AUTHORIZATION FOR RELEASE OF INFORMATION (BUSINESS)

TO: _____

(Leave blank - to be filled in by the Commission)

FROM_____

(Printed Name of the Applicant)

The above listed entity ("Applicant") is applying for a Non-Gaming and Non-Sports Wagering Vendor Registration in the State of Maryland. I am an authorized representative of the above listed Applicant.

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

That investigation required the Commission to collect and evaluate information about the Applicant. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the Commission any and all information about the Applicant and its principals that the Commission requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify the unit, entity, or individual that releases information to the Commission under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

_____ _____

Signature of Individual Completing Form Date

My affiliation with the Applicant is: □ Owner □ Partner □ Director □ Officer □ Other _____

_____ _____

Printed Name Title

NOTARY PUBLIC

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

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

_____

Notary Public

_____

Stamp or Seal Printed Name

My commission expires _____