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# MARYLAND STATE LOTTERY COMMISSION

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1800 Washington Blvd., Suite 330, Baltimore, Maryland 21230



## Contractor License Application Request for Waiver

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

## **WAIVER ELIGIBILITY**

The Commission's decision to grant or deny an applicant's request for waiver or exemption is discretionary. The Commission will review the following information in considering its decision:

1. For an applicant who holds a valid Contractor license or its equivalent in another state, the Maryland State Lottery Commission ("the Commission") may waive, or exempt an applicant from, some or all of the license requirements of Subtitle 9-1A of the State Government Article of the Annotated Code of Maryland if the Commission determines that the licensing standards of the other state are sufficiently comprehensive and thorough, and provide similar adequate safeguards to those in Subtitle 9-1A. and/or,
2. The Applicant demonstrates why the application is not necessary to protect the public interest and why good cause exists to grant the waiver.
3. You must have an agreement or executed contract with a Facility to provide goods and/or services.

At any time before or after a waiver or exemption has been granted, the Commission may limit or restrict the exemption or waiver as the Commission deems necessary in the public interest, and may require the applicant who is granted the exemption or waiver to cooperate with the Commission and to provide the Commission with any required additional information as a condition of the exemption or waiver.

### **APPLICATION AND REGISTRATION FEES**

- |  |            |
|--|------------|
| 1. Application fee.....                        | \$1,500.00 |
| 2. Background Investigation Deposit.....       | 2,000.00*  |
| 3. License fee.....                            | 2,500.00   |
| 4. Once approved the License is valid for..... | 3 Years    |
| 5. Three year renewal.....                     | \$2,500.00 |

**\*Note:** Should the background investigation fee be exhausted prior to the completion of the investigation you will be billed for any additional investigative costs incurred by the Commission. Conversely, you will be refunded any unused portion of this fee.

**Note:** License, Application & Background fees are due at the time of application. They are non-refundable. You may wire transfer your payment or send it to the following address:

**"DO NOT SEND THE APPLICATION AND PAYMENT TOGETHER"**

**Payment is mailed to:**

Maryland State Lottery Agency  
Attn: Support Services  
1800 Washington Blvd, Suite 330  
Baltimore, Maryland 21230

**Wire Payment to:**

1. Maryland Lottery Account Number: 446014266944
2. **Name of the Account** – Maryland Lottery VLT Escrow 026009593 Bank of America, New York, NY
3. **If required**, the SWIFT code is BOFAUS3N Ref: Bank of America in the State of Maryland

The **application** is sent to the same address, except: Attn: **VLT Licensing Division.**

**PAYMENT FORM:** **MUST** be sent as a certified/bank check or money order.

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**SECTION A****IMPORTANT NOTICES**

- A.1** This form is an **OFFICIAL DOCUMENT** of the Maryland State Lottery Commission. It **CAN NOT** be altered or changed in any fashion, except to fill-in the areas provided with the information that is required. Any alteration or change to this document, which is not within the exception, may cause this application or your license to be delayed or denied.
- A.2** 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 as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties (§9-1A-07(g)).
- A.3** The applicant is under a continuing duty to **promptly** disclose any changes in the information provided in the application and request materials submitted to the Commission. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the commission.
- A.4** All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission if you change your address.
- A.5** The applicant **shall promptly** provide written notification to the Commission of any corrections or changes to this application once submitted.
- A.6** Once the application has been submitted, the applicant **MAY NOT** withdraw its application without the permission of the Commission.
- A.7** All submissions with and for this application become the property of the Commission and will not be returned. In addition a CD must be provided with all submitted documents in PDF format.

**SECTION B****INSTRUCTIONS**

- 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** All entries on the form must be typed or printed block lettering. Initials or signatures must be in handwriting, unless otherwise stated by the Commission, by the person providing the information. If the answers are not legible, the application may not be accepted. Do not misstate or omit any material fact(s). All information is subject to verification.
- B.3** The applicant, if it is an individual, must initial all pages or if the applicant is not an individual, the person authorized to complete the form on behalf of the applicant must initial each page as provided in lower right-hand corner. The applicant is attesting to the accuracy and completeness of the information contained on that page and that they have read the page.
- B.4** If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page. Some schedules may require disclosure of information for more than one individual or entity or type of information. If there are multiple disclosures, make enough additional copies of the blank schedule and complete it for each individual or entity.
- B.5** The Commission may request additional financial and other information as needed.
- B.6** All exhibits are to be attached with appropriate information or noted "not applicable."
- B.7** The original along with all the forms attached to the application shall be submitted to the Commission.

## **SECTION C**

### **CONTRACTOR LICENSE WAIVER REQUEST**

**Purpose:** If applicant has been granted a contractor's license or equivalent in another jurisdiction within the past five years the Commission **may** waive the full background investigation required under Subtitle 9-1A-07(d). Granting a waiver request is at the sole discretion of the Commission.

Request for a Waiver is made under State Government Article Section 9-1A-16(a) to waive some or all of the licensing requirements under Subtitle 9-1A.

**Note:** This waiver temporarily suspends filing of the Contractor Application, VLT Form 1020, until a determination is made by the Commission regarding the granting of the waiver.

### **Certification**

1. The applicant has made full application for, and obtained, a contractor's gaming license in another state within the past 5 years as listed on **Attachment 1**. ☐ Yes ☐ No

**Jurisdictions name:** \_\_\_\_\_

**\*NOTE:** A complete and unaltered copy of the jurisdictions application **must** be attached to this waiver request. Please only attach copies of a jurisdiction who you believe most closely resembles Maryland's comprehensive licensing standards.

2. The applicant certifies that between the time the above license was granted and the application to the Commission, the applicant has continued to operate with integrity, stability, corporate and financial responsibility and nothing has occurred that would affect applicant's eligibility for licensing in Maryland. ☐ Yes ☐ No
3. The applicant certifies that the board of directors, principal employees and other "qualifiers," who were part of the other jurisdiction's application, continue to exhibit good character, honesty and integrity. ☐ Yes ☐ No The applicant further certifies that their financial condition has at least remained the same during that period of time. ☐ Yes ☐ No The applicant acknowledges that the following members of the board, directors, principal/key employees or other "qualifiers" have changed since the other jurisdiction issued the license:

<b><u>NAME*</u></b>	<b><u>TITLE</u></b>	<b><u>DATE OF CHANGE</u></b>	<b><u>REASON FOR CHANGE</u></b>

**\*NOTE:** The above listed individuals **must** complete a full background investigation

4. Does the applicant have any pending or concluded administrative or enforcement actions in other jurisdiction(s)? ☐ Yes ☐ No If yes, please complete **Attachment 2**. (List any and all actions.)

5. Has any event or action occurred during the time applicant was granted the most recent license and the Maryland application date that materially affected applicant's operations or its ability to continue as a going concern? ☐ Yes ☐ No If yes, please complete **Attachment 3.**
6. Has any officer, director, principal/key employee ever been arrested, charged or is currently under investigation for any criminal offense in any jurisdiction. ☐ Yes ☐ No If yes, please complete **Attachment 4.**
7. Please provide your current Net Worth statement on **Attachment 5.**
8. Applicant acknowledges that the Commission will use the information provided in this waiver application in determining whether to grant a waiver and the extent of any background investigation.  
☐ Yes ☐ No
9. Applicant understands that should this waiver request be granted, it shall not be construed as a waiver of any fees associated with obtaining a Maryland's VLT license. ☐ Yes ☐ No
10. Applicant understands that the Commission reserves the right to investigate all relevant information and facts to its satisfaction. ☐ Yes ☐ No
11. Once the application has been filed, the applicant **MAY NOT** withdraw its application without the written permission of the Commission.
12. All submissions with and for this application become the property of the Commission and will not be returned.
13. You **must** attach to this form a Certificate In Good Standing from the State of Maryland.

Attached ☐

**SECTION D****1.****APPLICANT INFORMATION****Licensee Association**

Name of licensee you have entered into a contract/agreement with:

**APPLICANT'S BUSINESS NAME**

BUSINESS NAME AS IT APPEARS ON APPLICANT'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)

TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES

DATE BUSINESS WAS ESTABLISHED:

**APPLICANT'S PRINCIPAL ADDRESS**

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

EMAIL ADDRESS

COUNTY

Federal Identification Number

PHONE NUMBER ( )

FAX NUMBER ( )

**CONTACT NAME FOR THIS APPLICATION**

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX (JR., SR.,  
ETC.)

TITLE

INDIVIDUAL EMAIL ADDRESS

PHONE NUMBER ( )

FAX NUMBER ( )

**APPLICANT'S FORM OF ORGANIZATION**

CHECK ONE

☐ SOLE PROPRIETORSHIP☐ PARTNERSHIP☐ LIMITED PARTNERSHIP☐ C-CORPORATION☐ LIMITED LIABILITY COMPANY☐ S-CORPORATION☐ TRUST☐ OTHER (DESCRIBE) \_\_\_\_\_



**2. SOLE PROPRIETOR**

IF APPLICANT IS A SOLE PROPRIETOR, PROVIDE THE FOLLOWING INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE
Federal Identification Number		Date of Birth	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER (      )	FAX NUMBER (      )

**3. APPLICANT'S Tax Statement**

DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE STATE OF MARYLAND OR ANY OTHER STATE OR THE FEDERAL GOVERNMENT?    ☐ YES ☐ NO

IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.

**4. What is the Applicant's present business?**

**5. Provide a description of the gaming and non-gaming related goods or service transactions for which the Applicant is seeking a waiver and the name of the facility to which such goods or services will be provided.**

**6. Does Applicant intend to engage in any other transaction with a facility within Maryland?    ☐ Yes ☐ No**  
**If yes, Please provide a description of the contemplated business transaction(s) and the name(s) of the facility or facilities.**

**7.****APPLICANT'S EMPLOYEES CONDUCTING BUSINESS IN MARYLAND**

PROVIDE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL WHO ENTERED INTO AN AGREEMENT WITH OR WILL DEAL DIRECTLY WITH THE APPLICANT, INCLUDING SALES REPRESENTATIVES; THE IMMEDIATE SUPERVISORS OF SUCH PERSONS; AND ALL PERSONS RESPONSIBLE FOR THE OFFICE OUT OF WHICH SUCH SUPERVISORS WORK. (Complete VLT Form 2001 – Gaming Employee License for each employee)

NAME AND ADDRESS							
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH			
ADDRESS LINE 1			Address Line 2				
Address 3			City	State/Province	Postal Code		
COUNTRY	EMAIL ADDRESS	Phone Number	Fax Number	Social Security Number	Drivers License #	State Issued	
NAME AND ADDRESS							
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH			
ADDRESS LINE 1			Address Line 2				
Address 3			City	State/Province	Postal Code		
COUNTRY	EMAIL ADDRESS	Phone Number	Fax Number	Social Security Number	Drivers License #	State Issued	
NAME AND ADDRESS							
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH			
ADDRESS LINE 1			Address Line 2				
Address 3			City	State/Province	Postal Code		
COUNTRY	EMAIL ADDRESS	Phone Number	Fax Number	Social Security Number	Drivers License #	State Issued	
NAME AND ADDRESS							
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH			
ADDRESS LINE 1			Address Line 2				
Address 3			City	State/Province	Postal Code		
COUNTRY	EMAIL ADDRESS	Phone Number	Fax Number	Social Security Number	Drivers License #	State Issued	

# Contractor Waiver Application

# Maryland State Lottery Commission

## ATTACHMENT 1

## APPLICANT LICENSING (GOVERNMENT ISSUED - GAMING)

Has Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies applied for any license or permit by a government agency charged with regulating games of chance, including but not limited to slot machines, video lottery terminals, table games, horse racing, etc.? A government agency as used here includes any subordinate creature of federal, state, or local government created to carry out a governmental function or to implement a statute or statutes. Please provide for the last 10 years.

TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	Date of Disposition	If granted, provide the License/Permit number and expiration date. If DENIED, PENDING, EXPIRED, SUSPENDED, CONDISTIONAL, WITHDRAWN, or REVOKED, provide detailed information.
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		

## ATTACHMENT 2

## Administrative or Enforcement Actions

Provide any action that occurred in any jurisdiction relative to **ANY** issued government license for the last 10 years.

JURISDICTION	DATE	ADMISTRATIVE OR ENFORCEMENT ACTION

# Maryland State Lottery Commission

## MATERIAL BUSINESS OCCURRENCES SINCE BEING LICENSED

[illegible]

**ATTACHMENT 4 (Instructions)****CRIMINAL HISTORY**

**THIS SECTION ASKS ABOUT ANY OFFENSES OR CHARGES AGAINST THE APPLICANT OR ANY OF ITS SUBSIDIARIES OR ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES OR PARTNERS. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.**

- 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” also includes all driving-related charges or offense which carry any period of incarceration.

**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;
    - F. The charges or offenses happened a long time ago; or
    - G. You were not arrested for the charge.
  2. **Answer “NO”** if:
    - 1) You have never been charged with or arrested for any crime or offense;
    - 2) 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;
    - 3) 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.
- a. **QUESTION:** Has the Applicant or any of its subsidiaries, principals, directors, partners, trustees or officers ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in

**Contractor Waiver Application****Maryland State Lottery Commission**

any criminal proceeding in this state or any other jurisdiction? (Criminal offenses shall include, but are not limited to, any felony, misdemeanor or gambling offense)

☐ Yes ☐ No

b. If “yes”, use **Attachment 4** to provide information concerning criminal history

**Attachment 4:****CRIMINAL HISTORY**

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE	NAME OF DIRECTOR, PARTNER, OFFICER OR TRUSTEE

**To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against any company/entity employee or named 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

**Contractor Waiver Application**

**Maryland State Lottery Commission**


# Contractor Waiver Application

# Maryland State Lottery Commission

ATTACHMENT 5		Net Worth Statement Assets and Liabilities	
ASSETS		LIABILITIES	
Asset	Amount	Liability	Amount
Cash	\$	Notes Payable	\$
Loan, Notes and Other Receivables		Loans and Other payables	
Securities		Credit Card Debt	
Real Estate – Residences		Mortgages – Residences	
Real Estate – Other		Mortgages – Other	
Cash Value Pension/Retirement Funds		Loans against Life Insurance/Pensions	
Furniture, Clothing, Jewelry, etc.		Other Indebtedness	
Vehicles		<b>TOTAL LIABILITIES</b>	\$
Business Valuation		<b>NET WORTH (Assets less Liabilities)</b>	\$
Other Assets		<b>Contingent Liabilities (List)</b>	\$
<b>TOTAL ASSETS</b>	\$		

Date of Statement of Net Worth: \_\_\_\_\_

Signature: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF INFORMATION

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

(Applicant's Printed Name)

I am a representative of an applicant for a video lottery contractor license in the State of Maryland.

The Maryland State Lottery Commission is required by law to conduct an investigation of an applicant for a video lottery terminal license. That investigation requires the Commission to collect and evaluate information about the contractor applicant. I irrevocably give consent to the Maryland State Lottery Commission, the Video Lottery Facility Location Commission, the Maryland State Police, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the contractor applicant; and to have access to any and all information that the contractor applicant has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the contractor applicant.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about the contractor applicant that the Commission requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, on behalf of the contractor applicant, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

This authorization is granted and given in connection with the license application.  
of: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

## NOTARY

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

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

\_\_\_\_\_  
Stamp or Seal

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

My Commission expires \_\_\_\_\_, 20\_\_\_\_

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

**Affidavit of Representative of Contractor**

Please read this document carefully, then sign and date it in ink. Please print the following information:

Applicant's Full Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_ (printed name), am authorized to complete and execute this Contractor Application on behalf of \_\_\_\_\_ (printed name of Contractor). I am also authorized to provide all of the information requested on this Form to the Maryland State Lottery Commission, its employees, agents, and vendors (collectively, "the Commission"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a video lottery Contractor license, and may subject me to civil or criminal liability (Annotated Code of Md., State Government Art., §9-1A-07(g)).

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Contractor to release that information to the Commission for purposes of its investigation of the Contractor's application for a VLT Contractor license.

On behalf of the Contractor and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their 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 Contractor and the use of that information in connection with investigating the Contractor's application for a VLT Contractor license.

A photo, facsimile, or electronic copy of this signed and dated Affidavit shall be equally effective as an original

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Title

**NOTARY**

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

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

**Stamp or Seal**

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

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

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

## CERTIFICATION OF BUSINESS RELATIONSHIP

**LICENSEE:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_  
(Applicant's Printed Name)

I, \_\_\_\_\_ (printed name), am authorized to complete and execute Business Agreements on behalf of \_\_\_\_\_ (Licensee Name). The Contractor stated above has entered in an agreement/contract to provide goods or services to this Licensee.

The Contractor will provide the following goods and/or services to this Licensee (describe in detail the goods and/or services to be provided:

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\_\_\_\_\_  
Signature of Licensee Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

## NOTARY

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

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

Stamp or Seal

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

My Commission expires \_\_\_\_\_, 20\_\_\_\_

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