

### **Lottery and Gaming Control Commission**

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

## SPORTS WAGERING CONTRACTOR LICENSE APPLICATION

Form #4005

| Applicant: _ |  |  |  |  |
|--------------|--|--|--|--|
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|              |  |  |  |  |
| Data.        |  |  |  |  |

#### **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 Contractor License is required to conduct and operate sports wagering in Maryland in conformance with Maryland's Sports Wagering Law.

Failure or refusal to adhere to 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 AND REQUIREMENTS**

An Applicant for a Sports Wagering Contractor 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; COMAR 36.10.06.

Only the holder of a valid Sports Wagering Contractor license issued by the Commission may conduct, offer, or operate sports wagering contractor services for a sports wagering licensee under SG § 9-1E-01 *et seq.* COMAR 36.10.06.

A Sports Wagering Contractor has the meaning stated in COMAR 36.10.01. A Sports Wagering Contractor may be a Tier 1 Contractor or a Tier 2 Contractor as defined in COMAR 36.10.01. A Sports Wagering Contractor License authorizes a licensee to contract with a sports wagering licensee to conduct, offer, or operate sports wagering contractor services for a Sports Wagering Licensee.

#### **Special Notes:**

- 1) As defined in COMAR 36.10.01, the Contractor must be licensed by the Commission before <u>any</u> contact with sports wagering equipment occurs.
- 2) The Applicant for a Sports Wagering Contractor License must have a written agreement or contract with a Sports Wagering Licensee or a Sports Wagering License Applicant *before* submitting a Sports

Wagering Contractor Application. The written agreement or contract must be submitted to the Commission.

3) Each of the Applicant's principal employees, as defined in COMAR 36.10.01, is required to submit a Principal Employee License Application, Form 1004 or a Sports Wagering / Gaming Employee License Application as described in Sections C.2 and C.3.

#### **FEES AND COSTS**

#### **Application fee:**

#### **Sports Wagering Contractor, Tier 1**:

\$1,500 for a Tier 1 Sports Wagering Contractor, as defined in COMAR 36.10.01.

#### **Sports Wagering Contractor, Tier 2**:

\$750 for a Tier 2 Sports Wagering Contractor, as defined in COMAR 36.10.01.

#### **License fee:**

#### **Sports Wagering Contractor, Tier 1:**

\$2,500 for a Sports Wagering Contractor License, Tier 1.

#### **Sports Wagering Contractor, Tier 2**:

\$800 for a Sports Wagering Contractor License, Tier 2.

#### License renewal fee:

Sports Wagering Contractor, Tier 1: \$2,500 Sports Wagering Contractor, Tier 2: \$800

#### **Background investigation costs:**

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

#### TERM OF LICENSE, RENEWALS, EXEMPTIONS

#### Term:

A Maryland Sports Wagering Contractor License is valid for **five years**.

#### **Renewal process:**

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

- a. Submits an application for renewal to the Commission at least 1 year before the licensee's license expires (COMAR 36.10.06.04);
- b. 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.);
- c. Submits to a background investigation (COMAR 36.10.06);
- d. Reimburses the Commission for all costs associated with the background investigation (COMAR 36.10.03); and
- e. Pays license renewal fees and costs described above in "Fees and Costs".

#### **Exemptions:**

As provided in COMAR 36.10.06, a Sports Wagering Contractor is exempt from:

- 1) Bond requirements, if a Sports Wagering Contractor is covered by the performance bond of the sports wagering licensee with which it contracts; and
- 2) Labor peace agreement requirements under SG §9-1E-07(6)(e)(v), unless the Sports Wagering Contractor is engaged under a management agreement, or as a lessee or tenant.

**Note**: If a Sports Wagering Contractor is not covered by the performance bond of the Sports Wagering Licensee with which it contracts, the Commission may require a performance bond in an amount that relates to the work performed by the Sports Wagering Contractor.

#### 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 the application.

<u>Note:</u> 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 Contractor License application process, and during the period of licensure, if the Commission issues a license, the Maryland Lottery and Gaming Control Agency Regulatory Licensing and Background 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, Sports Wagering / Gaming Employee and Non-Sports Wagering / Gaming 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) submit a payment via option 'A' or 'B' in a timely manner, pursuant to Sports Wagering 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: <u>Regulatory Licensing and Background Investigations Division</u> 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 <u>required</u> to send an email to the Licensing Division (<u>gaming.services@maryland.gov</u>), entitled "Payment Notification."

The email must notify the Commission of the following:

- a. The Batch Number (or Batch Numbers if payment is being made for multiple applicants);
- b. The name of the Applicant's sports wagering company;
- c. The type of application the Applicant is submitting;
- d. If the Applicant is submitting payment for more than one application, the types and numbers of each application submitted; and

e. The certified / bank check, money order or wire transfer number.

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#### **SECTION A - IMPORTANT NOTICES**

- A.1 This form is an official document of the Maryland Lottery and Gaming Control Commission ("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** The Maryland Sports Wagering Contractor 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 what is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's own expense.
- A.3 You <u>must</u> 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 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 and the posting of a bond that may be required by the Commission. The application will not be processed until the fees are submitted.
- **A.5** The Applicant is under a continuing obligation to **promptly** disclose any changes in the information provided in the application, as well as, any changes to the materials submitted in connection with this Application. The duty to make such additional disclosures shall continue throughout any period of the licensure.
- **A.6** The Applicant shall **promptly** provide written notification to the Commission of any corrections or changes to this application once submitted or to any of the materials submitted in connection with this Application. The duty to notify the Commission of any changes or corrections shall continue throughout any period of licensure.
- **A.7** 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 and Gaming Law.
- **A.10** All submissions with and for this application become the property of the Commission and <u>will not</u> be returned.
- **A.11** Once the application has been submitted to the Commission, the Applicant <u>may not</u> withdraw its application without the 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 Contractor 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** All required documentation must be submitted at the time of submitting this Application.
- **B.4** 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 <a href="https://egov.maryland.gov/BusinessExpress/EntitySearch/Search">https://egov.maryland.gov/BusinessExpress/EntitySearch/Search</a>). 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.5 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.6** The Commission may request additional financial and other information as needed.
- **B.7** The license and application fees described in the "Fees and Costs" section of this Application and authorized by COMAR are non-refundable. COMAR 36.10.02. 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 CONTRACTOR LICENSE APPLICATION FORMS

| The forms and electronic | submissions of | applications | related to | a Sports | Wagering | Contractor | License a | re |
|--------------------------|----------------|--------------|------------|----------|----------|------------|-----------|----|
| as follows:              |                |              |            |          |          |            |           |    |

C.1 Sports Wagering Contractor Application and Disclosure Information (Form 4005)

| Maryl            | and Lottery and Gaming Control Commission Sports Wagering Contractor License Application Form # 4005  |  |  |  |  |
|------------------|---|--|--|--|--|
| C.2              | Principal Employee License Application (Form 1004) - An individual who is a Principal of the Applicant for a Sports Wagering Contractor (Tier 1) 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.  |  |  |  |  |
|                  | <b>Note</b> : The Applicant is required to designate an individual to administer the submission of the Principal Employee License Applications for the Applicant. The designated 'eLicensing' Administrator will be required to contact the Licensing Division (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 / Gaming Employee License (Form 2001) - An individual who is a Principal of an Applicant for a Sports Wagering Contractor (Tier 2) License, must submit a Sports Wagering / Gaming Employee License Application to the Commission. Sports Wagering / Gaming Employee License Applications are submitted to the Commission electronically via the 'eLicensing' system. Paper applications for Sports Wagering / Gaming Employee Licenses will not be accepted by the Commission.   |  |  |  |  |
| C.4              | 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.5              | Sports Wagering Institutional Investor Waiver Application (Form 4007) — A company 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 Sports Wagering Institutional Investor Waiver Applications will not be accepted by the Commission. |  |  |  |  |
|                  | SECTION D - DEFINITIONS   |  |  |  |  |
| all sp<br>applic | to the list of Definitions in the Sports Wagering Law in COMAR 36.10.01, which are applicable to ports wagering applications. Additional resources for gaming applications; instant bingo license rations; and sports wagering license applications are available on the Maryland Lottery and Gaming rol Agency's website: <a href="https://www.mdgaming.com/licensing/">https://www.mdgaming.com/licensing/</a> .  |  |  |  |  |
|                  | SECTION E - APPLICANT INFORMATION   |  |  |  |  |
| E.               | 1 NAME OF APPLICANT *   |  |  |  |  |
|                  | it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed a State or Federal Government.  |  |  |  |  |
| Doing            | g Business As (D/B/A) or Trade Name(s):   |  |  |  |  |
| -                |   |  |  |  |  |

Maryland Lottery and Gaming Control Commission Sports Wagering Contractor License Application Form # 4005 **E.2 CONTRACTOR BUSINESS** Describe, in detail, the type of product and/or service(s) you intend to provide: LICENSEE ASSOCIATION **E.3** Name the Sports Wagering Licensee(s) or Sports Wagering License Applicant(s) with whom you have an agreement: APPLICANT'S FORM OF ORGANIZATION **E.4** Check one: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ C-Corporation☐ Limited Liability Company ☐ S-Corporation □ Trust ☐ Other (Describe) \_\_ POINT-OF-CONTACT FOR APPLICANT **E.5** Title / Position Name **Email Address** Telephone Number Fax Number APPLICANT'S PRINCIPAL ADDRESS **E.6** Address Line 1 (Street Location) Address Line 2 City Zip code State Telephone Number Fax Number Country ) ) Mailing Address – If Different from Above Address Line 1 Address Line 2 City State Zip code

Form - 4005 (Rev September 23, 2021)

Country

Web Site Address(es)

Fax Number

)

Telephone Number

Maryland Lottery and Gaming Control Commission Sports Wagering Contractor License Application Form # 4005

#### 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. <u>INCORPORATORS / FOUNDERS</u>

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

## c. <u>MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION, ("Maryland SDAT"), COMPLIANCE</u>

- 1. Is the Applicant registered with Maryland SDAT to do business in Maryland:  $\square$  Yes  $\square$  No
- 2. If "No," you are **PROHIBITED from conducting business in Maryland** and you **MAY NOT** apply for a Sports Wagering Contractor 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 State Department of Assessments and Taxation (Maryland SDAT). Submit a .pdf of the Applicant's "Good Standing" status with the Maryland SDAT, <u>not</u> a certificate from the Maryland Comptroller's Office. Upload the "Good Standing" .pdf from Maryland SDAT into 'eLicensing' system on the Applicant Case Checklist Item page, see Instruction B.4 for additional information.

The Applicant may print and upload a copy of the 'General Information' page that displays the status (found on <a href="https://egov.maryland.gov/BusinessExpress/EntitySearch/Search">https://egov.maryland.gov/BusinessExpress/EntitySearch/Search</a>). 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.

#### E.8 OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS

Use <u>Exhibit 2</u> 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 the applicable information on the Exhibit.

| Mary    | vland Lotter | v and Gaming | <b>Control Commission</b> | Sports Wagering | <b>Contractor License</b> | <b>Application</b> | Form # 4005     |
|---------|--------------|--------------|---------------------------|-----------------|---------------------------|--------------------|-----------------|
| TATEL ! | iana Docter  | y and Gaming | Control Commission        | Sports magering | Contractor License        | 11ppiicution       | 1 01111 // 1005 |

#### E.9 CURRENT ADDRESSES OF APPLICANT

Use <u>Exhibit 3</u> 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 the applicable information on the Exhibit.

#### E.10 APPLICANT'S BUSINESS BACKGROUND

Use <u>Exhibit 4</u> to provide a detailed description of the Applicant's business; type(s) of goods or services the Applicant anticipates providing to the sports wagering licensee; and the name(s) of the sports wagering licensee to which the Applicant's goods and/or services are to be provided.

#### E.11 APPLICANT'S AGREEMENT TO CONDUCT BUSINESS

Use <u>Exhibit 5</u> to provide details of the agreement that the Applicant has entered into with Sports Wagering Licensee(s) or Sports Wagering License Applicant(s). The exhibit should be uploaded into 'eLicensing' on the Applicant Case Checklist Item page.

#### E.12 APPLICANT'S SUBSIDIARIES

Use **Exhibit 6** to provide details of each entity in which the Applicant has an ownership interest. The exhibit should be uploaded into 'eLicensing' on the **Applicant Case Checklist Item** page.

## E.13 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 <b>applied</b> in <u>any</u> 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 <b>applied</b> in <u>any jurisdiction</u> for a license, permit or other authorization to conduct or offer gambling operations (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," question a., b., or c, use <b>Exhibit 7</b> to provide detailed information. If "No," write "None' in the first row on <b>Exhibit 7</b> .   |

## E.14 APPLICANT'S EMPLOYEES CONDUCTING BUSINESS WITH A SPORTS WAGERING LICENSEE

Use **Exhibit 8** to provide details concerning the Applicant, or any employee(s) of the Applicant, who:

- a. Entered into an agreement with, or intends to deal directly with, a Sports Wagering Licensee or Sports Wagering License Applicant (e.g. software designer, system designer, production engineer, security officer, device fabricator, field service technician, project manager, and sales representatives);
- b. The immediate supervisor of each employee; and
- c. The immediate supervisor's supervisor.

#### **IMPORTANT:**

An Applicant applying for a **Tier 1** Sports Wagering Contractor License **must**:

- a) Submit a completed and notarized Authorization for Release of Information (Individual), **Exhibit 19**, for each employee listed on **Exhibit 8**;
- b) Submit a Sports Wagering / Gaming Employee License Application (**Form 2001**) for each employee of the Applicant listed on <u>Exhibit 8</u>. The application(s) should be submitted electronically to the Commission via MLGCA's "e-Licensing" system, see Section C.3 for further information; and
- c) Submit a Principal Employee License Application (**Form 1004**) for each employee listed as an immediate supervisor or an immediate supervisor's supervisor on **Exhibit 8**. The applications are submitted to the Commission **electronically** via MLGCA's "e-Licensing" system, see Section **C.2** for further information. Paper applications for Principal Employee Licenses <u>will not</u> be accepted by the Commission.

An Applicant applying for a **Tier 2** Sports Wagering Contractor License **must**:

- a. Submit a completed and notarized Authorization for Release of Information (Individual), **Exhibit 19**, for each employee listed on **Exhibit 8**; and
- b. Submit a Sports Wagering / Gaming Employee License Application (**Form 2001**) for each employee of the Applicant listed on **Exhibit 8**. The application(s) are submitted to the Commission **electronically** via MLGCA's "e-Licensing" system, see Section **C.3** for further information. Paper applications will not be accepted by the Commission.

#### E.15 CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 9** 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 Employee as defined in COMAR 36.10.01.

#### **IMPORTANT:**

An Applicant, or any individual who is a Director, Partner, Officer or Trustee of an Applicant for become a Sports Wagering Contractor License, (**Tier 1**), **must**:

- a) Submit a completed and notarized Authorization for Release of Information (Individual), **Exhibit 19**, for each individual listed on **Exhibit 9**; and
- b) Submit a Principal Employee License Application (**Form 1004**) to the Commission **electronically** via MLGCA's "e-Licensing" system. Paper applications for Principal Employee Licenses <u>will not</u> be accepted by the Commission.

#### **IMPORTANT**:

An Applicant, or any individual who is a Director, Partner, Officer or Trustee of an Applicant for a Sports Wagering Contractor License, (**Tier 2**), <u>must</u>:

- a) Submit a completed and notarized Authorization for Release of Information (Individual), **Exhibit 19**, for each individual listed on **Exhibit 9**; and
- b) Submit a Sports Wagering / Gaming Employee License Application (**Form 2001**) to the Commission **electronically** via MLGCA's "e-Licensing" system. Paper applications <u>will not</u> be accepted by the Commission.

#### E.16 FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 10** to provide 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.17 APPLICANT'S OWNERS

Use <u>Exhibit 11</u> to provide information for each person who directly or indirectly owns more than five (5) percent of the Applicant or its business. For publicly traded companies, only provide information for each person who directly owns more than five (5) percent of the Applicant or its business.

#### **IMPORTANT**:

An Applicant, or any individual who is an owner of an Applicant for a Sports Wagering Contractor License, (**Tier 1**), **must**:

- a) Submit a completed and notarized Authorization for Release of Information (Individual), **Exhibit 19**, for each individual listed on **Exhibit 11**; and
- b) Submit a Principal Employee License Application (**Form 1004**) to the Commission **electronically** via MLGCA's "e-Licensing" system. Paper applications for Principal Employee Licenses <u>will not</u> be accepted by the Commission.

#### **IMPORTANT:**

An Applicant, or any individual who is an owner of an Applicant for a Sports Wagering Contractor License, (**Tier 2**), **must**:

- a) Submit a completed and notarized Authorization for Release of Information (Individual), **Exhibit 19**, for each individual listed on **Exhibit 11**; and
- b) Submit a Sports Wagering / Gaming Employee License Application (**Form 2001**) to the Commission **electronically** via MLGCA's "e-Licensing" system. Paper applications <u>will not</u> be accepted by the Commission.

#### E.18 BANKRUPTCY OR INSOLVENCY PROCEEDINGS

Use <u>Exhibit 12</u> to provide information for bankruptcy or insolvency proceedings involving the Applicant or any person listed in <u>Exhibit 8</u>, <u>Exhibit 9</u>, <u>Exhibit 10</u> or <u>Exhibit 11</u>.

#### E.19

#### **CRIMINAL HISTORY**

#### **IMPORTANT**:

The Commission <u>will investigate</u> 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.

| Maryland Lo  | ttery and Gaming Control Commission Sports Wagering Contractor License Application Form # 4005   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| INSTRUC'   | <b>FIONS</b> for <u>Section E.19's Question</u>  |  |  |  |  |  |  |
| A. Yo B. Th C. Yo D. Yo E. Yo F. Th  | <ul> <li>B. The charges were dismissed or downgraded to a lesser charge;</li> <li>C. You completed a pretrial intervention or other rehabilitation or diversionary program;</li> <li>D. You were not convicted;</li> <li>E. You did not serve any time in a correctional facility;</li> <li>F. The charges or offenses happened a long time ago; or</li> </ul>   |  |  |  |  |  |  |
| B. Yo ch<br>C. Th  | bu have never been charged with or arrested for any crime or offense; bu were arrested or charged when you were under eighteen (18) years of age <u>and</u> your arrest or arge, including any sentence that a court imposed, was adjudicated entirely in juvenile court; or he records of the charge or arrest have been expunged pursuant to an order of court or otherwise aled by a court of competent jurisdiction. |  |  |  |  |  |  |
| Section  | E.19's Question:   |  |  |  |  |  |  |
| <ul><li>Hav</li><li>Hav</li><li>india</li><li>gam</li></ul>  | Have any of the Applicant's subsidiaries; or   |  |  |  |  |  |  |
| If "Yes," us   | e Exhibit 13 to provide information concerning criminal history.   |  |  |  |  |  |  |
| E.20   | TESTIMONY, INVESTIGATION OR POLYGRAPHS   |  |  |  |  |  |  |
| a. Has the Applicant or 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 |  |  |  |  |  |  |  |
| a. If " <b>Y</b>   | Yes," use <u>Exhibit 14</u> to describe the testimony, investigations or polygraphs.   |  |  |  |  |  |  |
| E.21   | LITIGATION   |  |  |  |  |  |  |
|  | t 15 to describe all existing civil litigation or any settled or closed legal action over the past ten o which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether   |  |  |  |  |  |  |

(10) 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

#### Maryland Lottery and Gaming Control Commission Sports Wagering Contractor License Application Form # 4005

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.22 ANTITRUST, TRADE REGULATION & SECURITIES MATTERS

a. Has the Applicant, or any of its principals, affiliates, intermediaries, subsidiaries or holding companies 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 laws, or similar laws of any jurisdiction entered against it?

Yes No

b. In the past ten (10) years, has the Applicant or its principals, affiliates, intermediaries, subsidiaries or holding companies been the subject of 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 of \$10,000 or more entered against it?

Yes No

c. If "Yes," to either question, use **Exhibit 16** to provide information for each subpoena, judgment, order, consent decree, or consent order.

#### **E.23** 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 <u>Applicant Case Checklist Item</u> page, labeled as:

Balance Sheet 1;

Balance Sheet 2:

Profit and Loss Statement 1; and

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.24 REOUEST FOR TRANSCRIPTS OF FEDERAL TAX RETURNS

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

The IRS <u>Form 4506-C</u> 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 Contractor 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.

| Maryland Lottery and Gaming Control Commission  | Sports Wagering Contractor License Application Form # 4005 |
|---|--|
| <b><u>Do not</u></b> complete or submit the two <b>IRS For</b> by a financial investigator. | m 4506-C forms until the Applicant is instructed to do so  |
| REMAINDER OF PAGE   | LEFT INTENTIONALLY BLANK                                   |
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#### **SECTION F - EXHIBITS**

#### **EXHIBIT 1** INCORPORATORS/FOUNDERS Please provide the Applicant's Incorporators/Founders. Note: Even if you are a Sole Proprietorship, provide applicable information on the Exhibit. Last Name Middle Name First Name Suffix (Jr., Sr., etc.) Occupation Title Address Line 1 Address Line 2 State/Province Postal Code City **Email Address** Phone Number Country Principal Employee License Application (Form 1004) submitted electronically via the 'eLicensing' system Yes No Yes No Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system Sports Wagering / Gaming Employee License Application (Form 2001) 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 **Email Address** Phone Number Country Principal Employee License Application (Form 1004) submitted electronically via the 'eLicensing' system ☐ Yes ☐ No Yes No Sports Wagering Principal Entity Disclosure Form (Form 4006) submitted electronically via the 'eLicensing' system Tyes No Sports Wagering / Gaming Employee License Application (Form 2001) submitted electronically via the 'eLicensing' system

#### **EXHIBIT 2:**

#### 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 the Exhibit.

| Name | Full Address | From | То |
|------|--------------|------|----|
|      |              |      |    |
|      |              |      |    |
|      |              |      |    |
|      |              |      |    |
|      |              |      |    |
|      |              |      |    |
|      |              |      |    |
|      |              |      |    |

#### **EXHIBIT 3:**

#### ADDRESSES OF APPLICANT

Provide all addresses which the Applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

| Address Specific Use |                | Dates |              |
|----------------------|----------------|-------|--------------|
| Address Line 1       | Address Line 2 |       |              |
| City                 | State/Province |       | Postal Code  |
| Country              | Email Address  |       | Phone Number |
|                      |                |       |              |
| Address Specific Use |                | Dates |              |
| Address Line 1       | Address Line 2 |       |              |
| City                 | State/Province |       | Postal Code  |
| Country              | Email Address  |       | Phone Number |
| All C 'C II          |                | D .   |              |
| Address Specific Use |                | Dates |              |
| Address Line 1       | Address Line 2 |       |              |
| City                 | State/Province |       | Postal Code  |
| Country              | Email Address  |       | Phone Number |

# **EXHIBIT 4:** APPLICANT'S BUSINESS BACKGROUND **Description of Applicant's Business** Type of Goods or Services to be Provided to a Sports Wagering Licensee Name of Sports Wagering Licensee to Which such Goods or Services Are to be Provided

#### EXHIBIT 5: APPLICANT'S AGREEMENT TO CONDUCT BUSINESS

Provide details of the agreement that the Applicant has entered into with a Sports Wagering Licensee(s) or Sports Wagering License Applicant(s).

| The Date That the Applicant Formally Agreed to Conduct Business      | Anticipated Contract Start Date:          | Anticipated Contract Completion Date: |
|--|---|---------------------------------------|
| Terms of Compensation:   | An  | nount of Compensation                 |
| Nature of Contract or Agreement and Goods and/or Services to be Pro- | vided (Attach a copy of the <b>WRITTI</b> | EN agreement)                         |
|  |   |                                       |
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|  |   |                                       |
|  |   |                                       |

#### **EXHIBIT 6**

#### APPLICANT'S SUBSIDIARIES

Provide the following information with respect to each entity in which Applicant has an ownership interest and provide an organizational chart.

| Name and Address of Subsidiary |               |                          |              |             |                 |  |  |  |
|--------------------------------|---------------|--------------------------|--------------|-------------|-----------------|--|--|--|
| Other Name (If Applicable)     |               |                          |              |             |                 |  |  |  |
| Address Specific Use           |               |                          |              |             |                 |  |  |  |
| Address Line 1                 |               | Address Line 2           |              |             | Date at Address |  |  |  |
| City                           |               | State/Province           |              | Postal Code |                 |  |  |  |
| Country                        | Email Address |                          | Phone Number |             |                 |  |  |  |
|                                | Name ar       | nd Address of Subsidiary | 7            |             |                 |  |  |  |
| Other Name (If Applicable)     |               |                          |              |             |                 |  |  |  |
| Address Specific Use           |               |                          |              |             |                 |  |  |  |
| Address Line 1                 |               | Address Line 2           |              |             | Date at Address |  |  |  |
| City                           |               | State/Province           |              | Postal Code |                 |  |  |  |
| Country                        | Email Address |                          | Phone Number |             |                 |  |  |  |

**Sports Wagering Contractor License Application Form # 4005** 

#### **EXHIBIT 7:** LICENSES – (SPORTS WAGERING, CASINO, BINGO, GAMING and NON-GAMING)

| ,   | ,  |
|---|--|
| Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company of the other authorization to conduct or offer sports wagering operations (including single–game bets, tease in–game wagering, in–play bets, proposition bets, and straight bets, etc.)? |  |
| Has the Applicant, or any affiliate, intermediary, subsidiary, principal, or holding company of the other authorization to conduct or offer gambling (including slot machines, video lottery terminals, to Instant Bingo operations?  |  |
| Has the Applicant, or any affiliate, intermediary, subsidiary, principal or holding company of the A authorization offered or issued by any jurisdiction be denied, suspended or revoked in last ten-year   |  |
| List sports wagering operations FIRST, casino operation licenses SECOND, instan   | nt bingo licenses THIRD gaming licenses FOURTH and |

## <u>List sports wagering operations FIRST, casino operation licenses SECOND, instant bingo licenses THIRD gaming licenses FOURTH and non-gaming licenses FIFTH.</u>

| Type of License or<br>Permit | Name and Location of<br>Governmental Entity | Application<br>Number | Disposition (i.e.<br>Granted, Denied,<br>Pending, Expired,<br>Suspended, Revoked<br>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 8: APPLICANT'S EMPLOYEES CONDUCTING BUSINESS WITH SPORTS WAGERING LICENSEE

Provide the following information for each employee who entered into an agreement with or intends to deal directly with the Sports Wagering Licensee or Sports Wagering License Applicant. Include individuals such as: software designers, system designers, production engineers, security officers, device fabricators, field service technicians, project managers, and sales representatives; the immediate supervisors of each employee; and the immediate supervisor's supervisor.

Each employee listed in Exhibit 8 must submit an Authorization for Release of Information (Individual) form and either a Principal Employee License Application or Sports Wagering / Gaming Employee License Application via the 'eLicensing' system, as described in E.14.

|                  |                           |            |                            | Name and               | d Addres | s      |                             |             |                             |                  |
|------------------|---------------------------|------------|----------------------------|------------------------|----------|--------|-----------------------------|-------------|-----------------------------|------------------|
| Last Name        |                           | First Name |                            |                        |          | Midd   | le Name                     |             | Suffix                      | Date of Birth    |
| Home Address     |                           |            | City                       |                        | State/Pr | ovince |                             | Postal Code | Country                     |                  |
| Business Address |                           |            | City                       |                        | State/Pr | ovince |                             | Postal Code | Country                     |                  |
| Email Address    | Phone Nu                  | mber       |                            | Social Securit         | y #      |        | Title/Positi                | ion         | Years / Mor                 | ths with Company |
|                  |                           |            |                            | Name and               | d Addres | S      |                             |             |                             |                  |
| Last Name        |                           | First Name |                            |                        |          | Midd   | le Name                     |             | Suffix                      | Date of Birth    |
| Home Address     |                           |            | City                       |                        | State/Pr | ovince |                             | Postal Code | Country                     | 1                |
| Business Address | Address City              |            | State/Province Postal Code |                        | Country  |        |                             |             |                             |                  |
| Email Address    | Phone Number Social Secur |            | Social Securit             | urity # Title/Position |          |        | Years / Months with Company |             |                             |                  |
|                  |                           |            |                            | Name and               | d Addres | s      |                             |             |                             |                  |
| Last Name        |                           | First Name |                            |                        |          | Midd   | le Name                     |             | Suffix                      | Date of Birth    |
| Home Address     |                           |            | City                       |                        | State/Pr | ovince |                             | Postal Code | Country                     | 1                |
| Business Address |                           |            | City                       |                        | State/Pr | ovince |                             | Postal Code | Country                     |                  |
| Email Address    | Phone Nu                  | mber       |                            | Social Securit         | y #      |        | Title/Positi                | ion         | Years / Months with Company |                  |

Last Name

Home Address Line 1

Form – 4005 (Rev September 23, 2021)

Suffix (Jr., Sr.,

etc.)

Date of Birth

#### EXHIBIT 9: CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

First Name

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

For <u>Publicly Traded Companies</u>, list only those who will be involved in the conduct of the Applicant's business with a Sports Wagering Licensee or Sports Wagering License Applicant.

Each individual listed in Exhibit 9 must submit an Authorization for Release of Information (Individual) form and a Principal Employee License Application or Sports Wagering / Gaming Employee License Application as described in Section E.15.

Name, Home Address & Business Address of Director, Partner, Officer or Trustee

Middle Name

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Home Address Line 2

| City                |  |                 |        |                | State | e/Province                    | Postal Code                            |                           |      |               |  |
|---------------------|--|-----------------|--------|----------------|-------|-------------------------------|--|---------------------------|------|---------------|--|
| Country             | Email Ado  | dress           | Те     | lephone Number | Fax   | Number                        | Social Security Number                 |                           |      |               |  |
| Title/Position      |  | Held from (Date | e)     | Held to (Date) | Ann   | ual Compensation              | Structure of Compensation              |                           |      |               |  |
|                     | Name, Home Address & Business Address of Director, Partner, Officer or Trustee |                 |        |                |       |                               |  |                           |      |               |  |
| Last Name           |  | Fir             | st Nam | e              |       | Middle Name                   | Suffix (Jr., Sr., etc.)  Date of Birth |                           |      | Date of Birth |  |
| Home Address Line 1 |  |                 |        |                |       | ne Address Line 2             |  |                           |      |               |  |
| City                |  |                 |        |                | State | e/Province                    |  | Postal                    | Code |               |  |
| Country             | Email Ado  | dress           | Те     | lephone Number | Fax   | Number Social Security Number |  | Security Number           |      |               |  |
| Title/Position      |  | Held from (Date | e)     | Held to (Date) | Ann   | ual Compensation              | Struc                                  | Structure of Compensation |      |               |  |

#### **EXHIBIT 10:** 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 Address & Business Address of Director, Partner, Officer or Trustee

| Last Name           |                                    | First N          | Vame                   | Middle Name                     |                                     | Suffix (Jr., Sr., etc.) | Date of Birth |  |
|---------------------|------------------------------------|------------------|------------------------|---------------------------------|-------------------------------------|-------------------------|---------------|--|
| Home Address Line   | : 1                                | ·                |                        | Home Address Line 2             |                                     |                         | •             |  |
| City                |                                    |                  |                        | State/Province                  | Pe                                  | ostal Code              |               |  |
| Country             | Email A                            | Address          | Telephone Number       | Fax Number                      | Se                                  | ocial Security Number   |               |  |
| Most Recent Title/F | Position                           | Held from (Date) | Held To (Date)         | Annual Compensation             | Structure of Compensation           |                         |               |  |
| Explain Circumstan  | ces for Leav                       | ving:            |                        |                                 | I                                   |                         |               |  |
|                     |                                    |                  |                        |                                 |                                     |                         |               |  |
|                     |                                    | Name, Hom        | e Address & Business A | ddress of Director, Partner, Of | ficer or Trustee                    | 2                       |               |  |
| Last Name           |                                    | First N          | lame                   | Middle Name                     |                                     | Suffix (Jr., Sr., etc.) | Date of Birth |  |
| Home Address Line   | : 1                                |                  |                        | Home Address Line 2             |                                     |                         | 1             |  |
| City                |                                    |                  |                        | State/Province                  | P                                   | ostal Code              | tal Code      |  |
| Country             | try Email Address Telephone Number |                  | Telephone Number       | Fax Number S                    |                                     | ocial Security Number   |               |  |
| Most Recent Title/F | Position                           | Held from (Date) | Held to (Date)         | Annual Compensation             | pensation Structure of Compensation |                         |               |  |
|                     |                                    | 1                |                        |                                 |                                     |                         |               |  |

#### **EXHIBIT 11:**

#### **APPLICANT'S OWNERS**

Provide the following information for each individual or person who directly or indirectly owns more than five (5) percent of the Applicant or its business. For publicly traded companies, only provide information for each individual or person who directly owns more than five (5) percent of the Applicant or its business.

Each individual listed in <u>Exhibit 11</u> must submit an Authorization for Release of Information (Individual) form and a Principal Employee License Application or Sports Wagering / Gaming Employee License Application as described in Section E.17.

| Name and Address   |                                    |                      |                                     |                           |                        |                         |               |  |  |  |  |
|--|------------------------------------|----------------------|-------------------------------------|---------------------------|------------------------|-------------------------|---------------|--|--|--|--|
| Last Name  |                                    | First Name           |                                     | Middle Name               |                        | Suffix (Jr., Sr., etc.) | Date of Birth |  |  |  |  |
| Home Address Line 1                                      |                                    |                      | Home Add                            | ress Line 2               |                        |                         |               |  |  |  |  |
| City   |                                    |                      | State/Provi                         | nce                       | Postal                 | Code                    |               |  |  |  |  |
| Country  |                                    |                      |                                     | ress                      | Contac                 | t Number                |               |  |  |  |  |
| Percent of Ownership                                     | Date A                             | equired              | Employer I                          | D Number                  | Social Security Number |                         |               |  |  |  |  |
| Describe Nature, Type, Terms and Conditions of Ownership |                                    |                      |                                     |                           |                        |                         |               |  |  |  |  |
|  |                                    |                      |                                     |                           |                        |                         |               |  |  |  |  |
| Name and Address   |                                    |                      |                                     |                           |                        |                         |               |  |  |  |  |
| Last Name  |                                    | First Name           |                                     | Middle Name               |                        | Suffix (Jr., Sr., etc.) | Date of Birth |  |  |  |  |
| Home Address Line 1                                      |                                    | Home Add             | ress Line 2                         |                           |                        |                         |               |  |  |  |  |
| City   |                                    |                      | State/Provi                         | nce                       | Postal                 | Postal Code             |               |  |  |  |  |
| Country  |                                    |                      | Email Add                           | ress                      | Contac                 | Contact Number          |               |  |  |  |  |
| Percent of Ownership                                     | Percent of Ownership Date Acquired |                      | Federal Employer ID Number Social S |                           | Social S               | ecurity Number          |               |  |  |  |  |
|  |                                    | Describe Nature, Typ | pe, Terms an                        | d Conditions of Ownership |                        |                         |               |  |  |  |  |
|  |                                    |                      |                                     |                           |                        |                         |               |  |  |  |  |
|  |                                    |                      |                                     |                           |                        |                         |               |  |  |  |  |

#### EXHIBIT 12

#### BANKRUPTCY OR INSOLVENCY PROCEEDINGS

Provide information for any bankruptcy or insolvency proceeding involving the Applicant or any person listed in **Exhibit 8**, **Exhibit 10** or **Exhibit 11**.

| Date Petition Filed or Relief<br>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            |                                 |   |
|   |                                 |   |

| Maryland Lottery and Gaming Control Commission | ٨ | <b>Iarv</b> | land | Lotter | v and | Gaming | Control | Commission |
|--|---|-------------|------|--------|-------|--------|---------|------------|
|--|---|-------------|------|--------|-------|--------|---------|------------|

**Sports Wagering Contractor License Application Form # 4005** 

#### **EXHIBIT 13:**

#### **CRIMINAL HISTORY**

**NOTICE**: Prior to answering the following question, carefully review the DEFINITIONS and INSTRUCTIONS in **Section E.19**.

Do not complete **Exhibit 13** without reading and understanding the DEFINITIONS and INSTRUCTIONS in **Section E.19**. 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<br>Docket Number | Nature of Charge,<br>Indictment or<br>Complaint | Date of Charge or<br>Complaint | Name and Address<br>of Law Enforcement<br>Agency or Court<br>Involved | Disposition<br>(Acquitted,<br>Convicted,<br>Dismissed, Etc.) | Sentence | Name of Director,<br>Partner, Officer or<br>Trustee |
|-----------------------------------|---|--------------------------------|---|--|----------|---|
|                                   |   |                                |   |  |          |   |
|                                   |   |                                |   |  |          |   |
|                                   |   |                                |   |  |          |   |
|                                   |   |                                |   |  |          |   |

#### **EXHIBIT 14:**

#### TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS

Has Applicant or 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? If "Yes," provide the following information.

| Name and Address of Court or<br>Other Agency | Nature of Proceedings or<br>Investigation | Was Testimony or<br>Polygraph Given?<br>(Yes or No) | Dates on Which<br>Testimony or<br>Polygraph Was<br>Given | Approximate Time<br>Period of<br>Investigation | Director, Partner,<br>Officer or Trustee |
|--|---|---|--|--|--|
|  |   |   |  |  |  |
| Type of Proceeding or Investigation          |   | l   |  |  |  |

Type of Proceeding or Investigation

| Name and Address of Court or<br>Other Agency | Nature of Proceedings or<br>Investigation | Was Testimony or<br>Polygraph Given?<br>(Yes or No) | Dates on Which<br>Testimony or<br>Polygraph Was<br>Given | Approximate Time Period of Investigation | Director, Partner,<br>Officer or Trustee |
|--|---|---|--|--|--|
|  |   |   |  |  |  |

Type of Proceeding or Investigation

#### EXHIBIT 15: LITIGATION

Describe all existing civil litigation or any settled or closed legal action over the past ten (10) 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<br>Involved in Litigation | Name of All Parties Involved in<br>Litigation | Nature of Claim(s) and Judgment (If Judgment Has<br>Been Rendered) |
|--------------------------------|---|---|--|
|                                |   |   |  |
|                                |   |   |  |
|                                |   |   |  |
|                                |   |   |  |

|  | Maryland 1 | Lottery and | d Gaming | Control | Commission |
|--|------------|-------------|----------|---------|------------|
|--|------------|-------------|----------|---------|------------|

**Sports Wagering Contractor License Application Form # 4005** 

| EXHIBIT 16 ANTITR                   | RUST, TRADE REGULATION & SI                 | ECURITIES MATTERS  |
|-------------------------------------|---|--|
|                                     |   | npanies ever been subject to a subpoena, judgment, order, consented regulation or securities laws, or similar laws of any jurisdiction Yes No    |
|                                     |   | sidiaries or holding companies ever been the subject of a judgment ties law, similar laws or other code of any jurisdiction that resulted Yes No |
|                                     | Subpoena or Offense                         |  |
| Name of Case & Docket Number        | Date of Subpoena, Judgment, Order or Decree | Name & Address of Agency or Court  |
| Nature of Subpoena or Offense       |   |  |
| Disposition: Acquitted Convicted    | Dismissed Other:                            |  |
| Nature of Judgment, Decree or Order |   |  |
|                                     | Subpoena or Offense                         |  |
| Name of Case & Docket Number        | Date of Subpoena, Judgment, Order or Decree | Name & Address of Agency or Court  |
| Nature of Subpoena or Offense       |   |  |
| Disposition: Acquitted Convicted    | Dismissed Other:                            |  |
| Nature of Judgment, Decree or Order |   |  |

#### **EXHIBIT 17**

#### **REQUIRED ATTACHMENTS - EXPLANATIONS**

Provide an explanation for any attachment that is not applicable to the Applicant.

Applicants shall provide this information in addition to the information required by each exhibit.

| Attachment | Explanation |
|------------|-------------|
|            |             |
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#### EXHIBIT 18 AUTHORIZATION FOR RELEASE OF INFORMATION (BUSINESS)

| TO:  |  |
|--|--|
| FROM:  | (Leave BLANK - to be filled in by the Commission)  |
|  | ated Name of the Sports Wagering Contractor Applicant)   |
| I am an authorized representative of an  | Applicant for a Sports Wagering Contractor License in the State of Maryland.   |
| investigation of an Applicant for a Speto collect and evaluate information about to the Commission, and persons authorapplication documents; (2) conduct a information that the entity has provide   | y and Gaming Control Commission ("Commission") is required to conduct an orts Wagering Contractor license. That investigation requires the Commission out the entity that I represent. On behalf of the entity, I irrevocably give consent rized by the Commission, to: (1) verify all information provided in the license a background investigation of the entity; and to have access to any and all of to any other jurisdiction seeking a similar license in that jurisdiction, as well are jurisdiction during the course of any investigation that it may have conducted |
| this Authorization for Release of Information or business enterprise, including a conformation or private entity, to release to the Communication of the Com | rission to collect and evaluate information about the Applicant. By executing rmation, I authorize any: Local, State or Federal government unit; commercial assumer reporting agency, a non-profit entity, an individual or any other public amission any and all information about the Applicant and its principals that the information may be released in written, verbal, electronic, or any other form.   |
| behalf of the Applicant, I expressly w<br>unit, entity, or individual that release<br>Photo, facsimile, or electronic copy of  | arising from the release of the requested information to the Commission, on aive, release, discharge and forever hold harmless and agree to indemnify, the es information to the Commission under the authority of this Authorization. It this signed and dated Authorization shall be equally effective as an original.   |
| Signature of Individual Completin  | ng Form Date   |
| My affiliation with the Applicant is: $\Box$ Ov  | wner   Partner   Director   Officer   Other  |
| Printed Name   | Title  |
|  | NOTARY PUBLIC  |
| , certifies that or satisfactorily proven to be the individu Notification.   | in and for the County of   |
|  | Notary Public  |
| Stamp or Seal  | Printed Name   |
|  | My commission expires, 20  |
|  | , 20, 20,  |
|  |  |

Maryland Lottery and Gaming Control Commission Sports Wagering Contractor License Application Form # 4005

#### EXHIBIT 19 AUTHORIZATION FOR RELEASE OF INFORMATION (INDIVIDUAL)

| TO:  |   |
|--|---|
| (Leave BLANK - to be fi  | illed in by the Commission)   |
|  | ate's printed name)   |
|  | icant who is applying to the Maryland Lottery and Gaming cring Contractor License. I am affiliated with the Applicant /Supervisor/Employee   Other  |
|  | ors, is required by law to conduct an investigation of an s; proprietors; owners; certain employees; and certain other sary.  |
| Authorization for Release of Information, I authorize an business enterprise, including a consumer reporting agen  | and evaluate information about me. By executing this y: Local, State or Federal government unit; commercial or acy, a non-profit entity, an individual or any other public or information about me that the Commission requests. The electronic, or any other form. |
| expressly waive, release, discharge and forever hold harr<br>that releases information to the Commission, under the au   | release of the requested information to the Commission, I mless and agree to indemnify, the unit, entity, or individual athority of this Authorization.  dated Authorization shall be equally effective as an original.   |
| Signature of Individual Completing Form  | Date  |
| Printed Name   | Title   |
| NOTARY   | PUBLIC  |
| The undersigned, a Notary Public in and for the, certifies that the above named in or satisfactorily proven to be the individual whose name subsequence.  Notification.  This day of, 20 | adividual appeared in person, and before me, either known to me cribed to the within instrument and signed the Authorization and  |
|  | Notary Public   |
| Stamp or Seal  | Printed Name  |
| My   | commission expires, 20  |
|  |   |

#### EXHIBIT 20 AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

| I,  | (printed name  | e), am authorized to complet  | e and execute this Sports  |
|---|--|---|--|
| Wagering Contractor License Application or<br>name of Applicant). I am also authorized to p<br>Lottery and Gaming Control Commission, its<br>to make the representations set forth in this A  | rovide all of the in<br>employees, agen  | nformation requested on this  |  |
| I have read, and understand, every page of the information that I have provided on, or attaccurate, complete, and not misleading. I understand of an application for a license, or may to and including revocation of its license if it misrepresentation or omission on this Applic criminal liability. I understand and acknowl Commission if any information it provides the By a separate Authorization for Release of Infabout the Applicant that I represent, to release  | tis Application. Tached to, or other lerstand that any result in the Comhas been awarded ation may also suledge that the Ape Commission checommutation, I am automation, I am automatical | rwise submitted in connection misrepresentation or omission imposing sanctions or issued or denial of a licentification, or the Applicant topplicant has an ongoing dutanges. | on with this Application is n may lead to the delay or against the Applicant, up use. I understand that any hat I represent, to civil or y to promptly notify the idual that has information |
| an applicant for a Sports Wagering Contracto  |  | r   |  |
| On behalf of the Applicant and its successor harmless and agree to indemnify, the Commis representatives, from liability for any and all the State of Maryland may take related to tinformation in connection with investigating and the state of the state | ssion, the State of<br>claims or legal ac<br>the collection of   | Maryland, and their employed tion arising from any action   | ees, members, agents, and as that the Commission or  |
| Signature of Authorized Representative  |  | Date  |  |
| Printed Name of Authorized Represen   | <br>ntative  | Title   |  |
|   | NOTARY PUB   | BLIC  |  |
| The undersigned, a Notary Public in and   | d for the Cour<br>ove named individu<br>e name subscribed  | nty of  | ore me, either known to me igned the Authorization and   |
|   |  | Notary Public   |  |
| Stamp or Seal   |  | Printed Name  |  |
|   | My comm  | nission expires   | , 20   |
| Form = 4005 (Rev September 23, 2021)  | Day  | are 39 of 42  |  |

#### EXHIBIT 21 ACKNOWLEDGMENT AND DISCLOSURE

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

| i understand and acknowledge with my initials and signature ti  | ic following.   |
|---|---|
|   | mmission"), through its employees, agents and vendors, is required t for a license. Each applicant must prove by clear and convincing Initials  |
| I meet the legal requirements and qualifications for licensure.   | ense. I cannot obtain this license unless the Commission finds that I am required to submit correct and accurate information, and I am the Commission. Failure to disclose any required information will rity, and may disqualify me.  Initials   |
| if an applicant meets the eligibility and qualification requirem<br>not be limited to, information or reports about my: character;<br>and integrity; credit worthiness; financial stability; criminal a<br>specified in the application, or record of involvement with cir-   | t and evaluate various kinds of information or reports to determine ents for licensure. The background investigation will include, but general reputation; personal characteristics, including my honesty record, record of involvement with law enforcement agencies, as vil litigation. I have the right to request a complete and accurate opy of a summary of my rights under federal credit reporting law.  Initials   |
| contained within, attached to, or subsequent to, this application licensure. Therefore, I have a continuing obligation for the entito the information that I submit on this application; on any of document I submit subsequent to the submission of this application (physical/email addresses and phone numbers); company name or penalties imposed by any jurisdiction; arrests, charges, or correct the inability to maintain my I am requesting that the Co information about me to evaluate my eligibility for a Maryla | the specific information that I submit to the Commission, whether in. Changes to any of that information may alter my suitability for ire period I am licensed, to inform the Commission of any changes document attached with this application; or to any information or ation. Changes include, but are not limited to, contact information e changes; personnel changes; gaming or sports wagering sanctions provictions for any offense; my Maryland SDAT compliance status; mmission, through its employees, agents or vendors, obtain this and Sports Wagering Contractor license. I acknowledge that this me my application is pending and for the duration of any Sports Initials |
| Signature of Individual Completing Form   | Date  |
| Printed Name  | Title   |
| NOTARY  | PUBLIC  |
|   | ndividual appeared in person, and before me, either known to me cribed to the within instrument and signed the Authorization and  |
| Stamp or Seal   | Printed Name  |
| Му с  | ommission expires, 20   |
|   |   |

#### EXHIBIT 22 CERTIFICATION OF BUSINESS RELATIONSHIP

| LICENSEE:   |   |
|---|---|
| CONTRACTOR:   |   |
| CONTRACTOR:(Applicant)  | s Printed Name)   |
| I, (prince the Contractor stated above has entered into an agreer or services to this Sports Wagering Licensee. | nted name), am authorized to complete and execute (Sports Wagering Licensee Name). ment/contract to provide sports wagering related goods                 |
|   | ragering related goods and/or services to this Sports e goods and/or services to be provided):  |
|   |   |
| Signature of Sports Wagering Licensee Representative  | Date  |
| Printed Name  | Title   |
| NOTAR   | RY  |
| , certifies that the above named inc  | County of, in the State of dividual appeared in person, and before me, either known to me ribed to the within instrument and signed the Authorization and |
| This, 20  | _, and to which witness my hand and seal.   |
|   | Notary Public   |
| Stamp or Seal   | Printed Name  |
| My cor  | nmission expires, 20  |

#### **SECTION G - REQUIRED ATTACHMENTS**

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 <u>Applicant Case Checklist Item</u> page.

If an attachment is not applicable to the Applicant, indicate "<u>N/A</u>", then use <u>Exhibit 17</u> to <u>explain why it is not applicable</u>. Applicant shall provide this information **in addition** to the exhibits that are to be submitted.

| BUSINESS DOCUMENTS  |                     |
|---|---------------------|
| Certified copies of all charters, articles of incorporation, by-laws, articles of organization, operating agreements, partnership agreements, trust agreements or other similar documents of the Applicant, including all amendments.   | Uploaded N/A        |
| Proof of Registration with the Maryland State Department of Assessments and Taxation (Maryland SDAT). (Verification of "Good Standing" status)  | Uploaded (Required) |
| ANNUAL REPORTS  |                     |
| The most recent annual report of the Applicant that was submitted to shareholders, partners, members or other persons and meeting minutes from the last 12 months.  | Uploaded N/A        |
| The most recent annual report (s) filed with the Secretary of State or similar official for all states in which the Applicant conducts business.  | Uploaded N/A        |
| FINANCIAL STATEMENTS  |                     |
| The two most recent year's financial statements for the Applicant, specifically 'Balance Sheets' and 'Profit and Loss Statements'.  | Uploaded N/A        |
| PUBLICLY TRADED ENTITIES  |                     |
| A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of the two most recent annual reports prepared on Form 10K.  | Uploaded N/A        |
| A corporation that is a registrant with the Securities and Exchange Commission (SEC) shall submit a copy of the Form 10Q for the last two filings.  | Uploaded N/A        |
| A corporation that is a registrant with the SEC shall submit a copy of the most recent Form 8K filed with the SEC if filed after the latest 10K filing.   | Uploaded N/A        |
| ORGANIZATIONAL CHARTS   |                     |
| A flowchart illustrating the fully diluted ownership of the Applicant. List all parent, subsidiary or intermediary companies until the flowchart reflects 100% of the stock, partnership, membership or ownership interest as being held by an individual(s) and not other legal persons. If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart. | Uploaded N/A        |
| A chart showing the corporate structure of the Applicant  | Uploaded N/A        |
| An organizational chart identifying all officers, directors, managers, managing members, partners and key/managerial employees of the Applicant. Include position descriptions and the names of persons holding such positions.   | Uploaded N/A        |
| TAX RETURNS   |                     |
| All U. S. Corporate Income Tax Returns, or all U. S. Partnership Returns, or personal tax returns and state business or personal tax returns for the <b>past three years</b> . Include all amended returns, exhibits and attachments to tax returns.  | Uploaded N/A        |
| A list of all IRS 1099 recipients for the past year.  | Uploaded N/A        |
|   |                     |