

SUBCONTRACTOR INFORMATION FORM



Applicant: _____

**SUBCONTRACTOR INFORMATION FORM
APPLICATION INSTRUCTIONS**

A subcontractor to a vendor shall not be required to obtain licensure or registration under 205 CMR 134.00. For purposes of 205 CMR 134.00 a subcontractor shall be considered a person that contracts with a licensed or registered vendor to provide goods or services necessary to fulfill the licensed or registered vendor's contract with a gaming licensee. The Bureau may, at its discretion, require the submission of additional information and documents, including but not limited to the Subcontractor Information Form as provided in 205 CMR 134.07(11).

Please review and complete the information provided on this Subcontractor Information Form

Should you have any questions or need additional information, please feel free to contact the Division of Licensing at 617.979.8400.

A Subcontractor will maintain at all times during the term of the agreement, insurance for claims which may arise from, or in connection with, the products furnished by Subcontractor, their agents representatives, employees or subcontractors with coverage at least as broad and with limits of liability not less than those stated below.

Workers Compensation and Employers Liability Insurance
General Liability Insurance
Automobile Liability Insurance

1. COMPLETING A SUBCONTRACTOR INFORMATION FORM:

- A. This form is to be completed by any person who contracts with a licensed or registered vendor to provide goods or services necessary to fulfill the vendor's contractor with a gaming licensee.
- B. Read each question carefully prior to answering. Answer every question completely and be sure not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, state "None" in response to that question. **Note: the Commission will not accept your application unless you provide a response to every question.**
- C. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. If the application is not legible, it will not be accepted. **Note: the Commission will not accept your application if it is illegible or if you have modified any of the questions or pre-printed information on this application.**
- D. If you need additional space to answer any question(s), supply the required information on an attachment page and clearly identify which question(s) you are answering.
- E. All requested attachments that apply to the applicant must be labeled with the specific attachment numbers and be attached in order to the back of the application.
- F. All required documentation must be submitted at the time of filing this form. The applicant is under a continuing duty to notify the Commission within ten (10) days if there is a change of the information provided to the Commission.
- G. All authorizations, waivers, and releases must be signed by the applicant or its designated representative or signatory.

2. BEFORE SUBMITTING THIS APPLICATION TO THE COMMISSION, CHECK THAT:

- A. You have answered every question completely.
- B. You have initialed and dated each page of this application (except the cover and signature pages) in the spaces provided.

Initials/Date _____

- C. You have signed the Statement of Truth and Consent forms included with this application.
- D. You have signed and had the Release Authorization forms included with this application notarized.
- E. All attachments required for this application are labeled with the correct title and attachment numbers and are attached to the application filed with the Commission.
- F. You retain a completed copy of this application for your own records.

3. DUTY TO UPDATE INFORMATION

- A. All subcontractors shall have the continuing duty to provide any assistance or information required by the Commission or the Investigations and Enforcement Bureau (Bureau) and to cooperate in any inquiry or investigation conducted by the Commission or the Bureau. Refusal to answer or produce information, evidence, or testimony by a subcontractor may result in the restriction of a subcontractor from providing goods and services to a licensed or registered vendor.
- B. No subcontractor shall willfully withhold information from or knowingly give false or misleading information to the Commission or Bureau. If the Commission or Bureau determines that a subcontractor has willfully provided false or misleading information, such subcontractor shall not be allowed to continue to provide goods or services to a licensed or registered vendor.
- C. To fulfill this continuing obligation, a subcontractor must:
 - 1. Submit information about the change to the Commission **in writing no later than ten (10) days** after the change occurs; and
 - 2. In the notice to the Commission, include the name of the subcontractor.

4. IMPORTANT NOTICES

- A. All notices regarding your application will be sent to the email address, business, or home address that you provide on this form. You must notify the Commission immediately of any personal information changes.
- B. The term of subcontractor shall expire when the agreement to provide goods or services to a licensed or registered vendor has been completed or terminated. A new Subcontractor Information Form shall be submitted when the subcontractor enters into a new agreement with a licensed or registered vendor.
- C. If you have a business in Massachusetts or have ever conducted business in Massachusetts under the name of the company for which you are filing, you must submit a Certificate of Good Standing for that business and the link is provided below.

<https://wfb.dor.state.ma.us/webfile/Certificate/Public/WebForms/Welcome.aspx>

- D. The Massachusetts Public Records Law (Law), <http://www.sec.state.ma.us/pre/preidx.htm> found in Chapter 66, Section 10 of the Massachusetts General Laws, applies to records made or received by a Massachusetts governmental entity including the Massachusetts Gaming Commission. Unless the requested records fall under an exemption to the Law, the responsive documents must be made available to the requester. A list of exemptions may be found in Chapter 4, Section 7(26) of the Massachusetts General Laws.
- E. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.

Initials/Date _____

**PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS
IN THE SPACES PROVIDED**

**IF ANY ITEMS ARE NOT APPLICABLE, INDICATE "NONE" OR "NOT APPLICABLE"
DO NOT LEAVE ANY QUESTIONS UNANSWERED**

PART 1. NAME OF BUSINESS

Official or Trade Name of Business (Do Not Abbreviate) _____

Name as it appears on the Certificate of Incorporation, Charter, By-Laws, Partnership Agreements or Other Official Documents. _____

PART 2. DESCRIPTION OF SUBCONTRACTOR'S BUSINESS

A. Form of Organization (check one):

Sole Proprietorship Partnership Limited Partnership C-Corporation LLC

S-Corporation Trust Other _____

(Describe) _____

B. Business name as it appears on formation documents: _____

C. Place of Incorporation or Formation: _____

D. Date of Incorporation or Formation: _____

E. Please submit a copy of the Certificate of Incorporation and all amendments, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the business, if any. This document must be labeled as **Attachment 2-E**. If the business is a publicly traded corporation, please indicate below on what exchange its stock is traded and under what symbol.

F. Provide below your business's Federal Employer Identification Number (FIN#).

FID # ____ - ____ - _____

Check box if applied for

G. If a sole proprietor, please provide your Social Security Number.

SSN: ____ - ____ - _____

Initials/Date _____

**PART 3. TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A),
OR THE SERVICES OF (F/S/O)**

Subcontractor Business Type _____

Street Location (Number/Street) City State Zip Code

Country Telephone Number Fax Number (if available)

Website (URL) _____

PART 4. PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS

Name and Title _____

Home Telephone Number Daytime OR Work Telephone Number with Extension

Cell Number E-Mail Address Fax Number (if available)

PART 5. THE PRINCIPAL ADDRESS OF THE BUSINESS

Street Location (Number/Street) City State Zip Code

Mailing Address, if different (P.O. Box, City, State, Zip Code) _____

Country Telephone Number Fax Number (if available)

Website (URL) _____

Initials/Date _____

PART 6. BUSINESS ADDRESS FROM WHICH THE APPLICANT IS OR WILL BE CONDUCTING BUSINESS WITH THE LICENSEE OR APPLICANT

(Complete only if different than the above principal address)

Street Location	(Number/Street)	City	State	Zip Code
<hr/>				
Country	Telephone Number	Fax Number (if available)		
<hr/>				
Website (URL)				

PART 7. OTHER NAMES AND ADDRESSES OF THE BUSINESS

A. Provide the name, address, social security number and date of birth of an individual authorized to sign any agreement with the vendor on behalf of the subcontractor.

Name	Address	Social Security Number	Date of Birth

B. Provide the names, addresses, and percentage of ownership held by each entity or person directly owning more than five (5%) percent of this business.

No Entity or Person Owns more than five (5%) percent

Name	Address	Percent of Ownership

NOTE: Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 7-B.**

Initials/Date _____

PART 8. NATURE OF SUBCONTRACTOR'S BUSINESS

A. Provide the type of goods and services to be provided to the vendor including the term and value of the contract

Type of Goods and Service to be Provided	Term of Contract		Value of Contract
	Begin	End	

NOTE: Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 8-A**.

B. Insurance Documents

Attach and label as **Attachment 8-B** the Certificate of Insurance for the subcontractor demonstrating insurance and limits for liability and casualty.

Initials/Date _____

STATEMENT OF TRUTH and ACKNOWLEDGEMENT

STATEMENT OF TRUTH

I, _____, hereby state under the pains and penalties of perjury that:
(Print Name)

1. The information contained herein and accompanying this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false or misleading this application may be denied.

ACKNOWLEDGEMENT

The Massachusetts Gaming Commission - Division of Licensing may, at some time during the course of the term of the Vendor's license, require a designated owner or principal employee of the Subcontractor to submit fingerprints, as authorized by 205 CMR 134.07, for the purpose of conducting a criminal background check.

I, _____, as a representative of the Subcontractor, hereby
(Print Name)
acknowledge that consent to a request for such fingerprinting may be required.

I understand that if I have questions regarding this form, I should ask an employee of the Massachusetts Gaming Commission - Division of Licensing.

(Signature)

(Type, Stamp or Print Name)

(Date)

RELEASE AUTHORIZATION

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the "issuing entity").

On behalf of _____,
(Name of Vendor)

I, _____ authorize the Massachusetts Gaming
(Name of President, Officer, Partner, or Sole Proprietor)
Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into the background and activities of the said business entity.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with the application of said entity filed with the Commission.

I authorize the release of any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee or agent of the Commission or the Bureau, provided that he or she certifies to you that the said entity has an application pending before the Commission.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

A photocopy of this authorization will be considered as effective and valid as the original.

(Signature)

(Type, Stamp or Print Name)

(Date)

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(Signature of Notary)

(Notary Stamp)