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## Lottery and Gaming Control Commission

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1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

# SPORTS WAGERING FACILITY OPERATOR LICENSE APPLICATION

## Form #4002

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## NOTICE

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

The cites referenced within this application are for explanatory purposes only, 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 Sports Wagering Law and Gaming Law; updates and information may be found at <https://www.mdgaming.com/>.

The holder of a Sports Wagering Facility Operator License is **required** to conduct and operate sports wagering in Maryland in conformance with Maryland's Sports Wagering Law.

The Commission will monitor the activities of a licensee using technology, remote surveillance, and other similar measures.

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

## ELIBIGILITY

An Applicant for a Sports Wagering Facility Operator 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. Annotated Code of Maryland, State Gov't Article ("SG") § 9-1E-07(e)(1); Code of Maryland Regulations ("COMAR") 36.10.03.

Only the holder of a valid Sports Wagering Facility License issued by the Commission is authorized to conduct and operate sports wagering at a sports wagering facility owned, leased or occupied by the Sports Wagering Licensee, as defined in the SG § 9-1E-01. However, the holder of a Sports Wagering Facility license may contract with a Sports Wagering Facility Operator to conduct and operate sports wagering on behalf the Sports Wagering Facility licensee. SG § 9-1E-05

The Sports Wagering Facility Operator must have a written agreement or contract with the Sports Wagering Facility licensee **before** applying for a Sports Wagering Facility Operator license. The written agreement or contract must be submitted to the Commission.

## FEEES AND COSTS

### Application fee:

\$25,000 for a Sports Wagering Facility Operator license. COMAR 36.10.06.03.

A sports wagering license holder may not begin accepting wagers on sporting events until the application fee is paid in full and the Applicant reimburses the Commission for expenses related to performing all required background investigations.

### Background investigation costs:

A \$2,000 Background Investigation Deposit is required at the time an Applicant files a Sports Wagering Facility Operator License application. Should the deposit be exhausted 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 Sports Wagering Facility Operator license is valid for **five years**.

### Renewal process:

The Commission may renew the Sports Wagering Facility Operator License, if the licensee:

- a. Submits an application for renewal to the Commission at least 1 year before the licensee's
- b. license expires, but not more than 12 months before the licensee's license expires; (COMAR 36.10.06);
- c. Continues to comply with all licensing requirements and establishes by clear and convincing evidence, that they meet applicable license qualification requirements (COMAR 36.10.06);
- d. Submits to a background investigation (COMAR 36.10.06);
- e. Reimburses the Commission for all costs associated with the background investigation (COMAR 36.10.06); and
- f. Pays license renewal fees and costs. The license renewal fee is \$25,000. (COMAR 36.10.06)

## REMITTANCE OF FEES AND COSTS

### Notice Regarding Required Fees:

An Applicant is required by the 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 an 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 36.10.02

**Payment Submission Process:**

During the Sports Wagering Facility Operator License application process, and during the period of licensure, if the Commission issues a license, the Maryland Lottery and Gaming Control Agency’s Regulatory Licensing and Investigations Division will advise the Applicant of licensing requirements for the Applicant’s employees. The Licensing Division will make determinations based on the position held by the employee and/or the task the employee performs. The Applicant will therefore be required to submit payments to the Commission for Principal Employee, Wagering Employee and Non-Wagering Employee application and license fees.

The Applicant shall designate or assign at least one employee who will be responsible for the licensing process, which will include the submission of payments. The Licensing Division will authorize the designated employee(s) to perform certain tasks within the 'eLicensing' system, such as uploading of documents, entering data and submitting payments to the Commission.

**Step 1:**

When the Applicant ‘batches’ a license application or a group of license applications for submission to the Commission, the Applicant is required to ensure that the designated employee(s) submits a payment via option ‘A’ or ‘B’ in a timely manner, pursuant to Sports Wagering Law and Gaming Law.

A. The Applicant may submit a payment directly to the Licensing Division in the form of a:

1. Business Check;
2. Cashier’s Check; or a
3. 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: Regulatory Licensing and Background Investigations Division**  
**1800 Washington Boulevard, Suite 330**  
**Baltimore, Maryland 21230**

B. The Applicant may submit a payment 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 Applicant is **required** to send an email to the Licensing Division ([gaming.services@maryland.gov](mailto:gaming.services@maryland.gov)) entitled “Payment Notification.”

The email must notify the Commission of the following:

1. The Batch Number (or Batch Numbers if payment is being made for multiple applicants);
2. The name of the Applicant’s sports wagering company;
3. The type of application the Applicant is submitting;
4. If the Applicant is submitting payment for more than one application, the types and numbers of each application submitted; and
5. The certified / bank check, money order or wire transfer number.

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**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 Sports Wagering Facility Operator License is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s 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 license subsequently issued by the Commission, as set forth in the Sports Wagering Law or Gaming 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 Sports Wagering Law and Gaming Law; the posting of a bond 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 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 any changes or corrections shall continue throughout any period of licensure.
- A.7** All notices regarding the application will be sent to the address provided by the Applicant on this form. The Applicant must immediately notify the Commission of any change of address.
- A.8** To legally conduct business in Maryland, the Applicant **must** be registered with the Maryland State Department of Assessments and Taxation (“Maryland SDAT”) and must maintain “Good Standing” status for the entire term of any license issued by the Commission. Failure to maintain compliance with Maryland SDAT regulations while conducting business in Maryland is a violation of Maryland law and may subject the Applicant to penalties or sanctions, including, but not limited to, the suspension or revocation of any license issued by the Commission.

**Note:** The Applicant’s compliance with Maryland SDAT regulations **will be audited periodically**.

- A.9** A licensee of the Commission may be required to submit to warrantless searches as stated in the Sports Wagering Law and Gaming Law.
- A.10** All submissions with and for this application become the property of the Commission and **will not** be returned.
- A.11** Once the application has been submitted to the Commission, the Applicant **may not** withdraw its application without permission of the Commission.
- A.12** The Maryland Lottery and Gaming Control Agency’s Regulatory 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 Sports Wagering Facility Operator 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** Read each question carefully. Answer each and every question completely. **Do not leave blank spaces.**
- B.2** 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.3** The Applicant must show proof of registration with the Maryland State Department of Assessments and Taxation (“Maryland SDAT”). Upload a *.pdf* of the Applicant’s ‘Good Standing’ status with the Maryland SDAT (**not** a certificate from the Maryland Comptroller’s Office) into the ‘eLicensing’ system.

The Applicant may print and submit a copy of the 'General Information' page that displays the status (found on <https://egov.maryland.gov/BusinessExpress/EntitySearch/Search> ). The Applicant will not need to click on the >>*Order Certificate of Status*, (unless one is needed one for the Applicant’s corporate records). The \$20 copy of the certificate from Maryland SDAT is **not needed** for this application process.

- B.4** An Applicant should clearly identify those portions of its application that it deems to be confidential, proprietary commercial information, trade secrets, or confidential financial information of the applicant or an individual associated with 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.5** The Commission may request additional financial and other information as needed.
- B.6** The license and application fees described in the “Fees and Costs” section of this application and authorized by COMAR are non-refundable. 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 the Applicant’s receipt of an invoice. The Commission cannot issue a license until all fees are paid.

## SECTION C – SPORTS WAGERING FACILITY OPERATOR LICENSE APPLICATION FORMS

The forms and electronic submissions of applications related to a Sports Wagering Facility Operator license are as follows:

- C.1**  **Sports Wagering Facility Operator License Application and Disclosure Information (Form -4002)**

- C.2  **Principal Employee License Application (Form -1004)** - An individual who is a Principal of an Applicant for a Sports Wagering Facility Operator License **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.

Note: The Applicant is required to designate an individual to administer the submission of Principal Employee License Applications for the Applicant. The designated ‘eLicensing’ Administrator will be required to contact the Licensing Division ([gaming.services@maryland.gov](mailto:gaming.services@maryland.gov)) as soon as possible to allow sufficient time for the Licensing Division staff to provide comprehensive instructions prior to starting the process.

- C.3  **Sports Wagering Principal Entity Disclosure Form (Form 4006)** – A person meeting the definition of a principal entity under COMAR 36.03.01.02. Sports Wagering Principal Entity Disclosures are submitted to the Commission **electronically** via the ‘eLicensing’ system. Paper applications for Sports Wagering Principal Entity Disclosures will not be accepted by the Commission.

- C.4  **Sports Wagering Institutional Investor Waiver Form (Form-4007)** – A person meeting the definition of an institutional investor under COMAR 36.10.01.02 may submit a Sports Wagering Institutional Investor Waiver Application Form #4007 instead of a Sports Wagering Principal Entity Disclosure Form (Form #4006). Sports Wagering Institutional Investor Waiver Applications are submitted to the Commission **electronically** via the ‘eLicensing’ system. Paper applications for Sports Wagering Institutional Investor Waiver Applications will not be accepted by the Commission.

## SECTION D - DEFINITIONS

Refer to the list of Definitions in the Sports Wagering Law in COMAR 36.10.01, which are applicable to all 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 - APPLICANT INFORMATION**

**E.1 NAME OF APPLICANT \***

\* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed with a State or Federal Government.

Doing Business As (D/B/A) or Trade Name(s):

**E.2 SPORTS WAGERING FACILITY OPERATOR BUSINESS**

Describe the type of product(s) provided:

**E.3 LICENSEE ASSOCIATION**

Name the Sports Wagering Licensee(s) with whom you have an agreement:

**E.4 APPLICANT'S FORM OF ORGANIZATION**

Check one:  Sole Proprietorship  Partnership  Limited Partnership  C-Corporation  
 Limited Liability Company  S-Corporation  Trust  Other (Describe)

**E.5 POINT-OF-CONTACT FOR APPLICANT**

Name		Title / Position	
Email Address	Telephone Number	Fax Number	

**E.6 APPLICANT'S PRINCIPAL ADDRESS**

Address Line 1 (Street Location)		
Address Line 2		
City	State	Zip Code

Country	Telephone Number ( )	Fax Number ( )
Mailing Address – if different from above Address Line 1		
Address Line 2		
City	State	Zip Code
Country	Telephone Number ( )	Fax Number ( )
Web Site Address(es)		

**E.7**

**INCORPORATION**

**Even if you are a Sole Proprietorship, provide an answer to these questions.**

**a. APPLICANT’S INCORPORATION DOCUMENTS**

1) Business name as it appears on formation documents:

\_\_\_\_\_

2) Place of Incorporation or other type of formation:

\_\_\_\_\_

3) Date of formation: \_\_\_\_\_

**b. INCORPORATORS / FOUNDERS**

Use **Exhibit 1(a)** to provide the Applicant’s Incorporators/Founders. (**Note:** Even if you are a Sole Proprietorship, provide applicable information on the Exhibit.)

**c. MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION, (“Maryland SDAT”), COMPLIANCE**

1) Is the Applicant registered with Maryland SDAT to do business in Maryland:  Yes  No

2) If “No,” you are **PROHIBITED from conducting business in Maryland** and you **MAY NOT** apply for a Sports Wagering Facility Operator License until you are registered with Maryland SDAT to do business in Maryland.

3) If “Yes,” provide the Maryland SDAT Department ID number: \_\_\_\_\_

**IMPORTANT:** To legally conduct business in Maryland, a company **must** be registered with the Maryland SDAT. Submit a *.pdf* of the Applicant’s “Good Standing” status with the Maryland SDAT, **not** a certificate from the Maryland Comptroller’s Office. Upload the “Good Standing” *.pdf* from Maryland SDAT into the ‘eLicensing’ system on the Applicant Case Checklist Item page, see Instruction B.3 for additional information.

**d. OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS**

Use **Exhibit 1(b)** to list all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. **Note:** Even if you are a Sole Proprietorship, provide applicable information on the Exhibit.

**e. CURRENT ADDRESSES OF APPLICANT**

Use **Exhibit 1(c)** to provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. **Note:** Even if you are a Sole Proprietorship, provide applicable information on the Exhibit.

**f. PREVIOUS ADDRESSES OF APPLICANT**

Use **Exhibit 1(d)** to provide all addresses, other than those listed in **Exhibit 1(c)**, which Applicant has used or from which it was conducting business during the last ten (10) year period, and list the approximate dates during which said addresses were held **Note:** Even if you are a Sole Proprietorship, provide applicable information on the Exhibit.

**g. ALL BUSINESSES OPERATED BY THE APPLICANT**

Use **Exhibit 1(e)** to provide a description of all businesses presently operated or intended to be operated by the Applicant and all businesses operated by the Applicant in the past ten (10) years.

**h. ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES**

Use **Exhibit 1(f)** to list the names, all addresses used in the last ten (10) years, the form of organization and a description of the nature of the business by all holding, intermediary, subsidiary, affiliate, principal, and any other similar business entity of the Applicant. Do not provide those already listed in **Exhibit 1(e)**.

**E.8 CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Use **Exhibit 2** to provide information about each Director, Partner, Officer and Trustee of the Applicant. Include any Grantor or Beneficiary of a Trust who is required to be licensed as a Principal as defined in COMAR 36.10.01.

**IMPORTANT:**

As part of this application, each Director, Partner, Officer and Trustee of the Applicant **must** complete and submit a Principal Employee Application. 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.

### **E.9 FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Use Exhibit 3 to provide the following information for all Directors, Partners, Officers and Trustees of the Applicant who are no longer actively involved with the Applicant but held the position in the last ten (10) years. Include any Grantor or Beneficiary of a Trust who is required to be licensed as a Principal as defined in COMAR 36.10.01.

### **E.10 COMPENSATION OF DIRECTORS, PARTNERS, OFFICERS & TRUSTEES**

- a. Use Exhibit 2 to provide information regarding the amount of total compensation earned/received during the **last** calendar year and the amount to be earned during the **present** calendar year by **each** Director, Partner, Officer and Trustee of the Applicant. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other benefits.
- b. Use Exhibit 4 to provide the information for **all employees** who earn **over \$100,000** in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other benefits.

### **E.11 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

Use Exhibit 5 to provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans of the Applicant in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

### **E.12 STOCK DESCRIPTION**

Use Exhibit 6 to provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of the date this Application is submitted. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, state which class and briefly explain.

### **E.13 VOTING SHAREHOLDERS/ MEMBERS AND NON-VOTING SHAREHOLDERS/ MEMBERS OF APPLICANT**

Use **Exhibit 7(a)** – Voting Shareholders/ Member and **Exhibit 7(b)** – Non-Voting Shareholder/ Members to provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting or non-voting stock issued by the Applicant as of the date of submitting this Application.

#### **IMPORTANT:**

- a. As part of this application, each individual, person or entity holding or having a beneficial interest of 5% or more in the voting or non-voting stock of the Applicant **must** complete and submit a Principal Employee License Application or Principal Entity Disclosure Form. Principal Employee License applications and Sports Wagering Principal Entity Disclosure forms are submitted to the Commission **electronically** via the ‘eLicensing’ system. Paper applications for Principal Employee Licenses and Sports Wagering Principal Entity Disclosure will not be accepted by the Commission.
- b. This requirement includes non-public holding entities.

### **E.14 INTEREST OF CURRENT/ FORMER PARTNERS (PARTNERSHIPS, LLPs AND LIMITED PARTNERSHIPS)**

Use **Exhibit 8(a)** to list all of the Applicant’s current partners, and **Exhibit 8(b)** for former partners. The information provided should include the type of partnership, the percentage of ownership of each partner, the date the partner entered the partnership, the description of partner’s participation in the business, and circumstances for leaving the partnership, for former partners. Only include information concerning former partners who left the partnership in the last ten (10) years.

List and identify all current partners in **Exhibit 8(a)** and then list and identify all former partners who left the partnership in the last ten (10) years in **Exhibit 8(b)**.

#### **IMPORTANT:**

As part of this application, each current Partner of the Applicant **must** complete and submit a Principal Employee Application. 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.

### **E.15 HOLDER(S) AND EXTENT OF LONG-TERM DEBT**

Use **Exhibit 9** to list the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for the Applicant and the holding, intermediary, subsidiary, affiliate, principal, and any other type of

business entity of the Applicant, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

**IMPORTANT:**

As part of this application, a Principal Employee License Application or Sports Wagering Principal Entity Disclosure form must be submitted, if required by the Commission. Principal Employee License applications and Sports Wagering Principal Entity Disclosure forms are submitted to the Commission **electronically** via the ‘eLicensing’ system. Paper applications for Principal Employee Licenses and Sports Wagering Principal Entity Disclosure will not be accepted by the Commission.

**E.16 HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS AND SECURITY INSTRUMENTS**

Use Exhibit 10 to identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust, deeds, pledges, lines of credit, or other evidence of indebtedness or security instruments utilized by the Applicant other than those described in Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant.

**IMPORTANT:**

As part of this application, a Principal Employee License Application or Sports Wagering Principal Entity Disclosure Form must be submitted, if required by the Maryland Lottery and Gaming Control Commission. Principal Employee License applications and Sports Wagering Principal Entity Disclosure forms are submitted to the Commission **electronically** via the ‘eLicensing’ system. Paper applications for Principal Employee Licenses and Sports Wagering Principal Entity Disclosure will not be accepted by the Commission.

**E.17 SECURITY OPTIONS**

For the purpose of this application, “option” shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.

Use Exhibit 11 to provide a detailed description of any options existing or to be created with respect to securities issued by the Applicant, including the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option, and the year or years during which, and the terms under which, the option became or will become, entitled to exercise the options, and when such options expire.

**IMPORTANT:**

Include with Exhibit 11, copies of any outstanding option plans or proxy statements that correspond to the requested information. The exhibit should be uploaded into ‘eLicensing’ on the Applicant Case Checklist Item Page.



**E.18 BENEFICIAL OWNERS OF OPTIONS**

Use **Exhibit 12** to provide information regarding all persons holding the options described in **E.17**.

**E.19 PRINCIPALS NOT YET DISCLOSED**

Use **Exhibit 13** to provide all principals not yet disclosed in this Application. Such principals shall include both individuals and entities that have a five (5%) percent direct or indirect ownership interest in the Applicant or licensee.

**E.20 FINANCIAL INSTITUTIONS**

Use **Exhibit 14** to provide information about each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee or designee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

**E.21 CONTRACTS**

Use **Exhibit 15** to provide information about all contracts or agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the Applicant has received \$100,000 or more in goods or services in the past six months. Contracts or agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

**E.22 APPLICANT'S STOCK HOLDINGS**

Use **Exhibit 16** to provide information about each entity in which the Applicant holds stock.

**E.23 INTERNAL TRANSACTIONS**

Use **Exhibit 17** to provide information for each change that occurred within the last five (5) years, prior to this Application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant, or who is or was within that period, a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.

**E.24 CRIMINAL HISTORY: Directors, Partners, Officers, Trustees and Owners****IMPORTANT:**

The Commission **will investigate** to establish whether the individuals and subsidiaries 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 or any of its subsidiaries or any of its directors, partners, officers, trustees or owners.

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 betting/wagering, 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 for Section E. 24's Question**

- 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.

**Section E-24's Question:**

- Has the Applicant;
- Have any of the Applicant's subsidiaries; or
- Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) ever been indicted, arrested, charged with, or convicted of, a criminal offense, sports wagering offense; gambling offense; gaming 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 **Exhibit 18** to provide information concerning criminal history.

**E.25 INVESTIGATIONS, TESTIMONY or POLYGRAPHS**

- a. Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury, commission, or investigatory body in any jurisdiction other than in response to minor traffic related offenses?

Yes  No

- b. If "Yes," use **Exhibit 19** to describe the investigations, testimony or polygraphs.

**E.26 LITIGATION**

Use **Exhibit 20** to describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the entire case caption which is the title and docket number, the name and location of the court before which it is pending or concluded, and the identity of all parties to the matter. Also include a description of the general nature of all claims being made, and the resolution of the matter.

List the most recent litigation first.

**E.27 ANTITRUST, TRADE REGULATION & SECURITIES MATTERS**

- a. Has the Applicant or its principals ever been subject to a subpoena, judgment, order, consent decree, or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities law, or similar laws of any jurisdiction entered against it?

Yes  No

- b. In the past ten years, has the Applicant or its principals ever been subject to a judgment, order, consent decree or consent order pertaining to any federal antitrust, trade regulation, securities law, similar laws or other code of any jurisdiction that resulted in a fine or penalty of \$10,000 or more entered against it?  Yes  No
- c. If “Yes,” to either question, use **Exhibit 21** to provide the following information for each subpoena, judgment, order, consent decree or consent order.

## **E.28 BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

In the last ten (10) years:

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it?  Yes  No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency?  Yes  No
- c. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?  Yes  No
- d. If “Yes,” to question **a.**, **b.**, or **c.** use **Exhibit 22** to provide detailed information for each bankruptcy or insolvency proceeding.

## **E.29 LICENSES (SPORTS WAGERING, CASINO, BINGO, GAMING and NON-GAMING)**

- a. Has the Applicant, or any affiliate, intermediary, subsidiary, principal or holding company of the Applicant, ever applied in any jurisdiction for a license, permit or other authorization to conduct or offer sports wagering operations (including single–game bets, teaser bets, parlays, over–under, money line, pools, exchange wagering, in–game wagering, in–play bets, Proposition bets, and straight bets, etc.)?  Yes  No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary, principal or holding company of the Applicant, ever applied in any jurisdiction for a license, permit or other authorization to conduct or offer gambling (including slot machines, video lottery terminals, table gaming, horse racing, dog racing, pari-mutuel operation etc.) or Instant Bingo operations?  Yes  No

- c. Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company of the Applicant ever had any license application, license, permit or other authorization offered or issued by any jurisdiction be denied, suspended or revoked in last ten-year period?  
 Yes  No
- d. If “Yes,” to question a., b., or c., use **Exhibit 23** to provide detailed information.

### **E.30 CONTRIBUTIONS AND DISBURSEMENTS**

In the last ten (10) years:

- a. Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company, director, officer, or employee or any third party acting for or on behalf of the Applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any person to obtain favorable treatment?  
 Yes  No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company, director, officer or employee or any third party acting for or on behalf of the Applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?  
 Yes  No
- c. Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant’s books or records?  
 Yes  No
- d. Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company, maintained any numbered accounts or any account in the name of a nominee or designee for the Applicant?  
 Yes  No
- e. If “Yes,” to question a., b., c., or d., use **Exhibit 24** to provide information for any present or former persons who would have knowledge or information concerning the questions above answered in the affirmative.

### **E.31 APPLICANT’S FINANCIAL STATEMENTS**

Upload the **two** most recent year’s financial statements for the Applicant, specifically ‘Balance Sheets’ and ‘Profit and Loss Statements,’ into ‘eLicensing’ on the Applicant Case Checklist Item Page.

**Appendix 25a** (Balance Sheet #1);  
**Appendix 25b** (Balance Sheet #2);  
**Appendix 25c** (Profit and Loss Statement #1); and  
**Appendix 25d** (Profit and Loss Statement #2).

During the investigation to determine the Applicant's financial stability, the Commission may require that additional financial documentation be submitted.

### **E.32 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 Sports Wagering Facility Operator 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.

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

## **SECTION F - EXHIBITS**

### **Sports Wagering Facility Operator License Application and Disclosure Information Form**

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

If any question, exhibit or addendum is not applicable, indicate "Not Applicable" and state why it is not applicable in **Exhibit 25**. With items missing or not submitted according to these directions, the application will be considered incomplete and will not be processed.

<b>EXHIBIT NUMBER</b>	<b>EXHIBIT DESCRIPTION</b>	<b>PLACE X</b>
See <b>B.3</b>	Maryland SDAT "Certificate of Good Standing"	
See <b>E.32</b>	Request for Transcript of Federal Income Tax Returns Form 4506-C	
1(a)	Incorporators/Founders	
1(b)	Other Names in which the Applicant has done business	
1(c)	Current Addresses of the Applicant	
1(d)	Previous Addresses of the Applicant (Past 10 years)	
1(e)	All Businesses Operated by the Applicant	
1(f)	Holding, Intermediaries, Subsidiaries, Affiliates, Principals, or Other Business Type Entities	
2	Current Directors, Partners, Officers, Trustees	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$100,000	
5	Description of all Bonus, Profit Sharing, Pension, Retirement, Deferred Compensation and Similar Plans	

6	Stock Description	
7(a)	Voting Shareholders/Members of the Applicant	
7(b)	Non-Voting Shareholders of the Applicant	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
9	Holder and Extent of Long-Term Debt	
10	Holder and Type of Other Indebtedness and Security Instruments	
11	Securities Options – Description	
12	Beneficial Owners of Securities Options	
13	Principals Not Yet Disclosed	
14	Financial Institutions	
15	Contracts	
16	Applicant’s Stock Holdings	
17	Internal Transactions	
18	Criminal History	
19	Investigations, Testimony or Polygraphs	
20	Litigation	
21	Antitrust, Trade Regulations and Securities Matters	
22	Bankruptcy or Insolvency Proceedings	
23	Licenses	
24	Contributions and Disbursements	
25	Required Attachments - Explanations	
26	Authorization for Release of Information (Business)	
27	Authorization for Release of Information (Individual)	
28	Affidavit of Representative of Applicant	
29	Acknowledgement and Disclosure	
None	Appendices	

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**EXHIBIT 1(a):**

**INCORPORATORS/FOUNDERS**

Provide the Applicant's Incorporators/Founders. Note: **Even if you are a Sole Proprietorship, provide applicable information on this Exhibit.**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	Email address	Phone Number	

Principal Employee (Form 1004) submitted electronically via the 'eLicensing' system

Yes  No

Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system

Yes  No

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	Email Address	Phone Number	

Principal Employee (Form 1004) submitted electronically via the 'eLicensing' system

Yes  No

Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system

Yes  No



**EXHIBIT 1(b):**

**OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS**

List all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. Note: Even if you are a Sole Proprietorship, provide applicable information on this Exhibit.

Name	Full Address	From (MM/YYYY)	To (MM/YYYY)

**EXHIBIT 1(c):**

**CURRENT ADDRESSES OF APPLICANT**

**Provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. Note: Even if you are a Sole Proprietorship, provide applicable information on this Exhibit.**

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

**EXHIBIT 1(d):**

**PREVIOUS ADDRESSES OF APPLICANT**

Provide all the previous addresses of the Applicant and all previous addresses from which the Applicant has done business during the last 10 years. Note: Even if you are a Sole Proprietorship, provide applicable information on this Exhibit.

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email address	Phone Number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

**EXHIBIT 1(e):**

**ALL BUSINESSES OPERATED BY THE APPLICANT**

Provide a description of all businesses presently operated, or intended to be operated, by the Applicant and all businesses operated by the Applicant in the past ten (10) years.

Name of Business		Operated From Date/To Date		Federal Identification Number/ Social Security Number/ Tax Identification Number	
Address Line 1			Address Line 2		
City			State/Province		Postal Code
Country	Email Address		Contact Person		Contact Number
Description of the business and business activities					

Name of Business		Operated From Date/To Date		Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1			Address Line 2		
City			State/Province		Postal Code
Country	Email Address		Contact Person		Contact Number
Description of the business and business activities					

**EXHIBIT 1(f): ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES, PRINCIPALS, OR OTHER BUSINESS TYPE ENTITIES**

List the names, all addresses used in the last ten (10) years, the form of organization and a description of the nature of the business by all holding, intermediary, subsidiary, affiliate, principal, and any other similar business entity of the Applicant. Do not provide those already listed in Exhibit 1(e).

Name of Business		Operated From Date/To Date		
State if Holding, Intermediary, Subsidiary, Affiliate, Principal or other (if other, state type of business)		Federal Identification Number/Social Security Number/Tax Identification Number		
Address last 10 years				
Address	City	State	Postal Code	Contact Number
Description and Activities of Business				
Forms of Organization (Check One)				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (Describe) _____				

**EXHIBIT 2:**                      **CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Provide information about each Director, Partner, Officer and Trustee of the Applicant. Include any Grantor or Beneficiary of a Trust who is required to be licensed as a Principal as defined in COMAR 36.10.01.

Name, Home Address & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Title/Position Held, Dates, Compensation (List Current Position first, then list in reverse chronological order)			
Title/Position	From Date/To Date	Annual Compensation	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission, stock options, other benefits, etc.)

**EXHIBIT 3: FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

Provide the following information for all Directors, Partners, Officers and Trustees of the Applicant who are no longer actively involved with the Applicant, but held the position in the last ten (10) years. Include any Grantor or Beneficiary of a Trust who is required to be licensed as a Principal as defined in COMAR 36.10.01.

Name, Home & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Title/Position Held, Dates, Compensation (List Current Position first, then list in reverse chronological order)			
Title/Position	From Date/To Date	Annual Compensation & Value	Explain circumstances for leaving

**Exhibit 4:**

**COMPENSATION OVER \$100,000**

Provide the information for all employees who earn over \$100,000 in annual compensation from the Applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other benefits.

Name, Home Address & Business Address of Employees				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email Address	Business Contact Number		

Title/Position Held, Dates, Compensation (List Current Position first, then list in reverse chronological order)			
Title/Position	From Date/To Date	Annual Compensation & Value	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission, stock options, other benefits, etc.)



**Exhibit 5: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

Provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans of the Applicant in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

<b>Plan</b>		
Name of Plan		
Trustee Name		
Address Line 1	Address Line 2	
City	State	Postal Code
Country	Email Address	Contact Number
<b>Plan Specifications</b>		
Material Specifications of Plan		
Method of Financing Plan		
Class of Person in Plan	Number of Individuals in each Class	Amount Distributed to Each Class during the Last Fiscal Year Plan was in Effect

**EXHIBIT 6:** **STOCK DESCRIPTION (Corporations - C & S; LLCs)**

Provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate, principal, and any other type similar business entity of the Applicant. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of the date this Application is submitted. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, state which class and briefly explain.

Stock Types/Classes					
Stock Type/Class	Number of shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Voting/Non-voting? (list all voting stocks first and then non-voting stock)	Term, Conditions, Rights etc. of Stock

Is any right of a shareholder able to be modified by less than a majority vote of a particular class? If so, explain in the space below.

**EXHIBIT 7(a):**

**VOTING SHAREHOLDERS OF THE APPLICANT**

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting stock issued by the Applicant as of the date of submitting the Application.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Stock Types/Classes				
Stock Type/Class	Number of Shares Held	Acquisition Date	% of Outstanding Shares Held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1004) submitted electronically via the 'eLicensing' system

Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system

Yes  No

Yes  No

**EXHIBIT 7(b):**

**NON-VOTING SHAREHOLDERS OF THE APPLICANT**

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any non-voting stock issued by the Applicant as of the date of submitting the Application.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Stock Types/Classes				
Stock Type/Class	Number of shares held	Acquisition Date	% of Outstanding Shares Held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1004) submitted electronically via the 'eLicensing' system  Yes  No  
 Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system  Yes  No

**EXHIBIT 8(a):**

**INTEREST OF CURRENT PARTNERS**

List all of the Applicant’s current partners, the type of partnership, the percentage of ownership of each partner, the date the partner entered the partnership, and the description of the partner’s participation in the operation.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Date Acquired interest	Explain the partner’s participation in the business
<input type="checkbox"/> Full/General Partner			
<input type="checkbox"/> Limited Partner			
<input type="checkbox"/> Dormant/Silent Partner			
<input type="checkbox"/> Nominal Partner			
<input type="checkbox"/> Other: _____			

Principal Employee (Form 1004) submitted electronically via the ‘eLicensing’ system

Yes  No

Sports Wagering Principal Entity Disclosure Form (Form 1006) submitted electronically via the ‘eLicensing’ system

Yes  No

**EXHIBIT 8(b):**

**INTEREST OF FORMER PARTNERS**

List all Former Partners. List the type of partnership, the percentage of ownership of each partner, the date the partner entered the partnership and the description of the partner's participation in the operation. Only include information concerning former partners who left the partnership in the last ten (10) years.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email Address	Business Contact Number		

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Held interest To/From	Explain the partner's participation in the business	Explain Circumstances for Leaving the Partnership
<input type="checkbox"/> Full/General Partner				
<input type="checkbox"/> Limited Partner				
<input type="checkbox"/> Dormant/Silent etc. Partner				
<input type="checkbox"/> Nominal Partner				
<input type="checkbox"/> Other: _____				

**EXHIBIT 9:**

**HOLDER AND EXTENT OF LONG-TERM DEBT**

List the holder(s) and describe the nature, type, terms, covenants, conditions, and priorities of all outstanding bonds, loans, mortgages, trust, deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for the Applicant and the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

Type of instrument (Place X next to type)	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable (State One)
<input type="checkbox"/> Bond <input type="checkbox"/> Note <input type="checkbox"/> Loan <input type="checkbox"/> Credit line <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder/Partner Loan <input type="checkbox"/> Other _____					

Explain type, class, terms, conditions and priorities etc. for the debt instrument

**Name and Address of Person Holding Debt**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	Email Address	Contact Number		
Current balance of this debt				

Principal Employee (Form 1004) submitted electronically via the 'eLicensing' system

Yes  No

Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system

Yes  No

**EXHIBIT 10:                      HOLDER AND TYPE OF OTHER INDEBTEDNESS AND SECURITY INSTRUMENTS**

Identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust, deeds, pledges, lines of credit, or other evidence of indebtedness or security instruments utilized by the Applicant other than those described in Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant.

Exhibit 10 should be uploaded into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

Type of Instrument	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable (State One)

Explain type, class, terms, conditions and priorities etc. for the debt instrument

**Name and Address of Person Holding Debt**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	Email Address	Contact Number		
Current balance of this debt				

Principal Employee (Form 1004) submitted electronically via the ‘eLicensing’ system

Yes  No

Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the ‘eLicensing’ system

Yes  No



**EXHIBIT 11:**

**SECURITIES OPTIONS – DESCRIPTION**

Provide a detailed description of any options existing or to be created with respect to securities issued by the Applicant, including the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, the option became or will become, entitled to exercise the options, and when such options expire.

Include with Exhibit 11, copies of any outstanding option plans or proxy statements that correspond to the requested information. Each document must be uploaded into ‘eLicensing’ on the Applicant Case Checklist Item Page.

Option Name	Security Type	Option Grant Years	Option Expiration Date
Explain how the option holder will or may become entitled to exercise option			

Option Name	Security Type	Option Grant Years	Option Expiration Date
Explain how the option holder will or may become entitled to exercise option			

**EXHIBIT 12:**

**BENEFICIAL OWNERS OF SECURITY OPTIONS**

Provide information regarding all persons holding the options described in Exhibit 11.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email Address	Business Contact Number		

Beneficial Owner List of Options						
Security Option Name	Security Type	Option Grant Years	Option Expiration Date	Number of Voting Shares Granted	Number of Non-voting Shares Granted	Value at Issuance



**EXHIBIT 14:**

**FINANCIAL INSTITUTIONS**

Provide information about each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee or designee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

Name of Institution		Federal Identification Number	
Address Line 1		Address Line 2	
City	State/Province	City	
Country	Email Address	Contact Number	

**Accounts at the Financial Institution**

Account Number	Account Type	Purpose of Account	Purpose of Closing	Date Opened and Closed

**EXHIBIT 15:**

**CONTRACTS**

Provide information about all contracts or agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the Applicant has received \$100,000 or more in goods or services in the past six months. Contracts or agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

Name of Business or Vendor		Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2	
City		State/Province	City
Country	Email Address	Contact Person	Contact Number
Description of Contract and Goods and Services to be provided		Compensation and Method of Payment	

**EXHIBIT 16:**

**APPLICANT'S STOCK HOLDINGS**

Provide information about each entity in which the Applicant holds stock.

Name and Address of Entity	Type of Stock Held	Purchase Price Per Share	Number of Shares Held	% of Ownership 5% or More	Voting or Non-Voting Stock (List Voting Stock First)

**EXHIBIT 17:**

**INTERNAL TRANSACTIONS**

Provide information for each change that occurred within the last five (5) years, prior to this Application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.

Name, Home Address & Business Address*			
First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	Email Address	Contact Number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business Email Address	Business Contact Number	

Date of Transaction	Nature of Transaction	Parties to Transaction (Include Name & Positions)	Number of Securities Involved	Dollar Value of Transaction

**EXHIBIT 18:**

**CRIMINAL HISTORY**

**NOTICE:** Prior to answering the following question, carefully review the DEFINITIONS and INSTRUCTIONS in Section E.24. Do not complete Exhibit 18 without reading and understanding the DEFINITIONS and INSTRUCTIONS in Section E.24. Failure or refusal to accurately complete this section or submission of false or misleading information may result in the denial of this application.

**Question -**

- **Has the Applicant;**
- **Have any of the Applicant’s subsidiaries; or**
- **Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) ever been indicted, arrested, charged with, or convicted of, a criminal offense, sports wagering offense; gambling offense; gaming 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” describe below:

Name of Case and Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Acquitted, Convicted, Dismissed, Etc.)	Sentence	Name of Director, Partner Officer or Trustee





**EXHIBIT 20:**

**LITIGATION**

Describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the entire case caption which is the title and docket number, the name and location of the court before which it is pending or concluded, and the identity of all parties to the matter. Also include a description of the general nature of all claims being made, and the resolution of the matter. List the most recent litigation first.

Name of Case and Docket Number	Name and Address of Law Court Involved in Litigation	Name of All Parties Involved in Litigation	Nature of Claim(s) and Judgment (if Judgment has been rendered) or Other Resolution

**EXHIBIT 21:                    ANTITRUST, TRADE REGULATION AND SECURITIES MATTERS**

Has the Applicant or its principals ever been subject to a subpoena, a judgment, order, consent decree, or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any jurisdiction entered against it?

Yes  No If "Yes" describe below

In the past ten years, has the Applicant or its principals ever been subject to a judgment, order, consent decree, or consent order pertaining to any federal antitrust, trade regulation, securities law, similar laws or other code of any jurisdiction that resulted in a fine or penalty of \$10,000 or more entered against it?

Yes  No If "Yes" describe below

Title or Case and Docket Number	Name and Address of Court or Agency	Date of Subpoena or Offense
Nature of Subpoena or Offense		
Disposition of Action		
Nature of Judgment, Decree or Order		

Title or Case and Docket Number	Name and Address of Court or Agency	Date of Subpoena or Offense
Nature of Subpoena or Offense		
Disposition		
Nature of Judgment, Decree or Order		

**EXHIBIT 22:**

**BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

In the last ten (10) years:

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it?  Yes  No If "Yes" describe below

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law?  Yes  No If "Yes" describe below

Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?  Yes  No If "Yes" describe below

Date Petition Filed or Relief Sought	Title of Case and Docket Number	Name and Address of Court or Agency
Date Judgment Entered		Name and Date Appointed of Court Appointed Receiver, Agent or Trustee
Nature of Judgment or Relief		

**EXHIBIT 23: LICENSES (SPORTS WAGERING, CASINO, BINGO, GAMING and NON-GAMING)**

Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company of the Applicant, ever applied in any jurisdiction for a license, permit or other authorization to conduct or offer in sports wagering operations (including single–game bets, teaser bets, parlays, over–under, money line, pools, exchange wagering, in–game wagering, in–play bets, Proposition bets, and straight bets, etc.)?  Yes  No If “Yes” describe below

Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company of the Applicant, ever applied in any jurisdiction for a license, permit or other authorization to conduct or offer gambling (including slot machines, video lottery terminals, table gaming, horse racing, dog racing, pari-mutuel operation etc.) or Instant Bingo operations?  Yes  No If “Yes” describe below

Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company of the Applicant, ever had any license application, license, permit or other authorization offered or issued by any jurisdiction be denied, suspended or revoked in last ten-year period?  Yes  No If “Yes” describe below

**List sports wagering operation licenses FIRST, casino operation licenses SECOND, instant bingo licenses THIRD, gaming licenses FOURTH, and non-gaming licenses FIFTH**

Type of License or Permit	Name and Location of Governmental Entity	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked Withdrawn etc.)	Disposition Date	If Issued, Provide License, Permit or Other Such Number and Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn or Revoked, Provide a Detailed Explanation

**EXHIBIT 24:**

**CONTRIBUTIONS AND DISBURSEMENTS**

In the last ten (10) years:

Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company, director, officer, or employee or any third party acting for or on behalf of the the Applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any person to obtain favorable treatment?  Yes  No If "Yes" describe below

Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company, director, officer or employee or any third party acting for or on behalf of the Applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?  Yes  No If "Yes" describe below

Has Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?  Yes  No If "Yes" describe below

Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company, maintained any numbered accounts or any account in the name of a nominee or designee for the Applicant?  Yes  No If "Yes" describe below

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province		Postal Code	
Country	Email Address		Contact Number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province		Postal Code	
Country	Email Address		Contact Number	



EXHIBIT 26
AUTHORIZATION FOR RELEASE OF INFORMATION (BUSINESS)

TO: \_\_\_\_\_
(Leave BLANK - to be filled in by the Commission)

FROM: \_\_\_\_\_
(Printed Name of Sports Wagering Facility Operator License Applicant)

I am an authorized representative of an Applicant for a Sports Wagering Facility Operator License in Maryland.

I understand that the Maryland Lottery and Gaming Control Commission ("Commission") is required to conduct an investigation of an Applicant for a Sports Wagering Facility Operator License. That investigation requires the Commission to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

That investigation requires the Commission to collect and evaluate information about the Applicant. 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 the Applicant and its principals 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, on behalf of the Applicant, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form Date
My affiliation with the Applicant is: [ ] Owner [ ] Partner [ ] Director [ ] Officer [ ] Other
Printed Name Title

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

Notary Public
Printed Name

Stamp or Seal

My commission expires \_\_\_\_\_, 20\_\_\_\_





**AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

I, \_\_\_\_\_ (printed name), am authorized to complete and execute this Sports Wagering Facility Operator license application on behalf of the Applicant, \_\_\_\_\_ (printed name of Applicant). I am also authorized to provide all of the information requested on this Affidavit to the Maryland Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, "the Commission"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided on, or 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 an application for a license, or may result in the Commission imposing sanctions against the Applicant, up to and including revocation of its license if it has been issued or denial of a license. I understand that any misrepresentation or omission on this Application may also subject me, or the Applicant that I represent, to civil or criminal liability. I understand and acknowledge that the Applicant has an ongoing duty to promptly notify the Commission if any information it provides the Commission changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the Commission for purposes of its investigation of an applicant for a Sports Wagering Facility Operator License.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their 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 Applicant and the use of that information in connection with investigating the Applicant.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title

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**NOTARY PUBLIC**

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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 29  
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 Sports Wagering Facility Operator License. I cannot obtain 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 this 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); company name changes; personnel changes; gaming or sports wagering sanctions or penalties imposed by any jurisdiction; arrests, charges, or convictions for any offense; my Maryland SDAT compliance status; 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 Sports Wagering Facility Operator license. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and for the duration of any Sports Wagering license that I may be issued. 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\_\_\_\_\_

## SECTION G - APPENDICES

### Sports Wagering Facility Operator License Application and Disclosure Information Form

This is a checklist of all of the attachments or appendices that you are to provide or create. Each document must be uploaded into 'eLicensing' on the Applicant Case Checklist Item Page.

If an attachment is not applicable to the Applicant, indicate "N/A", then use **Exhibit 25** to explain why it is not applicable. Applicant shall provide this information **in addition** to the exhibits.

Appendix	Appendix Description	X IF ATTACHED (ALL FORMS ARE MANDATORY)
1	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
2	Description of long-term debt for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of Applicants. Provide this information in addition to both <b>Exhibit 9 &amp; 10</b> .	
3	Description of other indebtedness and security devices for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of Applicants. Provide this information in addition to both <b>Exhibit 11 &amp; 12</b> .	
4	Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of Applicants. Provide this information in addition to both <b>Exhibit 13 &amp; 14</b> .	
5	Description of Existing Litigation. Description of any settled or closed litigation against the Applicant for the past three (3) years. Also, describe any existing, settled or closed litigation for the past three (3) years for any holding, intermediary, subsidiary or affiliate. A description of any judgments against Applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgments were covered by insurance and if so the insurance company. Provide this information in addition to both <b>Exhibits 20 &amp; 22</b> .	
6	Audited financial statements for the last five years for Applicant and Applicant's holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity, including the last fiscal year. If audited financial statement do not exist, then provide unaudited financial statements.	
7	Annual reports for the last five years for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of Applicants.	
8	Annual reports prepared on the SEC's form 10K for the last 5 years.	
9	A copy of the last quarterly unaudited financial statement for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of Applicants.	
10	Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant.	
11	A copy of the last definitive proxy or information statement (SEC).	

12	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	
13	Copies of all other reports prepared in the last five years by independent auditors for the Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant.	
14	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments for Applicant and for the holding, intermediary, subsidiary, affiliate, principal, and any other type of business entity of the Applicant.	
15	Current ownership table of organization for the Applicant.	
16	Current organizational chart for all holding, intermediary, subsidiary, affiliate, principal, or any other type of business entity of the Applicant.	
17	Functional table of organization for the Applicant filing this form, job descriptions and names of employees earning in excess of \$100,000.	
18	Copies of 1120 forms and 941 forms filed with the IRS in the last five years.	
19	Copies of IRS 5500 form filed in the last 5 years.	
20	If Applicant or a holding, intermediary, subsidiary, affiliate, principal, or any other business entity associated with the Applicant has held a sports wagering or gaming license in another jurisdiction, provide a letter of reference from the sports wagering, gaming or casino enforcement or regulatory agency. The letter shall specify the agency's experiences with the Applicant, the Applicant's associates and the Applicant's sports wagering or gaming operation.	
21	Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of good and/or services provided by the vendor, total amount of business with vendor in the past twenty-four (24) months.	
22	Details of planned, committed and un-committed future capital expenditures.	
23	Schedule of insurance policies currently in effect, including deductibles and policy limits, and any self-insurance retentions.	
24	Along with the description provided in <b>Exhibit 22</b> , provide the nature and results of any other material reorganization, readjustment or success of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise than in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such a proceeding.	
25	Two most recent year's financial statements for the Applicant, specifically 'Balance Sheets' and 'Profit and Loss Statements'. Specifically, labeled as: <b>Appendix 25a</b> (Balance Sheet #1); <b>Appendix 25b</b> (Balance Sheet #2); <b>Appendix 25c</b> (Profit and Loss Statement #1); and <b>Appendix 25d</b> (Profit and Loss Statement #2).	

- End -