
MARYLAND STATE LOTTERY COMMISSION

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



CONTRACTOR LICENSE APPLICATION

Applicant: _____

Facility Association: _____

WHO MUST FILE FORM

- 1. Any contractor, other than an employee of a video operation licensee, who contracts with a video lottery operation licensee or other person to: (a) Manage or operate a video lottery facility; (b) Provide security for a video lottery facility; (c) Perform service, maintenance, or repairs of a video lottery terminal, central operating system, associated equipment, or software; (d) Own or control a person described above; or (e) provide any other service that is essential to operation of a video lottery facility. COMAR 14.01.10.02B.
- 2. **Any** business that brings the contractor onto any gaming floor regardless of business type or amount of business conducted.
- 3. Any other businesses that the Commission deems appropriate to protect the integrity of the program.
- 4. You must have a contract or agreement with a licensee before applying for a license.
- 5. Applicant owners, current officers, directors, trustees listed on Exhibit 9 and Exhibit 11 of this form **must file** the Principal Employee Application Form – VLT 1004.
- 6. All video lottery employees of a contractor must file the Gaming Employee Form VLT 2001 COMAR 14.01.10.02(B)(3).

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. Renewal.....	\$2,500.00
6. Period.....	3 Years

***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 sent 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.

TABLE OF CONTENTS

		<u>Page #</u>
Section A	IMPORTANT NOTICES.....	4
Section B	INSTRUCTIONS.....	5
Section C	DEFINITIONS.....	6
Section D	APPLICANT INFORMATION.....	9
	D.1 Contractor Business	9
	D.2 Applicant’s Form of Organization.....	9
	D.3 Name of Applicant.....	9
	D.4 Facility Association.....	9
	D.5 Contact Name For Applicant.....	9
	D.6 Applicant’s Principal Address.....	9
	D.7 Incorporation.....	10
Exhibits	1 Incorporations/Founders.....	11
	2 Other names of Corporation.....	12
	3 Addresses of Applicant.....	13
	4 Applicant’s Business Background.....	14
	5 Applicant and Facility Agreement.....	15
	6 Names and Addresses of Applicants Subsidiaries.....	16
	7 Licenses – Gaming and Non-Gaming.....	17
	8 Applicant’s Employees Conducting Business with Facility.....	18
	9 Current Directors, Partners, Officers, Trustees.....	19
	10 Former Directors, Partners, Officers, Trustees.....	20
	11 Applicant’s Owners.....	21
	12 Bankruptcy or Insolvency Proceedings.....	22
	13 Criminal History.....	23
	14 Testimony, Investigations or Polygraphs.....	26
	15 Litigation.....	27
	16 Antitrust, Trade Regulation & Security Judgments.....	28
	17 Net Worth Statement.....	29
	Required Attachments.....	38
	Request for Tax Returns.....	39

Authorization for Release of Information..... 40
Affidavit of Representative of Contractor..... 41
Facility Certification of Business Relationship..... 42

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** Applicants for a license are seeking a privilege. The burden of proving qualifications to receive such a license is at all times on the applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, financial loss, or other event or detriment which may result from action with respect to any application, and expressly waives any claim for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant’s sole expense and cost.

- A.3** 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.4** The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the law and regulations and the posting of a bond that may be required by the Commission.

- A.5** 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.6** All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission in writing if you change your address.

- A.7** Any Applicant who applies for and obtains a license from the Commission may be required to submit to warrantless searches as stated in the law or regulation.

- A.8** Once the application has been submitted to the Commission, the Applicant **MAY NOT** withdraw its application without the permission of the Commission.

A.9 All submissions with and for this application become the property of the Commission and ***will not*** be returned.

SECTION B**INSTRUCTIONS**

These instructions are applicable to any “Applicant” seeking a Contractor License (hereinafter “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 Applicant shall, as a condition of the subsidiary acquiring or maintaining 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** 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. False or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license.
- B.3** The Applicant, if it is an individual, must initial all pages or if the applicant is not an individual, the individual 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 exhibits 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 exhibit and complete it for each individual or entity.
- B.5** All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a license, as listed above, must be submitted at the time of filing this form. Further, the Applicant is under a continuing duty to promptly notify the Commission if there is a change in the information provided to the Commission.
- B.6** An Applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the State pursuant to the Public Information Act (“PIA”), Title 10, Subtitle 6, State Government Article, Annotated Code of Maryland. Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the PIA. Applicant is advised that, upon request for this information from a third

party, the Commission will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the State of Maryland, and its employees and agents, the Commission, and the Maryland State Lottery Agency for any damages resulting from any disclosure or publication in any manner.

B.7 The Commission may request additional financial and other information as needed.

B.8 All exhibits are to be attached with appropriate information or noted “not applicable.”

B.9 Send a copy of this application and all forms on a CD in PDF format.

B.10 The Commission may request additional financial and other information as needed. Additional costs and expenses may be incurred by the Commission in its processing and investigation of the applicant. If such added costs and expenses are assessed by the Commission, the Applicant must reimburse the Commission for these additional costs and expenses.

B.11 Attach Proof of Registration with the Maryland Secretary of State to do business within the State of Maryland. (**Certificate of Good Standing**). The following link will help you with obtaining the required documentation: https://sdatcert1.resiusa.org/certificate_net/

SECTION C
DEFINITIONS

Please refer to the list of Consolidated Definitions applicable to all video lottery license applications, which is available on the Maryland State Lottery Agency’s website: <http://slots.mdlottery.com/licensing/>.

SECTION D
APPLICANT INFORMATION

D.1 CONTRACTOR BUSINESS

Describe the type of products and/or services provided:

D.2 APPLICANT’S FORM OF ORGANIZATION

CHECK ONE:

- Sole Proprietorship Partnership Limited Partnership C-Corporation Limited Liability Company
 S-Corporation Trust Other (Describe) _____

D.3 NAME OF APPLICANT*

*As it is written on the Articles of Incorporation, By-laws, Charter, partnership agreement or other official documents filed with a State or Federal Government

D/B/A or Trade Names(s)

D.4 LICENSEE ASSOCIATION

Name Licensee you have an agreement with:

D. 5 CONTACT NAME FOR APPLICATION			
Name		Title	
Email Address @	Telephone Number ()	Fax Number ()	
D.6 APPLICANT'S PRINCIPAL ADDRESS			
Address Line 1 (Street Location)			
Address Line 2			
City	State	Zip	
Country	Telephone Number ()	Fax Number ()	
Address Line 1 (Mailing Address – if different from above)			
Address Line 2			
City	State	Zip	
Web Site Address (es):			

D.7 INCORPORATION (If a Sole Proprietorship, provide an answer to the appropriate questions)

a. APPLICANT'S INCORPORATION DOCUMENTS

- 1) Business name as it appears on formation documents: _____
- 2) Place of Incorporation or other type of Formation: _____
- 3) Date of Formation: _____
- 4) List all States in which the Applicant is currently registered or authorized to do business:

- 5) Is the Applicant registered to do business in Maryland: Yes No
- 6) If yes, please provide registration number: _____
- 7) Attach Proof of Registration with the Maryland Secretary of State to do business within the State of Maryland. (**Certificate of Good Standing**). The following link will help you with obtaining the required documentation: https://sdatcert1.resiusa.org/certificate_net/
- 8) Complete Exhibit 1 providing Applicant's Incorporators/Founders. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

EXHIBIT 1	INCORPORATORS/FOUNDERS
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Please provide Applicant's Incorporators/Founders. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Principal Employee Application Form (VLT Form 1004) Attached
 Principal Entity Form (VLT Form 1006) Attached

Yes No
 Yes No

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation		Title	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Principal Employee Application Form (VLT Form 1004) Attached
 Principal Entity Form (VLT Form 1006) Attached

Yes No
 Yes No

Note: If necessary, make copies of this exhibit and attach to application

EXHIBIT 2: OTHER NAMES OF CORPORATION

List all other names in which Applicant has done business and give the approximate time periods during which these names were being used. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

NAME	FULL ADDRESS	FROM	TO

Note: If necessary, make copies of this exhibit and attach to application

EXHIBIT 3: ADDRESSES OF APPLICANT

Provide all addresses which Applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

Address specific use		Dates	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Address specific use		Dates	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Address specific use		Dates	
Address Line 1		Address Line 2	
City	State/Province	Postal Code	
Country	email address	Phone number	

Note: Attach additional sheets as necessary.

EXHIBIT 4: APPLICANT'S BUSINESS BACKGROUND

DESCRIPTION OF PRESENT BUSINESS

TYPE OF GOODS OR SERVICES TO BE PROVIDED BY CONTRACTOR TO FACILITY

NAME OF FACILITY TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED

EXHIBIT 5: APPLICANT AND FACILITY AGREEMENT

Date Applicant & Facility formally agreed to conduct business	Contract Start Date:	Contract Completion Date:
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Terms of Compensation:	Amount of Compensation
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Nature of Contract or Agreement and Goods and/or Services to be Provided (Attach a copy of the WRITTEN agreement)

EXHIBIT 6: NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES

Provide the following information with respect to each company in which applicant has an ownership interest and provide an organizational chart.

Name and Address of Subsidiaries			
Other Name (if applicable)			
Address specific use			
Address Line 1		Address Line 2	
City		State/Province	Postal Code
Country	Email Address		Phone number

Name and Address of Subsidiaries			
Other Name (if applicable)			
Address specific use			
Address Line 1		Address Line 2	
City		State/Province	Postal Code
Country	Email Address		Phone number

Note: Attach additional sheets as necessary

EXHIBIT 7: LICENSES – GAMING AND NON-GAMING (Please list Gaming licenses first and Non-gaming Licenses second.)

If the applicant has applied for any type of license, registration, certification or permit by any governmental agency provide the following information:

Type Of License Or Permit	Name And Location Of Governmental Agency	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked Withdrawn etc.)	Disposition Date	If Issued, Give Appropriate License, Permit Or Other Such Number And Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Provide Why

* If necessary, copy exhibit and attach to application

EXHIBIT 8: APPLICANTS EMPLOYEES CONDUCTING BUSINESS WITH FACILITY

Provide the following information for each individual who entered into an agreement with or will deal directly with the facility operator, including sales representatives; the immediate supervisors of such individuals; and that individual's supervisor. Each individual listed below must sign a release authorization and submit VLT-2001 (Gaming Employee License Application)

Name and Address					
Last Name	First Name	MI	Suffix	Date of Birth	
Address Line 1			Address Line 2		
Address Line 3		City	State/Province	Postal Code	
Country	Email Address	Phone Number	Social Security #	Title/Position	
Name and Address					
Last Name	First Name	MI	Suffix	Date of Birth	
Address Line 1			Address Line 2		
Address Line 3		City	State/Province	Postal Code	
Country	Email Address	Phone Number	Social Security #	Title/Position	
Name and Address					
Last Name	First Name	MI	Suffix	Date of Birth	
Address Line 1			Address Line 2		
Address Line 3		City	State/Province	Postal Code	
Country	Email Address	Phone Number	Social Security #	Title/Position	

Note: Attach pages as needed

EXHIBIT 9: CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all officers, directors/partners and trustees. The term “officer” means President, Chief Executive Officer, a Chief Financial Officer and a Chief Operating Officer and any individual routinely performing corresponding functions with respect to an organization whether incorporated or unincorporated. For Publicly Traded Companies list only those who will be involved in the conduct of the Applicant’s business with the facility. Each individual listed below is required to complete a Principal Employee Application Form (VLT Form 1004)

Name, Home Address & Business Address of Director, Partner, Officer or Trustee

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1				Home Address Line 2			
City				State/Province		Postal Code	
Country	Email Address		Telephone Number		Fax Number		Social Security Number
Title/Position		From		To	Annual Compensation		Composition of compensation

Name, Home Address & Business Address of Director, Partner, Officer or Trustee

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1				Home Address Line 2			
City				State/Province		Postal Code	
Country	Email Address		Telephone Number		Fax Number		Social Security Number
Title/Position		From		To	Annual Compensation		Composition of Compensation

Note: Add additional sheets as required.

EXHIBIT 10: FORMER (NO LONGER ACTIVE) DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all officers, directors/partners and trustees who are no longer actively involved with Applicant but who held such a position during the last ten (10) years.

Name, Home Address & Business Address of Director, Partner, Officer or Trustee							
Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1				Home Address Line 2			
City				State/Province		Postal Code	
Country	Email Address		Telephone number	Fax Number		Social Security Number	
Most Recent Title/Position		From	To	Annual Compensation		Composition of compensation	
Reason for leaving:							

Name, Home Address & Business Address of Director, Partner, Officer or Trustee							
Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1				Home Address Line 2			
City				State/Province		Postal Code	
Country	Email Address		Telephone number	Fax Number		Social Security Number	
Most Recent Title/Position		From	To	Annual Compensation		Composition of compensation	
Reason for leaving:							

Note: Add additional sheets as required.

EXHIBIT 11: APPLICANT'S OWNERS

Provide the following information for each individual or person who directly or indirectly owns more than five (5) percent of the Applicant or its business. For publicly traded companies provide only the following information for each individual or person who directly owns more than five (5) percent of the Applicant or its business. . Each individual listed below is required to complete a Principal Employee Application Form (VLT Form 1004)

Name and Address

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1				Home Address Line 2			
City				State/Province		Postal Code	
Country				Email Address		Contact Number	
Percent of Ownership		Date Acquired		Employer ID Number		Social Security Number	

Describe Nature, Type, Terms and Conditions of Ownership

Name and Address

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1				Home Address Line 2			
City				State/Province		Postal Code	
Country				Email Address		Contact Number	
Percent of Ownership		Date Acquired		Federal Employer ID Number		Social Security Number	

Describe Nature, Type, Terms and Conditions of Ownership

EXHIBIT 12**BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

Date Petition Filed Or Relief Sought	Title Of Case And Docket Number	Name And Address Of Court Or Agency
Date Judgment Entered		Name And Date Appointed Of Court Appointed Receiver, Agent Or Trustee
Nature Of Judgment Or Relief		

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. DEFINITIONS – For purpose of this section ONLY:

- 1) **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 a.3.
- 2) **CHARGE:** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- 3) **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.

b. INSTRUCTIONS for question c. below

- 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:
 - 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;

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.

c. **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 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

d. If “yes”, use **Exhibit 13** to provide information concerning criminal history

EXHIBIT 13:**CRIMINAL HISTORY**

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE, INDICTMENT 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

EXHIBIT 14:**TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS**

Has applicant or any of its officers, directors/partners or trustees ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc) other than in response to minor traffic-related offenses? If yes, provide the following information.

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE
Type of Proceeding or Investigation					
NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE
Type of Proceeding or Investigation					

Note: attach additional pages as necessary.

EXHIBIT 15:**LITIGATION**

Describe all existing civil litigation or any settled or closed legal action over the past ten (10) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party in any jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgments. List most recent litigation first.

Name of case and docket number	Name and address of law court involved in litigation	Name of all parties involved in litigation	Nature of Claim(s) and judgment (if judgment has been rendered)

EXHIBIT 16**ANTITRUST, TRADE REGULATION & SECURITY JUDGEMENTS
STATUTORY AND REGULATORY VIOLATIONS**

Has Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?
 Yes No

In the past ten (10) years, has Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies been the subject of a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine of \$25,000 or more?
 Yes No

VIOLATION

Name of Case & Docket Number	Date of Judgment, Order or Decree	Name & Address of Agency or Court
Nature of Offense		
Disposition: <input type="checkbox"/> Acquitted <input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed <input type="checkbox"/> Other: _____		
Nature of Judgment, Decree or Order		

VIOLATION

Name of Case & Docket Number	Date of Judgment, Order or Decree	Name & Address of Agency or Court
Nature of Offense		
Disposition: <input type="checkbox"/> Acquitted <input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed <input type="checkbox"/> Other: _____		
Nature of Judgment, Decree or Order		

Note: attach additional pages as necessary.

EXHIBIT 17

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, 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 exhibit.

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

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 (Exhibit I)		
b) In bank (Exhibit A)		b)	b)			
2. Loans, Notes and Other Receivables (Exhibit B)				11. Loans and Other Payables (Exhibit J)		
3. Securities (Exhibit C)				12. Taxes Payable (Exhibit K)		
4. Real Estate Interests (Exhibit D)				13. Mortgages or Liens on Real Estate (Exhibit L)		
5. Cash Value Life Insurance (Exhibit E)				14. Loans Against Insurance/Pensions (Exhibit M)		
6. Cash Value Pension/ Retirement Funds (Exhibit F)				15. Other Indebtedness (Exhibit N)		
7. Furniture and Clothing (Reasonable Estimate)				TOTAL LIABILITIES		
8. Vehicles (Exhibit G)				NET WORTH Total Assets (From Column B) less		
9. Other (Exhibit H)				Total Liabilities (From Column D)		
TOTAL ASSETS				16. Contingent Liabilities (Exhibit O)		

NOTE: Complete the financial statements on pages 30 through 37 and copy the totals in the appropriate space below.

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:

EXHIBIT "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, 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	BALANCE
						\$
						TOTAL CURRENT BALANCE (Enter this figure in item 1a, column B on page 29.)

EXHIBIT "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, Domestic Partner, or Dependent Child	Name and Address of Debtor	Interest Rate (%)	ORIGINAL LOAN AMOUNT	Original Date Of Loan/Note Receivable	Total Payments	Date Due	Nature of Advance and Nature of Security, If Any (Indicate If Unsecured)	CURRENT BALANCE
			\$					\$
			TOTAL ORIGINAL LOAN AMOUNTS(S) (Enter this figure in item 2, column A on page 29.)					TOTAL CURRENT BALANCE (Enter this figure in item 2, column B on page 29.)

EXHIBIT "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, 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, 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
					\$				\$
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A on page 29.)				TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B on page 29.)

EXHIBIT "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, 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, 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
						\$		\$
					TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 29.)			TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 29.)

EXHIBIT "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, domestic partner, or dependent children.

Check If Held by Spouse, 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
						\$	
						TOTAL CASH SURRENDER VALUE (Enter this figure in item 5, column B on page 29.)	

EXHIBIT "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
				\$		\$	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A on page 29.)			TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B on page 29.)

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

EXHIBIT "G" – VEHICLES

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

Check if Held by Spouse, 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
						\$	\$
						TOTAL COST OF VEHICLES (Enter this figure in Item 8, column A on page 29.)	TOTAL CURRENT CASH VALUE (Enter this figure in item 8, column B on page 29.)

*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.

EXHIBIT "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, 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, Domestic Partner or Dependent Child	Nature of Asset	Date of Acquisition	COST	% of Ownership Interest	Date Of Valuation	CURRENT MARKET VALUE
			\$			\$
			TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A on page 29.)			TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B on page 29.)

EXHIBIT "I" – NOTES PAYABLE

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

Check if Held by Spouse, 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
							\$			\$
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in item 10, Column C on page 29.)			TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in item 10, column D on page 29.)

EXHIBIT "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, domestic partner or your dependent children are obligated.

Check if Held by Spouse, Domestic Partner or Dependent Child	Name & 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
							\$			\$
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C on page 29.)			TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D on page 29.)

EXHIBIT "K" – TAXES PAYABLE

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

Check if Held by Spouse, 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
			\$		\$
			TOTAL ORIGINAL TAX OBLIGATION (Enter this figure in item 12, column C on page 29.)	TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D on page 29.)	

EXHIBIT "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, domestic partner or dependent children are obligated.

Check if Held by Spouse, 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
				\$				\$
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C on page 29.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D on page 29.)

EXHIBIT "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, domestic partner or dependent children.

Check if Held by Spouse, 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
			\$				\$
			TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in item 14, Column C on page 29.)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D on page 29.)

EXHIBIT "N" – ANY OTHER INDEBTEDNESS

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

Check if Held by Spouse, 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
						\$	\$
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C on page 29.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D on page 29.)

EXHIBIT "O" – CONTINGENT LIABILITIES

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

Check if Held by Spouse, 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
						\$	\$
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C on page 29.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D on page 29.)

REQUIRED ATTACHMENTS

Attach copies of the following documents (if not applicable, check "N/A" and on a separate sheet of paper, explain why this information does not apply to your application):

BUSINESS DOCUMENTS

Certified copies of all charters, articles of incorporation, by-laws, articles of organization, operating agreements, partnership agreements, trust agreements or other similar documents of the Applicant, including all amendments.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Proof of Registration with the Maryland Secretary of State. (Certificate of Good Standing)	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

ANNUAL REPORTS

The most recent annual report of the applicant that was submitted to shareholders, partners, members or other persons and meeting minutes from the last 12 months.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
The most recent annual report (s) filed with the Secretary of State or similar official for all states in which the applicant conducts business.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

PUBLICLY TRADED ENTITIES

A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of the two most recent annual reports prepared on Form 10K.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A corporation that is a registrant with the Securities and Exchange Commission (SEC) shall submit a copy of the Form 10Q for the last two filings.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A corporation that is a registrant with the SEC shall submit a copy of the most recent Form 8K filed with the SEC if filed after the latest 10K filing.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

ORGANIZATIONAL CHARTS

A flowchart illustrating the fully diluted ownership of the Applicant. List all parent, subsidiary or intermediary companies until the flowchart reflects 100% of the stock, partnership, membership or ownership interest as being held by an individual(s) and not other legal persons. If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A chart showing the corporate structure of the Applicant	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
An organizational chart identifying all officers, directors, managers, managing members, partners and key/managerial employees of the Applicant. Include position descriptions and the names of persons holding such positions.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

TAX RETURNS

All U. S. Corporate Income Tax Returns, or all U. S. Partnership Returns, or personal tax returns and state business or personal tax returns for the past three years . Include all amended returns, exhibits and attachments to tax returns.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
A list of all IRS 1099 recipients for the past year.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

Request for Federal Tax Return

Form 4506-T

(Rev. January 2010)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

VLT-MANAGER, MARYLAND STATE LOTTERY
1800 WASHINGTON BLVD., SUITE 330
BALTIMORE, MARYLAND 21230 (Telephone Number) (410) 230-8717

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
 - c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
 - 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
 - 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 37667N **Form 4506-T** (Rev. 1-2010)

Authorization for Release of Information

TO: _____
(To be completed by Commission)

FROM: _____
(Applicant's Printed Name)

I am an applicant for a video lottery terminal 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 me. 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 me; and to have access to any and all information that I have 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 me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me 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, 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.

Signature of Applicant

Date

Print Name of Applicant

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____

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 terminal ("VLT") Contractor license, and may subject me to civil or criminal liability.

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 individuals appeared in person, and before me, either known to me or satisfactorily proven to be the individuals 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_____

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 facility (describe in detail the goods and/or services to be provided:

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