



Sports Wagering Operator & Vendor Scope of Licensing – Initial Survey

Pursuant to 205 CMR 211.01, this survey must be submitted as part of the application for a Category 1, Category 2, or Category 3 Sports Wagering License and must be submitted as a prerequisite to the submission of the additional application forms.*

SPORTS WAGERING LICENSE INFORMATION	
Seeking to apply as:	<input type="checkbox"/> Category 1 Operator <input type="checkbox"/> Category 2 Operator <input checked="" type="checkbox"/> Category 3 Operator <input type="checkbox"/> Vendor to Operator

APPLICANT INFORMATION & DESCRIPTION	
Company Name:	BlueBet USA Inc
D/B/A or Trade Name(s):	Clutchbet
Corporate HQ Address: <i>(Also include the address of any operation/s in Massachusetts)</i>	17th St Suite 350 Denver Colorado 80202
Point-of-Contact for Licensing Process: <i>(Include NAME, POSITION, ADDRESS, PHONE, EMAIL)</i>	Jeffrey Gilbert
Description of Business:	Online sportsbook
Goods/Services you expect to provide in Massachusetts:	Online sportsbetting services

APPLICANT ORGANIZATIONAL INFORMATION	
Applicant Company Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> SEC Registrant <input type="checkbox"/> Other
Publicly Traded? :	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>(if "Yes", Stock exchange symbol and exchange)</i>
Applicant Financial Statements Type:	<input checked="" type="checkbox"/> Audited <input type="checkbox"/> Reviewed <input type="checkbox"/> Consolidated <input type="checkbox"/> Internally Compiled <input type="checkbox"/> Externally Compiled <input type="checkbox"/> Supplemental <input type="checkbox"/> Other



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Applicant Tax Returns:	<input type="checkbox"/> Stand-Alone <input checked="" type="checkbox"/> Consolidated <i>(with)</i>
Management Structure: <i>(Do you have any of the following?)</i>	<input checked="" type="checkbox"/> Compliance Committee <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> Compliance Plan <input type="checkbox"/> Other(s)

ATTACHMENTS

PLEASE SUBMIT THE FOLLOWING INFORMATION

- TABLE of ORGANIZATION** including parent companies and subsidiaries (note any companies that are publicly traded and are sports wagering-related).
- TABLE of OWNERSHIP INTERESTS** showing all ownership interests, including parent companies and subsidiaries showing the corporate structure with entity names and ownership percentages.
- FUNCTIONAL TABLE of ORGANIZATION** including the executive team and Board of Directors with individual names and titles, and percentage of ownership interest, if applicable.
- CONTROL** – List (1) individuals and entities who own 10 percent or more of the applicant; (2) individuals and entities who have the ability to control the activities of the applicant; and (3) any executive, employee or agent having the power to exercise significant influence over decisions concerning the applicant’s sports wagering operations in Massachusetts.
- INSTITUTIONAL INVESTORS** – Provide a list of these investors along with their percentage of ownership.
- LICENSING HISTORY** – List the last 3 jurisdictions in which licensed for sports wagering operations, including the type of license that was obtained.
- LICENSEE ASSOCIATION** – List any Gaming Licensee(s), Sports Wagering Operator Licensee(s) or Applicant(s) for a Sports Wagering Operator License with whom you have an agreement to conduct business or are in the process of negotiating an agreement.
- ON-SITE PERSONNEL (for Vendor only)** – If you expect to have any personnel on-site at a Massachusetts casino, please indicate the approximate number and a brief description of their duties.

**Pursuant to 205 CMR 211.01, this survey must be submitted as part of the application for a Category 1, Category 2, or Category 3 Sports Wagering License and must be submitted as a prerequisite to the submission of the additional application forms, which consist of the following:*

- Application for Category 1, 2, & 3 Sports Wagering Operator License;*
- For designated entity qualifiers, Business Entity Disclosure Form;*
- For designated individual qualifiers, Multi-jurisdictional Personal History Form; and*
- For designated individual qualifiers, Massachusetts Supplemental Form.*

Failure to submit this Survey by October 17, 2022, shall result in the Commission deeming the application incomplete and administratively closed.

Massachusetts Sports wagering Operator and Vendor Scope of licensing

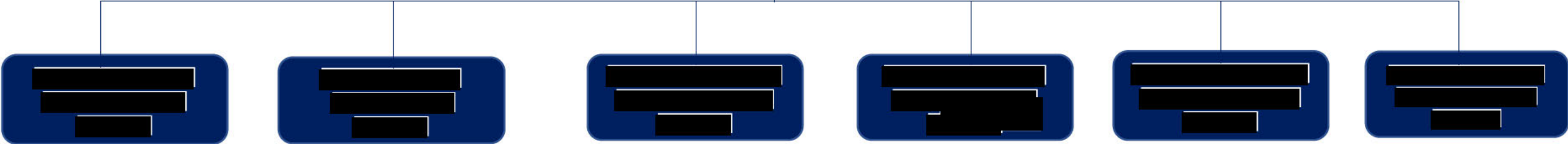
Initial Survey

Responses to required attachments

Attachment 1



FIGURE A



Attachment 2

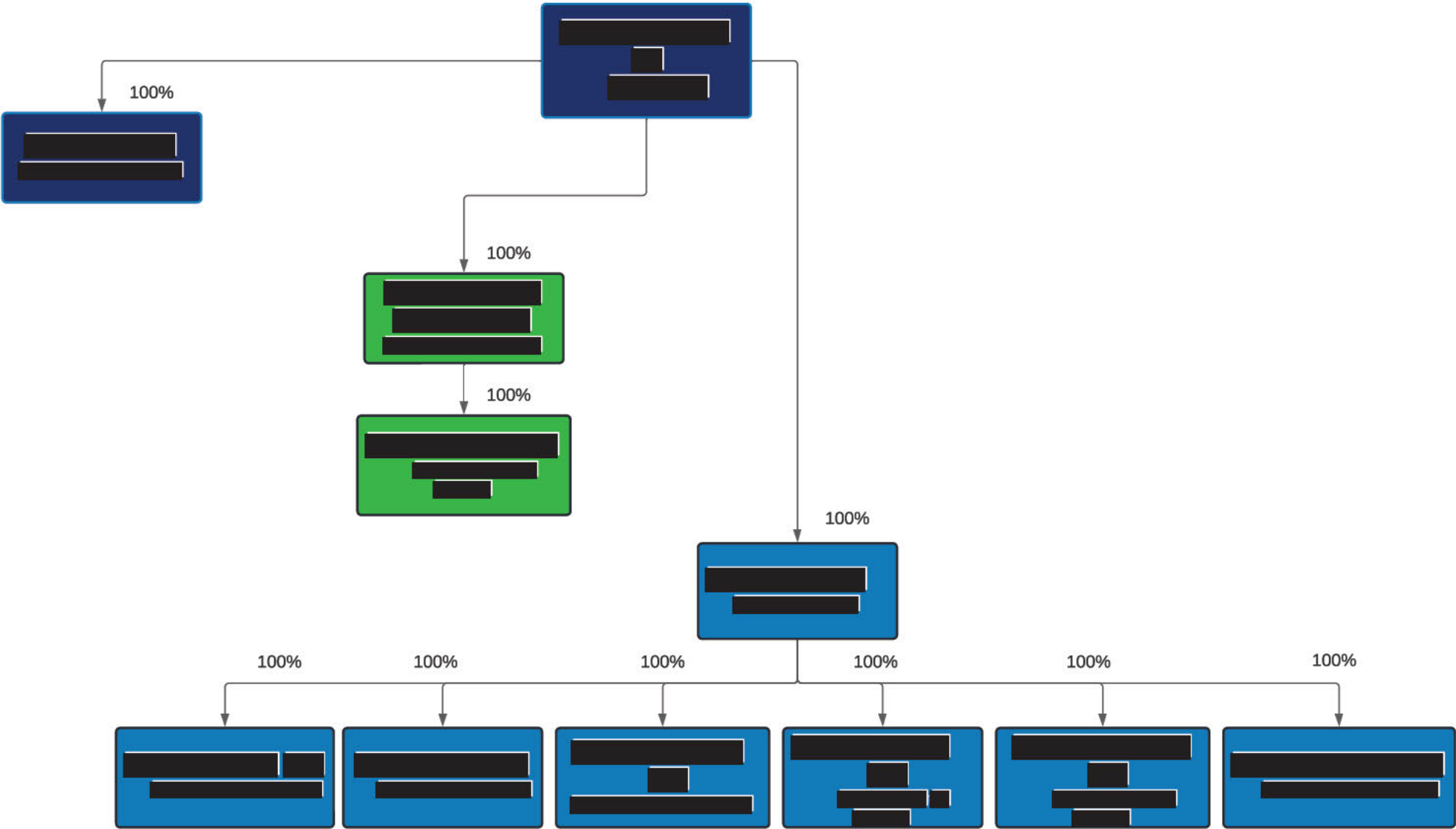
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- [REDACTED]
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- [REDACTED]

FIGURE B

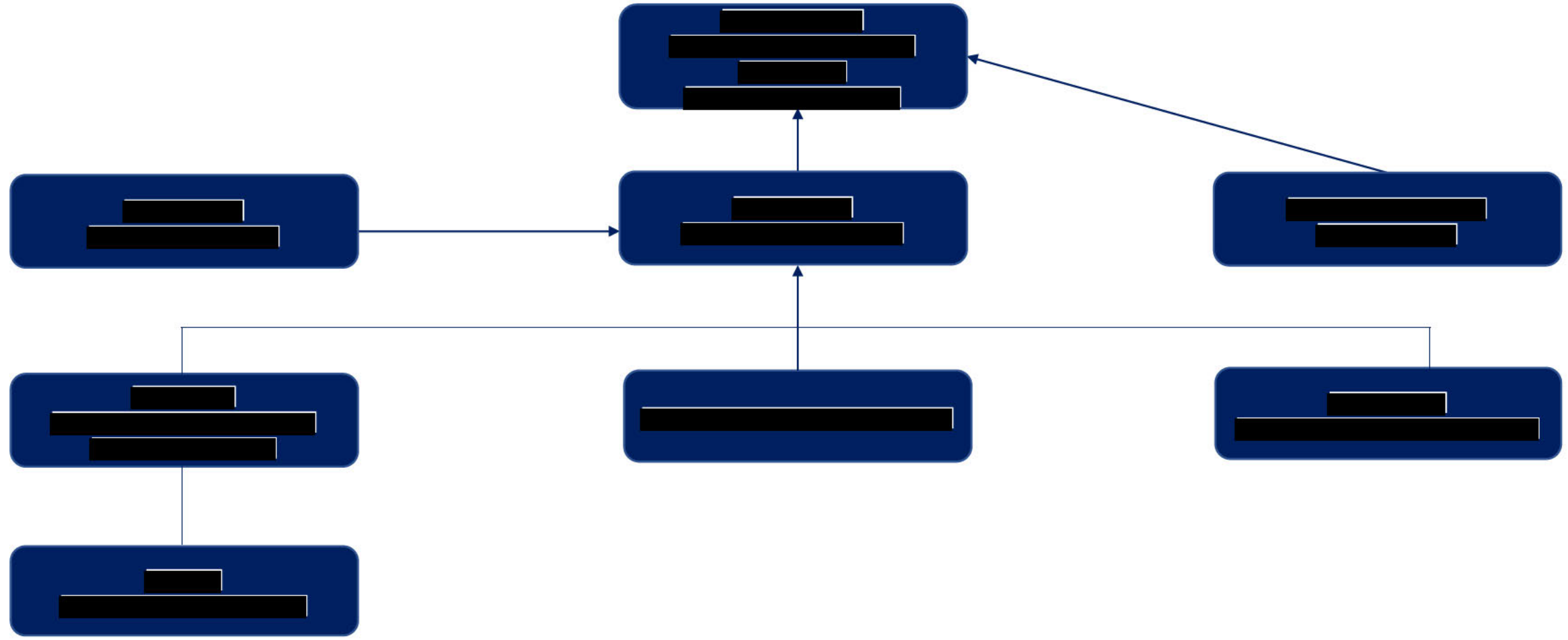
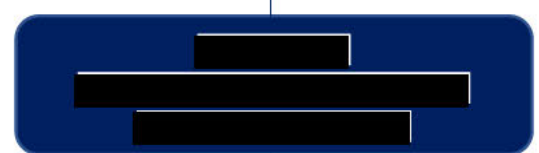
BlueBet [REDACTED]



Attachment 3



FIGURE C



Attachment 4

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Attachment 5

[REDACTED]

[REDACTED]

Attachment 6

[REDACTED]

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