



## Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

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

for currently approved  
**Registered Vendors**

Form #1023U

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

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

**2) Vendor's CURRENT Business Name:**

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

To be completed by the Vendor

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

To be completed by the Vendor

☐ None

**4) Sponsoring Entity:**

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

To be completed by the Vendor

**5) Attach verification of **current** Maryland SDAT regulation compliance:**

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

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

**ACKNOWLEDGMENT**

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

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

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

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

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

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

Acknowledged by (Signature) \_\_\_\_\_

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

(Signature) \_\_\_\_\_

**NOTIFICATION TO COMMISSION**Check all that apply

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

- ☐ Business Name (if so, complete the explanation below \*). The business name changed due to:
- ☐ Sale of the company, acquisition of another company, or merger with another company
  - ☐ Changes to company organization (e.g. conversion from a Sole Proprietorship to an LLC or conversion of an LLC into a corporation)
  - ☐ Rebranding

The date that the change of business name became effective \_\_\_\_\_

**Note:** An updated **Certification of Business Relationship** bearing the **new name** must be obtained from the Sponsoring Entity and submitted to MLGCA.

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

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

- ☐ Address
- ☐ Physical address(s) (See **D.2**)
  - ☐ Email address or web address (See **D.2** or **D.3**)
- ☐ Point-of-Contact (See **D.3**)
- ☐ Owners / officers / directors / partners, etc. (See **D.4**)
- ☐ Management employees / supervisory employees (See **D.4**)
- ☐ Maryland SDAT Department ID Number (See **D.5**)
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

\* **Business Name Change**

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

\_\_\_\_\_ d/b/a \_\_\_\_\_.

Our company has changed names and is now known as:

\_\_\_\_\_ d/b/a \_\_\_\_\_.

**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  
My affiliation with the Applicant is: ☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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**NOTARY PUBLIC**

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The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification. This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

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

**SECTION A - IMPORTANT NOTICES**

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

**SECTION B – INSTRUCTIONS**

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

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**SECTION C - SUBMISSION OF COMPLETED FORM**

**No fee is required.** Submit the completed form to:

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

**SECTION D - VENDOR INFORMATION****D.1 CURRENT BUSINESS NAME**

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

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

**D.2 VENDOR'S PRINCIPAL ADDRESSES**

Describe the Vendor's use of this address (check all that apply to this address):

☐ Mailing ☐ Residential ☐ Corporate ☐ Production ☐ Development/Testing ☐ Warehouse ☐ Other \_\_\_\_\_

Address Line 1

Address Line 2

City

State

Zip

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

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

City

State

Zip

Vendor's website

Vendor's telephone number

Describe the Vendor's use of this address (check all that apply to this address):

☐ **No Secondary Address**

☐ Mailing ☐ Residential ☐ Corporate ☐ Production ☐ Development/Testing ☐ Warehouse ☐ Other \_\_\_\_\_

Address Line 1

Address Line 2

City

State

Zip

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

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

City

State

Zip

Vendor's website

Vendor's secondary location telephone number

**D.3 VENDOR'S POINT-OF-CONTACT**

\*Point-of-Contact: (Name) \_\_\_\_\_ (Position/Title) \_\_\_\_\_

\*This individual **must** have the authority to make decisions on behalf of the Vendor.

E-mail address: \_\_\_\_\_ All notifications from the Licensing Division will be made to this e-mail address. The POC is reminded to check the "SPAM" folder for e-mails from ".....@maryland.gov."

Point-of-Contact's Office Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**D.4a OWNERS**

Provide the names of the Owners, (i.e. each person or entity who owns five percent (5%) or more of the Applicant's business, to include Vendors operating as a General Partnership). If necessary, attach a detailed explanation, which may include charts, diagrams or other clarifying information, that describes the corporate structure, and enter "Ownership information – See Attached" in the "Name" and "Position / Title" fields below.

If parent companies are present, the memorandum **must** describe whether the parent company will have any direct or any indirect contact with the Sponsoring Entity during the provision of goods and services.

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

Name	Position / Title

**D.4b OFFICERS, PARTNERS, DIRECTORS**

Provide the name of each company Officer, Partner, and Director who will be directly or significantly involved in the provision of goods and/or services to the Sponsoring Entity. "N/A" is not an acceptable response to this inquiry.

Name	Position / Title

**D.4c****MANAGERS / SUPERVISORS**

Provide the name of each company Officer, Partner, and Director who will be directly or significantly involved in the provision of goods and/or services to the Sponsoring Entity. "N/A" is not an acceptable response to this inquiry.

Name	Position / Title

**D.5****COMPLIANCE WITH MARYLAND SDAT REGISTRATION**

**Compliance is required** (NOT a "Good Standing Certificate" from the Maryland Comptroller's Office).

Maryland State Department of Assessments and Taxation's Department ID Number:  
(1 letter plus 8 numbers) \_\_\_\_\_

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

**D.6****SPONSORING ENTITY**

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

\_\_\_\_\_

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**D.7****VENDOR'S BUSINESS BACKGROUND**

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

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

☐ Check here if the good or service is **COMPUTER SOFTWARE, to include SaaS.**

**(c) SOFTWARE NOTICE:** If the Applicant has been contracted to provide any form of computer software or software-as-a-service, specific written declarations must be made to the Commission **before** the software may be connected to any system operated by the Sponsoring Entity.

☐ N/A, our goods and services do not include any **COMPUTER SOFTWARE, to include SaaS.**

☐ Our goods and services **DO** include **COMPUTER SOFTWARE, to include SaaS.** Our goods and services are **NOT** currently connected.

☐ Our goods and services **DO** include **COMPUTER SOFTWARE, to include SaaS.** Our goods and services **ARE CURRENTLY** connected.

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

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

In Maryland =

Outside of Maryland =

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

☐ YES ☐ NO

**Note: Attach additional copies of this page as needed**

**CERTIFICATION OF BUSINESS RELATIONSHIP**

This page is to be completed only by an authorized representative of a Maryland Sponsoring Entity.  
A Vendor applicant is **prohibited** from signing this form.

Sponsoring Entity: \_\_\_\_\_

Vendor Applicant's

Business Name: \_\_\_\_\_

(Include 'T/A' or 'D/B/A' Name, if applicable)

The Vendor Applicant ("Applicant") listed above has entered into a business relationship through agreement or contract with the listed Maryland Sponsoring Entity. The Applicant will provide, or anticipates providing, non-gaming and non-sports wagering goods and services with an estimated value of \$\_\_\_\_\_ in a calendar year.

The Applicant is required by the Commission to submit a Non-Gaming and Non-Sports Wagering Vendor Registration Application, since either: 1) the Commission has reviewed the Applicant's goods and services and determined that registration is required to protect the public interest or accomplish the policies in State Government Article, Title 9, Subtitle 1A, Annotated Code of Maryland; or 2) the value of the goods and services equals or exceeds \$50,000.

The Applicant has entered into a written agreement or contract to provide the following non-gaming and non-sports wagering goods and/or services:

\_\_\_\_\_  
\_\_\_\_\_



Check here if the good or service is **COMPUTER SOFTWARE**.

I, \_\_\_\_\_, representing \_\_\_\_\_

Printed name of Sponsoring Entity Representative

Name of Sponsoring Entity

am authorized to complete and execute/sign business relationship agreements on behalf of the Maryland Sponsoring Entity listed on this form.

Signature of Sponsoring Entity Representative

Title

Date

**NOTARY**

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

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

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

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