



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

NON-GAMING and NON-SPORTS WAGERING CHANGE OF INFORMATION FORM

for currently approved
Registered Vendors

Form #1023U

1) Maryland Non-Gaming and Non-Sports Wagering Vendor Number:

Vendor Numbers are found on the Approved Vendors List on the website
<https://www.mdgaming.com/licensing/vendors/>

2) Vendor's CURRENT Business Name: _____

This name **MUST** match the name registered with Maryland SDAT

To be completed by the Vendor

3) Enter 'D/B/A' or 'T/A' name, if applicable: _____

None

To be completed by the Vendor

4) Sponsoring Entity: _____

(Maryland licensed casino, sports wagering operator, etc. – See D.6)

To be completed by the Vendor

5) Attach verification of **current Maryland State Department of Assessments and Taxation ("Maryland SDAT") regulation compliance:**

Visit <https://egov.maryland.gov/BusinessExpress/EntitySearch> **print and attach** the 'General Information' page for your company that displays current "Good Standing" or 'Trade Name Registration'. See **D.5**

(If you are notifying the Commission of a name change, this must verify that the Vendor's new name is registered.)

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

ACKNOWLEDGMENT

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

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

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

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

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

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

Acknowledged by (Signature) _____

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

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

(Signature) _____

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

NOTIFICATION TO COMMISSION

Check all that apply

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

- Business Name (if so, complete the explanation below *). A change to our business name, due to:
 - Sale of the company, acquisition of another company, or merger with another company
 - Changes within the company’s organization or structure
 - Rebranding
 - Other _____

Effective date of the name change: _____

NOTE: The change of a Vendor’s business name requires the Vendor to obtain an **updated Certification of Business Relationship form** from the Vendor’s Sponsoring Entity, and **submit it to the Commission.**

- Business ownership.
 - Our company has been or is going to be acquired by another company (See **B.6**)
 - Our company has merged or is going to merge with another company (See **B.6**)

The date that the acquisition or merger became/is anticipated to become effective _____

- Address
 - Physical address(s) (See **D.2**)
 - Email address or web address (See **D.2** or **D.3**)
- Point-of-Contact (See **D.3**)
- Owners / directors / partners (See **D.4**)
- Management employees / supervisory employees (See **B.6**)
- Maryland SDAT Department ID Number (See **D.5**)
- Other: _____
- Other: _____

*** Business Name Change**

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

_____ d/b/a _____.

Our company has changed names, or will be changing names. We are now known as, or will be known as:

_____ d/b/a _____.

SECTION A - IMPORTANT NOTICES

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

SECTION B – INSTRUCTIONS FOR REGISTERED VENDORS

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

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

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

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

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

If parent companies are present, the memorandum **must** describe whether the parent company will have any direct, or any indirect, contact with the sponsoring entity.

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

On **D.4**, enter "See attached memorandum" or "See attached letter" in the "Name" block.

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

SECTION C - SUBMISSION

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

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

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

SECTION D - VENDOR INFORMATION

D.1 CURRENT BUSINESS NAME

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

Doing Business As (d/b/a) or Trading As (t/a) Name(s): Check Here if **None**

D.2 VENDOR'S PRINCIPAL ADDRESSES

Describe the Vendor's use of this address (check all that apply to this address):
 Mailing Residential Corporate Production Development/Testing Warehouse Other _____

Address Line 1 _____

Address Line 2 _____

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

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

City	State	Zip
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Vendor's website _____ Vendor's telephone number _____

Describe the Vendor's use of this address (check all that apply to this address): **No Secondary Address**
 Mailing Residential Corporate Production Development/Testing Warehouse Other _____

Address Line 1 _____

Address Line 2 _____

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

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

City	State	Zip
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Vendor's website _____ Vendor's secondary location telephone number _____

D.3 VENDOR'S POINT-OF-CONTACT

*Point-of-Contact: (Name) _____ (Position/Title) _____
 *This individual **must** either have the authority to make decisions on behalf of the Vendor and/or be on-site at the gaming/sw facility.

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

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

D.4 VENDOR’S OWNERS, OFFICERS, DIRECTORS, ETC.

- 1) Provide the names of each person or entity who owns more than five percent (5%) of the Vendor or its business. See **B.6** for detailed instructions;
- 2) Provide the names of each officer, partner, director, CEO, CFO, etc. who will be directly/significantly involved in providing goods and/or services to the Sponsoring Entity; and
- 3) Provide the names of those individuals who manage, administer, control or supervise the Vendor’s activities with the casino or sports wagering facility, such as project managers, field supervisors, account managers, site superintendents, distribution managers, sales supervisors, account representatives, etc.

Name	Position / Title

Note: Attach additional copies of this page as needed.

D.5 COMPLIANCE WITH MARYLAND SDAT REGISTRATION

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

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

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

D.6 SPONSORING ENTITY

Provide the Casino; Gaming Manufacturer; Gaming Contractor; Sports Wagering Facility License; Sports Wagering Facility Operator License; Mobile Sports Wagering License; Online Sports Wagering Operator License; Sports Wagering Contractor License; Casino Construction Company; or certain authorized Non-Gaming and Non-Wagering Vendors with whom the Vendor has contracted:

D.7

VENDOR'S BUSINESS BACKGROUND

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

(b) DESCRIPTION OF THE SPECIFIC TYPE(S) OF GOODS OR SERVICES TO BE PROVIDED BY THE VENDOR TO THE SPONSORING ENTITY.

(c) NAME OF MARYLAND SPONSORING ENTITY(IES) TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED. List each entity.

(d) LIST OTHER VIDEO LOTTERY FACILITIES (CASINOS), SPORTS WAGERING FACILITIES, AND ONLINE SPORTS WAGERING OPERATIONS SERVED BY THE VENDOR. Provide a list of other jurisdictions where the Vendor conducts business related to gaming or sports wagering. (List by Name, City, State, Country). Applicant may attach a separate list, if necessary.

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

In Maryland:

Outside of Maryland:

(f) IN THE LAST TEN (10) YEARS, HAS THE APPLICANT HAD ANY GAMING OR SPORTS WAGERING LICENSE APPLICATION, LICENSE, PERMIT OR OTHER AUTHORIZATION ISSUED BY A GOVERNMENT AGENCY IN ANY JURISDICTION BE DENIED, SUSPENDED OR REVOKED? If "Yes," provide 1) type of license or permit; 2) jurisdiction; 3) details of jurisdiction's actions; and 4) current status of license or permit.

YES NO

Note: Attach additional copies of this page as needed

