# MLGCA 'eLicensing' Non-Gaming and Non-Sports Wagering Vendor Applicant Reference Guide



Maryland Lottery and Gaming Control Agency 1800 Washington Boulevard, Suite 330 Baltimore, Maryland 21230 3/24/2022

Welcome to the Maryland Lottery and Gaming Control Agency's electronic 'eLicensing' system. Vendor applicants seeking authorization to provide non-gaming and non-sports wagering goods and services to Maryland casinos and sports wagering entities will use the system to submit a request to the Maryland Lottery and Gaming Control Commission.

All of the steps necessary to submit a complete application are provided to you in this reference guide. Please note, for the compression of space, "Non-Gaming and Non-Sports Wagering" may be referred to as "N-G and N-SW" in various places throughout this guide.

If you have any questions about the 'eLicensing' system, forgot your system password, or have concerns, contact the casino's Procurement Office or the sports wagering entity with whom you are affiliated.

Hollywood Casino Perryville:
Ms. Jennifer O'Keefe jokeefe@hollywoodpv.com 410-378-1132
Ocean Downs Casino:
Vendor Admin OCDPO@oceandowns.com 410-641-0600 Ext. 3195
Maryland Live! Casino:
Procurement Office MDLiveVendors@livech.com 410-782-3346, 443-445-2413
Rocky Gap Casino Resort:
Vendor Admin RG-Vendors@goldenent.com 301-784-8411
Horseshoe Casino Baltimore:
Ms. Shakira Garcia sgarcia3@harrahs.com 443-931-4116
MGM National Harbor:
Procurement Office MNHOPSDIVERSITY@mgmnationalharbor.com 301-971-6962

\*\*\*\*\*\*

### Application fees must be submitted directly to:

(Wire Transfer, Certified/Bank/Business Check, or Money Order – <u>No personal checks</u>) Maryland Lottery and Gaming Control Agency (MLGCA) Attn: Regulatory Licensing and Background Investigations Division 1800 Washington Boulevard, Suite 330 Baltimore, Maryland 21230 (410) 230-8918

Email questions or concerns to the Non-Gaming and Non-Sports Wagering Goods and Services Coordination Team at: <u>NonGaming.Vendors@maryland.gov</u>

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### **Pay Careful Attention to the Following:**

Vendor Applicants must complete specific steps before submitting an application to the Maryland Lottery and Gaming Control Commission (MLGCC).

Applications received by the Maryland Lottery and Gaming Control Agency (MLGCA) with any of the four (4) following defects will cause significant delays in the processing of the vendor's request for approval and may result in the disqualification of the Vendor Applicant. The denial of a Vendor's application will prohibit the vendor from conducting any business with any Maryland licensed casino or sports wagering entity. The Vendor Applicant may reapply one (1) year after the date of the original denial finding.

- All vendors must obtain a (Sponsoring Entity's) 'Certification of Business Relationship' form page. Certification form pages can only be issued by a licensed Maryland Sponsoring Entity or by designated Certified Construction Vendors authorized to issue certifications. A vendor applicant is prohibited from completing the 'Certification of Business Relationship' form page. Certification form pages bearing the signature of a vendor applicant may be considered a material misrepresentation to the Commission, and may result in an automatic disqualification.
- 2) All vendors must be registered with the Maryland State Department of Assessments and Taxation (Maryland SDAT) at the time of Vendor application. The proof and verification must be sent to the Vendor Administrator from whom you received your login ID. The Vendor Administrator will upload and submit it via MLGCA's 'eLicensing' system with the Vendor application. The Vendor Admin will upload and submit the verification of compliance with Maryland SDAT regulations to the Commission as a Checklist Item. Maryland SDAT will determine whether the vendor is required to either:
  - File for and maintain "Good Standing" (the vendor is required to furnish the
     Commission with a verification of the 'Good Standing' status prior to completing the
     online Vendor Form application); or
  - B. File for a "Trade Name Registration".

- C. After completing the Maryland SDAT registration process, the Vendor Applicant must:
  - i. Go to https://egov.maryland.gov/BusinessExpress/EntitySearch
  - ii. Find their company's registration; print the 'General Information' page that displays the valid status. (MLGCA does not require the \$20 certificate.)
  - iii. Submit a copy of the page together with all the other documents and requiredNotarized documents to the Sponsoring Entity representative.
- 3) All Vendor Applicants must submit the required application fee to MLGCA prior to, or simultaneously with, the completion of the online Vendor application submittal.
  - A. The initial application fees established by Maryland COMAR are as follows:
    - i. Registered Vendor \$100
    - ii. Certified Vendor **\$ 1,000**
  - B. The renewal application fees established by Maryland COMAR are as follows:
    - i. Registered Vendor \$100
    - ii. Certified Vendor **\$ 500**
  - C. Vendor application fees are to be made payable to "<u>Maryland Lottery and Gaming</u> <u>Control Agency</u>".
  - D. <u>No</u> personal checks or credit card payments can be accepted. The fees must be submitted as a certified / bank / business check or money order. Fees must be sent directly to the following:
    - Maryland Lottery and Gaming Control Agency Attn: Regulatory Licensing and Background Investigations Division 1800 Washington Blvd, Suite 330 Baltimore, Maryland 21230
  - E. If the fees are sent via a wire transfer, payments are made as follows:
    - i. Bank Name: Wells Fargo Bank, N.A.
    - ii. Bank Address: 420 Montgomery Street, San Francisco, CA 94104
    - iii. Account Name: Maryland State Lottery
    - iv. ABA Routing Number: **121000248**
    - V. Swift Code: WFBIUS6S
    - vi. Account Number: **4928823376**

- F. <u>Important Notice</u>: All Vendor applicants are <u>required</u> to submit an email to MLGCA's Gaming Services at <u>gaming.services@maryland.gov</u> with notification of the Vendor application fee submittal, stating:
  - i. The name of the vendor company.
  - ii. The name of the Sponsoring Entity with whom they have entered into a business relationship.
  - iii. Type of Vendor application (Registered / Certified / Renewal ).
  - iv. The certified / bank / business check, money order, or wire transfer number.

| Vendor Application Fee Submittal                                                                                  | _ 2 ×   |
|-------------------------------------------------------------------------------------------------------------------|---------|
| Virtru Protection OFF (i)                                                                                         |         |
| MLGCA Gaming Services                                                                                             |         |
| Vendor Application Fee Submittal                                                                                  |         |
| ABC Supply, Inc. has submitted MLGCA check number 1234 in the sum of \$ 1,00<br>Certified Vendor application fee. | 0 for a |

#### G. Application fees are <u>non-refundable</u>.

4) All vendors must submit accurate and complete on-line applications via MLGCA's 'eLicensing' system. Vendor Applicants should carefully read all the instructions, carefully answer all sections, and thoroughly review the entire on-line application before submitting it to the Sponsoring Entity's Vendor Admin representative. Failure to submit requested and required information may result in the denial of a Vendor application. Refusal to rectify deficiencies in a timely manner following notification, or the submission of false or misleading information will result in the denial of the Vendor application.

### **Important Notices**

- 1) All Vendor applicants must make accurate statements and include all material facts. Failure or refusal to provide any required information in a timely manner; 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.
- 2) All Vendor applicants are required to disclose to the Commission those employees in positions of supervision or management who are responsible for directly/significantly overseeing, administering or controlling the provision of goods and/or services to a Maryland licensed casino or sports wagering entity. During the construction phase, individuals holding positions with job descriptions such as site superintendents, foremen, project managers, field supervisors, project supervisors and account representatives are required to be divulged. During the gaming/sports wagering and hospitality phase, individuals holding positions with job descriptions such as project managers, regional account managers, sales supervisors, and account representatives are required to be divulged.
- 3) The Commission's decision to deny or cancel an initial Vendor Registration or Vendor Certification application submittal, or denial of the renewal of 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.
- Any Vendor who has resolved the reason for the denial of an initial or renewal Vendor
   Registration or Vendor Certification application, may submit a new Vendor application, along
   with the required fee, 365 days after the date that the Commission rendered its final decision.
- 5) Reference copies of all Vendor forms containing further detailed instructions, may be found on MLGCA's Licensing webpage, under the 'Non-Gaming and Non-Sports Wagering Vendors' tab, in the "'Non-Gaming and Non-Sports Wagering Vendor Forms & Information" section, located at the following link: <a href="https://www.mdgaming.com/licensing/vendors/">https://www.mdgaming.com/licensing/vendors/</a>

6) A Vendor is under a continuing obligation to notify the Commission promptly, in writing, of any changes in the information provided to the Commission in either the initial application or any subsequent submission. The duty to inform the Commission before, or shortly after, the effective date of the requested application change, continues through the entire period the vendor registration or certification is granted.

### **Vendor Information Changes**

- 1) The Commission approves vendors to provide non-gaming and non-sports wagering goods and services to Maryland licensed casinos and sports wagering entities <u>based on the specific</u> information that the vendor submitted to the Commission. If a Vendor changes <u>any information</u> (e.g., business name; address; personnel; or ownership), it is no longer operating under the terms and conditions that the Commission approved. The Vendor must **notify the Commission**, <u>in writing</u>, and request authorization to continue providing non-gaming and non-sports wagering goods and services.
- 2) If a Vendor makes any changes to:
  - its business name;
  - the company structure (including being purchased by another company, merger with another company, or acquisition of another company);
  - any of the individuals who have direct and significant supervision of the provision of goods and services;
  - the services it intends to provide; or
  - any key individuals who were identified to the Commission initially (or updated subsequently);

the Vendor <u>must</u> submit a <u>Vendor Change of Information Form</u> (available on-line at <u>https://www.mdgaming.com/licensing/vendors/</u>), so long as the term of the initial application has not expired, or is not within 90 days of expiring.

Once the Commission reviews the Vendor Change of Information Form, the Vendor will be notified if further action or additional information is required.

**<u>Note</u>**: If a Vendor has changed names, a new Certification of Business Relationship form must be obtained from the Vendor's Sponsoring Entity.

### **Changes to a Vendor's Maryland SDAT Status**

If a Vendor makes any changes or updates to a Vendor's Maryland SDAT status (e.g., dissolving, cancelling, or reviving a Business Charter), the vendor must promptly notify the Commission via an email to <u>nongaming.vendors@maryland.gov</u>. When applicable, the Vendor must attach proof or evidence that deficiencies have been resolved.

### The Non-Gaming and Non-Sports Wagering Vendor eLicensing Process



### The Maryland Lottery and Gaming Control Agency (MLGCA) eLicensing System

The link for MLGCA's eLicensing system:

https://elicensing.msla.state.md.us/WebSite/Account/Login.aspx

The **Vendor Administrator** at the Sponsoring Entity will provide the **Vendor Applicant** their Username and Temporary Password to access the website.

In the event a Username or Password requires reset; the **Vendor Applicant** must contact the **Vendor Administrator** to have their password reset.

### APPLICANT NON-GAMING and NON-SPORTS WAGERING

### **VENDOR REGISTRATION FORM # 1023**

### Vendor Registration Applicant Log In - Vendor Form Completion

1. The **Vendor Applicant** will go to the link for MLGCA's eLicensing system:

https://elicensing.msla.state.md.us/WebSite/Account/Login.aspx

2. On this page, the **Vendor Applicant** will enter their assigned **Username** and temporary **Password** to begin their Vendor application.

| MaryLanD<br>Maryland Lottery and<br>Gaming Control Agency            |                                                                                                 | Help                           |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|
| Session Timeout - your session has expired due to an exte            | nded period of inactivity. You will need to reauthenticate to access the requested information. |                                |
| Log In                                                               |                                                                                                 |                                |
| Please enter your username and password or click <u>HERE</u> to comp | lete a LiveScan Registration Form.                                                              |                                |
| Account Information Username: dvnamico                               |                                                                                                 |                                |
| cynamos 22                                                           |                                                                                                 |                                |
| Password:<br>•••••••• B                                              |                                                                                                 |                                |
| C Keep me logged in                                                  | <u>,</u>                                                                                        |                                |
|                                                                      | Log In                                                                                          |                                |
|                                                                      |                                                                                                 |                                |
|                                                                      |                                                                                                 |                                |
| Guest                                                                | Form ID                                                                                         | Build: 1.4.5.0 Date: 8/30/2018 |

A. The Vendor Applicant will enter their Username provided by the Vendor Admin (A).

B. The **Vendor Applicant** will enter their temporary **Password** provided by the Vendor Admin (B).

- C. The Vendor Applicant will click on the Log In button (C).
- 3. The **Vendor Applicant** will receive a **Change Password** screen where they are required to change the **Temporary Password** provided by the Vendor Admin to a password of their own choosing.

| Maryland Lottery and<br>Gaming Control Agency                                                                                                                                                                          | n 📫   Help   Log Out                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change Password                                                                                                                                                                                                        |                                                                                                                                                                                                        |
| Use the form below to change your password.                                                                                                                                                                            |                                                                                                                                                                                                        |
| Passwords must be at feast 12 characters and meet the following criteria: at least 8e*+=_i-', has not been used in the previous 10 passwords; cannot only change b Account Information Old Password: A New Password: B | 1 number, at least 1 lowercase letter, at least 1 uppercase letter, at least 1 special character from this group 1@#\$%<br>y 1 character from previous passwords; and cannot be same as your username. |
| Confirm New Password:                                                                                                                                                                                                  |                                                                                                                                                                                                        |
| Cancel Change Password                                                                                                                                                                                                 |                                                                                                                                                                                                        |
| Login: dynamico / Roles: Applicant                                                                                                                                                                                     | Build: 1.4.5.0 Date: \$/30/2018                                                                                                                                                                        |

A. The **Vendor Applicant** enters the temporary password provided by the Vendor Admin (A).

B. The **Vendor Applicant** enters a new password that complies with the password rule requirements listed at the top of the screen (B).

C. The Vendor Applicant re-enters the new password (C).

D. The Vendor Applicant must then click on the Change Password button (D).

NOTE: In the event the **Vendor Applicant** hits the "**Enter**" key on their keyboard instead of selecting the "**Change Password**" button the user will have to start over.

4. A screen will appear indicating that the **Vendor Applicant** has successfully changed their password.

| MARYLAND<br>Maryland Lottery and<br>Gaming Control Agency | n   Help   Log Out             |
|-----------------------------------------------------------|--------------------------------|
| CHANGE PASSWORD                                           |                                |
| Your password has been changed successfully.              |                                |
| Continue                                                  |                                |
|                                                           |                                |
|                                                           |                                |
|                                                           |                                |
|                                                           |                                |
|                                                           |                                |
|                                                           |                                |
|                                                           |                                |
|                                                           |                                |
| Login: dynamico / Roles: Applicant                        | Build: 1.4.5.0 Date: 8/30/2018 |

The Vendor Applicant will select the Continue button to proceed with the Vendor application.

5. The **Vendor Applicant** will be presented with an **Acknowledgment and Disclosure**, which must be read and understood. The version displayed within this Vendor Applicant Reference Guide may be similar to the **Acknowledgment and Disclosure** form found in the application.

|   | Acknowledgment and Disclosure                                                                                                       |
|---|-------------------------------------------------------------------------------------------------------------------------------------|
|   | I understand and acknowledge the following:                                                                                         |
| ļ | am applying for a Maryland video lottery employee license. I cannot be employed in a job that requires a license unless             |
| 1 | the Maryland Lottery and Gaming Control Commission (The Commission) finds that I meet the legal requirements for                    |
| - | icensure. The Commission, through its employees, agents and vendors, is required by law to conduct a background                     |
|   | investigation of each applicant for a license.                                                                                      |
| 1 | During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to             |
| 1 | determine if applicants meet the eligibility requirements for licensure. I understand that the Commission and/or its                |
|   | employees, agents or vendors will conduct an investigation of my personal information (the "Background Investigation").             |
|   | The Background Investigation may include, but will not be limited to, information or reports about my: character; general           |
| 1 | reputation; personal characteristics, including my honesty and integrity; credit stability; criminal history (from state, federal   |
|   | and other agencies) or record of involvement with other litigation.                                                                 |
| 1 | understand that all applicants are required to be fingerprinted either by Live Scan or on a completed ten-print (hard card)         |
| - | applicant fingerprint card. These fingerprints will be submitted to the Maryland Criminal Justice Information System (MD            |
| 1 | CJIS) and the Federal Bureau of Investigation (FBI) where criminal background checks will be conducted. The use of the              |
| 1 | MD CJIS and FBI criminal history record information will be used to assist in the determination of suitability for the issuance     |
| - | of a Maryland video lottery employee license.                                                                                       |
|   | understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation         |
| - | and a copy of a summary of my rights under federal credit reporting law.                                                            |
| 1 | understand that I have the right to complete or challenge the accuracy of, the information contained in either the MD CJIS          |
| - | or the FBI identification record. Further, I have the right to be advised of the procedures for obtaining a change, correction,     |
| 1 | or updating a MD CJIS or FBI identification record.                                                                                 |
|   | am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to                    |
| 1 | evaluate my eligibility for a video lottery employee license. I acknowledge that this disclosure and authorization remain in        |
| - | effect during the time my application is pending and during the time of any video lottery employee license that I may be<br>granted |
|   |                                                                                                                                     |
|   |                                                                                                                                     |
|   | Acknowledge Decline                                                                                                                 |

6. The **Vendor Applicant** must read, understand, and acknowledge the form and select the appropriate button.

A. **Acknowledge** indicates that the **Vendor Applicant** has read, understood, and acknowledges the Disclosure.

The **Vendor Applicant** will be able to proceed with the completion of the application.

B. **Decline** indicates that the **Vendor Applicant** has read, understood, and does not agree with the Acknowledgment and Disclosure.

The **Vendor Applicant** will be unable to proceed with the application and the application will then close.

Screen Layout – Application Progress – Vendor Registration

| MARYLAND<br>Maryland Loftey and<br>Gaming Control Agency                                          |                            | na   Help   Log Out                                                                                                      |
|---------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| The current progress on your Vendor Registratic<br>button to send your application in for review. | n application is listed be | low. If you have not yet started your application, click on the first section to begin. Once completed, click the submit |
| Section                                                                                           | Progress                   |                                                                                                                          |
| Name, Address and Company Information                                                             | (0 of 6 Complete)          |                                                                                                                          |
| Directors, Partners, Officers and Trustees                                                        | (0 of 1 Complete)          |                                                                                                                          |
| Business Background                                                                               | (0 of 3 Complete)          |                                                                                                                          |
|                                                                                                   |                            | Preview Application Submit Application                                                                                   |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
|                                                                                                   |                            |                                                                                                                          |
| Login: dynamico / Roles: Applicant                                                                |                            | Build: 1.4.5.0 Date: 8/30/2018                                                                                           |
|                                                                                                   |                            |                                                                                                                          |

The Application Progress screen displays each section's progress towards the completion of the application.

#### **Screen Sections**

#### **Section - Application Progress**

#### **Application Progress Screen**

This page displays the status of an application in the order of sections, with the progress of those individual sections listed to the right of that row. In this example, the Section, <u>Name, Address and Company Information</u> shows that 0 of the possible 6 have been completed. This is the first and last screen a **Vendor Applicant** will see to start and eventually submit an application for processing.

The **Vendor Applicant** will click on the blue highlighted hyperlink "Name, Address and Company Information" to proceed.

### Screen Layout – General

Each screen has been arranged similar to the example below.

| MADVIAND                                                                                                        |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Maryland Lottery and                                                                                            | i Help   Log Out                                                                |
| Garning Control Agency                                                                                          |                                                                                 |
|                                                                                                                 |                                                                                 |
| Application On Hold 1                                                                                           |                                                                                 |
| NAME OF APPLICANT                                                                                               | 3 Save                                                                          |
| 1.* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other officia | documents filed with a State or Federal Government.                             |
| "Name:                                                                                                          |                                                                                 |
| "Doing Business As (D/B/A) or Trade 2 -                                                                         |                                                                                 |
| Name(s):                                                                                                        |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
| 5 4                                                                                                             |                                                                                 |
|                                                                                                                 |                                                                                 |
| Previous Next OHold O Completed                                                                                 | e                                                                               |
|                                                                                                                 | 1                                                                               |
| r=                                                                                                              |                                                                                 |
| Name Principal Addresses Point-Of-Contact Current Directors Maryland SDAT Comple                                | ance Company Association Contracted Value Business Background Services Provided |
| Other Casinos Served                                                                                            |                                                                                 |
| Login: dynamico / Roles: Applicant                                                                              | Build: 1.4.5.0 Date: 8/30/2018                                                  |
|                                                                                                                 |                                                                                 |

1. Tabs

- A. **Application** user may input data into the selected screen
- B. **On Hold** contains those data screens where the user placed a certain item on hold while still actively filling out the rest of the application.

2. Contains the data elements the user must input into the screen.

3. User must select the **Save button** once the data elements have been inputted into the screen.

4. User selects whether the data elements were **Completed**, if not, the user can place a **Hold** on certain items while still actively filling out the rest of the application.

5. User navigates the application by selecting the **Next** button to navigate to the next question, or the **Previous** button to go back to the previous question.

6. When a **User** is filling out the application, the **User** will see where they are in the completion of the application, and the sections addressed are bolded when completed or placed on hold.

### Screen Layout – Application Entry of Name

|                                                                                                                                                                                               | i Help   Log Out               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Guming Control Approx Application On Hold                                                                                                                                                     |                                |
| NAME OF APPLICANT 1. * As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed with a State or Federal Government. Name: | Save                           |
| Doing Business As (DH A) of Trade<br>Namels):                                                                                                                                                 |                                |
|                                                                                                                                                                                               |                                |
| Previous Next OHold Ocomoleted                                                                                                                                                                |                                |
| Name Principal Addresses Point-OF-Contact Maryland SDAT Compliance Company Association Contracted Value Current Directors Owners Employees Business Bac                                       | ckground                       |
| Legin milathy / Roless Applicant B                                                                                                                                                            | Suild: 1.4.5.0 Date: 6/13/2019 |

#### Section – Application Entry of Name

A. User selects the Application tab to begin inputting information into the application.

Name Area:

**User** inputs the name of the Vendor applicant.

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

**User** inputs the trade name or fictitious business name, under which the business or operation is conducted and presented.

### Screen Layout – Applicant's Principal Address

#### Section – Principal Addresses

| Applicant Addr              | ess                           | Secondary Add        | dress 🗌 No Secondary Address   |   |
|-----------------------------|-------------------------------|----------------------|--------------------------------|---|
|                             | Mailing                       |                      | Mailing                        |   |
|                             | Residential                   |                      | Residential                    |   |
| "Describe the               | Corporate                     | *Describe the        | Corporate                      |   |
| Applicant's use<br>of this  | Production                    | Applicant's use      | Production                     |   |
| address:<br>(check all that | Development/Testing           | address:             | Development/Testing            |   |
| apply to this               | Warehouse/Storage             | apply to this        | Warehouse/Storage              |   |
| audressj                    |                               | address)             | Distribution                   |   |
|                             | Uther                         |                      | Other                          | _ |
|                             | Address Type Other:           |                      | Address Type Other:            | 1 |
| *Country:                   | United States                 | *Country:            | United States 🔻                |   |
| *Address 1:                 |                               | *Address 1:          |                                |   |
| Address 2:                  |                               | Address 2:           |                                |   |
| *City/Town:                 | *State/Province/Region:Select | *City/Town:          | *State/Drovince/Degion: Colort |   |
| *Zin Coder                  |                               | City/10wil.          | StaterProvincerregionSelect    |   |
| Zip Coue.                   |                               | *Zip Code:           |                                |   |
| Address:                    | Same as the above Address     | Mailing<br>Address:  | Same as the above Address      |   |
| *Country:                   | United States 🔻               | *Country:            | United States                  |   |
| *Address 1:                 |                               | *Address 1:          |                                |   |
| Address 2:                  |                               | Address Dr.          |                                |   |
| *Citu/Toumu                 | TState Desvines Desview       | Audress 2.           |                                |   |
| City/Town:                  | State/Province/Region:Select  | *City/Town:          | *State/Province/Region:Select  |   |
| *Zip Code:                  |                               | *Zip Code:           |                                |   |
| Vendor's<br>Website:        |                               | Vendor's<br>Website: |                                |   |
| -                           |                               | website.             |                                |   |

#### A. Applicant's Principal Address – Applicant Address

1. User will enter data into the following fields their principal address:

Applicant's use of address

Country

Street Address

City or Town

State, Province or Region

Zip Code

Mailing Address

2. User will click Same as the above Address if the mailing address is the same as listed.

If the mailing address is not the same as listed, **User** will input the mailing address.

- 3. User will enter Vendor's Website
- B. Applicant's Principal Address Secondary Address
  - 1. User will check the box if there is No Secondary Address for the vendor.

2. If a **Secondary Address** exists, the **User** will enter data into the following fields for their secondary address:

Applicant's use of address

Country

Street Address

City or Town

State, Province or Region

Zip Code

Mailing Address

**User** will click **Same as the above Address**, if the mailing address is the same as listed.

If the mailing address is not the same as listed, **User** will input the mailing address.

Vendor's Website

### Screen Layout – Point of Contact For Applicant

#### Section – Point-Of-Contact For Applicant

| Application                                                    | On Hold                                                                                         |                                                                                                                   |                                                                  |      |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------|
| POINT-OF-CONTACT                                               | FOR APPLICANT                                                                                   |                                                                                                                   |                                                                  | Save |
| 3. This individual must eithe<br>All notifications will be mad | r have the authority to make decisions on be<br>e to this e-mail address. If necessary, check t | half of the Vendor applicant and/or be on-site at the casin<br>he "SPAM" folder for e-mails from "@maryland.gov". | 0.                                                               |      |
| *Last Name:                                                    |                                                                                                 | * Company Title:                                                                                                  | US Phone Format                                                  |      |
| *First Name:                                                   |                                                                                                 | *Email:                                                                                                           | * Office<br>Telephone                                            |      |
| Middle Name:                                                   |                                                                                                 |                                                                                                                   | Cell Number: ()                                                  |      |
| Suffix:Selec                                                   | t ¥                                                                                             |                                                                                                                   |                                                                  |      |
|                                                                |                                                                                                 |                                                                                                                   |                                                                  |      |
|                                                                |                                                                                                 |                                                                                                                   |                                                                  |      |
|                                                                |                                                                                                 |                                                                                                                   |                                                                  |      |
| Previous                                                       | Next O Hold O Comple                                                                            | eted                                                                                                              |                                                                  |      |
|                                                                |                                                                                                 |                                                                                                                   |                                                                  |      |
| me Principal Addresse<br>her Casinos Served                    | s Point-Of-Contact Current Direct                                                               | ors Maryland SDAT Compliance Company A                                                                            | ssociation Contracted Value Business Background Services Provide | d    |

A. User will enter data into the following fields for their Point-Of-Contact:

Last Name First Name Middle Name Suffix Company Title Email Address Phone Number

- If located within the USA, check the US Phone Format box.
- If located outside the USA, uncheck the US Phone Format Box.

### Screen Layout – Applicant's Owners, Officers, Directors, Etc.

#### Section – Applicant's Owners, Officers, Directors, Etc.

| Application                                                                            | On Hold                                                                                                        |                                                                                       |                                           |                 |       |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|-----------------|-------|
| APPLICANT'S OWNERS                                                                     | S, OFFICERS, DIRECTORS, ETC.                                                                                   |                                                                                       |                                           | Save            | Cance |
| <ol> <li>Provide the names of the ve<br/>casino. This list is to include or</li> </ol> | ndor's officers, owners, directors, etc. who will be o<br>owners, directors, presidents, CEOs, vice presidents | lirectly/significantly involved in providing goods and services<br>, treasurers, etc. | to a licensed Maryland                    |                 |       |
| Personal Detail                                                                        |                                                                                                                |                                                                                       |                                           |                 |       |
| First name:                                                                            |                                                                                                                |                                                                                       |                                           |                 |       |
| Last name:                                                                             |                                                                                                                |                                                                                       |                                           |                 |       |
| Middle name:                                                                           |                                                                                                                |                                                                                       |                                           |                 |       |
| Suffix:                                                                                | Select 🔻                                                                                                       |                                                                                       |                                           |                 |       |
| Title:                                                                                 |                                                                                                                |                                                                                       |                                           |                 |       |
|                                                                                        | Last Name                                                                                                      | First Name                                                                            | Middle Name                               | DOB             |       |
| No records to display.                                                                 |                                                                                                                |                                                                                       |                                           |                 |       |
| Previous                                                                               | Next O Hold O Completed                                                                                        |                                                                                       |                                           |                 |       |
|                                                                                        |                                                                                                                |                                                                                       |                                           |                 |       |
| me Principal Addresse                                                                  | s Point-Of-Contact Current Directors                                                                           | Maryland SDAT Compliance Company Association                                          | n Contracted Value Business Background Se | rvices Provided |       |

A. **User** will enter data into the following fields for those Vendor applicant's owners, officers, directors, etc.

- First Name Last Name
- Middle Name
- Suffix
- Title

B. When multiple person entries are required, the **User** will enter complete data for the first person, select the **Save** hyperlink and the screen will appear indicating "**Applicant Individual Information Saved**", and **User** may enter an additional person(s).

| Application                                                             | On Hold                                                                                             |                                                                                       |                                            |                 |      |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------|-----------------|------|
| PPLICANT'S OWNERS                                                       | FEICERS DIRECTORS, ETC.                                                                             |                                                                                       |                                            | Save C          | ance |
| Applicant Individual Info                                               | ormation Saved.                                                                                     |                                                                                       |                                            |                 |      |
| . Provide the names of the vendo<br>asino. This list is to include owne | 's officers, owners, directors, etc. who will be<br>rs, directors, presidents, CEOs, vice president | directly/significantly involved in providing goods and service<br>s, freasurers, etc. | s to a licensed Maryland                   |                 |      |
| Personal Detail                                                         |                                                                                                     |                                                                                       |                                            |                 |      |
| First name:                                                             |                                                                                                     |                                                                                       |                                            |                 |      |
| Last name:                                                              |                                                                                                     |                                                                                       |                                            |                 |      |
| Middle name:                                                            |                                                                                                     |                                                                                       |                                            |                 |      |
|                                                                         |                                                                                                     |                                                                                       |                                            |                 |      |
| Sumx:                                                                   | Select 🔻                                                                                            |                                                                                       |                                            |                 |      |
| Title:                                                                  |                                                                                                     |                                                                                       |                                            |                 |      |
|                                                                         |                                                                                                     |                                                                                       |                                            |                 |      |
|                                                                         | Last Name                                                                                           | First Name                                                                            | Middle Name                                | DOB             |      |
| Select Delete                                                           | Maryland                                                                                            | Robert                                                                                | Joseph                                     |                 |      |
| Previous                                                                | Next O Hold O Completed                                                                             |                                                                                       |                                            |                 |      |
| ne Principal Addresses<br>er Casinos Served                             | Point-Of-Contact Current Directors                                                                  | Maryland SDAT Compliance Company Association                                          | on Contracted Value Business Background Se | rvices Provided |      |

C. After each additional person has been entered, the **User** will select the Save hyperlink and enter the next person.

D. As persons are entered and saved they will appear at the bottom of the screen.

E. The **User** may **Select** a person listed and correct their information, or the **User** may **Delete** the person from the list by selecting the corresponding hyperlink.

### Screen Layout – Compliance with Maryland SDAT Registration

### Section – Compliance with Maryland SDAT Registration

| A                  | pplication                 | 7                           | On H          | bld                           |                         |                    |                     |                        |                    |                 |                          |                         |      |
|--------------------|----------------------------|-----------------------------|---------------|-------------------------------|-------------------------|--------------------|---------------------|------------------------|--------------------|-----------------|--------------------------|-------------------------|------|
| *** Pleas          | se select Y                | ES if you                   | have inform   | nation to enter b             | pelow and sel           | lect NO if the o   | luestions do no     | t apply to you.        |                    |                 |                          |                         |      |
| OYES               | ONO                        |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
| COM                | PLIANCE                    | WITH ME                     | SDAT RE       | GISTRATION                    |                         |                    |                     |                        |                    |                 |                          |                         | Save |
| 5. A Ma            | aryland State              | Departme                    | nt of Assessm | ent and Taxation (I           | MD SDAT) Certif         | ficate of Good Sta | inding -OR- Trade I | ame Registration is re | equired. (Comptrol | ler of Maryland | Certificates of Good Sta | anding are not accepted | 0    |
| * M                | D SDAT De                  | epartment                   | ID Number     | (1 letter plus 8<br>numbers): |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               | *Check one:                   | Certificat     Standing | e of Good          | O Certifica         | te of Trade Name       |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               | otanding                |                    | Registration        |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    |                            |                             |               |                               |                         |                    |                     |                        |                    |                 |                          |                         |      |
|                    | Previous                   | )(                          | Next          |                               | ) Completed             |                    |                     |                        |                    |                 |                          |                         |      |
| Name I<br>Other Ca | Principal A<br>Isinos Serv | <mark>ddresses</mark><br>ed | Point-Of-     | <u>Contact</u> <u>Curre</u>   | nt Directors            | Maryland SD        | AT Compliance       | Company Associa        | ation Contrac      | ted Value       | Business Background      | d Services Provider     | 5    |

Compliance with Maryland SDAT Registration Is Mandatory and the User will:

1. Select YES, in response to the question listed at the top of the screen.

2. Data enter either the Vendor applicant's Maryland SDAT Department ID Number or Trade Name Registration Number.

- 3. Check whether the ID Number is associated with either:
  - o A Certificate of Good Standing, or
  - Certificate of Trade Name Registration

### Screen Layout – Sponsoring Entity Association

#### Section – Sponsoring Entity Association

| Application                                          | On Hold                               |                                   |                          |                     |                  |                     |                   |                 |
|------------------------------------------------------|---------------------------------------|-----------------------------------|--------------------------|---------------------|------------------|---------------------|-------------------|-----------------|
| CASINO / CASINO COM<br>6. Casino/Casino Construction | ISTRUCTION COMPANY                    | ASSOCIATION<br>or has contracted: |                          |                     |                  |                     | Sav               | e <u>Cancel</u> |
| Association                                          | Detail<br>1<br>Construction Company C | * Casino: [<br>Contracted With: [ | Select                   |                     |                  | •                   |                   |                 |
|                                                      |                                       |                                   |                          |                     |                  |                     |                   | 1.5             |
|                                                      |                                       |                                   |                          |                     |                  |                     |                   |                 |
|                                                      |                                       |                                   |                          |                     |                  |                     |                   |                 |
| Previous                                             | Next O Hold                           | O Completed                       |                          |                     |                  |                     |                   |                 |
| Name Principal Addresse                              | es Point-Of-Contact Cu                | rrent Directors <u>N</u>          | Naryland SDAT Compliance | Company Association | Contracted Value | Business Background | Services Provided |                 |

The User will:

1. For non-construction related Vendor applicants, the **User** selects from the drop-down menu the Sponsoring Entity(ies) with whom the Vendor has contracted or will be contracting.

2. For construction related Vendor applicants, the **User** selects from the drop-down menu the facility where the construction related goods or services will be provided, and data enters the contractor or sub-contractor with whom the Vendor applicant has contracted or will be contracting.

### Screen Layout – Combined Total Value of Goods and Services

#### Section – Combined Total Value of Goods and Services

| (de Procession)         | On Hold                                                                                                          |                                                                     |
|-------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| MBINED TOTAL V          | ALUE OF GOODS AND SERVICES                                                                                       | Save                                                                |
| very vendor applicant s | hall provide the Commission with the combined total value of goods and services the vendor expects to            | provide, or has been contracted to provide, during a calendar year. |
| *Th                     | e actual contracted value of goods and services will be \$:<br>* List an exact contracted \$ amount, NOT a range |                                                                     |
|                         |                                                                                                                  |                                                                     |
|                         |                                                                                                                  |                                                                     |
|                         |                                                                                                                  |                                                                     |
|                         |                                                                                                                  |                                                                     |
|                         |                                                                                                                  |                                                                     |
|                         |                                                                                                                  |                                                                     |
|                         |                                                                                                                  |                                                                     |
| Previous                | Next O Hold O Completed                                                                                          |                                                                     |
| Previous                | Next O Hold O Completed                                                                                          |                                                                     |

- A. The **User** will data enter the actual contracted dollar amount of goods and services the Vendor Applicant anticipates, or has been contracted, to provide the Sponsoring Entity within a calendar year.
- B. The **User** will not data-enter a range.

### Screen Layout – Applicant's Business Background

### Section – Applicant's Business Background

| Application                                                | On Hold                                                                                                                                                       |                                                                                                      |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| APPLICANT'S BUSI                                           | NESS BACKGROUND                                                                                                                                               | Save                                                                                                 |
| . (a) DESCRIPTION OF TH<br>pplication.                     | IE VENDOR'S PRESENT BUSINESS. Furnish the Commission with a 'snapshot' of the Vendor Applicant's of                                                           | company and describe the Vendor's capacity and capabilities to provide the services declared in the  |
|                                                            |                                                                                                                                                               |                                                                                                      |
|                                                            | 1                                                                                                                                                             |                                                                                                      |
|                                                            |                                                                                                                                                               |                                                                                                      |
| N TALLY OF THE WORK                                        | FORCE SUPPORTING THE VENDOR'S PROVISION OF GOODS AND SERVICES TO THE CASINO                                                                                   |                                                                                                      |
| urnish the Commission with<br>irectly associated with prov | t the total number of employees IN MARYLAND who will be directly associated with providing the goods or service<br>iding the goods or services to the casino. | s to the casino. Furnish the Commission with the total number of employees OUTSIDE MARYLAND who will |
| То                                                         | tal number of employees in Maryland: 2                                                                                                                        |                                                                                                      |
|                                                            | ber of employees ouside of Maryland: 3                                                                                                                        |                                                                                                      |
| fapplicable, state if the Ven                              | dor is capable of serving one, two, or more Casinos in Maryland and the other casinos with which the Vendor inter                                             | ids to conduct business.                                                                             |
|                                                            |                                                                                                                                                               |                                                                                                      |
|                                                            | 4                                                                                                                                                             |                                                                                                      |
|                                                            |                                                                                                                                                               |                                                                                                      |
| Previous                                                   | Next OHold Completed                                                                                                                                          |                                                                                                      |
| Frevious                                                   |                                                                                                                                                               |                                                                                                      |
| ne Principal Address                                       | ses Point-Of-Contact Current Directors Maryland SDAT Compliance Company Ass                                                                                   | ociation Contracted Value Business Background Services Provided                                      |

User will data enter the following into the text blocks:

1. A snapshot description of the Vendor Applicant's Company and their capacities and capabilities to provide goods or services to Maryland casinos and sports wagering entities.

2. List the total number of employees the Vendor Applicant has employed <u>within</u> the State of Maryland.

3. List the total number of employees the Vendor Applicant has employed <u>outside</u> the State of Maryland.

4. Describe the Vendor Applicant's ability to provide goods or services to more than one Maryland casino or sports wagering entity, AND if applicable identify those casinos and/or sports wagering entities with whom they intend to conduct future business.

### Screen Layout - Types of Goods and Services

#### Section - Types of Goods and Services

| Applic                                      | ation                                                       | On Hold                                    |                                               |                            |                     |                  |                      |                   |             |        |
|---------------------------------------------|-------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|----------------------------|---------------------|------------------|----------------------|-------------------|-------------|--------|
| TYPE OF C<br>8 (b) DESCRIF<br>8 (c) NAME OF | GOODS OR SERV<br>PTION OF THE TYPE O<br>F CASINO(S) TO WHIC | ICES<br>F GOODS OR SERV<br>H SUCH GOODS OF | ICES TO BE PROVIDED E<br>SERVICES WILL BE PRO | BY THE VENDOR.             |                     |                  |                      |                   | <u>Save</u> | Cancel |
|                                             | Service Detail                                              |                                            |                                               |                            |                     |                  |                      |                   | 1           |        |
|                                             | *Name of Facility:                                          | Select                                     | 1 -                                           |                            | •                   |                  |                      |                   |             |        |
|                                             | Type of Goods or<br>Services:                               |                                            | -                                             | - 2                        |                     |                  |                      |                   |             |        |
|                                             | 8                                                           |                                            |                                               |                            |                     |                  |                      |                   |             |        |
|                                             |                                                             | Company M                                  | lame                                          | Company 1                  | Гуре                |                  | Type of Goods or     | Services          |             |        |
| No record                                   | ls to display.                                              |                                            |                                               |                            |                     |                  |                      |                   |             |        |
| Previ                                       | ious                                                        | Next O                                     | Hold 〇 Completed                              |                            |                     |                  |                      |                   |             |        |
| amo Drinc                                   | cipal Addresses D                                           | oint-Of-Contact                            | Current Directors                             | Mandand SDAT Compliance    | Company Association | Contracted Value | Purcipase Packground | Sonuicos Providad |             |        |
| ther Casino                                 | is Served                                                   | onic or contact                            | current Directors                             | Iviaryianu SDAT Compliance | Company Association | contracted value | Dusiness background  | Services Provided |             |        |

**User** will data enter the types of goods or services that will be provided to casinos and/or sports wagering entities. In the event the Vendor Applicant will be providing goods and services to multiple casinos and sports wagering entities, each casino and sports wagering entity must be data entered and listed on the screen.

1. Name of Facility

A Vendor Applicant providing goods or services to one casino or sports wagering entity would select from the drop-down list, the casino or sports wagering entity with whom they have contracted.

2. Type of Goods or Services

A complete and specific description regarding the type of products, types of goods, or types of services being provided to a casino or sports wagering entity will be described and data entered in the text box.

3. User will complete data entry for each casino or sports wagering entity individually, and click on the **Save** hyperlink. The entry will then appear at the bottom of the screen and the **User** will continue selecting and inputting data for each casino or sports wagering entity the Vendor's goods or services are to be provided to. **User** will click the **Save** hyperlink after each casino or sports wagering entity entry.

4. **User** clicks on the **Save** button, clicks on **Completed**, and finally clicks on the **Next** button to progress to the next question.

# Screen Layout - Other Licensed Casinos and Sports Wagering Entities Served By the Vendor

Section – Other Licensed Casinos and Sports Wagering Entities Served By The Vendor

| rovide the Commission | with a list of other jurisdictions where the Vendor condu | icts business related to a casino operation. (List | the other jurisdictions by Casino ! | Name, City, State, County). |    |
|-----------------------|-----------------------------------------------------------|----------------------------------------------------|-------------------------------------|-----------------------------|----|
| *Casino Name:         |                                                           |                                                    |                                     |                             |    |
| *City:                |                                                           |                                                    |                                     |                             |    |
| *State:               | Select                                                    |                                                    |                                     |                             |    |
| *County:              | Select                                                    |                                                    |                                     |                             |    |
| -                     | Casino Name                                               | City                                               | State                               | County                      | 24 |
| ecords to display.    |                                                           |                                                    |                                     |                             |    |

**User** will data enter those casinos or sports wagering entities outside of Maryland with whom the Vendor Applicant conducts business.

1. In the event the Vendor Applicant does not conduct business with any casinos or sports wagering entities outside of Maryland, the User will select **NO**, to the question at the top of the screen. User then clicks on the **Save** button, clicks on **Completed**, and finally clicks on the **Next** button to progress to the next question.

2. In the event the Vendor Applicant does conduct business with any casinos or sports wagering entities outside of Maryland, the user will select **YES** to the question at the top of the screen, and will data enter information for each casino or sports wagering entity:

Casino or Sports Wagering Entity Name City State County

3. User will complete data entry for each casino or sports wagering entity individually, then will click on the Save hyperlink. The entry will then appear at the bottom of the screen, and the User will continue inputting data for each casino or sports wagering entity with whom the Vendor Applicant conducts business. User will click the Save hyperlink after each casino or sports wagering entity entry.

### Screen Layout – Final Progress Screen

#### Section – Final Progress Screen

Once the User has completed the last section of the Vendor Application, a progress screen will appear:

| current progress on your Vendor Certification to send your application in for review. | on application is listed below | w have not yet started your application, click on the first section to begin. Once completed, click | k the su |
|---------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| Section                                                                               | Progress                       |                                                                                                     |          |
| Name, Address and Company Information                                                 | (1 of 1 Complete)              |                                                                                                     |          |
| Owners 1                                                                              | (1 of 1 Complete) 🛷            |                                                                                                     |          |
| mployees                                                                              | (1 of 1 Complete) 🛷            |                                                                                                     |          |
| Business Background                                                                   | (3 of 3 Complete) 🛷            | 2 3                                                                                                 |          |
|                                                                                       |                                | w Application Submit Application                                                                    |          |
|                                                                                       | Ľ                              |                                                                                                     |          |
|                                                                                       |                                |                                                                                                     |          |
|                                                                                       |                                | "Drovious Application" to review                                                                    |          |
|                                                                                       |                                | Preview Application to review,                                                                      |          |
|                                                                                       |                                |                                                                                                     |          |

1. In the example, this section shows that all 5 sections have been completed, with each subsection completed.

2. The **Preview Application** button appears and may be selected to preview the application. **NOTE**: If a COPY of the application is desired, this is the ONLY opportunity to do so.

i. The **User** may select <u>**Preview Application**</u>, and the application will appear in another window where the <u>**User** may **review**</u>, **download**, and/or **save/print a copy**.

ii. If the **User** chooses not to review the application, the **User** selects **Submit Application** and the application will **close**. It will no longer be available for review.

3. Once the **User** has completed the Vendor application, this screen appears; the **User** selects the **Submit Application** button to submit the application.

**Submit Application** does not mean that the Vendor application is submitted to MLGCA; it is submitted to the sponsoring entity's Vendor Admin who must prepare the application for submittal to MLGCA.

### **Screen Layout - Application Submitted Screen**

#### Section – Application Submitted Screen



**User** will receive confirmation that the application has been submitted; however, that application submittal is not to MLGCA, but to the **Vendor Admin** who prepared the application.

### **Screen Layout - Application Receipt**

#### **Section – Application Receipt**

| MARYLAND<br>Maryland Lottery and<br>Gaming Control Agency  |                 |                                                                                                                                            |                                             |   | ni   Help   Log Out |
|------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|---------------------|
| Your application has been submitted.                       |                 |                                                                                                                                            |                                             |   |                     |
| To print out a receipt of your application completion, cli | ck <u>here.</u> |                                                                                                                                            |                                             |   |                     |
|                                                            |                 | Application Submitted<br>Applicant: Nathaniel V<br>Position:<br>Type: Vendor Re<br>Submitted: 9/19/2018 3<br>Control #: 840524516<br>Print | viison<br>gistration<br>:54 PM<br>10-162666 | 6 |                     |
| Login: dynamico / Roles: Applicant                         |                 |                                                                                                                                            |                                             |   |                     |

A. By clicking the hyperlink, the **User** may obtain a receipt of the application submittal indicating the date and time the application had been submitted to the **Vendor Admin**.

B. The **User** may click the **Print** button and the receipt will be printed.

### Vendor Registration – Required Documents

Each **Vendor Applicant** must properly complete and provide the sponsoring entity's **Vendor Admin** with the following **Required Documents**:

#### A. Required Documents:

#### 1. Non-Gaming Vendor Registration Form 1023

In the event a **Vendor Applicant** has completed a paper reference copy of the Vendor Registration form and provided the form to a **Vendor Admin** to data enter into the eLicensing system application, the **Vendor Admin** will be required to upload the paper reference copy application.

#### 2. Sponsoring Entity's Certification of Business Relationship Form

The **Vendor Applicant** will ensure that a Sponsoring Entity's Representative or an Authorized Casino Construction Representative has completed and signed the **Certification of Business Relationship Form**. The **Vendor Applicant** is not authorized to sign the form.

#### 3. Maryland SDAT Certificate of Good Standing Form, or

#### Maryland SDAT Trade Name Registration

Each **Vendor Applicant** must provide the sponsoring entity's Vendor Admin with the one of following **Required Documents**:

Maryland SDAT Certificate of Good Standing Form, or

#### o Maryland SDAT Trade Name Registration

To do business within the State of Maryland, all **Vendor Applicants**, including in-state (Maryland) businesses and out-of-state (Foreign) businesses, are required to prove that they have registered with the Maryland State Department of Assessments and Taxation (Maryland SDAT). Maryland SDAT will determine whether the Vendor Applicant is required to file for a Trade Name Registration or file for "Good Standing" status.

The sponsoring entity's Vendor Admin will confirm the Vendor Applicant's Good Standing by uploading the Vendor Applicant's Maryland SDAT Certificate of Good Standing or Trade Name Registration ensuring that:

(a) The Vendor applicant's Business Name is listed **exactly** as it is registered with Maryland SDAT.

(b) The Vendor applicant is in fact registered with the Maryland SDAT and is currently in Good Standing.

One of these Required Checklist Items <u>must</u> be submitted to the Vendor Admin at the time of the Vendor application submittal. Failure to provide a Vendor Applicant's Maryland SDAT **Certificate of Good Standing** or **Trade Name Registration** will be considered an incomplete application and may result in a denial of Vendor Applicant's submittal.

B. The Required Documents must be provided to the Vendor Admin prior to the submittal of the completed Vendor application to MLGCA.

### **APPLICANT NON-GAMING and NON-SPORTS WAGERING**

### VENDOR CERTIFICATION FORM # 1021 & 1021 CC

### Vendor Certification Applicant Log In - Vendor Form Completion

1. The **Vendor Applicant** will go to the link for MLGCA's eLicensing system:

https://elicensing.msla.state.md.us/WebSite/Account/Login.aspx

- 2. The Vendor Admin at the Sponsoring Entity with whom the company has entered into a business relationship will provide the Vendor Applicant their Username and Temporary Password to access the website.
- 3. In the event a Username or Password requires to be reset; the Vendor Applicant must contact the Vendor Admin to have their password reset.
- 4. On this page, the **Vendor Applicant** will enter their assigned **Username** and temporary **Password** to begin their Vendor application.

| MARYLAND<br>Maryland<br>Maryland Lottery and<br>Gamig Control Agency   |                                                                                                  | Help                       |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------|
| Session Timeout - your session has expired due to an extern            | ended period of inactivity. You will need to reauthenticate to access the requested information. |                            |
| LOG IN Please enter your username and password or click HERE to comm   | )lete a LiveScan Registration Form.                                                              |                            |
| Account Information Username: midatlsv A Password: B Keep me logged in |                                                                                                  |                            |
|                                                                        | C<br>Log In                                                                                      |                            |
| Guest                                                                  | Form ID Buil                                                                                     | d: 1.4.5.0 Date: 6/13/2019 |

A. The Vendor Applicant will enter their Username provided by the Vendor Admin (A).

B. The **Vendor Applicant** will enter their temporary **Password** provided by the **Vendor Admin** (B).

C. The Vendor Applicant will click on the Log In button (C).

5. The **Vendor Applicant** will receive a **Change Password** screen where they are required to change the **Temporary Password** provided by the **Vendor Admin**, to a password of their own choosing.

| MARYLAND<br>Maryland Lottery and<br>Gaming Control Agency                                                                                                                      | ni   Help   Log Out                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change Password                                                                                                                                                                |                                                                                                                                                                                                |
| Use the form below to change your password.                                                                                                                                    |                                                                                                                                                                                                |
| Passwords must be at least 12 characters and meet the following criteria: at least 1 nu &*+= $j$ -', has not been used in the previous 10 passwords; cannot only change by 1 c | mber, at least 1 lowercase letter, at least 1 uppercase letter, at least 1 special character from this group '{@≢\$%<br>haracter from previous passwords; and cannot be same as your username. |
| Account Information                                                                                                                                                            |                                                                                                                                                                                                |
| Old Password:                                                                                                                                                                  |                                                                                                                                                                                                |
| New Descword:                                                                                                                                                                  |                                                                                                                                                                                                |
| B                                                                                                                                                                              |                                                                                                                                                                                                |
| Confirm New Password:                                                                                                                                                          |                                                                                                                                                                                                |
|                                                                                                                                                                                |                                                                                                                                                                                                |
| Cancel Change Password                                                                                                                                                         |                                                                                                                                                                                                |
| Login: dynamico / Roles: Applicant                                                                                                                                             | Build: 1.4.5.0 Date: 8/30/2018                                                                                                                                                                 |

A. The Vendor Applicant enters the temporary password provided by the Vendor Admin (A).

B. The **Vendor Applicant** enters a new password that complies with the password rule requirements listed at the top of the screen (B).

C. The Vendor Applicant re-enters the new password (C).

D. The Vendor Applicant must then click on the Change Password button (D).

**NOTE:** In the event the **Vendor Applicant** hits their "**Enter**" key on the keyboard instead of selecting the "**Change Password**" button, the user will have to start over.

6. A screen will appear indicating that the **Vendor Applicant** has successfully changed their password.

| MARYLAND<br>Waryuard Lottery and<br>Gamma Control Approx                    | i Help   Log Out               |
|-----------------------------------------------------------------------------|--------------------------------|
| CHANGE PASSWORD<br>Your password has been changed successfully.<br>Continue |                                |
| Login: dynamico / Roles: Applicant                                          | Build: 1.4.5.0 Date: 8/30/2018 |

The **Vendor Applicant** will select the **Continue** button to proceed with the Vendor application.

7. The **Vendor Applicant** will be presented with an **Acknowledgment and Disclosure**, which must be read and understood. The version displayed within this Vendor Applicant Reference Guide may be similar to the **Acknowledgment and Disclosure** form found in the application.

| Acknowledgment and Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I understand and acknowledge the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I am applying for a Maryland video lottery employee license. I cannot be employed in a job that requires a license unless<br>the Maryland Lottery and Gaming Control Commission (The Commission) finds that I meet the legal requirements for<br>licensure. The Commission, through its employees, agents and vendors, is required by law to conduct a background<br>investigation of each applicant for a license.                                                                                                                                                                                                                                                                                  |
| During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if applicants meet the eligibility requirements for licensure. I understand that the Commission and/or its employees, agents or vendors will conduct an investigation of my personal information (the "Background Investigation"). The Background Investigation may include, but will not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit stability; criminal history (from state, federal and other agencies) or record of involvement with other litigation. |
| I understand that all applicants are required to be fingerprinted either by Live Scan or on a completed ten-print (hard card)<br>applicant fingerprint card. These fingerprints will be submitted to the Maryland Criminal Justice Information System (MD<br>CJIS) and the Federal Bureau of Investigation (FBI) where criminal background checks will be conducted. The use of the<br>MD CJIS and FBI criminal history record information will be used to assist in the determination of suitability for the issuance<br>of a Maryland video lottery employee license.                                                                                                                              |
| I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation<br>and a copy of a summary of my rights under federal credit reporting law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I understand that I have the right to complete or challenge the accuracy of, the information contained in either the MD CJIS<br>or the FBI identification record. Further, I have the right to be advised of the procedures for obtaining a change, correction,<br>or updating a MD CJIS or FBI identification record.                                                                                                                                                                                                                                                                                                                                                                               |
| I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to<br>evaluate my eligibility for a video lottery employee license. I acknowledge that this disclosure and authorization remain in<br>effect during the time my application is pending and during the time of any video lottery employee license that I may be<br>granted                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

8. The **Vendor Applicant** must read, understand, and acknowledge the form and select the appropriate button.

A. **Acknowledge** indicates that the **Vendor Applicant** has read, understood, and acknowledges the Disclosure.

The **Vendor Applicant** will be able to proceed with the completion of the application.

B. **Decline** indicates that the **Vendor Applicant** has read, understood, and does not agree with the **Acknowledgment and Disclosure**.

The **Vendor Applicant** will be unable to proceed with the application and the application will then close.

### Screen Layout – Application Progress – Vendor Certification

#### Section - Application Progress

| Maryland Lottery and<br>Gaming Control Agency                                                    |                             | ni   Help   Log O                                                                                                         |
|--------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|
| he current progress on your Vendor Certificatio<br>wtton to send your application in for review. | on application is listed be | elow. If you have not yet started your application, click on the first section to begin. Once completed, click the submit |
| Section                                                                                          | Progress                    |                                                                                                                           |
| Name, Address and Company Information                                                            | (0 of 6 Complete)           |                                                                                                                           |
| Directors, Partners, Officers and Trustees                                                       | (0 of 1 Complete)           |                                                                                                                           |
| Owners                                                                                           | (0 of 1 Complete)           |                                                                                                                           |
| Employees                                                                                        | (0 of 1 Complete)           |                                                                                                                           |
| Business Background                                                                              | (0 of 3 Complete)           |                                                                                                                           |
|                                                                                                  |                             | Preview Application Submit Application                                                                                    |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
|                                                                                                  |                             |                                                                                                                           |
| ogin: midatlsv / Roles: Applicant                                                                |                             | Build: 1.4.5.0 Date: 6/13/20                                                                                              |

#### **Application Progress Screen**

This page displays the status of an application in the order of sections, with the progress of those individual sections listed to the right of that row. In this example, the Section, <u>Name, Address and</u> <u>Company Information</u> shows that 0 of the possible 6 have been completed. This is the first and last screen a Vendor Applicant will see to start and eventually submit an application for processing.

The **Vendor Applicant** will click on the blue highlighted hyperlink "Name, Address and Company Information" to proceed.

### Screen Layout – General

Each screen has been arranged similar to the example below.

| MADVIAND                                                                                                        |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Maryland Lottery and                                                                                            | i Help   Lor Out                                                                |
| Garning Control Agency                                                                                          |                                                                                 |
|                                                                                                                 |                                                                                 |
| Application On Hold 1                                                                                           |                                                                                 |
| NAME OF APPLICANT                                                                                               | 3 Save                                                                          |
| 1.* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other officia | documents filed with a State or Federal Government.                             |
| "Name:                                                                                                          |                                                                                 |
| "Doing Business As (D/B/A) or Trade 2 -                                                                         |                                                                                 |
| Name(s):                                                                                                        |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
|                                                                                                                 |                                                                                 |
| 5 4                                                                                                             |                                                                                 |
|                                                                                                                 |                                                                                 |
| Previous Next OHold O Completed                                                                                 | e                                                                               |
|                                                                                                                 | 1                                                                               |
| r=                                                                                                              |                                                                                 |
| Name Principal Addresses Point-Of-Contact Current Directors Maryland SDAT Comple                                | ance Company Association Contracted Value Business Background Services Provided |
| Other Casinos Served                                                                                            |                                                                                 |
| Login: dynamico / Roles: Applicant                                                                              | Build: 1.4.5.0 Date: 8/30/2018                                                  |
|                                                                                                                 |                                                                                 |

1. Tabs

- A. **Application** user may input data into the selected screen.
- B. **On Hold** contains those data screens where the user placed a certain item on hold while still actively filling out the rest of the application.

2. Contains the data elements the user must input into the screen.

3. User must select the Save button once the data elements have been inputted into the screen.

4. User selects whether the data elements were Completed; if not, the user can place a Hold on certain items while still actively filling out the rest of the application.

5. User navigates the application by selecting the Next button to navigate to the next question, or the Previous button to go back to the previous question.

6. When a user is filling out the application they can see where they are in the completion of the application, and sections addressed are bolded when Completed or placed on Hold.

### Screen Layout – Application Entry of Name

#### Section – Application Entry of Name

| Maryland Lottery and<br>Gaming Control Agency |                                     |                                  |                                |                           |                  |      | <b>6</b> 0 | Help   Log |
|-----------------------------------------------|-------------------------------------|----------------------------------|--------------------------------|---------------------------|------------------|------|------------|------------|
| Application                                   | On Hold                             |                                  |                                |                           |                  | <br> |            | Save       |
| Doing Business As (D                          | "Name:<br>B A) or Trade<br>Name(s): | rs, Charter, partnersnip agreeme | nt or other official documents | filed with a state or red | eral Government. |      |            |            |
|                                               |                                     |                                  |                                |                           |                  |      |            |            |
|                                               |                                     |                                  |                                |                           |                  |      |            |            |
|                                               |                                     |                                  |                                |                           |                  |      |            |            |
| Previous                                      | Next O Hold                         | 1 〇 Completed                    |                                |                           |                  |      |            |            |

- A. User selects the Application tab and can begin inputting information into the application.
  - 1. Name Area:

User inputs the name of the Vendor applicant.

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

**User** inputs the trade name or fictitious business name under which the business or operation is conducted and presented.

### Screen Layout – Applicant's Principal Address

#### Section – Principal Address

| Applicant Addr             | ess                           | Secondary Add                    | dress No Secondary Address    |  |
|----------------------------|-------------------------------|----------------------------------|-------------------------------|--|
| 1                          | Mailing                       |                                  | Mailing                       |  |
|                            | Residential                   |                                  | Residential                   |  |
| *Describe the              | Corporate                     | *Describe the                    | Corporate                     |  |
| Applicant's use<br>of this | Production                    | Applicant's use                  | Production                    |  |
| address:                   | Development/Testing           | address:                         | Development/Testing           |  |
| apply to this              | Warehouse/Storage             | (check all that<br>apply to this | Warehouse/Storage             |  |
| audress)                   | Distribution                  | address)                         |                               |  |
|                            | Other                         |                                  | Other                         |  |
|                            | Address Type Other:           |                                  | Address Type Other:           |  |
| *Country:                  | United States                 | *Country:                        | United States 💌               |  |
| *Address 1:                |                               | *Address 1:                      |                               |  |
| Address 2:                 |                               | Address 2                        |                               |  |
| *City/Town:                | *State/Province/Region:Select | in a second                      |                               |  |
| city, rouni                |                               | City/Town:                       | State/Province/Region:Select  |  |
| Zip Code:                  |                               | *Zip Code:                       |                               |  |
| Address:                   | Same as the above Address     | Mailing<br>Address:              | Same as the above Address     |  |
| *Country:                  | United States 👻               | *Country:                        | United States                 |  |
| *Address 1:                |                               | *Addross 1                       |                               |  |
| Address 2                  |                               | Address I.                       |                               |  |
| Address 2.                 |                               | Address 2:                       |                               |  |
| *City/Town:                | *State/Province/Region:Select | *City/Town:                      | *State/Province/Region:Select |  |
| *Zip Code:                 | <del></del>                   | *Zip Code:                       |                               |  |
| Vendor's<br>Website:       |                               | Vendor's                         |                               |  |
| ressarte.                  |                               | Website:                         |                               |  |

### A. Applicant's Principal Address - Applicant Address

1. User will enter data into the following fields for their principal address:

Applicant's use of address

Country

Street Address

City or Town

State, Province or Region

Zip Code

Mailing Address

MARYLAND LOTTERY AND GAMING CONTROL AGENCY

2. The user will click **Same as the above Address** if the mailing address is the same as listed.

If the mailing address is not the same as listed, the user will then input the mailing address.

- 3. Vendor's Website
- B. Applicant's Principal Address Secondary Address
  - 1. User will check the box if there is No Secondary Address for the vendor.

2. If a secondary address exists the user will enter data into the following fields for their secondary address:

Applicant's use of address

Country

Street Address

City or Town

State, Province or Region

Zip Code

**Mailing Address** 

The user will click **Same as the above Address** if the mailing address is the same as listed.

If the mailing address is not the same as listed, the user will then input the mailing address.

3. Vendor's Website

# Screen Layout – Point-Of-Contact For Applicant

#### Section – Point-Of-Contact For Applicant

| Application                                                      | On Hold                                                                            |                                                                                                                            |                                                                   |      |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------|
| POINT-OF-CONTACT                                                 | OR APPLICANT                                                                       |                                                                                                                            |                                                                   | Save |
| 3. This individual must either<br>All notifications will be made | have the authority to make decisions o<br>to this e-mail address. If necessary, ch | n behalf of the Vendor applicant and/or be on-site at the casir<br>eck the "SPAM" folder for e-mails from "@maryland.gov". | o                                                                 |      |
| *Last Name:                                                      |                                                                                    | * Company Title:                                                                                                           | US Phone Format                                                   |      |
| *First Name:                                                     |                                                                                    | *Email:                                                                                                                    | * Office<br>Telephone<br>Number:                                  |      |
| Middle Name:                                                     |                                                                                    |                                                                                                                            | Cell Number: [                                                    |      |
| Suffix:Select                                                    | - 💌                                                                                |                                                                                                                            |                                                                   |      |
|                                                                  |                                                                                    |                                                                                                                            |                                                                   |      |
|                                                                  |                                                                                    |                                                                                                                            |                                                                   |      |
|                                                                  |                                                                                    |                                                                                                                            |                                                                   |      |
|                                                                  |                                                                                    |                                                                                                                            |                                                                   |      |
| Previous                                                         | Next O Hold O Co                                                                   | npleted                                                                                                                    |                                                                   |      |
|                                                                  |                                                                                    |                                                                                                                            |                                                                   |      |
| ne Principal Addresse                                            | Point-Of-Contact Current D                                                         | rectors Maryland SDAT Compliance Company A                                                                                 | ssociation Contracted Value Business Background Services Provided |      |

A. User will enter data into the following fields for their Point-Of-Contact:

| Last Name     |                                                   |
|---------------|---------------------------------------------------|
| First Name    |                                                   |
| Middle Name   |                                                   |
| Suffix        |                                                   |
| Company Title |                                                   |
| Email Address |                                                   |
| Phone Number  |                                                   |
| If locate     | ed within the USA, check the US Phone Format box. |
|               |                                                   |

If located outside the USA, uncheck the US Phone Format Box.

### Screen Layout – Compliance with Maryland SDAT Registration

#### Section – Compliance with Maryland SDAT Registration

| (                        | liestics            | 0- 11-          |                               |                                                      |                       |                           |                           |                               |                          |      |
|--------------------------|---------------------|-----------------|-------------------------------|------------------------------------------------------|-----------------------|---------------------------|---------------------------|-------------------------------|--------------------------|------|
| Appi                     | incation \          | Unite           |                               | 1 1 10 20                                            |                       | And the set of the set    |                           |                               |                          |      |
| *** Please s             | select YES if you   | u have inform   | ation to enter l              | below and select NO if the                           | e questions do not    | apply to you.             |                           |                               |                          |      |
| O YES C                  | JNO                 |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
| COMPL                    | IANCE WITH M        | D SDAT REG      | GISTRATION                    |                                                      |                       |                           |                           |                               |                          | Save |
| 5. A Maryl               | land State Departme | ent of Assessme | ent and Taxation (            | MD SDAT) Certificate of Good                         | Standing -OR- Trade N | ame Registration is requi | red. (Comptroller of Mary | land Certificates of Good Sta | inding are not accepted) |      |
| * MD 5                   | SDAT Departmer      | it ID Number    | (1 letter plus 8<br>numbers): |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 | *Check one:                   | <ul> <li>Certificate of Good<br/>Standing</li> </ul> | O Certificate         | e of Trade Name           |                           |                               |                          |      |
|                          |                     |                 |                               | 3                                                    | 3                     |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
|                          |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
| -                        |                     |                 |                               |                                                      |                       |                           |                           |                               |                          |      |
| Pre                      | evious              | Next            |                               | ) Completed                                          |                       |                           |                           |                               |                          |      |
| Name Prin<br>Other Casin | incipal Addresses   | Point-Of-       | Contact Curre                 | ent Directors Maryland S                             | DAT Compliance        | Company Associatio        | n Contracted Value        | e Business Background         | d Services Provided      |      |

#### A. Compliance with Maryland SDAT Registration Is Mandatory and the user will:

- 1. Select **YES**, in response to the question listed above the check box.
- 2. Data enter the Vendor applicant's Maryland SDAT Department ID Number.
- 3. Check whether the ID Number is associated with either:
  - o a Certificate of Good Standing, or
  - o Certificate of Trade Name Registration

### Screen Layout – Sponsoring Entity / Casino Construction Company Association

Section – Sponsoring Entity / Casino Construction Company Association

| 82          |                                       |        |    |
|-------------|---------------------------------------|--------|----|
| Association | <u>ı Detail</u>                       |        |    |
|             | 1 * Casino:                           | Select |    |
| 2           | Construction Company Contracted With: |        |    |
|             |                                       |        | 18 |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
|             |                                       |        |    |
| <b>-</b>    |                                       |        |    |

#### A. The User will:

1. For non-construction related applicants, from the drop-down menu select the Sponsoring Entity(ies) with whom you have or will be contracted with.

2. For construction related applicants, from the drop-down menu select the casino or sports wagering entity where your goods or services will be provided, and data enter the contractor or sub-contractor with whom you have or will be contracted with.

### Screen Layout – Combined Total Value of Goods and Services

#### Section – Combined Total Value of Goods and Services

| Application                                | On Hold                                    |                                               |                                     |                              |                          |                               |                   |  |
|--------------------------------------------|--------------------------------------------|-----------------------------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------|-------------------|--|
| COMBINED TOTAL                             | VALUE OF GOODS A                           | ND SERVICES                                   |                                     |                              |                          |                               | Save              |  |
| 7. Every vendor applicant                  | shall provide the Commissi                 | on with the combined tota                     | I value of goods and services the v | endor expects to provide, or | has been contracted to p | provide, during a calendar ye | ar.               |  |
| ۲*                                         | he actual contracted va<br>* List an exact | lue of goods and serv<br>contracted \$ amount | rices will be \$:<br>, NOT a range  |                              |                          |                               |                   |  |
|                                            |                                            |                                               |                                     |                              |                          |                               |                   |  |
|                                            |                                            |                                               |                                     |                              |                          |                               |                   |  |
|                                            |                                            |                                               |                                     |                              |                          |                               |                   |  |
|                                            |                                            |                                               |                                     |                              |                          |                               |                   |  |
|                                            |                                            |                                               |                                     |                              |                          |                               |                   |  |
| Previous                                   | Next                                       | Hold O Completed                              |                                     |                              |                          |                               |                   |  |
|                                            |                                            |                                               |                                     |                              |                          |                               |                   |  |
| Name Principal Addres Other Casinos Served | ses <u>Point-Of-Contact</u>                | Current Directors                             | Maryland SDAT Compliance            | Company Association          | Contracted Value         | Business Background           | Services Provided |  |

A. The **User** will data-enter the actual contracted dollar amount of goods and services the Vendor Applicant anticipates or been contracted to provide the casino or sports wagering entity within a calendar year.

B. The **User** will not data-enter a range.

# Screen Layout – Vendor Officer(s), Partner(s) and Director(s)

### Section – Vendor Officer(s), Partner(s) and Director(s)

| Maryland Lottery and<br>Gaming Control Agency<br>Application On Hold                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                        | n i Help   Log Ov                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|
| VENDOR OFFICER(S). PARTNER(S). AND DIRECTOR(S) 7. Provide information for each Officer, Partner and Director who will be directly/six<br>Accurately complete all be information below for each individual.<br>Applicant bisder on the soor more submit a completely, signed and notarized Aut<br>Personal Detail First name: Last name: Middle name: Suffix:Select- DOB: DOB: Title: Social Socurity Number: Email: | ignificantly involved in providing goods and services to a licensed<br>thorization For Release of Information<br>"Country: United<br>"Home Address 1:<br>Home Address 2:<br>City/Town:<br>Postal Code: | Maryland casino. States   States  State/Province/Regin | Save Cancel                                      |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                           | First Name                                                                                                                                                                                             | Middle Name                                            | DOB                                              |
| Previous Next OHold O Completed<br>ame Principal Addresses Point-Of-Contact Maryland SDAT Con<br>ervices Provided Other Casinos Served<br>togins midative / Roles Applicant                                                                                                                                                                                                                                         | mpliance Company Association Contracted Value                                                                                                                                                          | Current Directors Owners Employees Busir               | ness Background<br>Build: 1.4.5.0 Date: 6/13/201 |

A. User will data enter the requested information for each of the Vendor Officer(s), Partner(s) and Director(s).

1. Personal Detail:

First Name Last Name Middle Name Suffix DOB Occupation Title

Social Security Number (Required and may not be omitted)

Email

#### 2. Home Address:

Country Address 1 Address 2 City / Town State / Province / Region Postal Code Phone Number

B. When multiple person entries are required, the User will enter complete data for the first person, select the **Save** hyperlink, and the screen will appear indicating "**Applicant Individual Information Saved**"; the User may then enter additional persons.

C. As additional persons are entered and saved, they will appear at the bottom of the screen.

| MARYLAND<br>Maryland Lottery and<br>Gaming Control Agency                                                                                            | D                                                                                                                                                                                                               |                                                                                           |                                                                                                                                 | 🥂   Неір   Log Оч                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Application<br>VENDOR OFFICER(S)<br>Applicant Individua<br>Accurately complete all the<br>Accurately complete all the<br>Accurately complete all the | On Hold<br>PARTNER(S), AND DIRECTOR(S)<br>Information Saved.<br>So Under, Farlief and Director who will be direct<br>information below for each individual.<br>ge must submit a completed, signed and notarized | tly/significantly involved in providing goo<br>I Authorization For Release of Information | ds and services to a licensed Maryland casino.                                                                                  | Save Cancel                                                  |
| P <u>ersonal Deta</u><br>First<br>Last<br>Middle<br>Occu<br>Social S<br>Ni                                                                           | iii       name:       name:       suffix:      Select ▼       DOB:       iiii       curve       patient       iiii                                                                                              |                                                                                           | *Country: United States   Country: United States   Country: United States   Country: City/Town:   *Postal Code:   Phone Number: | Province/Region:Select V                                     |
| Select Delete                                                                                                                                        | Last Name                                                                                                                                                                                                       | First Name                                                                                | Middle Name                                                                                                                     | DOB                                                          |
| Previous<br>Previous<br>Name Principal Addres<br>Services Provided Othe<br>Login: midatlsy / Roles: App                                              | Next OHold O Complete<br>ses Point-Of-Contact Maryland SDAT<br>r Casinos Served                                                                                                                                 | d<br>Compliance Company Associatio                                                        | n <u>Contracted Value</u> Current Directors Owners En                                                                           | ployees Business Background<br>Build: 1.4.5.0 Date: 6/13/201 |

The User may **Select** a person listed and correct their information, or the user may **Delete** the person from the list by selecting the corresponding hyperlink.

### Screen Layout – Vendor Owners

#### Section – Vendor Owners

| Maryland Lottery and<br>Gaming Control Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                                                              | n i Help   Log Out                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Application       On Hold         *** Please select YES if you have information to enter below and select NOYES ONO         VENDOR OWNERS         3. Provide information for each person or entity who owns more than five percent (5%)         Applicants listed on this page must submit a completed, signed and notarized Authors         Owner Detail         First name:         Last name:         Suffix:Select *         DOB:         Occupation:         Title:         Social Security #: | IO if the questions do not apply to you.<br>of the Vendor or its business, to include Vendors o<br>zation For Release of Information. | perating as a General Partnership. Accurately complete all the inform ome Address try: United States s 1: s 2: wn: s 2: state e: ane e: all: | Save Cancel<br>ation below for each individual. |
| Last Name No records to display. Previous Next O Hold O Completed Name Principal Addresses Point-Of-Contact Maryland SDAT Compli Services Provided Other Casinos Served                                                                                                                                                                                                                                                                                                                             | First Name                                                                                                                            | Middle Name                                                                                                                                  | DOB<br>ss Background                            |
| Login: midatlsv / Roles: Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                                                                                                                                              | Build: 1.4.5.0 Date: 6/13/2019                  |

- A. User will data enter the requested information.
  - 1. Select **YES**, in response to the question listed above the check box.
  - 2. Owner Detail:
    - First Name
    - Last Name
    - Middle Name
    - Suffix
    - DOB

Occupation

Title

Social Security Number (Required and may not be omitted)

#### 3. Owner Home Address:

Country Address 1 Address 2 City / Town State / Province / Region Postal Code Phone Number Email Address

B. After each additional person has been entered, the User will select the **Save** hyperlink before entering the next person.

C. As persons are entered and saved, they will appear at the bottom of the screen.

D. The User may **Select** a person listed and correct their information, or the User may **Delete** the person from the list by selecting the corresponding hyperlink.

### Screen Layout – Vendor Employees

#### Section – Vendor Employee(s)

| Occupation:                          | VENDOR EMPLOYEE(S) 9. Provide information for individuals holding position dividuals the information between the assigned to adminis complete all the information below for each individual Applicants listed on this page mass submits a complete First name: Last name: Middle name: Suffix:Select DOB: Social Security #: | is of supervision or management who are rr<br>ter and control the Vendor's activities with<br>ed, signed and notarized Authorization For | sponsible for directly/significantly overs<br>in the casino, such as project managers,<br>Release of Information.<br>Employe<br>*Coun<br>*Addres<br>Addres<br>*City/To<br>*Po<br>Co<br>Ph | eeing the provision of goods and/or services to a licensed Mary<br>eeing the provision of goods and/or services to a licensed Mary<br>terme Address<br>try: United States<br>s t:<br>s 2:<br>wn:<br>s 2:<br>s 2:<br>s 2:<br>s 2:<br>s 2:<br>s 3:<br>s 4:<br>s 2:<br>s 4:<br>s 5:<br>s 5:<br>s 5:<br>s 5:<br>s 5:<br>s 5:<br>s 5:<br>s 5:<br>s 5:<br>s 6:<br>s 6:<br>s 6:<br>s 6:<br>s 6:<br>s 6:<br>s 7:<br>s 8:<br>s 7:<br>s 8:<br>s 7:<br>s 8:<br>s 8: | Save Cancel<br>land easino. The Applicant shall<br>d account representatives. Accurately |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Last Name First Name Middle Name DOB | Occupation:                                                                                                                                                                                                                                                                                                                  | Name                                                                                                                                     | First Name                                                                                                                                                                                | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DOB                                                                                      |

- A. User will data enter the requested information.
  - 1. Owner Detail:
    - First Name
    - Last Name
    - Middle Name
    - Suffix
    - DOB
    - Occupation
    - Title
    - Social Security Number (Required and may not be omitted)

#### 2. Owner Home Address:

Country Address 1 Address 2 City / Town State / Province / Region Postal Code Phone Number Email Address

B. After each additional person has been entered, the User will select the **Save** hyperlink before entering the next person.

C. As persons are entered and saved, they will appear at the bottom of the screen.

D. **User** may **Select** a person listed and correct their information, or the User may **Delete** the person from the list by selecting the corresponding hyperlink.

### Screen Layout – Applicant's Business Background

#### Section – Applicant's Business Background

| Application                                        | On Hold                                                                                                                                                                                                                  |                                                                                  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| APPLICANT'S BUSI                                   | NESS BACKGROUND                                                                                                                                                                                                          | Save                                                                             |
| . (a) DESCRIPTION OF TI<br>pplication.             | HE VENDOR'S PRESENT BUSINESS. Furnish the Commission with a 'snapshot' of the Vendor Applicant's company and describe                                                                                                    | e the Vendor's capacity and capabilities to provide the services declared in the |
|                                                    | 1                                                                                                                                                                                                                        |                                                                                  |
| ) TALLY OF THE WORK                                | FORCE SUPPORTING THE VENDOR'S PROVISION OF GOODS AND SERVICES TO THE CASINO.<br>In the total number of employees IN MARYLAND who will be directly associated with providing the goods or services to the casino. Furnish | the Commission with the total number of employees OUTSIDE MARYLAND who wi        |
| Techy associated with prov                         | namg the goods of services to the basino.<br>Ital number of employees in Maryland: 2<br>base of employees envice of Manufandt 2                                                                                          |                                                                                  |
| DESCRIPTION OF THE<br>applicable, state if the Ver | VENDOR'S ABILITY TO PROVIDE GOODS OR SERVICES TO MORE THAN ONE CASINO.<br>dor is capable of serving one, two, or more Casinos in Maryland and the other casinos with which the Vendor intends to conduct business        | к                                                                                |
|                                                    | 4                                                                                                                                                                                                                        |                                                                                  |
| Previous                                           | Next O Hold O Completed                                                                                                                                                                                                  |                                                                                  |
| e Principal Addres                                 | ses Point-Of-Contact Current Directors Maryland SDAT Compliance Company Association Contra                                                                                                                               | cted Value Business Background Services Provided                                 |

User will data enter the following into the text blocks:

1. A snapshot description of the Vendor Applicant's Company and their capacities and capabilities to provide goods or services to Maryland casinos or sports wagering entities.

2. List the total number of employees the Vendor Applicant has employed <u>within</u> the State of Maryland.

3. List the total number of employees the Vendor Applicant has employed <u>outside</u> the State of Maryland.

4. Describe the Vendor Applicant's ability to provide goods or services to more than one Maryland casino or sports wagering entity AND if applicable, identify those casinos or sports wagering entities with whom they intend to conduct future business.

### Screen Layout – Applicant's Business Background

#### Section – Type of Goods or Services

| Maryland Lo<br>Gaming Contr              | ttery and<br>of Agency       |                                                   |                                                      |              |   |        |            | ń        | Help   Lo |
|------------------------------------------|------------------------------|---------------------------------------------------|------------------------------------------------------|--------------|---|--------|------------|----------|-----------|
| Applicati                                | on                           | On Hold                                           |                                                      |              |   |        |            |          |           |
| YPE OF GO<br>(b) DESCRIPT<br>(c) NAME OF | ODS OR SERVIO                | CES<br>F GOODS OR SERVICES<br>H SUCH GOODS OR SEF | TO BE PROVIDED BY THE VEN<br>VICES WILL BE PROVIDED. | DOR.         |   |        |            |          | Save Can  |
| Se                                       | ervice Detail                |                                                   |                                                      |              |   |        |            |          | 1         |
| *•                                       | lame of Facility:            | Select                                            | 1                                                    |              |   |        |            |          | ~         |
| T                                        | ype of Goods or<br>Services: |                                                   | 2                                                    |              |   |        |            |          |           |
|                                          |                              | C N                                               |                                                      | 0 T          |   | Ŧ      | 10.1       |          |           |
| la rasarda t                             | o dioplay                    | Company Name                                      | 8                                                    | Company Type | 1 | Type o | r Goods or | Services |           |
|                                          |                              |                                                   |                                                      |              |   |        |            |          |           |
| Previou                                  | s N                          | ext O Hold                                        | ○ Completed                                          |              |   |        |            |          |           |

A. **User** will data enter the types of goods or services that will be provided to a casino or sports wagering entity, or multiple casinos or sports wagering entities. In the event the Vendor Applicant will be providing goods and services to multiple casinos, each casino or sports wagering entity must be data entered and listed on the screen.

#### 1. Name of Facility

A Vendor Applicant providing goods or services to one casino or sports wagering entity would select from the drop-down list the casino or sports wagering entity with whom they have contracted.

#### 2. Type of Goods or Services

A complete and specific description regarding the type of products, types of goods, or types of services being provided to a casino or sports wagering entity will be described and data entered in the text box.

# Screen Layout – Other Licensed Casinos or Sports Wagering Entities Served By The Vendor

Section – Other Licensed Casinos or Sports Wagering Entities Served By The Vendor

| Application On Hold                                                                                                                                                                                 |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| flease select YES if you have information to enter below and select NO if the questions do not apply to you.<br>YES ☉ NO                                                                            |           |
| THER LICENSED CASINOS SERVED BY THE VENDOR Save                                                                                                                                                     | Cancel    |
| (d) Provide the Commission with a list of other jurisdictions where the Vendor conducts business related to a casino operation. (List the other jurisdictions by Casino Name, City, State, County). |           |
| Jurisdiction Detail                                                                                                                                                                                 |           |
| "Casino Name:                                                                                                                                                                                       |           |
| "City:                                                                                                                                                                                              |           |
| *State:Select                                                                                                                                                                                       |           |
| *County:Select                                                                                                                                                                                      |           |
|                                                                                                                                                                                                     |           |
| Casino Name City State County                                                                                                                                                                       |           |
| io records to display.                                                                                                                                                                              |           |
| Previous Next O Hold O Completed                                                                                                                                                                    |           |
| ces Provided Other Casinos Served                                                                                                                                                                   |           |
| n: midatisv / Roles: Applicant Buld: 1.4.5.0 Dat                                                                                                                                                    | 6/13/2019 |

A. **User** will data enter those casinos or sports wagering entities outside of Maryland with whom the Vendor Applicant conducts business.

1. In the event the **Vendor Applicant** does not conduct business with any casinos or sports wagering entities outside of Maryland, the **User** will select **NO** to the question.

2. In the event the **Vendor Applicant** does conduct business with any casinos or sports wagering entities outside of Maryland, the **User** will select **YES** to the question, and data enter information for each casino or sports wagering entity:

Casino or Sports Wagering Entity Name

City

State

County

### Screen Layout – Final Progress Screen

#### Section – Final Progress Screen

Once the User has completed the last section of the Vendor Application, a progress screen will appear:

| current progress on your Vendor Certification | on application is listed below | you have not yet started your application, click on the first section to begin. Once completed, click the su |
|-----------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------|
| Section                                       | Progress                       |                                                                                                              |
| Name, Address and Company Information         | (1 of 1 Complete)              |                                                                                                              |
| Owners 1                                      | (1 of 1 Complete) 🖌            |                                                                                                              |
| mployees                                      | (1 of 1 Complete) 🛷            |                                                                                                              |
| lusiness Background                           | (3 of 3 Complete) 🛷            | - 2 3                                                                                                        |
|                                               |                                | iew Application Submit Application                                                                           |
|                                               | L                              | l                                                                                                            |
|                                               |                                | "Preview Application" to review,                                                                             |

1. In the example, this section shows that all 5 sections have been completed, with each subsection completed.

2. The **Preview Application** button appears and may be selected to preview the application. **NOTE**: If a COPY of the application is desired, this is the ONLY opportunity to do so.

i. The **User** may select <u>Preview Application</u>, and the application will appear in another window where the <u>User may review</u>, <u>download</u>, and/or <u>save/print a copy</u>.

ii. If the **User** chooses not to review the application, the **User** selects **Submit Application** and the application will **close**. It will no longer be available for review.

3. Once the **User** has completed the Vendor application, this screen appears; the **User** selects the **Submit Application** button to submit the application.

**Submit Application** does not mean that the Vendor application is submitted to MLGCA; it is submitted to the sponsoring entity's Vendor Admin who must prepare the application for submittal to MLGCA.

### Screen Layout – Application Submitted Screen

#### Section – Application Submitted Screen



**User** will receive confirmation that the application has been submitted; however, that application submittal is not to MLGCA, but to the **Vendor Admin** who prepared the application.

### **Screen Layout – Application Receipt**

#### **Section – Application Receipt**

| MARYLAND<br>Maryland Lottery and<br>Gaming Control Agency         |                                                                                                                                                                            | n   Help   Log Out             |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Your application has been submitted.                              |                                                                                                                                                                            |                                |
| To print out a receipt of your application completion, click here | <u>.</u>                                                                                                                                                                   |                                |
|                                                                   | Application Submitted ~<br>Applicant: Nathaniel Wilson<br>Position:<br>Type: Vendor Registration<br>Submitted: 9/19/2018 3:54 PM<br>Control #: 84052-45160-162666<br>Print |                                |
| Login: dynamico / Roles: Applicant                                |                                                                                                                                                                            | Build: 1.4.5.0 Date: 8/30/2018 |

By clicking the **Submit Application** button, the **User** may obtain a receipt indicating the date and time of the application submittal to the **Vendor Admin**. (As shown in previous Registered Vendor example.)

### **Vendor Certification – Required Documents**

#### **Required CheckList Items:**

#### 1. Non-Gaming and Non-Sports Wagering Vendor Certification (Form 1021 or 1021CC)

In the event a **Vendor Applicant** has completed a paper reference copy of the Vendor Certification form and provided the form to a sponsoring entity's **Vendor Admin** to data-enter into the eLicensing system application; the **Vendor Admin** will be required to upload the paper reference copy application.

#### 2. Notarized Authorization For Release of Information Form (Business)

The **Vendor Applicant** will ensure that the **Authorization for Release of Information** form was completed by an officer, partner, director, owner, or authorized representative and Notarized for the business entity.

#### 3. Notarized Authorization For Release of Information Form (Individual)

The **Vendor Applicant** will ensure that one **Authorization for Release of Information** form was completed and Notarized for each individual included in the Vendor application.

- Each officer, partner, director, owner, manager, supervisor, and employee disclosed in the completion of the Vendor application will appear as a Required CheckList Item for the Vendor Admin.
- (b) The **Vendor Applicant** is required to provide <u>one form</u> for <u>each person</u> listed.

#### 4. Affidavit of Representative Of Applicant Form

The **Affidavit of Representative of Applicant** form must be completed and notarized. The Vendor may act as the Representative of the Applicant or may appoint a Representative of the Applicant to complete and submit the application. It is the responsibility of the Representative of the Applicant to ensure that the response to every Commission interrogative is accurate and to ensure that the application is correctly submitted.

### 5. Sponsoring Entity's Certification of Business Relationship Form

The **Vendor Applicant** will ensure that a Sponsoring Entity's Representative or an Authorized Casino Construction Representative has signed the **Certification of Business Relationship** form. The **Vendor Applicant** is not authorized to sign the form.

### 6. Maryland SDAT Certificate of Good Standing Form, or

#### Maryland SDAT Trade Name Registration

Each **Vendor Applicant** must properly provide the sponsoring entity's Vendor Admin with the one of following **Required Documents**:

#### o Maryland SDAT Certificate of Good Standing Form, or

#### o Maryland SDAT Trade Name Registration

To do business within the State of Maryland, all Vendor Applicants, including in-state (Maryland) businesses and out-of-state (Foreign) businesses, are required to prove that they have registered with the Maryland State Department of Assessments and Taxation (Maryland SDAT). Maryland SDAT will determine whether the vendor applicant is required to file for a Trade Name Registration or file for "Good Standing" status.

The sponsoring entity's Vendor Admin will confirm the **Vendor Applicant's** Good Standing by uploading the Vendor Applicant's Maryland SDAT Certificate of Good Standing or Trade Name Registration, ensuring that:

(a) The Vendor Applicant's Business Name is listed **exactly** as it is registered with Maryland SDAT.

(b) The Vendor Applicant is in fact registered with the Maryland SDAT and is currently in Good Standing.

One of these Required Checklist Items <u>must</u> be submitted to the Vendor Admin at the time of the Vendor application submittal. Failure to provide a Vendor Applicant's Maryland SDAT **Certificate of Good Standing** or **Trade Name Registration** will be considered an incomplete application and may result in a denial of Vendor Applicant's submittal.

B. All applicable **Required Documents** must be provided to the Sponsoring Entity's **Vendor Admin** prior to the submittal of the completed Vendor application to MLGCA.