lottery (hereinafter "gaming") license pursuant to the Sports Wagering Law and Gaming Law. An applicant for a license must establish by clear and convincing evidence that the Applicant is qualified for licensure, and must not be subject to any grounds for mandatory disqualification from license eligibility. SG §§ 9-1A-07(c)(1); 9-1E-07(e)(1); COMAR 36.03.02, 36.10.03.

Individuals who meet the definition of a principal employee under COMAR 36.03.01.02 or 36.10.01.02 must submit a Principal Employee License Application to the Commission. A principal employee license is different from a gaming / sports wagering employee license. Generally, an individual requires a Principal Employee License if they own, control or manage a licensee or otherwise exercise control over a gaming or sports wagering function of a licensee.

FEES AND COSTS**Initial:**

Initial Application fee	\$2,500.00
Initial License fee	\$ 750.00
Background Investigation Deposit	\$2,000.00*
Fingerprint processing fee	<u>\$ 37.25</u>
	\$5,287.25

Renewal:

Renewal License fee	\$ 750.00
Background Investigation Deposit	\$2,000.00*
Fingerprint processing fee	<u>\$ 37.25</u>
	\$2,787.25

***Background investigation costs:**

A \$2,000 Background Investigation Deposit is required at the time an Applicant files a Principal Employee License Application. If the Commission exhausts the deposit prior to completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Commission. Conversely, the Applicant will be refunded any unused portion of this fee once the investigation concludes. All fees must be paid in full before a license may be issued.

TERM OF LICENSE, RENEWAL OF A LICENSE**Term:**

A Maryland Principal Employee License is valid for five years.

Renewal process:

The Commission may renew the Principal Employee License, if the licensee:

- Submits an application for renewal to the Commission at least 6 months before the employee's license expires; (COMAR 36.03.02.12; COMAR 36.10.06)
- Continues to comply with all licensing requirements and establishes by clear and convincing evidence, that they meet applicable license qualification requirements (COMAR 36.03.02.12; COMAR 36.10.06);
- Submits to a background investigation (COMAR 36.03.02.12; COMAR 36.10.06);
- Reimburses the Commission for all costs associated with the background investigation (COMAR 36.03.02.12; COMAR 36.10.03); and
- Pays the license renewal fees and costs. (COMAR 36.03.02.12; COMAR 36.10.03).

REMITTANCE OF FEES AND COSTS**Notice Regarding Required Fees:**

An Applicant is required by the Gaming Law and Sports Wagering Law to submit a payment to the Commission for the application and licensing fees *at the time the application is submitted to the Commission*. If an applicant fails to submit the required payment, the Commission may determine that an Applicant has submitted an incomplete and inaccurate application, and may deny the application.

Note: License and application fees, made payable to “*Maryland Lottery and Gaming Control Agency*” are due at the time of application. These fees are **non-refundable**. (COMAR 36.03.02.01; COMAR 36.10.02).

Payment Submission Process:

Licensed Casinos, Manufacturers, Contractors, Facilities, and Operators (hereinafter “Licensee”) establish procedures for the submission of Principal Employee License applications. Typically, the Licensee’s Compliance Office or Human Resource Office oversees the Principal Employee License application submission process.

The Licensee is required to designate or assign at least one employee who will be responsible for the licensing process, which will include the submission of payments. The Maryland Lottery and Gaming Control Agency’s Licensing Division will authorize the designated employee(s) to perform certain tasks within the 'eLicensing' system, such as uploading of documents, entering information and submitting payments to the Commission.

Step 1:

When the Principal Employee License Applicant completes the application, the Licensee’s designated employee is to prepare the application for submission to the Commission. The Licensee’s designated employee is required to submit a payment via option ‘A’ or ‘B’ in a timely manner, pursuant to Maryland’s Gaming Law and Sports Wagering Law; however, the Applicant is ultimately responsible for the fees due to the Commission.

A. The payment may be submitted directly to the Licensing Division in the form of a:

- a. Business Check;
- b. Cashier’s Check; or a
- c. Money Order (**no** personal checks).

The Business Check, Cashier’s Check or Money Order must be sent to:

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

B. The payment may be submitted via a Wire Transfer:

Bank Name:	Wells Fargo Bank, N.A.
Bank Address:	420 Montgomery Street, San Francisco, CA 94104
Account Name:	Maryland State Lottery
ABA Routing Number:	121000248
Swift Code:	WFBIU6S
Account Number:	4928823376

Step 2:

The Licensee’s designated employee is **required** to send an email to the Licensing Division (gaming.services@maryland.gov), entitled “Payment Notification.”

The email must notify the Commission of the following:

- a. The Batch Number (or Batch Numbers if payment is being made for multiple applicants);
- b. The name of the gaming or sports wagering company;
- c. The type of application the designated individual is submitting;
- d. If the designated employee is submitting payment for more than one application, the types and numbers of each application submitted; and
- e. The certified / bank check, money order or wire transfer number.

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Note: Some Exhibits and all Required Documents **must** be uploaded into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

SECTION A - IMPORTANT NOTICES

- A.1** 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.
- A.2** A Maryland Principal Employee License is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this application or in addition to that which is provided in response to this application may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s expense.
- A.3** You **must** make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement during the application process or throughout the entire term of any licensure of the Commission, as set out in the Gaming Law or Sports Wagering Law, may result in the denial of the application or revocation of any license issued, and may subject you to civil and/or criminal penalties.
- A.4** The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the Gaming Law and Sports Wagering Law and the posting of a bond that may be required by the Commission. The application will not be processed until the fees are submitted.
- A.5** The Applicant is under a continuing duty to **promptly** disclose any changes in the information provided in the application, as well as, all changes to any of the materials submitted in connection with this Application. The duty to make such additional disclosures shall continue throughout any period of licensure.
- A.6** The Applicant shall **promptly** provide written notification to the Commission of any corrections or changes to this application once submitted, and to any of the materials submitted in connection with this Application. The duty to notify the Commission of any changes or corrections shall continue throughout any period of licensure.

- A.7** If an Applicant is issued a license by the Commission, the licensee has a continuing duty throughout any period of licensure to conform to all of the information contained in their application and to meet all licensing requirements.
- A.8** If the Applicant is issued a license by the Commission, the licensee will have a continuing duty throughout any period of licensure, to inform the Commission of an act or omission that the licensee knows or should have known constitutes a violation of Gaming Law or Sports Wagering Law.
- A.9** A violation of the Gaming Law or Sports Wagering Law may result in the Commission taking enforcement action against a licensee which may include the imposition of penalties or sanctions up to and including revocation of a license. COMAR 36.03.04; COMAR 36.10.08.
- A.10** All notices regarding the application will be sent to the address provided by the Applicant listed in their application. The Applicant must immediately notify the Commission of any change of address.
- A.11** A licensee of the Commission may be required to submit to warrantless searches as stated in the Gaming Law and Sports Wagering Law.
- A.12** All submissions with and for this application become the property of the Commission and **will not** be returned.
- A.13** Once the application has been submitted to the Commission, the Applicant **may not** withdraw its application without the permission of the Commission.
- A.14** The Maryland Lottery and Gaming Control Agency's Licensing and Background Investigations Division is referred to, throughout this application, as the "Licensing Division."

SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Maryland Principal Employee License ("license"). If a business entity that applies for a license is a subsidiary or if a business entity holding a license is to become a subsidiary, each holding company and each intermediary company with respect to the Applicant shall, as a condition of the subsidiary acquiring or retaining a license, provide all the information requested by the Commission.

- B.1** An applicant for a gaming or sports wagering Principal Employee License in the State of Maryland must apply to the Commission electronically via the 'eLicensing' system. Paper applications for Principal Employee License will not be accepted by the Commission.
- B.2** Read each question carefully. Answer each and every question completely. **Do not leave blank spaces.** If a question does not apply, write "Does not apply" or "N/A." If the correct answer to a particular question is "None," write "None."
- B.3** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Commission to deny the application, or to suspend or revoke the license.

- B.4** All required documentation **must** be uploaded into ‘eLicensing’ system at the time of submitting this Application on the Applicant Case Checklist Item page.
- B.5** An Applicant should clearly identify those portions of their application that they deem to be confidential, proprietary commercial information, trade secrets, or confidential financial information of the Applicant and provide justification of why such materials may not be disclosed by the Commission pursuant to a request made under the Public Information Act (“PIA”), Title 4, Subtitle 3, General Provisions Article, Annotated Code of Maryland (“GP”). An Applicant’s blanket statement that its entire application is “confidential” is unacceptable. Confidential information supplied by the Applicant shall be used in the ordinary course of processing an application and evaluating the qualifications of an Applicant.
- Applications may be subject to partial disclosure pursuant to a request under the PIA. When the Commission receives a PIA request, Staff will collect and review all records that are responsive to the request. The Commission will notify an Applicant of a request made under the PIA and will consider the Applicant’s views as to whether the requested information is exempt from disclosure under the PIA. The Commission will make a determination as to whether the information may be disclosed.
- B.6** The Commission may request additional financial and other information as needed.
- B.7** The license and application fees described in the “Fees and Costs” section of this Application and authorized by COMAR are non-refundable. COMAR 36.03.02.01; COMAR 36.10.02. 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 either through a deposit or promptly upon Licensee’s receipt of an invoice. The Commission cannot issue a license until all fees are paid.

SECTION C - PRINCIPAL LICENSE APPLICATION FORM

The form and electronic submission related to a Principal Employee License is as follows:

- ☐ **Principal Employee License Application (Form -1004)** - An individual who is a Principal Employee of an Applicant for a gaming or sports wagering license or a Principal Employee of a Licensee **must** submit a Principal Employee License application to the Commission. Principal Employee License Applications are submitted to the Commission **electronically** via the ‘eLicensing’ system. Paper applications for Principal Employee Licenses **will not** be accepted by the Commission.

SECTION D - DEFINITIONS

Refer to the list of Definitions in the Gaming Law in COMAR 36.03.01 and the Sports Wagering Law in COMAR 36.10.01, which are applicable to all gaming and sports wagering applications. Additional resources for gaming applications; instant bingo license applications; and sports wagering license applications are available on the Maryland Lottery and Gaming Control Agency’s website: <https://www.mdgaming.com/licensing/>.

SECTION E

EXHIBITS

Principal Employee Application and Personal History Disclosure Form

APPLICATION CHECKLIST

Note: Use this checklist to indicate with an “X” that the exhibit is attached with this Application. All attachments are **mandatory**.

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 these directions, the Application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE “X” WHEN COMPLETED, or “Not Applicable” and state why
1	Applicant Information	
2	Photograph	
3(a)	Family/Social Information – Marriage(s)	
3(b)	Family/Social Information – Domestic Partner(s)	
3(c)	Family/Social Information – Civil Union(s)	
3(d)	Family/Social Information – Children, Dependents, and Supported Persons	
3(e)	Family/Social Information – Sibling(s)	
4	Educational Information	
5	Military Service Information	
6	Offices and Positions	
7	Gaming or Sports Wagering Business Entity Information	
8	Employment History, Fiduciary Positions Held and Licensing Information	
9	Civil, Criminal and Investigatory Proceedings	
10	Financial Information	
11	Miscellaneous Questions	
12	Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling	
13	References	
14	Federal, State and Foreign Tax Returns	
15	Authorization for Release of Information	
16	Affidavit of Individual Applicant	
17	Acknowledgement and Disclosure	
18	Acknowledgment of FBI Privacy Statement and Right to Challenge Information	
19	Military Records Form	
20	Request for Transcripts of Federal Tax Returns	
21	List of Required Documents	

Note: Some Exhibits and all Required Documents **must** be uploaded into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

Exhibit 1

Applicant Information

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Mailing Address Line 1		Mailing Address Line 2					
City		State/Province		Postal Code			
Home Address Line 1 (If Different than Mailing)		Home Address Line 2					
City		State/Province		Postal Code			
Home Phone		Business Phone		Cell Phone		Email Address	
Date of Birth	Social Security Number		U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		*If "NO" attach details and indicate Alien Registration Number here:		

List Other Name(s)

Have you been known by any other name(s)? ☐ YES ☐ NO. If "YES," list all other names below and state the dates of use for each name. Include Maiden Names, Aliases, Nicknames, and other name changes, legal or otherwise.

Last Name or Nickname	First Name	Middle Name	Suffix (Jr., Sr. etc.)	From Date/To Date

List all addresses where you have lived during the last 15 years.

Street and Number	City/State/Zip	From: Mo/Yr	To: Mo/Yr

Applicant Descriptive Information				
Sex	Color of Eyes	Color of Hair	Height (Feet and 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"/> White <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.		
Have you ever been issued a passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If, "YES," please complete the following:				
Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

Exhibit 2 Photograph

The Applicant must upload a **passport** quality color photograph on the Applicant Information page. The photograph of the Applicant, must be:

- Of the Applicant, **alone**;
- In front of a plain, light colored background;
- In street attire, without a hat, head covering, or dark glasses;
- In color;
- Clearly focused;
- With a full front view of the Applicant's face;
- Recent (taken within the last six months);
- Presents a good likeness of the Applicant; and
- Is 2 x 2 inches (max. 3 x 3 inches) in size.

The image size measured from the bottom of the Applicant's chin to the top of the Applicant's head (including hair) should not be less than 1 inch and not more than 1-3/8 inches.

Photographs retouched so that the Applicant's appearance is changed are not acceptable.

The photograph of the Applicant, **Exhibit 2**, **must** be uploaded into 'eLicensing' system on the Applicant Information page by a designated eLicensing Administrator.

Exhibit 3(a)
Family/Social Information – Marriage(s)

Current Spouse				
Name (Last, First, Middle)		Date of Birth		Date of Marriage
Address				
City		State		Postal Code
Jurisdiction of Marriage:			Place of Birth:	
Maiden Name:			Phone Number	
Previous Marriage(s)				
Name of Former Spouse (Include Maiden Name)	Date of Marriage	Date of Birth of Former Spouse	Jurisdiction of Marriage and Divorce/Annulment	Present Address of Former Spouse

Exhibit 3(b)
Family/Social Information – Domestic Partner(s)

<u>Present and former domestic partner(s) – Provide name, date of birth, phone number and occupation of each domestic partner, beginning with the most recent.</u>			
Name (Last, First, Middle)		Date of Birth	
		Present or Former Partner (indicate one)	
Address 1			
Address 2			
City		State	
		Postal Code	
Occupation		Phone Number	
Name (Last, First, Middle)		Date of Birth	
		Present or Former Partner (indicate one)	
Address 1			
Address 2			
City		State	
		Postal Code	
Occupation		Phone Number	

Exhibit 3(c)
Family/Social Information – Civil Union(s)

Present and former civil union(s) – Provide civil union date, jurisdiction where the civil union occurred, and partner's name, date of birth, place of birth, home address, phone number and occupation.

Date of Civil Union	Date of Dissolution	Jurisdiction Where the Civil Union Occurred:
Name of Partner (Last, First, Middle, Pre-union)	Partner's Occupation	
Date of Birth (Month, Day, Year)	Place of Birth (City/Town, County, State/Province, Country)	
Home Address (City/Town, County, State/Province, Country, Postal Code)		Phone Number

Date of Civil Union	Date of Dissolution	Jurisdiction Where the Civil Union Occurred:
Name of Partner (Last, First, Middle, Pre-union)	Partner's Occupation	
Date of Birth (Month, Day, Year)	Place of Birth (City/Town, County, State/Province, Country)	
Home Address (City/Town, County, State/Province, Country, Postal Code)		Phone Number

Exhibit 3(d)
Family/Social Information – Children, Dependents, and Supported Persons

List the name, date of birth, birth place, and address of each child, step-child and adopted child and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

Name	Date of Birth	Birth Place	Address (No., Street, Apt., City, State, Country, Zip Code)	Amount of Support

Please mark the appropriate response regarding your child support obligations:

- ☐ I am not subject to a court order for the support of a 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.

Identify the public agency/court responsible for enforcing the child support order (if applicable):

Public Agency/Court Name	Address	Contact Person and Phone Number

List names, dates of birth, residence addresses, phone numbers, and most recent occupation of parents, parents-in-law, former parents-in-law, or legal guardians, living or deceased. If retired or deceased, list the last address and occupation:

Name (Include Maiden)	Date of Birth	Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code)	Phone Number	Occupation
Father:				
Mother:				
Father-in-law:				
Mother-in-law:				
Former Parents-in-law*:				
* For former parents-in-law, only provide names				

Exhibit 3(e)
Family/Social Information – Sibling(s)

List names, dates of birth, residence addresses, phone numbers, and the most recent occupation of brothers and sisters and their respective spouses. If retired or deceased, list the last address and occupation:

Name (Include Maiden)	Date of Birth	Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code)	Phone Number	Occupation
Sibling: Spouse:				
Sibling: Spouse:				
Sibling: Spouse:				

Exhibit 4
Educational Information

Beginning with secondary school (high school), provide the information listed below with respect to each school, training program, college, graduate or post graduate school you have attended.

Dates		Name and Address of School, Training Program, Etc.	Description of Education Program	List Any Degree or Certification Attained	Graduated Yes or No
From: (Mo/Yr)	To: (Mo/Yr)				

Exhibit 5
Military Service Information

1. Have you ever served in a military organization of any country, or been an active or inactive member of a reserve force of any country? ☐ YES ☐ NO

If “YES,” provide the following information:

Country of Service:	Branch of Service:		
Service Serial #:	Highest Rank Held:		
Period(s) of Active Service	To	From	

2. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s). Upload a copy of your military records* into the ‘eLicensing’ system on the Applicant Case Checklist Item page. If you were in the Reserves, please upload a copy of your discharge papers.	
Date of Discharge/Separation	Type of Discharge(s)

* In the United States, a **Certificate of Release or Discharge from Active Duty** is a military record and is referred to as a **DD214**. If you have served in the U.S. Military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of the official documentation that was provided to you at the time of your discharge.

3. Have you ever been tried by military court martial or have you had charges† filed against you? ☐ YES ☐ NO

If “YES,” complete the following:

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization That Filed Charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

† Charges filed against you by the military authorities in any country would fall under the code of military justice applicable to that jurisdiction. In the United States, this includes any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain’s mast, company punishment, etc.)

This **Exhibit 5** and any required records **must** be uploaded into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

Exhibit 6 **Offices and Positions**

1. List all offices, trusteeships, directorships or fiduciary position (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity in the last ten years. List the most recent first, then list in reverse chronological order.

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 in the last ten years. List the most recent first, then list in reverse chronological order.

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

Exhibit 7 **Gaming or Sports Wagering Business Entity Information**

(Information concerning the Licensee or applicant where you are a Principal)

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 and Doing Business As ("d/b/a") names.

Principal Address of Business

Address Line 1

Address Line 2

City

State

Postal Code

Mailing Address Line 3 (if different from above)

Address Line 4

City

State

Postal Code

Phone Number

Fax Number

Web Site Address

Applicant's Association with Business Entity

Name of Business in which I am a Principal

Explain your role within the Business Entity: Include your job title and description of duties.

Exhibit 8**Employment History, Fiduciary Positions Held, and Licensing Information****Casino, Gaming, and Sports Wagering Related Employment History**

1. Have you ever been employed by a casino, a gaming/gambling related company or sports wagering/sports betting related company in any jurisdiction? ☐ YES ☐ NO

For reference, casino, gaming/gambling related company and sports wagering/sports betting related company includes, but is not limited to any form or type of casino, gaming or sports wagering operator, any manufacturer of gaming or sports wagering equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, and Internet gaming.

Name of Gaming or Sports Wagering Related Company and Country / State Where You Were Employed	Mailing Address, and Telephone Number of Employer(s)	Dates		Title/Position Held and Description of Duties	Name of Supervisor	Explain Circumstances for Leaving and Provide Compensation at Departure
		From: (Mo/Yr)	To: (Mo/Yr)			

General Employment History

2. Provide the information regarding your employment for the last twenty (20) years or from age 18, whichever is fewer years. Begin with your current job, then list in reverse chronological order. Provide dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino, gaming, or sports wagering related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the gaming or sports wagering 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	Explain Circumstances for Leaving and Provide Compensation at Departure
From: (Mo/Yr)	To: (Mo/Yr)				

3. With regard to the employment listed in question No. 2 to this Exhibit 8:

a. Were you ever discharged, suspended or asked to resign from employment? ☐ YES ☐ NO

b. During the last ten years, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? ☐ YES ☐ NO

If "YES" to either 3a. or 3b., complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

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

Employment History of Spouse or Domestic Partner

4. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the last twelve (12) months. Begin with their current employer.

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

Trustee or Fiduciary Officer

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

If "YES," complete the following chart:

Dates		Capacity	Nature of Trust or Other Office	Income Received	For Whom Held
From: (Mo/Yr)	To: (Yr/Mo)				

6a. Have you, or your spouse or domestic partner, ever sought and been denied a position as a trustee or other fiduciary officer? ☐ YES ☐ NO

6b. Have you, or your spouse or domestic partner, ever been suspended or removed from a position as a trustee or other fiduciary officer? ☐ YES ☐ NO

If "YES," to either 6a. or 6b., complete the following chart:

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

Professional and Occupational Licenses, Permits, and Certifications

7. Have you, or your spouse or domestic partner, ever made application for, or held, any NON-GAMING or NON-SPORTS WAGERING 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 licenses).

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

☐ YES ☐ NO

If "YES," to question no. 7., 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)		

8. With regard to the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question, no. 7 to this Exhibit 8, have any ever been denied, suspended, revoked or subject to any conditions in any jurisdictions?

☐ YES ☐ NO

If "YES," complete the following chart as to each denial, suspension, revocation or conditions:

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

License, Permits, and Certificates of Other Entities Where Interest Is Held

9. 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 ever 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 as to each denial, suspension or revocation:

Name of Entity	Position Held by You, Spouse, 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

Other Entities Where 5% or More Interest Held

10. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the last twenty (20) years, or since the age of 18, whichever is fewer years. (Do not include publicly traded corporations in which you owned stock.)

Dates		Name & Address of Business	Current Status of Business	% 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)						

License, Permits, Registrations in Other Jurisdictions

11. Have you, your spouse or domestic partner ever 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 or sports wagering/betting related operation (including any manufacturer of gaming/gambling equipment, manufacturer of sports wagering/betting equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, Internet gaming, etc.), or alcoholic beverage operation in any jurisdiction?

You must answer "YES" to this question if you have ever applied and your application was granted, denied, returned to you by the gaming agency or sports wagering/betting 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 operation, sports wagering/betting related operation, or alcoholic beverage operation application, license, permit, registration, finding or suitability, qualification or other authorization identified in the previous question no. 11, were you, your spouse or domestic partner ever 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

If "YES," complete the following chart:

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

Financial or Ownership Interest in Entities that Have Applied to a Licensing Agency in Other Jurisdictions

13. To the best of your knowledge, in the last twenty (20) years or since the age of 18, whichever is fewer years, have you 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 or sports wagering/betting related operation (including any manufacturer of gaming/gambling equipment, manufacturer of sports wagering/betting equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, Internet gaming, 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

- 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, gaming/gambling related operation, or sports wagering/betting operation as defined in the previous question no. 13 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, Sports Wagering/Betting or Alcoholic Beverage Business and Address	Business Telephone

Exhibit 9
Civil, Criminal and Investigatory Proceedings

IMPORTANT:

The Commission **will investigate** to establish whether the individuals, subsidiaries, and affiliates listed in this application have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant's character, honesty and integrity.

This section asks about any arrests, offenses or charges against "you," which means the Applicant, the Applicant's Spouse or Domestic Partner and the Applicant's Children.

Prior to answering this question, carefully review the DEFINITIONS and INSTRUCTIONS.

DEFINITIONS: For purposes of this section **ONLY:**

- 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" includes all sports wagering/sports betting, gaming and gambling offenses in any jurisdiction except juvenile court. "Offense" also includes all driving-related charges or offenses that carry any period of incarceration. Examples include: Driving Under the Influence; Driving While Intoxicated; Driving While Suspended; Driving While Revoked; Fleeing and Eluding; Falsified Registration Plates; and False Reports.

INSTRUCTIONS:

- 1) **Answer "Yes"** and provide ***all*** information to the best of your ability **EVEN IF:**
 - a) You did not commit the offense charged;
 - b) The charges were dismissed or downgraded to a lesser charge;
 - c) You completed a pretrial intervention or other rehabilitation or diversionary program;
 - d) You were not convicted;
 - e) You did not serve any time in a correctional facility;
 - f) The charges or offenses happened a long time ago; or
 - g) You were not arrested for the charge.

- 2) **Answer "No"** if:

- a) You have never been charged with or arrested for any crime or offense;
- b) You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court; or
- 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.

Question:

- Has the Applicant;
- Has the Applicant's Spouse;
- Has the Applicant's domestic partner; or
- Have any of the Applicant's children ever been indicted, arrested, charged with, or convicted of, a criminal offense, gambling offense, gaming offense, sports wagering offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

☐ Yes ☐ No

If "YES," use the chart below to provide information concerning criminal history.

Arrests and Charges

1. As defined above, has the Applicant; the Applicant's Spouse; the Applicant's domestic partner; or any of the Applicant's children ever been arrested or charged with any offense in any jurisdiction? ☐ YES ☐ NO

If "YES," complete the following chart:

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

Criminal Indictment, Information, or Complaint Filed

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

If "YES," complete the following chart:

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

Subject of an Investigation

3. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body in any jurisdiction other than in response to minor traffic related offenses? ☐ YES ☐ NO

If "YES," complete the following chart:

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

Testimony, Questioned, Interviews, Depositions and Polygraphs

- 4a. Have you ever 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 in any jurisdiction other than in response to minor traffic related offenses? ☐ YES ☐ NO
- 4b. Have you ever 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 Proceedings or Investigation	Was Testimony or Polygraph Given?	Date on which Testimony or Polygraph was Given	Approximate Time Period of Investigation

Pardon, Dismissal, Suspension or Deferred Investigation

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

If "YES," complete the following chart:

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

Arrests and Charges of Applicant's Spouse, Domestic Partner, and Children

6. Has your spouse, domestic partner, children, step-children or adopted children ever been arrested or charged with any offense in any jurisdiction? ☐ 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)

Party to Litigation or Arbitration as an Individual, Member or Owner

7. In the past fifteen (15) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation:

- a. Ever been a party to a lawsuit, as either a plaintiff or defendant; or
b. Ever been a party to 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

Party to Litigation, Arbitration, or Arbitration through Association with Entity

8. In the past fifteen (15) years, 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)

Cited, Charged, or Formally Accused of a Violation of Statute, Regulation or Code

9. In the past fifteen (15) years, other than a criminal, summary or motor vehicle offense, have you been cited or charged with, or formally accused of any violation of a statute, regulation or code of any jurisdiction?

☐ YES ☐ NO

If "YES," complete the following chart:

Governmental Agency/Organization	Nature of Charge	Date	Disposition

Excluded from Casino, Gaming or Sports Wagering Operation

10. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino, gaming/gambling related operation, or sports wagering/betting operation in any jurisdiction?

(Check "YES" even if you are no longer barred or excluded)

☐ YES ☐ NO

If "YES," complete the following chart:

Regulatory Agency, Casino, or Gaming or Sports Wagering Entity	Date of Exclusion	Explain the Circumstances for Exclusion

Exhibit 10
Financial Information

Ownership or Financial Interest in Licensee or Applicant

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.

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

Liens and Debts

2. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens or 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 or Debt	When Filed	Where Filed	Current Status

Personal Bankruptcy Filings

3. Have you personally ever 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

Bankruptcy Filings of Entities Where Applicant Holds an Interest

4. In the last twenty (20) years or since the age of 18, whichever is fewer years, 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, 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 Filing Party	Name and Address of Trustee

Liquidation, Receivership or Monitoring

5. 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," 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

Garnishments

6. In the last ten (10) years, have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or something similar? ☐ 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 the Holder of the Obligation

Repossession

7. In the last ten (10) years, 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	Explain Circumstances for Repossession

Executor or Beneficiary of Trusts and Estates

8. During the last ten (10) years, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
- c. A settler/grantor, beneficiary or trustee of any trust? ☐ YES ☐ NO

If "YES," complete the following chart as to each trust and estate:

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

Trusts Held by Applicant

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 no. 8.) ☐ 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

Trusts Held or Managed for Others

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:

Description of Trust	Location of Trust	Names of Other (s) with Interest in Trust

Bank Accounts Outside Applicant's Country of Residence

11a. Please state your country of residence _____.

11b. During the last ten (10) years, 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.? ☐ YES ☐ NO

If "YES," 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 Account
From: (Mo/Yr)	To: (Mo/Yr)				

Assets and Liabilities Outside Applicant's Country of Residence

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. (excluding foreign bank accounts identified in 11b. above)?

☐ YES ☐ NO

If "YES," complete the following chart:

Description of Asset/Liability	Location of Asset/Liability

Loans in Excess of \$25,000

13. In the last ten (10) years, have you, your spouse or 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

Loans in Excess of \$10,000

14. In the last ten (10) years, have you, your spouse or 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

Exchanged Currency in Excess of \$10,000

15. In the last ten (10) years, have you individually ever 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

Brokerage and Margin Accounts

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

Claims in Excess of \$100,000

17. In the last ten (10) years, have you, your spouse or 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

Gifts in Excess of \$10,000

18. In the last five (5) years, have you, your spouse or 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 as to each gift:

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

Safe Deposit Boxes

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 the Safe Deposit is Located	Name(s) in which Account(s) or Safe Deposit Box(es) Held	Type of Account	Account No. or Safe Deposit Box No.

Referral or Finder's Fee in Excess of \$10,000

20. In the last ten (10) years, or since the age of 18, whichever is fewer years, 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

Guarantee, Co-signed, or Insured Financial Obligations

21. In the last ten (10) years or since the age of 18, whichever is fewer years, 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

NET WORTH STATEMENT – ASSETS AND LIABILITIES

Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or domestic partner, or dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

Please list all liabilities of you, your spouse or domestic partner, and dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

ASSET	Cost at Date Acquired or Purchased (A)	Current Market Value (B)	Special Valuation Date, If Any	LIABILITY	Original Amount of Liability (C)	Amount Outstanding (D)
1. Cash a) On Hand		a)		10. Notes Payable (Schedule I)		
b) In bank (Schedule A)		b)				
2. Loans, Notes and Other Receivables (Schedule B)				11. Loans and Other Payables (Schedule J)		
3. Securities (Schedule C)				12. Taxes Payable (Schedule K)		
4. Real Estate Interests (Schedule D)				13. Mortgages or Liens on Real Estate (Schedule L)		
5. Cash Value Life Insurance (Schedule E)				14. Loans Against Insurance/Pensions (Schedule M)		
6. Cash Value Pension/ Retirement Funds (Schedule F)				15. Other Indebtedness (Schedule N)		
7. Furniture and Clothing (Reasonable Estimate)				TOTAL LIABILITIES		
8. Vehicles (Schedule G)				NET WORTH Total Assets (From Column B) less		
9. Other (Schedule H)				Total Liabilities (From Column D)		
TOTAL ASSETS				16. Contingent Liabilities (Schedule O)		

NOTE: Complete the financial statements on pages 34 through 41 and copy the totals in the appropriate spaces.

Date of Statement:

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.

Name:

Address:

Phone:

SCHEDULE "A" – CASH IN BANK

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or domestic partner, or dependent children. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person (s) and Tax Identification Number(s) Appearing on Account	Account Number	Interest Rate (%)	General Nature of Account	Date of Balance	BALANCE
						\$
						TOTAL CURRENT BALANCE (Enter this figure in item 1a, column B on page 33.)

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

List below all loans, notes and other receivables held by you, your spouse or domestic partner, or dependent children.

Check If Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Debtor	Interest Rate (%)	ORIGINAL LOAN AMOUNT	Original Date of Loan/Note Receivable	Total Payments	Date Due	Nature of Advance and Nature of Security, If Any (Indicate If Unsecured)	CURRENT BALANCE
			\$					\$
			TOTAL ORIGINAL LOAN AMOUNTS(S) (Enter this figure in item 2, column A on page 33.)					TOTAL CURRENT BALANCE (Enter this figure in item 2, column B on page 33.)

SCHEDULE "C" – SECURITIES

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse, domestic partner or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or domestic partner, or dependent children have knowledge of what securities are so held.

INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*).

Check if Held by Spouse or Domestic Partner, or Dependent Child	Number of Securities or Contracts Held	Type of Security	Name of Issuing Company or Government Agency/Organization	Market Value at Time of Acquisition	DATE OF AND PRICE AT PURCHASE	% or Ownership if Greater Than 5%	Registered Owner	Date of Valuation	CURRENT MARKET VALUE
					\$				\$
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A on page 33.)				TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B on page 33.)

SCHEDULE "D" – REAL ESTATE INTERESTS

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse or domestic partner, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Address Parcel/Lot Number	Lot Size/Stand No./Square Footage of Building	Type of Property	Date Acquired/Down Payment	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	PURCHASE PRICE OF % OWNED	Monthly Rental Income, If Any	ESTIMATED MARKET VALUE OF % OWNED
						\$		\$
					TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 33.)			TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 33.)

SCHEDULE "E" – CASH VALUE – LIFE INSURANCE

Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or domestic partner, or dependent children.

Check If Held by Spouse or Domestic Partner, or Dependent Child	Date Purchased	Insurance Carrier Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	CASH SURRENDER VALUE	Effective Date of Cash Surrender Value
						\$	
						TOTAL CASH SURRENDER VALUE (Enter this figure in item 5, column B on page 33.)	

SCHEDULE "F" – CASH VALUE – PENSION/RETIREMENT FUNDS

Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you, or your spouse or domestic partner.

Check if Held by Spouse or Domestic Partner	Type of Fund	Type of Securities Held and Account Number, If Any	Employer/ Institution	CUMULATIVE EMPLOYEE CONTRIBUTION	Cumulative Employer Distribution	CURRENT CASH VALUE	Effective Date of Cash Value
				\$		\$	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A on page 33.)		TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B on page 33.)	

*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

SCHEDULE "G" – VEHICLES

Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or domestic partner, or dependent children.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Type of Vehicle	Specify if Owned or Leased*	Date of Purchase/ Lease	Model Year	Make/Model of Vehicle	COST†	IF OWNED, CURRENT MARKET VALUE
						\$	\$
						TOTAL COST OF VEHICLES (Enter this figure in Item 8, column A on page 33.)	TOTAL CURRENT CASH VALUE (Enter this figure in item 8, column B on page 33.)

* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

† If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

SCHEDULE "H" – OTHER ASSETS

List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or domestic partner, or dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Nature of Asset	Date of Acquisition	COST	% of Ownership Interest	Date Of Valuation	CURRENT MARKET VALUE
			\$			\$
			TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A on page 33.)			TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B on page 33.)

SCHEDULE "I" – NOTES PAYABLE

List below the information requested with regard to all notes payable for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Creditor	Account Number, If Any	Date Incurred	Due Date	Interest Rate (%)	Amount of Periodic Payment/Pay Period	ORIGINAL AMOUNT OF NOTE	Nature of Security, If Any	Total Payments	OUTSTANDING AMOUNT OF LIABILITY
							\$			\$
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in item 10, Column C on page 33.)			TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in item 10, column D on page 33.)

SCHEDULE "J" – LOANS AND OTHER PAYABLES

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or domestic partner, or your dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Creditor	Account Number, If Any	Date Opened or Incurred	Due Date	Interest Rate (%)	Nature of Account	ORIGINAL AMOUNT OF LIABILITY	Nature of Security, If Any	Total Payments	CURRENT AMOUNT OUTSTANDING
							\$			\$
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C on page 33.)			TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D on page 33.)

SCHEDULE "K" – TAXES PAYABLE

List below the information requested with regard to all taxes payable for which you, your spouse or domestic partner, or dependent children are obligated. Only real estate and income taxes need to be included.

Check if Held by Spouse or Domestic Partner or Dependent Child	Taxing Authority	Nature of Tax	DATE AND AMOUNT OF ORIGINAL OBLIGATION	Fines, Penalties and Interest, If Any	TOTAL AMOUNT DUE
			\$		\$
			TOTAL ORIGINAL TAX OBLIGATION (Enter this figure in item 12, column C on page 33.)	TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D on page 33.)	

SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	ORIGINAL AMOUNT OF LIABILITY	Description/ Address of Real Estate	Term of Mortgage/Interest Rate (%)	Amount of Periodic Payment/ Pay Period	CURRENT MORTGAGE BALANCE
				\$				\$
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C on page 33.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D on page 33.)

SCHEDULE "M" – LOANS AGAINST INSURANCE/PENSION PLANS

List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or domestic partner, or dependent children.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Insurance Carrier/ Pension Plan	Purpose of Loan	ORIGINAL AMOUNT OF LOAN	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	CURRENT LOAN BALANCE
			\$				\$
			TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in item 14, Column C on page 33.)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D on page 33.)

SCHEDULE "N" – ANY OTHER INDEBTEDNESS

List below the information requested with regard to any other indebtedness for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, If Any	Due Date	Amount of Periodic Payment/ Pay Period	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$	\$
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C on page 33.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D on page 33.)

SCHEDULE "O" – CONTINGENT LIABILITIES

List below the information requested with regard to all contingent liabilities for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Contingent Creditor	Date Incurred	Account Number	Primary Debtor	Description of Obligation Including Nature of Security, If Any	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$	\$
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C on page 33.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D on page 33.)

Exhibit 11

Miscellaneous Questions

Student Loan Default

1. Is Applicant 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:	County:	State:	Zip:
Account/Loan Number:		Outstanding Amount of Liability:		

Delinquent Taxes

2. Is Applicant currently delinquent in the filing of any state or federal taxes 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:

Name of Taxing Authority:

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

Regulatory Enforcement Action on Gaming or Sports Wagering License

3. Has your gaming/gambling or sports wagering/betting 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:

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

Potential Conflict Disclosure – State Employees, Members and Agents

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

If "YES," provide the following information about the individual with whom you have a personal or business relationship.

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

Disclosure – Casino, Gaming and Sports Wagering Incentives

5. Has the Applicant ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino, gaming/gambling related operation, or sports wagering/betting related operation including any referral, finder's or consulting fee? (Exclude employment)

☐ YES ☐ NO

If "YES," complete the following chart:

Name of Persons involved:

Address of Person involved:

City:

County:

State:

Zip:

Dates received:

Amount(s)

Reasons for remuneration:

Exhibit 12

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

Illegal Drug Use

1. Do you currently engage in the illegal use of drugs, or have you ever been arrested for such use?

☐ YES ☐ NO

If "YES," please explain below with a detailed explanation (dates, jurisdictions, etc., as applicable, for full explanation).

Alcohol Use

2. The use of alcohol by licensees may be prohibited in a casino, sports wagering facility, or a sports wagering operation and any use of alcohol that adversely affects job performance or one's conduct maybe the basis for disciplining a gaming or sports wagering employee or revocation or suspension of a gaming or sports wagering license. Does this present a problem for you?

☐ YES ☐ NO

If "YES," explain below with a detailed explanation.

Compulsive Gambling and Voluntary or Involuntary Exclusion

3. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any casino, gaming/gambling facility or a sports wagering/betting facility?

☐ YES ☐ NO

If "YES," please explain with a detailed explanation listing the jurisdiction, if applicable.

Exhibit 13 **References**

Provide the name, address, etc., of three (3) references. Each reference must:

- be at least 18 years of age,
- have known you for at least one year, and
- can attest to your good character and reputation.

Family members MAY NOT be listed as a reference. For the purpose of this form “family member” means spouse, domestic partner, parent, grandparent, child, grandchild, sibling, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law, or any other individual related by blood, marriage, or adoption.

Reference #1 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (e.g.: friend, neighbor, co-worker, etc.)		

Reference #2 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (e.g.: friend, neighbor, co-worker, etc.)		

Reference #3 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (e.g.: friend, neighbor, co-worker, etc.)		

Exhibit 14
Federal, State and Foreign Tax Returns

Applicant Tax History

Year of Last Federal Tax Return Filed		Period Covered
Year of Last State Tax Return Filed	Period Covered	State of Filing

For the last five (5) years provide:

- 1) A copy of each tax return filed by you;
- 2) A copy of each IRS form filed with or concerning that tax return that was filed by you; and
- 3) All IRS schedules filed by you.

If you and your spouse or domestic partner did not file joint returns at any time in the last five (5) years, please provide and attach your spouse's or partner's tax returns.

Upload documentation into the 'eLicensing' system on the Applicant Case Checklist Item page.

Audited or Adjusted Tax Returns

1. Have your tax returns ever been audited or adjusted? ☐ YES ☐ NO

If "YES," for which tax year did it occur and describe the outcome.

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Failure to File Taxes

2. Have you ever failed to file a federal, state or foreign tax return? ☐ YES ☐ NO

If "YES," for which tax year did it occur and describe the reason for your failure to file.

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Taxes Filed Outside of the U.S.

3. Have you or your spouse ever filed any type of tax return or the equivalent in a jurisdiction outside the United States in the last five (5) years? ☐ YES ☐ NO

If "YES," provide the information requested below. Provide a copy of each tax return filed and include all documentation required by the jurisdiction's tax authority. Upload documentation into the 'eLicensing' system on the Applicant Case Checklist Item page.

Jurisdiction where Filed	Tax Year	Amount of Tax

EXHIBIT 15
Authorization for Release of Information**TO:** _____
(To be completed by the Commission)**FROM:** _____
(Printed Name of Applicant)

I am an applicant for a Principal Employee License in the State of Maryland.

The Maryland Lottery and Gaming Control Commission ("Commission"), and its employees, agents and vendors is required by law to conduct an investigation of an applicant for a Principal Employee License. That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization and Release of Information, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the license application, in the application documents, and any information or documents I may subsequently submit as part of the application process; (2) conduct my background investigation; 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 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____

EXHIBIT 16
Affidavit of Individual Applicant

I, _____ (printed name) am an applicant for a Principal Employee License in the State of Maryland. I have read, and understand, every page of this Application.

To the best of my knowledge, information, and belief, the information that I have provided in, attached to, or otherwise submitted in connection with this Application 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 Principal Employee License, or may result in the Commission imposing sanctions against me, up to and including revocation of my license if I have been issued a license, or denial of a license. I understand that any misrepresentation or omission on this Application may also subject me, and may subject me to civil or criminal liability. I also understand that providing the Commission with false or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license, if one has been granted. I also understand and acknowledge that if I am issued a license, I have an ongoing obligation to comply with all licensing requirements and a duty to promptly notify the Commission if any information that I provided to the Commission changes.

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

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their members, 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 my application for a Principal Employee License.

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____

EXHIBIT 17
Acknowledgement and Disclosure

I understand and acknowledge with my initials and signature the following:

The Maryland Lottery and Gaming Control Commission ("Commission"), through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the license. Initials_____

I am applying for a Maryland Principal Employee License. I cannot be employed in a job that requires this license unless the Commission finds that I meet the legal requirements and qualifications for licensure. I am required to submit correct and accurate information, and I am prohibited from submitting false or misleading information, to the Commission. Failure to disclose any required information will be considered when assessing my character, honesty and integrity, and may disqualify me. Initials_____

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if an applicant meets the eligibility and qualification requirements for licensure. The background investigation will include, but not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness; financial stability; criminal record, record of involvement with law enforcement agencies, as specified in the application, or record of involvement with civil litigation. I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of my rights under federal credit reporting law. Initials_____

Approval for any license issued by the Commission is based on the specific information that I submit to the Commission, whether contained within, attached to, or subsequent to, this application. Changes to any of that information may alter my suitability for licensure. Therefore, I have a continuing obligation for the entire period I am licensed to inform the Commission of any changes to the information that I submit on my application; on any document attached with this application; or to any information or document I submit subsequent to the submission of this application. Changes include, but are not limited to, contact information (physical/email addresses and phone numbers); name changes; gaming or sports wagering sanctions or penalties imposed by any jurisdiction; arrests, charges, or convictions for any offense; or my ability to maintain my credit stability. Initials_____

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a Maryland Principal Employee License. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and for the duration of any Principal Employee License that I may be granted. Initials_____

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____

Exhibit 18**Acknowledgement of Federal Bureau of Investigation (FBI) Privacy Statement
and Right to Challenge Information****FBI Privacy Act Statement:**

This privacy act statement is (also) located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety. (As of 03/30/2018)

Right to Challenge FBI Criminal History Record:

As an applicant, you have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

I understand and acknowledge receipt of the statements contained in this Acknowledgment of FBI Privacy Statement Right to Challenge Information in my FBI criminal history record. I understand that I am permitted a reasonable amount of time to correct or complete my FBI identification record within the process for applying to the Maryland Lottery and Gaming Control Commission in an attempt to obtain a license.

Applicant Signature

Date

Printed Name

Exhibit 19

Military Records Form

Forms and their related submission procedures are periodically updated by the US Government. To ensure that the most current form is utilized, it is recommended that the Applicant visit:

www.archives.gov/veterans/military-service-records/standard-form-180

Instructions for completing SF 180, Request Pertaining to Military Records.

1. If you served in the U.S. Military, complete, sign and date the SF 180, Request Pertaining to Military Records and include the following information in the appropriate space:

Section I – Information Needed to Locate Records

- Complete all blanks and answer all questions.

Section II – Information and/or Documents Requested

- **Item 1** – Check the box requesting an UNDELETED Report of Separation for the years you indicated in Dates of Service of Section I, Item 5.
- **Item 2** – Insert the phrase “Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.”
- **Item 3** – Insert the phrase “This information is necessary in order for the Maryland Lottery and Gaming Control Commission to complete my background investigation.”

Section III – Return Address and Signature

- **Item 1** – Check “Other” and specify “Maryland Lottery and Gaming Control Commission.”
- **Item 2** – Complete and sign with your information

2. Upload the completed document into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (OHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R CS). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release or Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <http://www.archives.gov/st-lou/iss/archival-programs/military-personnel-archival/omgf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL - Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (OHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

Standard Form 180 (Rev. 4/2021) (Page 1)
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Previous edition unusable

OMB No. 3095-0029 Expires 04/30/2024

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	
6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____						
2. _____ 3. _____ 4. _____						
7. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____						
8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES						

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.
- ☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☐ I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- ☒ **Other (Please Specify):** Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.

2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: This information is necessary in order for the Maryland Lottery and Gaming Control Commission to complete my background investigation.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____	2. RELATIONSHIP TO VETERAN: _____
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)	<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) <input checked="" type="checkbox"/> OTHER (Specify): Maryland Lottery and Gaming Control Commission
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)	
MLGCC - Mgr/Licensing and Investigations Division	
Name	
1800 Washington Boulevard, Suite 330	
Street Address	Apt. #
Baltimore	MD 21230
City	State ZIP Code
(410) 230-8800	(410) 230-8857
Daytime Phone	Fax Number
gaming.services@maryland.gov	
Email Address	
5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)	
Signature Required - Do not print	
Date	
* This form is available at http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site. *	

Exhibit 20
REQUEST FOR TRANSCRIPTS OF FEDERAL TAX RETURNS

IVES Request for Transcript of Tax Return, IRS Form 4506-C, Instructions:

The IRS **Form 4506-C** must be executed so that the Commission will be authorized to obtain independent verification of the Applicant's filing of required federal tax returns.

Once the Principal Employee License Application is assigned to the Licensing Division's Financial Investigations Team, a financial investigator will contact the Applicant. The financial investigator will provide the Applicant with specific instructions for the completion of the **Form 4506-C** that will ensure the Commission receives the correct reports.

Please **do not** complete or submit the two **IRS Form 4506-C** forms until the Applicant is instructed to do so by a financial investigator.

Exhibit 21
LIST OF REQUIRED DOCUMENTS

All documentation and information provided by the Applicant is confidential and will become the property of the Maryland Lottery and Gaming Control Commission. No document will be returned so please make certain you retain the original document, unless otherwise specified.

1. Copy of your Birth Certificate: ☐ Attached ☐ Not Applicable
2. Copy of your Social Security card: ☐ Attached ☐ Not Applicable
3. Copy of your Naturalization Certificate: ☐ Attached ☐ Not Applicable
4. Copy (front & back) of your Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.):
☐ Attached ☐ Not Applicable
5. Copy of your Passport: ☐ Attached ☐ Not Applicable
6. Copy (front & back) of your Driver's License or State ID card: ☐ Attached ☐ Not Applicable
7. Official copy of your Driving Record(s) from any State in which you were licensed:
☐ Attached ☐ Not Applicable
8. Copy of your High School Diploma, an official High School transcript, or copy of your G.E.D. certificate:
☐ Attached ☐ Not Applicable
9. Certified copy of college transcripts from all colleges and universities where you have attended. Transcripts must be received in the Institution(s) original envelope, unopened. It is preferred that you request the Institution(s) mail the transcript directly to the MLGCA investigator:
(Original document, mail only) ☐ Attached ☐ Not Applicable

10. Copy of your military DD214 or National Guard NGB 22): ☐ Attached ☐ Not Applicable
11. Request for Military Records, Form 180, completed & signed. **(Original document, mail only)**
☐ Attached ☐ Not Applicable
12. F.B.I. Privacy Waiver and Certification of Identity (completed & signed)
☐ Attached ☐ Not Applicable
13. Copy of any professional license(s) held and documents related to any sanctions:
☐ Attached ☐ Not Applicable
14. Copy of any gaming licenses you hold now or have held in the past and documents relative to any sanctions, fines or suspension:
☐ Attached ☐ Not Applicable
15. Copy of registration for any vehicles, aircraft, or boats: ☐ Attached ☐ Not Applicable
16. Copy of each tax return (Federal, State & Local), each Internal Revenue Service form filed with or concerning that tax return, and all Internal Revenue Service schedules filed by you in the last five (5) years. If you and your spouse did not file joint returns at any time in the last five (5) years, please provide and attach your spouses' tax returns:
☐ Attached ☐ Not Applicable
17. Request for Transcript of Tax Return, Form 4506-C (completed & signed):
(Original document, mail only) ☐ Attached ☐ Not Applicable
18. Letter from each bank on their stationary relative to attesting to all accounts you have signatory authority: **(Original document, mail only)** ☐ Attached ☐ Not Applicable
19. Copy of the last bank statement for each bank account for which you have signatory authority listed on the net worth statement, Schedule (A), and the last brokerage statement for all securities listed on the net worth statement, Schedule (C). (We reserve the right to examine all cancelled checks for an approximate two (2) year period for a selected time frame, if necessary):
☐ Attached ☐ Not Applicable
20. Copy of any Notes Receivable (including receivables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, Schedule (B):
☐ Attached ☐ Not Applicable
21. Copies of mortgage statements for the last three (3) months. Documents and settlement sheets for all real estate properties in which you have an interest. Documentation supporting the fair market value of all real estate listed on the net worth statement, Schedule (D), and outstanding amounts owed on mortgages and liens on real estate listed on the net worth statement, Schedule (L):
☐ Attached ☐ Not Applicable
22. Copy of any Life Insurance Policies that have a cash value and the name(s) of all beneficiaries, reference Schedule (E) on the net worth statement:
☐ Attached ☐ Not Applicable

23. Copy of the last statement relative to all retirement/investment/pension funds including, but not limited to, 401K retirement programs listed on the net worth statement, Schedule (F):
☐ Attached ☐ Not Applicable
24. Copy of any documents indicating ownership of any assets not listed above, such as ownership documents for aircraft, vehicles or boats listed on the net worth statement, Schedule (G & H):
☐ Attached ☐ Not Applicable
25. Copy of any Notes, Loans, or Taxes Payable (including payables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, Schedules (I), (J), (K), (M) or (N):
☐ Attached ☐ Not Applicable
26. Copy of all documents related to any Contingent Liabilities listed on the net worth statement, Schedule (O):
☐ Attached ☐ Not Applicable
27. Copy of last three (3) months Credit Card Statement(s): ☐ Attached ☐ Not Applicable
28. Documentation (i.e. partnership papers, stock registry-stock certificates) of any company you currently hold 5%: ☐ Attached ☐ Not Applicable
29. Copy of any documents indicating any other indebtedness not listed above:
☐ Attached ☐ Not Applicable
30. Copy of any liens, judgments or taxes payable under your name: ☐ Attached ☐ Not Applicable
31. Brief summary (1-2 paragraphs) of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending: ☐ Attached ☐ Not Applicable

Note: Exhibits **must** be uploaded into the 'eLicensing' system on the Applicant Case Checklist Item page.