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## Lottery and Gaming Control Commission

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1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

### PRINCIPAL EMPLOYEE LICENSE RENEWAL APPLICATION

### Form # 1008

**Applicant:** \_\_\_\_\_

First, Middle, Last Name

**Affiliation:** \_\_\_\_\_

(Name of Sponsoring Entity: Casino, Manufacturer, Contractor, Sports Wagering Licensee or Applicant, or Vendor)

**NOTICE**

Maryland's Gaming Law and Sports Wagering Law are long and complex. Maryland Gaming Law is located in State Government Article, Title 9, Subtitle 1A, Annotated Code of Maryland ("SG"). The regulations promulgated by the Maryland Gaming Control Commission ("Commission") are found in Code of Maryland Regulations ("COMAR") 36.03. Collectively, SG § 9-1A *et seq.* and COMAR 36.03 are referred herein as the "Gaming Law". Maryland's Sports Wagering Law is located in SG Title 9, Subtitle 1E, and the regulations promulgated the Commission are found in COMAR 36.10. Collectively, SG § 9-1E *et seq.* and COMAR 36.03 are referred herein as the "Sports Wagering Law".

The cites referenced within this application are for explanatory purposes, are subject to change, may be different from what is provided, and should not be relied upon. You are expected to be familiar with the current Gaming Law and Sports Wagering Law; updates and information may be found at <https://www.mdgaming.com/>.

Failure or refusal to adhere to Gaming Law and Sports Wagering Law may result in the Commission imposing sanctions and/or penalties, to include, but not limited to, the placing of conditions on a license; suspension or revocation of a license; reprimand of a licensee; and/or fines, and may result in criminal and/or civil charges being filed against the licensee.

**APPLICABILITY AND ELIBIGILITY**

The Commission is required to investigate an Applicant for a sports wagering and video lottery (hereinafter "gaming") license pursuant to the Sports Wagering Law and Gaming Law. An applicant for a license must establish by clear and convincing evidence that the Applicant is qualified for licensure, and must not be subject to any grounds for mandatory disqualification from license eligibility. SG §§ 9-1A-07(c)(1); 9-1E-07(e)(1); COMAR 36.03.02, 36.10.03.

Individuals who meet the definition of a principal employee under COMAR 36.03.01.02 or 36.10.01.02 must submit a Principal Employee License Application to the Commission. A principal employee license is different from a gaming / sports wagering employee license. Generally, an individual requires a Principal Employee License if they own, control, or manage a licensee or otherwise exercise control over a gaming or sports wagering function of a license.

The Commission may renew Principal Employee License, if the licensee:

- a. Submits an application for renewal to the Commission at least **6 months** before the employee's license expires (COMAR 36.03.02.12 and COMAR 36.10.06.08);
- b. Continues to comply with all licensing requirements and establishes by clear and convincing evidence, that they meet applicable license qualification requirements (COMAR 36.03.02.12; COMAR 36.10.06);
- c. Submits to a background investigation (COMAR 36.03.02.12; COMAR 36.10.06);
- d. Reimburses the Commission for all costs associated with the background investigation (COMAR 36.03.02.12; COMAR 36.10.03) and
- e. Pays the license renewal fees and costs (COMAR 36.03.02.12; COMAR 36.10.03.06).

A Temporary Principal License is not renewable. COMAR 36.03.02.12H.(3); COMAR 36.10.06.08A.

**TERM OF LICENSE**

A Maryland Principal Employee License is valid for **five years**.

**FEES AND COSTS****Renewal:**

Renewal License fee	\$ 750.00
Background Investigation Deposit	\$2,000.00*
Fingerprint processing fee	\$ 37.25
	\$2,787.25

**\*Background investigation costs:**

A \$2,000 Background Investigation Deposit is required at the time an Applicant files a Principal Employee License Renewal Application. If the Commission exhausts the deposit prior to completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Commission. Conversely, the Applicant will be refunded any unused portion of this fee once the investigation concludes. All fees must be paid in full before a license may be issued.

**REMITTANCE OF FEES AND COSTS****Notice Regarding Required Fees:**

A licensee is required by the Gaming Law and Sports Wagering Law to submit a payment to the Commission for the renewal license and background investigation fees ***at the time the application is submitted to the Commission***. If an applicant fails to submit the required payment, the Commission may determine that an Applicant has submitted an incomplete and inaccurate application, and may deny the application.

**Note:** Renewal license and background investigation fees, made payable to “***Maryland Lottery and Gaming Control Agency***” are due at the time of submitting the renewal application. These fees are **non-refundable**. (COMAR 36.03.02.01; COMAR 36.10.02.03).

**Payment Submission Process**

- A. The payment may be submitted directly to the Licensing Division in the form of a:
1. Business Check;
  2. Cashier’s Check; or a
  3. Money Order (**no** personal checks).

The Business Check, Cashier’s Check or Money Order must be sent to:

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

B. The payment may be submitted via a Wire Transfer:

**Bank Name:** Wells Fargo Bank, N.A.  
**Bank Address:** 420 Montgomery Street, San Francisco, CA 94104  
**Account Name:** Maryland State Lottery  
**ABA Routing Number:** 121000248  
**Swift Code:** WFBIU6S  
**Account Number:** 4928823376

**ELECTRONIC APPLICATION**

An Applicant must submit a Principal Employee License Renewal Application to the Commission **electronically** via the ‘eLicensing’ system. A paper application for renewal of a Principal Employee License will not be accepted by the Commission.

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**Note:** Some Exhibits and all Required Documents must be uploaded into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

**SECTION A - IMPORTANT NOTICES**

- A.1 Official Document:** This form is an official document of the Commission. It may not be altered or changed, except to insert the information that is required. Any alteration or change to this document may cause this application or the renewal of your license to be delayed or denied.
- A.2 License a Privilege:** A Principal Employee License is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant.
- A.3 Information Provided:** The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this application or in addition to that which is provided in response to this application may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s expense.
- A.4 Accuracy, Completeness, and Truthfulness:** You must make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement during the application process or throughout the entire term of any licensure of the Commission, as set out in Gaming Law or Sports Wagering Law, may result in the denial of the application or revocation of any license issued, and may subject you to civil and/or criminal penalties.
- A.5 Costs:** The total cost of the investigation conducted pursuant to this renewal application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the Gaming Law and Sports Wagering Law and the posting of a bond that may be required by the Commission. The application will not be processed until the fees are submitted.

- A.6 Continuing Obligation:** The Applicant is under a continuing duty to **promptly** disclose any changes in the information provided in the application, as well as, all changes to any of the materials submitted in connection with the original License Application and this Renewal Application. The duty to make such additional disclosures shall continue throughout any period of licensure.
- A.7 Corrections and Changes:** The Applicant shall **promptly** provide written notification to the Commission of any corrections or changes to this application once submitted, and to any of the materials submitted in connection with this Application. The duty to notify the Commission of any changes or corrections shall continue throughout any period of licensure.
- A.8 Conforming to Information in Application:** If the Applicant is issued a license by the Commission, the licensee has a continuing duty throughout any period of licensure to conform to all of the information contained in their application and to meet all licensing requirements.
- A.9 Fingerprints and Photographs:** During the application process, the Applicant is required to be fingerprinted and photographed, the Applicant's financial stability will be assessed, and the Applicant's criminal history, if any, will be carefully examined.
- A.10 Accountability:** If the Applicant is issued a license by the Commission, the licensee will have a continuing duty throughout any period of licensure, to inform the Commission of any act or omission that the licensee knows or should know constitutes a violation of the Gaming Law or Sports Wagering Law.
- A.11 Enforcement Actions:** A violation of the Gaming Law or Sports Wagering Law may result in the Commission taking enforcement action against a licensee which may include the imposition of penalties or sanctions up to and including revocation of a license. COMAR 36.03.04; COMAR 36.10.08.
- A.12 Applicant's Address:** All notices regarding the application will be sent to the address provided by the Applicant listed in their application. The Applicant must immediately notify the Commission of any change of address.
- A.13 Licensee Searches:** A licensee of the Commission may be required to submit to warrantless searches as stated in the Gaming Law and Sports Wagering Law.
- A.14 Commission Property:** All submissions with and for this renewal application become the property of the Commission and **will not** be returned.
- A.15 Licensing Division:** The Maryland Lottery and Gaming Control Agency's Regulatory Licensing and Investigations Division is referred to, throughout this application, as the "Licensing Division."
- A.16 Withdrawal of Application:** A Principal Employee License Application may be withdrawn if: (a) the Applicant submits a written request to the Commission to withdraw the application; and (b) the written request is submitted before the Commission has denied the application.

## SECTION B - INSTRUCTIONS

These instructions are applicable to any licensee seeking renewal of a Maryland Principal Employee License ("license"). If a business entity that applies for a license is a subsidiary or if a business entity holding a license is

to become a subsidiary, each holding company and each intermediary company with respect to the licensee applicant shall, as a condition of the subsidiary acquiring or retaining a license, provide all the information requested by the Commission.

- B.1** Read each question carefully. Answer each and every question completely. **Do not leave blank spaces.** If a question does not apply, write “Does Not Apply” or “N/A.” If the correct answer to a particular question is “None,” write “None.”
- B.2** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information may be grounds for the Commission to deny the application, or to suspend or revoke the license.
- B.3** All required documentation **must** be uploaded into ‘eLicensing’ on the Applicant Case Checklist Item page.
- B.4** The Commission may request additional financial and other information as needed.
- B.5** An Applicant should clearly identify those portions of their application that they deem to be confidential, proprietary commercial information, trade secrets, or confidential financial information of the Applicant and provide justification of why such materials may not be disclosed by the Commission pursuant to a request made under the Public Information Act (“PIA”), Title 4, Subtitle 3, General Provisions Article, Annotated Code of Maryland (“GP”). An Applicant’s blanket statement that its entire application is “confidential” is unacceptable. Confidential information supplied by the Applicant shall be used in the ordinary course of processing an application and evaluating the qualifications of an Applicant.
- Applications may be subject to partial disclosure pursuant to a request under the PIA. When the Commission receives a PIA request, Staff will collect and review all records that are responsive to the request. The Commission will notify an Applicant of a request made under the PIA and will consider the Applicant’s views as to whether the requested information is exempt from disclosure under the PIA. The Commission will make a determination as to whether the information may be disclosed
- B.6** The license and application fees described in the “Fees and Costs” section of this Application and authorized by COMAR are non-refundable. COMAR 36.03.02.01; COMAR 36.10.02.03. The Commission cannot renew a license until all fees are paid. Additional costs and expenses may be incurred by the Commission in its investigation of the Applicant. Background investigation costs will be assessed by the Commission either through a deposit or promptly upon Licensee’s receipt of an invoice. The Commission cannot issue a license until all fees are paid.
- B.7** If the Applicant wishes to retain a copy of their application, the Applicant may print it prior to selecting the “Submit” button. Once the Applicant completes their application in the ‘eLicensing’ system, they may select the “Preview Application” button and print out a copy of it. Once the Applicant selects the “Submit” button, the Applicant may no longer view or print their application
- B.8** The Statement and Authorization at the end of this Renewal Application must be signed in the presence of a notary.

**SECTION C - DEFINITIONS**

Refer to the list of Definitions in the Gaming Law in COMAR 36.03.01 and the Sports Wagering Law in COMAR 36.10.01, which are applicable to all gaming and sports wagering applications. Additional resources for gaming applications; instant bingo license applications; and sports wagering license applications are available on the Maryland Lottery and Gaming Control Agency's website: <https://www.mdgaming.com/licensing/>.



# **SECTION D**

## **EXHIBITS**

### **Principal Employee Application and Personal History Disclosure Form**

**APPLICATION CHECKLIST**

**Note:** Use this checklist to indicate with an “X” that the exhibit is attached with this Application. All attachments are **mandatory**.

If a question, exhibit, or addendum is not applicable, indicate “Not Applicable” and state why it is not applicable. If any item is missing or not submitted according to these directions, the Application will be considered incomplete and will not be processed.

<b>EXHIBIT NUMBER</b>	<b>EXHIBIT DESCRIPTION</b>	<b>PLACE “X” WHEN COMPLETED, or “Not Applicable” and state why</b>
<b>1</b>	Acknowledgement and Disclosure	
<b>2</b>	Applicant Information	
<b>3</b>	Photograph	
<b>4(a)</b>	Family/Social Information – Marriage(s)	
<b>4(b)</b>	Family/Social Information – Domestic Partner(s)	
<b>4(c)</b>	Family/Social Information – Civil Union(s)	
<b>4(d)</b>	Family/Social Information – Children, Dependents, and Supported Persons	
<b>5</b>	Offices and Positions	
<b>6</b>	Employment History, Fiduciary Positions Held, and Licensing Information	
<b>7</b>	Civil, Criminal and Investigatory Proceedings	
<b>8</b>	Financial Information	
<b>9</b>	Miscellaneous Questions	
<b>10</b>	Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling	
<b>11</b>	Federal, State and Foreign Tax Returns	
<b>12</b>	Authorization for Release of Information	
<b>13</b>	Affidavit of Individual Applicant	
<b>14</b>	Acknowledgment of FBI Privacy Statement and Right to Challenge Information	
<b>15</b>	Request for Transcripts of Federal Tax Returns	
<b>16</b>	References	

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**Exhibit 1**  
**ACKNOWLEDGEMENT AND DISCLOSURE**

I understand and acknowledge with my initials and signature the following:

The Maryland Lottery and Gaming Control Commission (“Commission”), through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the license. Initials \_\_\_\_\_

I am seeking renewal of my Principal Employee License. I cannot continue to be employed in a job that requires this license unless the Commission finds that I meet the legal requirements and qualifications for licensure. I am required to submit correct and accurate information, and I am prohibited from submitting false or misleading information to the Commission. Failure to disclose any required information will be considered when assessing my character, honesty and integrity, and may disqualify me. Initials \_\_\_\_\_

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if an applicant meets the eligibility and qualification requirements for licensure. The background investigation will include, but not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness; financial stability; criminal record, record of involvement with law enforcement agencies, as specified in the application, or record of involvement with civil litigation. 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. Initials \_\_\_\_\_

Approval for any license issued or renewed by the Commission is based on the specific information that I submit to the Commission, whether contained within, attached to, or subsequent to, this application. Changes to any of that information may alter my suitability for licensure. Therefore, I have a continuing obligation for the entire period I am licensed, to inform the Commission of any changes to the information that I submit on my application; on any document attached with this application; or to any information or document I submit subsequent to the submission of this application. Changes include, but are not limited to, contact information (physical/email addresses and phone numbers); name changes; gaming or sports wagering sanctions or penalties imposed by any jurisdiction; arrests, charges, or convictions for any offense; or my ability to maintain my credit stability. Initials \_\_\_\_\_

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for renewal of my Maryland Gaming / Wagering License. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and for the duration of any Gaming / Wagering License that I may be issued or renewed. Initials \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_\_\_

**Exhibit 2**  
**APPLICANT INFORMATION**

Today's Date	Maryland Gaming License Number
Position / Title	Current Employer
Date of Most Recent Application Submission:	

**Current Contact Information**

Telephone Numbers Home:	Work:	Cell:	Other
Email Address:		Email Address:	

**Name**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
1. Has your name changed since you last completed a Maryland Lottery and Gaming Control Commission Principal Employee License Application? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "no", go to Section 2			

If Yes, provide the name used in your previous Maryland Lottery and Gaming Control Commission Gaming Employee License Application.

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
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If your name has changed provide an explanation for the name change:

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2. Has your address changed since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application?  Yes  No. If "no", go to Descriptive Information

If Yes, provide your current address and any other addresses used since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application.

**Current Address**

Address Line 1		Address Line 2			
P. O. Box	City	County	State/Province	Zip Code	Country
Dates From:	To:	Check One: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other			

**Mailing Address (If Different from Above)**

Address Line 1		Address Line 2			
P. O. Box	City	County	State/Province	Zip Code	Country



If you are a legally authorized Permanent Resident Alien, provide the “A” number from your Permanent Resident Card:

Card Number: \_\_\_\_\_

Upload a color copy of the front and back of your Permanent Resident Card into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

If you do not possess a Permanent Resident Card but are authorized to work in the United States, please describe the U.S. Work Visa that you possess and provide the Visa number:

Description of Authorization: \_\_\_\_\_

VISA #: \_\_\_\_\_

**2. Acceptable forms of documentation that establish both identity and employment authorization which will be accepted. All documents must be unexpired and a color copy uploaded into the MLGCA’s online ‘eLicensing’ application.**

If you have received any of the below documents provide the number assigned to the document (“Document Number”), the issuance date, and expiration date. Upload a color copy of the front and back of the document, and any other documentation of authorization to be employed in the United States into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

Document	Document Number	Issuance Date	Expiration Date
Permanent Resident Card, Form I-551			
Permanent Resident Stamp, I-551			
Employment Authorization Document, Form I-766			
Arrival Departure Record, Form I-94			
Arrival Departure Record, Form I-94A			
Admission Stamp I-94 in Unexpired Foreign Passport			
Form I-797A, Notice of Action with I-94			
Global Entry I-94			
Form I-571, Refugee Travel Document			
Form I-327, Re-entry Permit			
DS-2019			
Form I-20, Certificate of Eligibility			
Machine Readable Immigrant Visa			
Certificate of Naturalization			

3. In the event you are not in possession of any of the above documentation, provide one document from column # 1 and one document from column # 2 below.

If you are submitting any of the below documents from List # 1 or # 2, upload a legible color copy of the front and back of the document that includes the document number, issuance date, and expiration date into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

Column # 1 Documents that Establish Identity	Column # 2 Documents that Establish Employment Authorization
Driver’s license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as your name, date of birth, gender, height, eye color, and address	A Social Security Account Number card unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION; or (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION. NOTE: A copy (such as a metal or plastic reproduction) is not acceptable.
ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as your name, date of birth, gender, height, eye color, and address	Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
School ID card with a photograph	Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
Voter’s registration card	Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
U.S. military card or draft record	Native American tribal document
Military dependent’s ID card	Identification Card for Use of Resident Citizen in the United States (Form I-179)
U.S. Coast Guard Merchant Mariner Card	Employment authorization document issued by DHS
Native American tribal document	
Driver’s license issued by a Canadian government authority	

**Passport**

Have you ever been issued a Passport?  YES  NO

If yes, provide the passport information requested below:

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

**Exhibit 3**  
**PHOTOGRAPH**

The Applicant must upload a passport quality color photograph on the Applicant Information page. The photograph of the Applicant, must be:

- Of the Applicant, alone;
- In front of a plain, light colored background;
- In street attire, without a hat, head covering, or dark glasses;
- In color;
- Clearly focused;
- With a full front view of the Applicant’s face;
- Recent (taken within the last six months);
- Presents a good likeness of the Applicant; and
- Is 2 x 2 inches (max. 3 x 3 inches) in size.

The image size measured from the bottom of the Applicant’s chin to the top of the Applicant’s head (including hair) should not be less than 1 inch and not more than 1–3/8 inches.

Photographs retouched so that the Applicant’s appearance is changed are not acceptable.

The photograph of the Applicant, Exhibit 3, must be uploaded into ‘eLicensing’ system on the Applicant Information page.

**Exhibit 4(a)**  
**FAMILY/SOCIAL INFORMATION – MARRIAGE(S)**

Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has your marital status changed?  YES  NO

If yes, provide documentation to support the change (e.g. Marriage License, Divorce Decree, or Court Order) and complete the chart below.

**Previous Marriage(s)**

Name of Former Spouse (include Maiden name)	Date & Place of Marriage	Date of Birth	Date and Jurisdiction of Divorce/Annulment	Present Address of Former Spouse

**Exhibit 4(b)**  
**FAMILY/SOCIAL INFORMATION – DOMESTIC PARTNER(S)**

Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has your domestic partner(s) changed?  YES  NO

If yes, provide names, date of birth, phone number and occupation of each domestic partner, beginning with the most recent.

Name (Last, First, Middle)		Date of Birth	Present or Former Partner (indicate one)
Address 1			
Address 2			
City		State	Postal Code
Occupation		Phone Number	



Name (Last, First, Middle)		Date of Birth	Present or Former Partner (indicate one)
Address 1			
Address 2			
City		State	Postal Code
Occupation		Phone Number	

**Exhibit 4(c)**  
**FAMILY/SOCIAL INFORMATION – CIVIL UNION(S)**

Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has the civil union information you provided changed?  YES  NO

If "YES" provide names, date of birth, phone number and occupation of each partner, beginning with the most recent.

Date of Civil Union	Date of Dissolution	Jurisdiction Where the Civil Union Occurred:
Name of Partner (Last, First, Middle, Pre-union)	Partner's Occupation	
Date of Birth (Month, Day, Year)	Place of Birth (City/Town, County, State/Province, Country)	
Home Address (City/Town, County, State/Province, Country, Postal Code)	Phone Number	

Date of Civil Union	Date of Dissolution	Jurisdiction Where the Civil Union Occurred:
Name of Partner (Last, First, Middle, Pre-union)	Partner's Occupation	
Date of Birth (Month, Day, Year)	Place of Birth (City/Town, County, State/Province, Country)	
Home Address (City/Town, County, State/Province, Country, Postal Code)	Phone Number	

**Exhibit 4(d)**  
**FAMILY/SOCIAL INFORMATION – CHILDREN, DEPENDENTS, AND SUPPORTED PERSONS**

1. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have your child support obligations or other dependent or support to other persons changed?  YES  NO

If "YES" provide the name, date of birth, birth place, and address of each child, step-child and adopted child and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

Name	Date of Birth	Birth Place	Address (No., Street, Apt., City, State, Country, Zip Code)	Amount of Support

**2. Please mark the appropriate response regarding your child support obligations:**

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in the section above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

**Identify the public agency/court responsible for enforcing the child support order (if applicable):**

Public Agency/Court Name	Address	Contact Person and Phone Number

**3. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, if your marital status has changed list names, residence address, dates of birth, and most recent occupation of parents-in-law:**

- Not Applicable

Name (Include Maiden)	Date of Birth	Address (No., Street, Apt#/Flat#, City/Town, State/Province, Country, Zip/Postal Code)	Phone Number	Occupation
Father-in-law:				
Mother-in-law:				

**Exhibit 5**  
**OFFICES AND POSITIONS**

**1. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has any information changed regarding offices, trusteeships, directorships or fiduciary position (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity?  YES  NO**

If "YES" to question 1, complete the chart:

Dates		Title of Office or Position Held	Name and Address of Firm, Corporation, Association, Partnership or Other Business Entity	Compensation Received
From: (Mo/Yr.)	To: (Mo/Yr.)			

**2. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, list all government positions and offices, whether salaried or unsalaried, held by you during the last three-year period.**

- Not Applicable

Dates		Title of Office or Position Held	Name and Address of Government Agency/Organization
From: (Mo/Yr.)	To: (Mo/Yr.)		

**Exhibit 6**  
**EMPLOYMENT HISTORY, FIDUCIARY POSITIONS HELD, AND LICENSING INFORMATION**

**General Employment History**

1. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, provide current information regarding your employment. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

Dates		Name, Mailing Address, and Telephone Number of Employer	Title/Position Held and Description of Duties	Name of Supervisor	Explain Circumstances for Leaving and Provide Compensation at Departure
From: (Mo/Yr.)	To: (Mo/Yr.)				

2. With regard to the employment listed in #1 to this Exhibit 6:

- a. Were you ever discharged, suspended or asked to resign from employment?  YES  NO
- b. During this period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?  YES  NO

If "YES" to either question 2a. or 2b., complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

**Employment History of Spouse or Domestic Partner**

3. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past twelve (12) month period. Begin with the current employer.

Dates		Name, Address, and Telephone Number of Employer	Title/Position Held
From: (Mo/Yr.)	To: (Mo/Yr.)		

**Trustee or Fiduciary Officer**

4. To the best of your knowledge, have you, or your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity in the last twelve (12) months?  YES  NO

If "YES," complete the following chart:

Dates		Capacity	Nature of Trust or Other Office	Income Received	For Whom Held
From: (Mo/Yr.)	To: (Yr./Mo)				

5a. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you or your spouse or domestic partner, sought and been denied a position as a trustee or other fiduciary officer?  YES  NO

5b. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you or your spouse or domestic partner, been suspended or removed from a position as a trustee or other fiduciary officer?  YES  NO

If "YES" to either question 5a. or 5b., complete the following chart:

Date	Capacity	Nature of Trust or Other Office	Explain Circumstances for Denial, Suspension or Removal

**Professional and Occupational Licenses, Permits, and Certifications**

6. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you, or your spouse or domestic partner, ever made application for, or held, any NON-GAMING or NON-SPORTS WAGERING professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance or any other type of professional license. (Do not include alcoholic beverage or driver's licenses).

You must answer "YES" to this question if you, or your spouse or domestic partner ever applied for and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

YES  NO

If "YES" to question no. 6, complete the following chart:

Name on License	Type of License	Dates		Name and Address of Licensing Agency/Organization	Disposition of the Application
		From: (Mo/Yr.)	To: (Mo/Yr.)		

7. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in your previous application or in the previous question no. 6 to this Exhibit 5, been denied, suspended, revoked or subject to any conditions in any jurisdictions?

YES  NO

If "YES" to question no. 7, complete the following chart as to each denial, suspension, revocation or conditions:

Type of License, Permit or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

**License, Permits, and Certificates of Other Entities Where Interest Is Held**

8. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has any entity in which you, your spouse, or your domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest ever had a license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

If "YES" to question no. 8, complete the following chart as to each denial, suspension or revocation:

Name of Entity	Position Held by You, Spouse, Domestic Partner	Type of License, Permit or Certificate	Type of Action Taken	Name and Address of Government Agency/Organization Taking Action	Date of Action	Reason(s) for Action

**Other Entities Where 5% or More Interest Held**

9. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more, since you last completed a Maryland Lottery and Gaming Control Commission License Application. (Do not include publicly traded corporations in which you owned stock.)

Dates		Name & Address of Business	Current Status of Business	% Interest Held by You	Name(s) of Other Owners	Address(es) of Other Owners	State/Province and Country of Organization or Incorporation
From: (Mo/Yr.)	To: (Mo/Yr.)						

**License, Permits, Registrations in Other Jurisdictions**

10. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you, your spouse or domestic partner ever made application for, or held, a license, permit, registration, finding or suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation or sports wagering/betting related operation (including any manufacturer of gaming/gambling equipment, manufacturer of sports wagering/betting equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, Internet gaming, etc.), or alcoholic beverage operation in any jurisdiction?

You must answer "YES" to this question if you have ever applied and your application was granted, denied, returned to you by the gaming agency or sports wagering/betting agency for any reason, withdrawn or is currently pending.

YES  NO

If "YES" to question no. 10, complete the following chart:

Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, Pending, etc.)	License, Permit, Approval or Registration Number

11. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, for each casino, gaming/gambling related operation, sports wagering/betting related operation, or alcoholic beverage operation application, license, permit, registration, finding or suitability, qualification or other authorization identified in the previous question no. 10, were you, your spouse or domestic partner ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

YES  NO

If "YES" to question no. 11, complete the following chart:

Name and Address of Licensing Agency or Commission	Date of Appearance(s)	Nature of Hearing	Was Testimony Given?

**Financial or Ownership Interest in Entities that Have Applied to a Licensing Agency in Other Jurisdictions**

12. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding or suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation or sports wagering/betting related operation (including any manufacturer of gaming/gambling equipment, manufacturer of sports wagering/betting equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

YES  NO

If "YES" to question no. 12, complete the following chart:

Name and Address of Business Entity	Nature of Your Interest	Date of Application	Name & Address of Licensing Agency to which Application was Made	Type of License Applied For	Disposition of Application

13a. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, are any members of your family (spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino, gaming/gambling related operation, or sports wagering/betting operation as defined in the previous question no. 12 in any jurisdiction?  YES  NO

13b. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?  YES  NO

If "YES" to either question 13a. or 13b., complete the following chart:

Name of Person	Relationship	Name of Gaming/Gambling, Sports Wagering/Betting or Alcoholic Beverage Business and Address	Business Telephone

**Exhibit 7**  
**CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**

**IMPORTANT:**

The Commission **will investigate** to establish whether since you last completed a Maryland Lottery and Gaming Control Commission License Application you have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant's character, honesty and integrity.

This section asks about any arrests, offenses or charges against "you," which means the Applicant.

**Prior to answering this question, carefully review the DEFINITIONS and INSTRUCTIONS.**

**DEFINITIONS:** For purposes of this section **ONLY:**

- A. **ARREST:** includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. "Arrest" also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a crime or offense as defined in subsection C.

- B. **CHARGE:** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. **OFFENSE:** includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. "Offense" includes all sports wagering/sports betting, gaming and gambling offenses in any jurisdiction except juvenile court. "Offense" also includes all driving-related charges or offenses that carry any period of incarceration. Examples include: Driving Under the Influence; Driving While Intoxicated; Driving While Suspended; Driving While Revoked; Fleeing and Eluding; Falsified Registration Plates; and False Reports.

**INSTRUCTIONS:**

1. Answer "**Yes**" and provide *all* information to the best of your ability **EVEN IF:**
  - a) You did not commit the offense charged;
  - b) The charges were dismissed or downgraded to a lesser charge;
  - c) You completed a pretrial intervention or other rehabilitation or diversionary program;
  - d) You were not convicted;
  - e) You did not serve any time in a correctional facility; or
  - f) You were not arrested for the charge.
2. Answer "**No**" if:
  - a) You have never been charged with or arrested for any crime or offense;
  - b) You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court; or
  - c) The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

I have read and understand the definitions and instructions.

**IMPORTANT**

The Commission will investigate to establish whether the identified individual has had any involvement with law enforcement agencies since you last completed a Maryland Lottery and Gaming Control Commission License Application.

Failure to disclose any such involvement will be taken into account in assessing the Applicant's character, honesty and integrity.

Do you understand?     YES     NO

**Arrests and Charges**

1. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, to the best of your knowledge, have you been arrested or charged with any offense in any jurisdiction?     YES     NO

If "YES," complete the following chart:

Nature of Charge or Offense/Location of Where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)



**Criminal Indictment, Information, or Complaint Filed**

2. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, to the best of your knowledge, has a criminal indictment, information or complaint been filed or returned against you, or named you as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

YES  NO

If "YES," complete the following chart:

Name and Address of Governmental Agency/Organization Involved	Nature of Proceeding	Outcome/Disposition	Date

**Subject of an Investigation**

3. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, to the best of your knowledge, have you been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body in any jurisdiction other than in response to minor traffic related offenses?

YES  NO

If "YES," complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony or Polygraph Given?	Date on which Testimony or Polygraph was Given	Approximate Time Period of Investigation

**Testimony, Questioned, Interviews, Depositions and Polygraphs**

4a. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam, by any governmental agency/organization, court, commission, committee, grand jury or investigative body in any jurisdiction other than in response to minor traffic related offenses?

YES  NO

4b. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other civil or criminal investigatory agency, body, board or commission, at any civil, criminal or administrative proceeding or hearing?

YES  NO

If "YES," to either question, complete the following chart:

Name and Address of Court or Other Agency/Organization	Nature of Proceedings or Investigation	Was Testimony or Polygraph Given?	Date on which Testimony or Polygraph was Given	Approximate Time Period of Investigation

**Pardon, Dismissal, Suspension or Deferred Investigation**

5. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you received a pardon, or has any government agency/organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense?  YES  NO

If "YES," complete the following chart:

Date of Pardon, Dismissal, Suspension or Deferral	Type of Action Taken	Name and Address of Government Agency/Organization Granting Pardon, Dismissal, Suspension or Deferral

**Arrests and Charges of Applicant's Spouse, Domestic Partner, and Children**

6. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, to the best of your knowledge has your spouse, domestic partner, children, step-children or adopted children ever been arrested or charged with any offense in any jurisdiction?  YES  NO

If "YES," complete the following chart:

Name of Person	Relationship	Nature of Charge or Offense	Date of Charge or Offense	Name & Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)

**Party to Litigation or Arbitration as an Individual, Member or Owner**

7. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you as an individual, member of a partnership, or owner, director, or officer of a corporation:

- a. Ever been a party to a lawsuit, as either a plaintiff or defendant; or
- b. Ever been a party to an arbitration as either a claimant or defendant?

Include matrimonial, negligence, auto accident, contract, collection, debt, and bankruptcy matters.

YES  NO

If "YES," complete the following chart:

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

**Party to Litigation, Arbitration, or Arbitration through Association with Entity**

8. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?  YES  NO

If "YES," complete the following chart:

Name of Entity	Type of Entity	Approximate Date (s) of Lawsuit/Arbitration/Bankruptcy	Where Action Filed (City/Town, State/Province, County)

**Cited, Charged, or Formally Accused of a Violation of Statute, Regulation or Code**

9. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, other than a criminal, summary or motor vehicle offense, have you been cited or charged with, or formally accused of any violation of a statute, regulation or code of any jurisdiction?  YES  NO

If "YES," complete the following chart:

Governmental Agency/Organization	Nature of Charge	Date	Disposition

**Excluded from Casino, Gaming or Sports Wagering Operation**

10. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino, gaming/gambling related operation, or sports wagering/betting operation in any jurisdiction? (Check "YES" even if you are no longer barred or excluded)

YES  NO

If "YES," complete the following chart:

Regulatory Agency, Casino, or Gaming or Sports Wagering Entity	Date of Exclusion	Explain the Circumstances for Exclusion

**Exhibit 8**  
**FINANCIAL INFORMATION**

**Ownership or Financial Interest in Licensee or Applicant**

1. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, do you have any new ownership interest, financial interest or financial investment in the business entity for which you are a principal employee?  YES  NO

If "YES," list all debt and equity holdings in the business entity.

List Number of Shares or Units held and Holding/Investment/Interest	Percentage of Interest in all Outstanding Shares in Business Entity

**Liens and Debts**

2. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens or debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?  YES  NO

If "YES," complete the following chart:

Nature of Lien or Debt	When Filed	Where Filed	Current Status

**Personal Bankruptcy Filings**

3. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you personally been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency, or liquidation under any bankruptcy or insolvency law in any jurisdiction?  YES  NO

If "YES," complete the following chart:

Date Adjudicated/Filed	Docket/Case Number	Name and Address of Court	Name and Address of Trustee

**Bankruptcy Filings of Entities Where Applicant Holds an Interest**

4. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency, or liquidation under any bankruptcy or insolvency law in any jurisdiction?  YES  NO

If "YES," complete the following chart:

--

Date Adjudicated/Filed	Docket/Case Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee

**Liquidation, Receivership or Monitoring**

5. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you as an individual, member of a partnership, or owner, director or officer of a corporation been in a business entity that has been in liquidation, receivership, or been placed under some form of governmental administration or monitoring?

YES  NO

If "YES," complete the following chart:

Name and Address of Business Entity	Your Relationship to Business Entity	Date Placed Under Liquidation, Receivership, etc.	Reason Placed Under Liquidation, Receivership, etc.	Present Status

**Garnishments**

6. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or something similar?

YES  NO

If "YES," complete the following chart:

Date of order	Docket/Case Number	Name and Address of Court	Nature of Obligation	Amount of Obligation	Name and Address of the Holder of the Obligation

**Repossession**

7. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you had any property, real or personal, repossessed by a finance company in any jurisdiction?

YES  NO

If "YES," complete the following chart:

Type of Property	Date Repossessed	Name and Address of Company Repossessing Property	Explain Circumstances for Repossession

**Executor or Beneficiary of Trusts and Estates**

8. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you been:  
 a. An executor(trix), administrator or other fiduciary of any estate;  
 b. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or  
 c. A settler/grantor, beneficiary or trustee of any trust?

YES  NO

If "YES," complete the following chart as to each trust and estate:

Name and Location of Estate/Trust	Position/Interest Held	Date(s) on which Positions were Held or Interest was Received	Amount of Compensation or Nature and Value of Benefit Granted/Received

**Trusts Held by Applicant**

9. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you owned, held, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to the previous question no. 8.)  YES  NO

If "YES," complete the following chart:

Description of Trust	Location of Trust	Name of Trustee(s)	Names of Other (s) with Interests in Your Trust

**Trusts Held or Managed for Others**

10. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you held, managed, or controlled in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in the previous questions.)  YES  NO

If "YES," complete the following chart:

Description of Trust	Location of Trust	Names of Other (s) with Interest in Trust

**Bank Accounts Outside Applicant's Country of Residence**

11a. Please state your country of residence \_\_\_\_\_.

11b. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in 11a.?  YES  NO

If "YES," complete the following chart:

Dates		Name and Address of Institution Holding Account	Account Number	Name and Address of Each Person/Entity Appearing on the Account	Present Amount Held/Amount Held Before Closing Account
From: (Mo/Yr.)	To: (Mo/Yr.)				

**Assets and Liabilities Outside Applicant's Country of Residence**

12. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you owned, managed or controlled any assets, or are you responsible for any liabilities, located outside the country of residence as identified in 11a. (excluding foreign bank accounts identified in 11b. above)?  YES  NO

If "YES," complete the following chart:

Description of Asset/Liability	Location of Asset/Liability

**Loans in Excess of \$25,000**

13. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you, your spouse or domestic partner, or any of your children, while dependent, received a loan in excess of \$25,000?  
 YES  NO

If "YES," complete the following chart:

Date Received Loan	Name and Address of Lender	Name of Borrower and all Co-Signers	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan

**Loans in Excess of \$10,000**

14. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you, your spouse or domestic partner, or any of your children, while dependent, made any loan in excess of \$10,000?  
 YES  NO

If "YES," complete the following chart:

Date of Loan	Name and Address of Borrower	All Co-Parties to Loan	Name of Lender	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan	Security Pledged

**Exchanged Currency in Excess of \$10,000**

15. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you individually ever exchanged currency in an amount of more than \$10,000?  
 YES  NO

If "YES," complete the following chart:

Date and Amount of Exchange	Location Where Exchange Was Made	Reason for Exchange	Did You Fill Out or File Any Governmental Reporting Document

**Brokerage and Margin Accounts**

16. Do you maintain a brokerage or margin account with any securities or commodities dealer?  
 YES  NO

If "YES," complete the following chart:

Type of Account	Name and Address of Dealer	Amount of Margin

**Claims in Excess of \$100,000**

17. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you, your spouse or domestic partner, or dependent children filed any claims in excess of \$100,000 under any fire, theft, automobile or insurance policy?  YES  NO

If "YES," complete the following chart:

Date of Claim	Nature of Claim	Name and Address of Insurance Carrier	Disposition

**Gifts in Excess of \$10,000**

18. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you, your spouse or domestic partner, or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded \$10,000 USD in value in any one-year period?  YES  NO

If "YES," complete the following chart as to each gift:

Name of the Donor or Recipient	Date Gift Given/Received	Description of Gift	Approximate Value

**Safe Deposit Boxes**

19a. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you obtained any new safe deposit boxes in your name in any jurisdiction?  YES  NO

19b. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, do you have access to the funds in any other safe deposit boxes in any jurisdiction?  YES  NO

If "YES," to either question, complete the following chart:

Name and Address of Bank or Other Institution/Business Where the Safe Deposit is Located	Name(s) in which Account(s) or Safe Deposit Box(es) Held	Type of Account	Account No. or Safe Deposit Box No.

**Referral or Finder's Fee in Excess of \$10,000**

20. Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you received any referral or finder's fee in excess of \$10,000?  YES  NO

If "YES," complete the following chart:

Name and Address of All Parties Involved	Nature of Goods or Services Provided	Amount Received	Date Received



**Guarantee, Co-signed, or Insured Financial Obligations**

21 Since you last completed a Maryland Lottery and Gaming Control Commission License Application, have you given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

YES  NO

If "YES," complete the following chart:

Nature of Obligation (Personal Guarantee, etc.)	Date Obligation Made	Name(s) of Person Responsible for Obligation	Status of Underlying Obligation

**NET WORTH STATEMENT – ASSETS AND LIABILITIES**

Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or domestic partner, or dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

Please list all liabilities of you, your spouse or domestic partner, and dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

ASSET	Cost at Date Acquired or Purchased (A)	Current Market Value (B)	Special Valuation Date, If Any	LIABILITY	Original Amount of Liability (C)	Amount Outstanding (D)
1. Cash a) On Hand		a)		10. Notes Payable (Schedule I)		
b) In bank (Schedule A)		b)	b)			
2. Loans, Notes and Other Receivables (Schedule B)				11. Loans and Other Payables (Schedule J)		
3. Securities (Schedule C)				12. Taxes Payable (Schedule K)		
4. Real Estate Interests (Schedule D)				13. Mortgages or Liens on Real Estate (Schedule L)		
5. Cash Value Life Insurance (Schedule E)				14. Loans Against Insurance/Pensions (Schedule M)		
6. Cash Value Pension/ Retirement Funds (Schedule F)				15. Other Indebtedness (Schedule N)		
7. Furniture and Clothing (Reasonable Estimate)				<b>TOTAL LIABILITIES</b>		
8. Vehicles (Schedule G)				<b>NET WORTH</b> Total Assets (From Column B) less  Total Liabilities (From Column D)		
9. Other (Schedule H)						
<b>TOTAL ASSETS</b>				16. Contingent Liabilities (Schedule O)		

**NOTE:** Complete the supporting schedules "A" through "O" and copy the totals in the appropriate spaces above. Submit copies of documentation supporting all items listed on the supporting schedules with your application

Date of Statement:

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.

Name:

Address:

Phone:

**SCHEDULE "A" – CASH IN BANK**

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or domestic partner, or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person (s) and Tax Identification Number(s) Appearing on Account	Account Number	Interest Rate (%)	General Nature of Account	Date of Balance	<b>BALANCE</b>
						\$
<b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 1a, column B on page 34.)						

**SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES**

List below all loans, notes and other receivables held by you, your spouse or domestic partner, or dependent children.

Check If Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Debtor	Interest Rate (%)	<b>ORIGINAL LOAN AMOUNT</b>	Original Date of Loan/Note Receivable	Total Payments	Date Due	Nature of Advance and Nature of Security, If Any (Indicate If Unsecured)	<b>CURRENT BALANCE</b>
			\$					\$
<b>TOTAL ORIGINAL LOAN AMOUNTS(S)</b> (Enter this figure in item 2, column A on page 34.)				<b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 2, column B on page 34.)				

**SCHEDULE "C" – SECURITIES**

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse, domestic partner or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or domestic partner, or dependent children have knowledge of what securities are so held.  
INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (\*).

Check if Held by Spouse or Domestic Partner, or Dependent Child	Number of Securities or Contracts Held	Type of Security	Name of Issuing Company or Government Agency/Organization	Market Value at Time of Acquisition	DATE OF AND PRICE AT PURCHASE	% or Ownership if Greater Than 5%	Registered Owner	Date of Valuation	CURRENT MARKET VALUE
					\$				\$
					<b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 3, column A on page 34.)				<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B on page 34.)

**SCHEDULE "D" – REAL ESTATE INTERESTS**

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse or domestic partner, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Address Parcel/Lot Number	Lot Size/Stand No./Square Footage of Building	Type of Property	Date Acquired/Down Payment	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	PURCHASE PRICE OF % OWNED	Monthly Rental Income, If Any	ESTIMATED MARKET VALUE OF % OWNED
						\$		\$
					<b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 4, column A on page 34.)			<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B on page 34.)

**SCHEDULE "E" – CASH VALUE – LIFE INSURANCE**

Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or domestic partner, or dependent children.

Check If Held by Spouse or Domestic Partner, or Dependent Child	Date Purchased	Insurance Carrier Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	CASH SURRENDER VALUE	Effective Date of Cash Surrender Value
						\$	
<b>TOTAL CASH SURRENDER VALUE</b> (Enter this figure in item 5, column B on page 34.)							

**SCHEDULE "F" – CASH VALUE – PENSION/RETIREMENT FUNDS**

Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds\* held by you, or your spouse or domestic partner.

Check if Held by Spouse or Domestic Partner	Type of Fund	Type of Securities Held and Account Number, If Any	Employer/ Institution	CUMULATIVE EMPLOYEE CONTRIBUTION	Cumulative Employer Distribution	CURRENT CASH VALUE	Effective Date of Cash Value
				\$		\$	
<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (Enter this figure in item 6, column A on page 34.)					<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 6, column B on page 34.)		

\*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

**SCHEDULE "G" – VEHICLES**

Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or domestic partner, or dependent children.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Type of Vehicle	Specify if Owned or Leased*	Date of Purchase/ Lease	Model Year	Make/Model of Vehicle	COST†	IF OWNED, CURRENT MARKET VALUE
						\$	\$
						<b>TOTAL COST OF VEHICLES</b> (Enter this figure in Item 8, column A on page 34.)	<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 8, column B on page 34.)

\* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

† If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

**SCHEDULE "H" – OTHER ASSETS**

List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or domestic partner, or dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Nature of Asset	Date of Acquisition	COST	% of Ownership Interest	Date Of Valuation	CURRENT MARKET VALUE
			\$			\$
			<b>TOTAL COST(S) OF OTHER ASSETS</b> (Enter this figure in item 9, column A on page 34.)			<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (Enter this figure in item 9, column B on page 34.)

**SCHEDULE "I" – NOTES PAYABLE**

List below the information requested with regard to all notes payable for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Creditor	Account Number, If Any	Date Incurred	Due Date	Interest Rate (%)	Amount of Periodic Payment/Pay Period	ORIGINAL AMOUNT OF NOTE	Nature of Security, If Any	Total Payments	OUTSTANDING AMOUNT OF LIABILITY
							\$			\$
							<b>TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE</b> (Enter this figure in item 10, Column C on page 34.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 10, column D on page 34.)

**SCHEDULE "J" – LOANS AND OTHER PAYABLES**

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or domestic partner, or your dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Creditor	Account Number, If Any	Date Opened or Incurred	Due Date	Interest Rate (%)	Nature of Account	ORIGINAL AMOUNT OF LIABILITY	Nature of Security, If Any	Total Payments	CURRENT AMOUNT OUTSTANDING
							\$			\$
							<b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b> (Enter this figure in item 11, column C on page 34.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 11, column D on page 34.)

**SCHEDULE "K" – TAXES PAYABLE**

List below the information requested with regard to all taxes payable for which you, your spouse or domestic partner, or dependent children are obligated. Only real estate and income taxes need to be included.

Check if Held by Spouse or Domestic Partner or Dependent Child	Taxing Authority	Nature of Tax	DATE AND AMOUNT OF ORIGINAL OBLIGATION	Fines, Penalties and Interest, If Any	TOTAL AMOUNT DUE
			\$		\$
			<b>TOTAL ORIGINAL TAX OBLIGATION</b> (Enter this figure in item 12, column C on page 34.)		<b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 12, column D on page 34.)

**SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE**

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	ORIGINAL AMOUNT OF LIABILITY	Description/ Address of Real Estate	Term of Mortgage/Interest Rate (%)	Amount of Periodic Payment/ Pay Period	CURRENT MORTGAGE BALANCE
				\$				\$
				<b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column C on page 34.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column D on page 34.)



**SCHEDULE "M" – LOANS AGAINST INSURANCE/PENSION PLANS**

List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or domestic partner, or dependent children.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Insurance Carrier/ Pension Plan	Purpose of Loan	ORIGINAL AMOUNT OF LOAN	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	CURRENT LOAN BALANCE
			\$				\$
<p><b>TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS</b> (Enter this figure in item 14, Column C on page 34.)</p>							<p><b>TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS</b> (Enter this figure in item 14, column D on page 34.)</p>

**SCHEDULE "N" – ANY OTHER INDEBTEDNESS**

List below the information requested with regard to any other indebtedness for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, If Any	Due Date	Amount of Periodic Payment/ Pay Period	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$	\$
<p><b>TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column C on page 34.)</p>						<p><b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column D on page 34.)</p>	

**SCHEDULE "O" – CONTINGENT LIABILITIES**

List below the information requested with regard to all contingent liabilities for which you, your spouse or domestic partner, or dependent children are obligated.

Check if Held by Spouse or Domestic Partner, or Dependent Child	Name and Address of Contingent Creditor	Date Incurred	Account Number	Primary Debtor	Description of Obligation Including Nature of Security, If Any	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$	\$
						<b>TOTAL ORIGINAL CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column C on page 34.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column D on page 34.)

**Exhibit 9**  
**MISCELLANEOUS QUESTIONS**

**Student Loan Default**

**1. Is Applicant currently in default on the payment of any student loan?**  YES  NO

If "YES," complete the following chart:

Name of Creditor:				
Address of Creditor:	City:	County:	State:	Zip:
Account/Loan Number:		Outstanding Amount of Liability:		

**Delinquent Taxes**

**2. Is the Applicant currently delinquent in the filing of any state or federal taxes or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal?**  YES  NO

If "YES," complete the following chart:

Name of Taxing Authority:				
Address of Taxing Authority:	City:	County:	State:	Zip:
Outstanding Amount of Liability:				

**Regulatory Enforcement Action on Gaming or Sports Wagering License**

**3. Has your gaming/gambling or sports wagering/betting related operation license, permit, certification, registration, finding of suitability, qualification or other authorization ever been subject to any specific regulatory enforcement action in any jurisdiction?**  YES  NO

If "YES," complete the following chart:

Name of Licensing Authority:		License Number:		
Address of Licensing Authority:	City:	County:	State:	Zip:
Details of Regulatory Action:				

**Potential Conflict Disclosure – State Employees, Members and Agents**

**4. Do you have any personal or business relationship with any member, agent or employee of the Maryland State Lottery and Gaming Control Agency, the Maryland Lottery and Gaming Control Commission or the Office of the Attorney General of Maryland?**  YES  NO

If "YES," provide the following information about the individual with whom you have a personal or business relationship.

Name:		Employer:		
Address:	City:	County:	State:	Zip:
Details of Relationship with Applicant:				

**Disclosure – Casino, Gaming and Sports Wagering Incentives**

5. Has the Applicant ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino, gaming/gambling related operation, or sports wagering/betting related operation including any referral, finder’s or consulting fee? (Exclude employment)

YES  NO

If “YES,” complete the following chart:

Name of Persons Involved:

Address of Person Involved:

City:

County:

State:

Zip:

Dates Received:

Amount(s):

Reasons for Remuneration:

**Exhibit 10**

**ILLEGAL USE OF CONTROLLED DANGEROUS SUBSTANCES;  
USE OF ALCOHOL IN THE WORKPLACE; PROBLEM GAMBLING**

**Illegal Drug Use**

1. Since you last completed a Maryland Lottery and Gaming Control Commission License Application have you engaged in the illegal use/abuse of drugs, or been arrested for such?  YES  NO

**Alcohol Use**

2. The use of alcohol by licensees may be prohibited in a casino, sports wagering facility, or a sports wagering operation. Any use of alcohol that adversely affects job performance or one’s conduct, may be the basis for disciplining a gaming employee or sports wagering employee or revocation or suspension of a gaming or wagering license. Does this present a problem for you?  YES  NO

**Compulsive Gambling and Voluntary or Involuntary Exclusion**

3. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any casino, gaming/gambling facility or a sports wagering/betting facility?  YES  NO

If “YES” to any of the above, please explain with a detailed explanation listing the jurisdiction, if applicable.

Item #	Detailed Explanation

**Exhibit 11**  
**FEDERAL, STATE AND FOREIGN TAX RETURNS**

**Applicant Tax History**

Year of Last Federal Tax Return Filed:		Period Covered:
Year of Last State Tax Return Filed:	Period Covered:	State of Filing:

Since you last completed a Maryland Lottery and Gaming Control Commission License Application, provide:

- 1) A copy of each tax return filed by you (federal and state);
- 2) A copy of each IRS form filed with or concerning that tax return that was filed by you; and
- 3) All IRS schedules filed by you.

If you and your spouse or domestic partner did not file joint returns at any time since you last completed a Maryland Lottery and Gaming Control Commission License Application, please provide and attach your spouse's or partner's tax returns.

Upload documentation into the 'eLicensing' system on the Applicant Case Checklist Item page.

**Audited or Adjusted Tax Returns**

1. Have your tax returns ever been audited or adjusted?  YES  NO

If "YES," for which tax year did it occur and describe the outcome.


**Failure to File Taxes**

2. Have you ever failed to file a federal, state or foreign tax return?  YES  NO

If "YES," for which tax year did it occur and describe the reason for your failure to file.


**Taxes Filed Outside of the U.S.**

3. Have you or your spouse ever filed any type of tax return or the equivalent in a jurisdiction outside the United States in the last five (5) years?  YES  NO

If "YES," provide the information requested below. Provide a copy of each tax return filed and include all documentation required by the jurisdiction's tax authority. Upload documentation into the 'eLicensing' system on the Applicant Case Checklist Item page.

Jurisdiction where Filed	Tax Year	Amount of Tax



**Exhibit 13**  
**AFFIDAVIT OF INDIVIDUAL APPLICANT**

I, \_\_\_\_\_ (printed name) am an applicant for a Principal Employee License in the State of Maryland. I have read, and understand, every page of this Application.

To the best of my knowledge, information, and belief, the information that I have provided in, attached to, or otherwise submitted in connection with this Application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a Principal Employee License, or may result in the Commission imposing sanctions against me, up to and including revocation of my license if I have been issued a license, or denial of a license. I understand that any misrepresentation or omission on this Application may also subject me to civil or criminal liability. I also understand that providing the Commission with false or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license, if one has been granted. I also understand and acknowledge that if I am issued a license, I have an ongoing obligation to comply with all licensing requirements and a duty to promptly notify the Commission if any information that I provided to the Commission changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Maryland Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, "the Commission"), for purposes of its investigation of the application for a Principal Employee License.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their members, employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from the any individual or person and the use of that information in connection with investigating and processing my application for a Principal Employee License.

\_\_\_\_\_  
Signature of Individual Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_\_\_

**Exhibit 14****ACKNOWLEDGEMENT OF FEDERAL BUREAU OF INVESTIGATION (FBI)  
PRIVACY STATEMENT and RIGHT TO CHALLENGE INFORMATION****FBI Privacy Act Statement:**

**This privacy act statement is also located on the back of the FD-258 fingerprint card.**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

(As of 03/30/2018)

**Right to Challenge FBI Criminal History Record:**

As an applicant, you have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

I understand and acknowledge receipt of the statements contained in this Acknowledgment of FBI Privacy Statement Right to Challenge Information in my FBI criminal history record. I understand that I am permitted a reasonable amount of time to correct or complete my FBI identification record within the process for applying to the Maryland Lottery and Gaming Control Commission in an attempt to obtain a license.

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 Applicant Signature

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 Date

---

 Printed Name



**Exhibit 15**  
**REQUEST FOR TRANSCRIPT OF TAX RETURN – IRS FORM 4506-T**

You **MUST** obtain this form on-line, at [www.IRS.GOV](http://www.IRS.GOV) then click “Forms.”

**Important Instructions:**

**Applicants must complete lines 1-4 and sign and date the form at the bottom. The Maryland Lottery and Gaming Control Commission representative will complete lines 5-9.**

**Exhibit 16**  
**REFERENCES**

Provide the name, address, etc., of three (3) references. Each reference must:

- be at least 18 years of age,
- have known you for at least one year, and
- can attest to your good character and reputation.

**Family members MAY NOT be listed as a reference. For the purpose of this form “family member” means spouse, domestic partner, parent, grandparent, child, grandchild, sibling, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law and brother-in-law, or any other individual related by blood, marriage, or adoption.**

**Reference #1 Information**

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (e.g.: friend, neighbor, co-worker, etc.)		

**Reference #2 Information**

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (e.g.: friend, neighbor, co-worker, etc.)		

**Reference #3 Information**

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
Reference Email Address			
Reference Home Address			
City	State		Postal Code
Occupation	Home Phone #	Cell Phone #	
Years Known	Explain Relationship (e.g.: friend, neighbor, co-worker, etc.)		