

**BUSINESS ENTITY DISCLOSURE FORM
GAMING VENDOR-PRIMARY**



Applicant: _____

BUSINESS ENTITY DISCLOSURE FORM GAMING VENDOR - PRIMARY APPLICATION INSTRUCTIONS

This application must be filed with the Massachusetts Gaming Commission (Commission) as part of the application for a Gaming Vendor – Primary License. Copies of this application are available on the internet at: <http://massgaming.com/>. You may also request this application be mailed to you by calling the Commission’s office at 617.979.8400.

No individual shall conduct business with a gaming licensee as a vendor to a gaming establishment unless such person has been licensed as a gaming vendor as defined by M.G.L. c. 23K, §2, in accordance with M.G.L. c. 23K, §31 and 205 CMR 134.04. A person shall be considered to be conducting business upon commencement of performance or a contract or a provision of a good or service.

These instructions are intended to provide basic information regarding an application for a Gaming Vendor - Primary. 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. As part of the application process, vendors shall be required to identify all of their known and/or anticipated subcontractors and shall have a continuing duty to update the Bureau relative to any new subcontractors.

1. COMPLETING A GAMING VENDOR LICENSE APPLICATION:

- A. This application form is to be completed by any person who wishes to do business with a gaming establishment and requires by regulation to be licensed as a gaming vendor - primary.
- 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 number and 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 and releases must be signed by the applicant or its designated representative or signatory.

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

- A. You have answered every question completely.

Initials/Date: _____

- B. You have initialed and dated each page of this application (except for the cover and signature pages) in the spaces provided.
- C. You have signed the Statement of Truth form 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. FILING THE APPLICATION WITH THE COMMISSION:

- A. A complete application for a Gaming Vendor - Primary license consists of this application, all exhibits, and the application fee. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- B. The fee for a Gaming Vendor - Primary is \$15,000, which shall be credited to the total fee. In the event that the costs incurred by the Commission in the course of investigating an applicant's background exceed the upfront application fees set forth above, the Commission may, upon written notice, charge an additional fee to cover the actual costs of investigation at hourly rates as established by the Commission.
- C. *Application fees are nonrefundable.*

4. BACKGROUND INVESTIGATIONS:

- A. The Commission must obtain criminal records checks for each gaming vendor qualifier pursuant to 205 CMR 134.04(4).
- B. The following persons shall be designated as a gaming vendor qualifier and must establish their qualifications for licensure in accordance with 205 CMR 134.09 and 134.10: 1) if the gaming vendor applicant is a sole proprietor: the owner; 2) if the gaming vendor applicant is a corporation: each officer, each inside director and those outside directors serving on the audit or compliance committees; 3) any person owning more than 5 per cent of the common stock of a company applying for licensure as a gaming vendor as provided by 205 CMR 134.04(1)(a), or a holding, intermediary or subsidiary company of such company;. 4) any person who will act as a sales representative or regularly engage in the solicitation of business from a licensed gaming establishment. 5) in the judgment of the Bureau in accordance with 205 CMR 134.04(3) any person with significant and substantial responsibility for the applicant's business in the Commonwealth; 6) if the applicant is a limited liability corporation: a) each member; b) each transferee of a member's interest; 7) if the applicant is a limited partnership: a) each general partner; b) each limited partner; and 8) if the applicant is a partnership: each partner.
- C. Vendor gaming qualifiers are required to be fingerprinted in order to initiate a criminal records check. If the vendor qualifier wishes to be fingerprinted by the Commission, please contact the Division of Licensing (617) 979-8400 to schedule an appointment for fingerprinting. If the vendor qualifier must be fingerprinted in another state, the vendor qualifier must request that the Commission mail out-of-state fingerprint cards and instructions to them.

5. DUTY TO UPDATE INFORMATION

- A. All gaming vendors and gaming vendor qualifiers 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 an applicant or licensee may result in denial of the application, suspension, or revocation of the license.
- B. No applicant or licensee shall willfully withhold information from or knowingly give false or misleading information to the Commission or Bureau. If the Commission or Bureau determines that an applicant has willfully provided false or misleading information, such applicant shall not be eligible to receive a license under 205 CMR 134.00. A licensee who willfully provides false or misleading information may have its license conditioned, suspended, or revoked by the Commission.

Initials/Date: _____

C. To fulfill this continuing obligation, a gaming vendor applicant or licensee must:

1. Submit information about the change to the Commission **in writing no later than ten days** after the change occurs; and
2. In the notice to the Commission, include the name and license number (if applicable) of the applicant or licensee.

6. IMPORTANT NOTICES

- A. All notices regarding your application will be sent to the email address, business, or home address that you provide on this application. You must notify the Commission immediately of any personal information changes.
- B. 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://mtc.dor.state.ma.us/mtc/ /](https://mtc.dor.state.ma.us/mtc/)

- C. The Bureau or Commission shall deny or revoke a gaming vendor license if the person has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application for a license under M.G.L. c. 23K, §31 and 205 CMR 134.00 that contains false or misleading information; committed prior acts which have not been prosecuted or in which the applicant was not convicted, but reveal a pattern of misconduct that makes the applicant unsuitable.
- D. In determining whether an applicant for licensure is suitable for the purpose of being issued a gaming vendor license, the Bureau may evaluate and consider the overall reputation of the applicant including, the integrity, honesty, good character, and reputation of the applicant; and whether the applicant has been convicted of a crime of moral turpitude.
- E. An applicant for a gaming vendor qualifier license may appeal a decision made by the Bureau based upon a disqualifying prior conviction in accordance with 134.10(3)(a) on the basis that they wish to demonstrate rehabilitation only if the conviction occurred before the 10 year period immediately preceding the date of submission of the application for licensure or registration.
- F. The gaming vendor license shall be issued for an **initial term of 3 years**. The term of the vendor gaming license shall expire and be renewable on the last day of the month on the third anniversary of the issuance date. An application to renew a gaming vendor license shall be submitted at a minimum of 150 days prior to the expiration of the license. Gaming vendor license renewals shall be for a **term of 3 years**.
- G. 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.

- H. 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. 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.

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.**

NAME OF APPLICANT

(as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official documents):

D/B/A OR TRADE NAME(S):

BUSINESS WEBSITE:

FEDERAL IDENTIFICATION NUMBER (FIN):

MASSACHUSETTS TAXPAYER NUMBER:

DUN & BRADSTREET NUMBER (DUNS):

SOCIAL SECURITY NUMBER (for individual proprietorship only):

Indicate the following by checking the appropriate box:

- This is an initial application for a Business Entity Disclosure Gaming Vendor - Primary License.
- This is an application for retention of a Business Entity Disclosure Gaming Vendor - Primary License, provide the license number and the date of the latest submission filed: _____

Initials/Date _____

LIAISON BETWEEN THE APPLICANT AND THE MASSACHUSETTS GAMING COMMISSION

This person will also accept official notices from the Commission and Bureau on behalf of the applicant.

Check One: Mr. Ms.

Last Name:

First Name: MI:

Business Title:

Business Name:

Business Address:

City: State: Zip Code:

Country: Province (if applicable):

Business Telephone: Extension:

Business Fax:

E-Mail Address:

PRINCIPAL BUSINESS ADDRESS

Number / Street:

City: State: Zip Code:

Country: Province (if applicable):

Business Telephone: Extension:

Business Fax:

BUSINESS ADDRESS FROM WHICH THE VENDOR IS OR WILL BE CONDUCTING BUSINESS WITH GAMING ENTITY IN MASSACHUSETTS

Same as above

Number / Street:

City: State: Zip Code:

Country: Province (if applicable):

Business Telephone: Extension:

Business Fax:

Initials/Date _____

PART 1 - CERTIFICATION

- A. Is the applicant a minority-owned business that has been certified by either the Massachusetts Supplier Diversity Office or the Greater New England Minority Supplier Development Council, or both?
 Yes - Provide Letter of Verification or Certification Number _____
NOTE: If providing a Letter of Verification, please label as **attachment to question 1- A**
 No

- B. Is the applicant a woman-owned business that has been certified by either the Massachusetts Supplier Diversity Office, the Women’s Business Enterprise or National Council, or both?
 Yes - Provide Letter of Verification or Certification Number _____
NOTE: If providing a Letter of Verification, please label as **attachment to question 1-B**
 No

- C. Is the applicant a “veteran-owned small business” or a “service-disabled veteran-owned small business”, as such terms that are defined by the federal government and whose status can be verified via the “VetBiz.Gov database” or by the Division of Licensing through the submission of the “Qualifier’s DD214 Form”.
 Yes - Provide Letter of Verification, Qualifier’s DD214 or Certification Number _____
NOTE: If providing a Letter of Verification and/or Qualifier’s DD214, please label as **attachment to question 1-C**
 No

PART 2 – BUSINESS DESCRIPTION

- A. Specify the business form of this applicant:
 S-Corporation Partnership Limited Partnership LLC
 C-Corporation Trust Sole Proprietorship
 Other (describe): _____

- B. Is the supplier and/or its parent company a publicly traded corporation within the United States?
 Yes No
If you checked yes, indicate on what exchange the stock is traded _____ symbol _____

- C. Is the supplier and/or its parent company a publicly traded corporation outside the United States?
 Yes No
If you checked yes, please list the country: _____

- D. If the applicant is not an individual, provide as an attachment labeled **attachment to question 2-D** the incorporation documents or registration with its corporate officers and identity of shareholders (Note: If a registration statement or pending registration statement is on file with the Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more need be provided.)
 Not Applicable

- E. Provide as an attachment labeled as **attachment to question 2-E**, a copy of the Business Registration Certificate or other proof of valid business registration in Massachusetts.
 Not Applicable

Initials/Date _____

F(1). Names of the Applicant and the time period they were used.

List all other names under which the applicant has done business and give approximate time periods during which such names were being used:

Not Applicable

Name	Time Period

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-F(1)**.

F(2). State all other addresses presently held by the vendor and all addresses from which the applicant is presently doing business:

Not Applicable

Number and Street	City	State	Zip Code

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-F(2)**.

F(3). State all addresses, other than those listed above, which the vendor held or from which it was conducting business during the last 10-year period, and give the approximate time periods during which such addresses were held:

Not Applicable

Number and Street	City	State	Zip Code	Dates	
				From:	To:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-F(3)**.

Initials/Date _____

G. Identify in the table below all known and/or anticipated subcontractors that you will be contracting with to provide goods or services necessary to fulfill your contract with a gaming licensee.

Name of Subcontractor	Address	Types of Goods and Services	Contract Amount	Subcontractor Contact Person in reference to this information	Telephone Number

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-G.**

H. Describe the business presently conducted and the business intended to be conducted and the general development of the business during the past 5-years. The description should include the following:

1. Products produced and services rendered by the business and its parent, intermediary and subsidiary companies, the principal markets for said products or services and the methods of distribution;
2. A detailed account of the goods and services being provided to the gaming establishment;
3. If your business is conducting or intends to conduct both gaming-related and non-gaming-related business, differentiate between the two.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-H.**

I. Estimate the annual dollar amount of goods and/or services to be provided to the gaming licensee(s). \$ _____ **(Required)**

J. Describe any former business, not listed in response to "G", which the vendor or any parent, intermediary or subsidiary company engaged in during the last 10-year period and the reasons for the cessations of such business. Indicate approximate time period during which each such business was conducted.

Not Applicable

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-J.**

Initials/Date _____

K. Contracts and Suppliers.

Furnish the information called for in the table below with respect to the ten highest contracts or agreements with business entities and/or individuals during the past year.

Not Applicable

Number	Address	Nature of Contract or Goods or Services Supplied

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-K.**

L. Stock Description (Corporation)

Describe the nature, type, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, by the corporation, including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e. not held by or on behalf of the issuer), as of this date.

If the right of holders of any class of stock may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly:

Not Applicable

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-L.**

M. Non-Voting Shareholders this is listed in regulation under 134.07(6)(m).

Furnish the information called for in the table below, as to each person or entity holder of record or having a beneficial interest in any non-voting stock issued by the applicant listed in section L.

Name and Address	Date of Birth	Class of Non-Voting Stock Held	Number of Shares Held	% of Out Standing Voting Stock

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-M.**

Initials/Date _____

N. Other than this application does the applicant have any financial or ownership interest, or other relationship with a:

Gaming Licensee or Applicant

Yes No

Gaming Vendor Licensee or Applicant

Yes No

If you checked "YES" to any of the above, explain the nature of the interest or relationship.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-N.**

O. Insurance Documents

Attach and label as **attachment to question 2-O** the Certificate of Insurance for the applicant demonstrating insurance and limits for liability and casualty.

Not Applicable

P. Insider Transactions (Corporation)

Furnish the information called for by the table below of each change within the last 5 years preceding this application in the beneficial ownership of the equity securities of the corporation on the part of any person who is indirectly or directly a beneficial owner of more than 5% of any class of equity security of the corporation or who is or was within that period a director or officer of the corporation. (Include changes resulting from (a) gift; (b) purchase; (c) sale; (d) exercise of an option to purchase; (e) exercise of an option to sell; (f) grant or receipt of a put; or (g) grant or receipt of a call.)

Date of Transaction	Nature of Transaction	Parties to Transaction (Include Positions)	Number of Securities Involved

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-P.**

Q. Securities

Has the applicant had any securities or debt offerings suspended from trading or had any action taken against it by any financial regulatory agency?

Yes No

If you checked yes, please explain:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-Q.**

Initials/Date _____

R. Security Options¹ (Business Entity)

Describe in detail any options existing or to be created with respect to securities issued by the business which description shall include, but not be limited to, the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during, and the terms under which optionees become or will become entitled to exercise the options and when such options expire.

Not Applicable

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-R.**

S. Identify all persons holding the options described above and include the market value of the option at the time of issuance

Name of Person(s) Holding Options	Market Value of Option at Time of Issuance

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 2-S.**

PART 3 – GAMING VENDOR QUALIFIERS

A. Please indicate all persons or entities in your business that correspond to the sub-items listed below:

NOTE: IF YOU ARE APPLYING FOR A GAMING VENDOR – PRIMARY LICENSE, A KEY GAMING EMPLOYEE-STANDARD APPLICATION FORM MUST BE COMPLETED BY EVERY NATURAL PERSON NOTED IN ITEMS "1" THROUGH "7" BELOW.

1. All persons who will act as sales representatives or otherwise regularly engage in the solicitation of business from a casino licensee or applicant.
2. If your business is a junket enterprise, each person who indirectly holds any beneficial or ownership interest of 5% or more of that enterprise, and each junket representative who will be defined as any person who negotiates the terms of, or engages in the referral, procurement or selection of persons who may participate in any junket to a licensed casino in any jurisdiction (M.G.L. c. 23K, §33).
3. All persons who have signed or will sign any agreement with a casino licensee or applicant.
4. The owner, if the business is a sole proprietorship.
5. If the gaming vendor applicant is a corporation:
 - a. All officers of the business;
 - b. All inside directors or trustees of the business;
 - c. All outside directors serving on the audit or compliance committee; and
 - d. Any person owning more than 5% of the common stock in the business.
6. If the business is a limited liability corporation:
 - a. Each Member;
 - b. Each transferee of a Member's interest; and
 - c. Each Manager.
7. All Partners, whether general, limited or otherwise.

¹For the purpose of this application, option shall mean right, warrant, or option to subscribe to or purchase any securities issued by the corporation.

Initials/Date _____

For every person or entity noted in Items "1" through "9", please provide the information requested in the following form.

Personal or Business Disclosure Attached	Name	Date of Birth	Home Address	Title, Position or Association with the Vendor	% of Ownership ²
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 3-A**.

The Massachusetts Gaming Commission may require additional individuals and entities to submit disclosure forms based on information contained in this application or otherwise disclosed during the course of the investigation.

Part 4 - OWNERSHIP

A. ORGANIZATIONAL CHART

As an attachment labeled **attachment to question 4-A**, provide a flowchart which illustrates the fully-diluted ownership of the applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another business or businesses. If the ultimate parent company is publicly traded and no natural person(s) control 5% or more of the publicly traded stock, indicate that in a footnote to the flowchart.

B. OUTLINE OF OWNERSHIP STRUCTURE

Provide as an attachment labeled **attachment to question 4-B** a corporate structure of the business identifying all subsidiaries, intermediary, holding, and associated companies, and all members of the board, officers, directors, and substantial shareholders. Include position descriptions and the names of persons holding such positions.

C. FLOW CHART

Provide a flow chart as an **attachment to question 4-C** which illustrates the ownership of any other vendor which holds an interest in the filing vendor if applicable.

D. COMPENSATION OF OFFICERS AND DIRECTORS OR PARTNERS

List the total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee, officer and/or partner of the business, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise:

Name	Positions Held with the Vendor	Amount of Compensation

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 4-D**.

E. COMPENSATION OVER \$300,000

Furnish the information called for below as to each person, other than those listed as qualifiers in Part 4, who currently receive or who reasonably can be expected to receive, from the business, compensation as described above in "D" exceeding \$300,000 per annum.

Not Applicable

² Include number of shares held and class of stock, if applicable.

Initials/Date _____

Name	Date of Birth	Home Address	Position and Length of Time Employed with the Vendor	Amount of Compensation

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 4-E**.

F. FORMER OFFICERS AND DIRECTORS

Furnish the information called for below as to each person, not listed in response to the Vendor Gaming Qualifiers, who held a position as an officer or director of the business during the last 10-years.

Not Applicable

Name	Date of Birth	Last Known Address	Position and Dates Held	Reason for Leaving

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 4-F**.

G. Does the applicant have any direct, indirect or attributed legal or beneficial interest in any business entity outside of the United States?

Yes No

If you checked yes, attach a detailed statement describing the entity, its location, your affiliation, and/or interest with the foreign entity and label it **attachment to question 4-G**.

H. INTEREST OF PARTNERS (PARTNERSHIP)

Describe the interest held by each partner, whether general or limited, in the partnership.

Not Applicable

1. Amount of initial investment, whether in the form of cash, negotiable instruments, property or otherwise:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 4-H(1)**.

2. Amount of any additional contribution made to the partnership:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 4-H(2)**.
Initials/Date _____

3. Amount and nature of any anticipated future investments:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question4-H(3)**.

4. Degree of control of each partner over the activities of the partnership:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question4-H(4)**.

5. Percentage of ownership of each partner:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question4-H(5)**.

6. Method of distributing profits to each partner:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question4-H(6)**.

I. Do you offer bonus, profit sharing, pension, retirement, deferred compensation or similar plans to your employees?

- Yes No

PART 5 – CRIMINAL HISTORY

A. The following question relates to any alleged criminal offense, arrest, misdemeanor or felony charges or conviction involving the business or agents named on its behalf. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. **Arrest** means being taken into custody by any police or other law enforcement authorities.
- B. **Charge** includes any indictment, complaint, information, or other notice of the alleged commission of any "offense".
- C. **Conviction** includes the finding of guilty of any "offense" upon a trial, a plea of guilty. An adjudication of delinquency shall be considered a conviction. Such a finding may, however, be considered for purposes of determining the suitability of an applicant.
- D. **Crime or Offense** includes all felonies and misdemeanors.
- E. **Disposition** the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending, etc.

Initials/Date _____

INSTRUCTIONS: Please note, this is not an application for employment. Accordingly, you must answer all questions completely and may not omit information. Answer "Yes" and provide all information to the best of your ability, **EVEN IF:**

1. the business did not commit the offense charged;
2. the charges were dismissed or subsequently downgraded to a lesser charge;
3. the business completed a diversionary program or equivalent thereof;
4. the business was not convicted;
5. the charges or offenses happened a long time ago; or

Has the "Entity" or any of its subsidiaries ever been 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 Massachusetts or any other jurisdiction?

Yes No

If you checked "YES", complete the chart below.

Nature of Charge or Offense	Date of Charge or Complaint	Name and Address of Law Enforcement or Court Involved	Disposition

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 5-A.**

PART 6 – LITIGATION AND MISCELLANEOUS VIOLATIONS

A. Existing Litigation

Describe all existing civil litigation at equity and law to which the business, or any subsidiary, is presently a part, whether in Massachusetts or in another jurisdiction.

Is the applicant currently a party to any civil lawsuits?

Yes No

Has the applicant or any of its officers, executives, or managers been a party to any other litigation?

1. In the previous 10-years?

Yes No

2. In which an ultimate decision could have a current or future effect on the applicant.

Yes No

3. In which an ultimate decision could reasonably be expected to reflect upon the current or future financial responsibility or ability of the applicant.

Yes No

Initials/Date _____

4. In which an ultimate decision could reasonably be expected to reflect upon the character, reputation or integrity, of the applicant or any of its officers, executives or managers?

Yes No

If you checked "YES" to any of the above questions, submit the following as an attachment labeled **attachment to question 6-A(4)**.

- Official title or caption of the case
- Docket or case number
- Name and location of the court before which the case is pending
- Identity of all parties to the litigation
- applicant, its General nature of all claims being made

B. Insolvency Proceedings & Appointed Receiver, Agent or Trustee

1. Has the applicant, its parent or any intermediary company had any petition under any provision of the Federal Bankruptcy Act or under any state insolvency law filed by or against it in the last 15-year period?

Yes No

2. Has the parent or any intermediary company sought relief under any provision of the Federal Bank Act or under any state insolvency law in the last 15-year period?

Yes No

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last 15-year period, by a court for the business or property of the business or its parent, holding, intermediary or subsidiary companies?

Yes No

If you checked "YES" to any of the above, provide the following information on the chart below:

Name of Person Appointed	Date Appointed	Name and Address of Court or Agency	Reason

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-B(3)**.

C. Antitrust, Trade Regulation and Securities Agreements, Statutory and Regulatory Violations

1. Has the applicant ever had a judgment, order, consent decree, consent order pertaining to a violation, alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province, or country entered against the applicant?

Yes No

2. In the past 10-years, has the applicant and/or qualifier had a judgment, order, consent decree consent order pertaining to a violation, alleged violation of any state or federal statute, regulation, or code that resulted in a penalty or fine of \$50,000 or more entered against the applicant?

Yes No

Initials/Date _____

If you checked yes to either question, provide the following information for each judgment, order, consent decree, or consent order:

Date of Offense	Nature of Offense	Title of Case and Docket Number	Name and Address of Court or Agency	Nature of Judgment, Decree or Order	Date Entered

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-C(2)**.

PART 7 – REGULATION AND LICENSURE

A. Is the applicant subject to licensure by any governmental agency in Massachusetts or in any other jurisdiction?

Yes No

If you checked “YES”, provide the following information on the chart below:

Name and Location of Public Agency	Type of Regulation	License Number or Identifying Number

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7-A**.

If an applicant for a gaming vendor license or non-gaming vendor registration is licensed or registered in another jurisdiction within the United States with comparable license and registration requirements, as determined by the Bureau, and is in good standing in all jurisdictions in which it holds a license or registration, the commission may enter into a reciprocal agreement with the applicant, upon the recommendation of the Bureau, to allow for an abbreviated licensing or registration process and issue a gaming vendor license or registration in accordance with 205 CMR 134.00; provided, however, as part of any such an agreement that the commission shall reserve its rights to investigate the qualifications of an applicant at any time and may require the applicant to submit to a full application for a gaming vendor license or provide further information for registration.

B. Has the business ever applied, in Massachusetts or any other jurisdiction, for a license, permit or other authorization, to participate in lawful gambling operations (including casino gaming, non-profit, horse racing, dog racing, pari-mutuel operation, lottery, sport betting, etc.)?

Yes No

Initials/Date _____

If you checked "YES", provide the following information on the chart below:

Name and Address of Licensing Agency	Date of Application	Disposition		Type of Gambling Activity	If Issued, Give Appropriate Number and Expiration Date
		Granted <input type="checkbox"/>	Suspended <input type="checkbox"/>		
		Denied <input type="checkbox"/>	Conditioned <input type="checkbox"/>		
		Pending <input type="checkbox"/>	Withdrawn <input type="checkbox"/>		
		Expired <input type="checkbox"/>	Revoked <input type="checkbox"/>		
		Granted <input type="checkbox"/>	Suspended <input type="checkbox"/>		
		Denied <input type="checkbox"/>	Conditioned <input type="checkbox"/>		
		Pending <input type="checkbox"/>	Withdrawn <input type="checkbox"/>		
		Expired <input type="checkbox"/>	Revoked <input type="checkbox"/>		
		Granted <input type="checkbox"/>	Suspended <input type="checkbox"/>		
		Denied <input type="checkbox"/>	Conditioned <input type="checkbox"/>		
		Pending <input type="checkbox"/>	Withdrawn <input type="checkbox"/>		
		Expired <input type="checkbox"/>	Revoked <input type="checkbox"/>		
		Granted <input type="checkbox"/>	Suspended <input type="checkbox"/>		
		Denied <input type="checkbox"/>	Conditioned <input type="checkbox"/>		
		Pending <input type="checkbox"/>	Withdrawn <input type="checkbox"/>		
		Expired <input type="checkbox"/>	Revoked <input type="checkbox"/>		

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7-B.**

C. Has the applicant ever had a complaint or other notice of pending disciplinary action from any jurisdiction?

Yes No

During the last 10-year period has the applicant had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed?

Yes No

Has the applicant ever withdrawn its application, license or certificate in any jurisdiction?

Yes No

Has the applicant ever appeared on the exclusion list in any jurisdiction?

Yes No

If you checked "YES" to any of the above questions, include a statement describing the facts or circumstances and submit it as an attachment labeled **attachment to question 7-C.** If gaming-related, provide the information requested on the following chart in Section B.

PART 8 – FINANCIAL BACKGROUND

ITEM A. Financial Institutions

1. Furnish the information called for in the table below with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last 10-year period, regardless of whether such account was held in the name of the business, a nominee of the business or was otherwise under the direct or indirect control of the business.

Initials/Date _____

Financial Institution Name	Address	Type of Account	Account Number(s)	Dates	
				From:	To:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8-A(1)**.

ITEM B. Financial Statements

1. Provide as an attachment labeled **attachment to question 8-B(1)** copies of all audited or unaudited financial statements, an audited financial statement which shall include but not be limited to, an income statement, balance sheet, statement of sources, application of funds, all notes to such statements and related financial schedules, for the last 5-years with respect to the applicant and any exceptions taken to such statements by any management response.

Not Applicable

2. If the business does not normally have its financial statement audited, provide as an attachment labeled **attachment to question 8-B(2)**, all unaudited financial statements prepared in the last 5-years with respect to the business. (If the business has neither audited nor unaudited financial statements prepared, please note same.)

Not Applicable

ITEM C. Annual Reports

1. Provide as an attachment labeled **attachment to question 8-C(1)** a copy of all annual reports of the business that were submitted to shareholders, partners, or other persons during the last 5-years.

Not Applicable

2. A corporation that is a registrant under the Security Act of 1933, or the Securities Exchange Act of 1934, shall submit a copy of all annual reports prepared on form 10K and filed within the last 5-years. Provide as an attachment labeled **attachment to question 8-C(2)**.

Not Applicable

ITEM D. Interim Reports

Provide as an attachment labeled **attachment to question 8-D** a copy of all reports prepared due to the occurrence of any of the following events: change in control of the business, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the business certifying accountant, or other material events. If a corporation is a registrant with the SEC, it may submit a copy of the most recent form 8K filed with the SEC in response to this item.

Not Applicable

ITEM E. Proxy and Information Statement (Corporation)

Provide as an attachment labeled **attachment to question 8-E** a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

Not Applicable

ITEM F. Registration Statement (Corporation)

Provide as an attachment labeled **attachment to question 8-F** a copy of all Registration Statements filed, in the last 5-years, pursuant to the Securities Act of 1933.

Not Applicable

Initials/Date _____

ITEM G. Tax Returns

Provide as an attachment labeled **attachment to question 8-G**, a copy of all 1120 Forms (U.S. Corporate Income Tax Returns), or all 1065 Forms (U.S. Partnership Return), or 1040 Forms (personal tax returns) for the last 5-years. Be sure to include all schedules and attachments for these returns.

ITEM H. Description of Outstanding Debt

Describe the nature, type, terms, covenants and priorities of all outstanding debt of the business.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8-H**.

ITEM I. List the identity of every person having a direct or indirect interest in the business and the nature of such interest.

1. If the business is a partnership, list all partners, general and limited:

Name of Partner	Address

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8-I(1)**.

2. If the business is a limited liability company, list all members:

Name of Member	Address

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8-I(2)**.

3. If the business is a trust, list all the beneficiaries:

Name of Beneficiary	Address

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8-I(3)**.

Initials/Date _____

STATEMENT OF TRUTH

I, _____, hereby state under the pains and penalties of perjury that:

1. The information contained herein and accompanies 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.

(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 Commission
(Name of President, Officer, Partner, or Sole Proprietor)
(Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into the background and activities of 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 my application of said entity filed with the Commission.

I authorize the release of any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Commission or 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 on behalf of said entity for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the duration of the 3 year license.

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)

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
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.	

Massachusetts Gaming Commission, 101 Federal Street, 12th Floor, Boston, MA 02110 Attn: Investigations and Enforcement Bureau

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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 1120-A, Form 1120-H, Form 1120-L, 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 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

| / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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 the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

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

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (TIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.


Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

 **CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES
(GAMING VENDORS PRIMARY & SECONDARY)**

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each qualifying entity submit this Certification in accordance with M.G.L. c. 23K, §§ 12, 31, and 205 CMR 112.

I, as the duly authorized representative of the Applicant or qualifying entity, do hereby certify that after inquiry and to the best of my knowledge and belief, that: [Check all boxes that apply.]

1. The Applicant or qualifying entity has filed all U.S. Federal and State tax returns required during the 5 years preceding the application; AND
2. The Applicant or the qualifying entity has not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and is not in default; AND
3. The Applicant or the qualifying entity has sent a signed IRS Form 4506-T **directly to the Internal Revenue Service**, directing the IRS to send a copy of its tax transcript for each of the past 4 years to the Commission.

OR

4. The Applicant or qualifying entity is not required to file U.S. Federal tax returns because [please explain reason(s), for example, taxes are filed in a non-U.S. jurisdiction]. Please provide specifics below.

Signature of Authorized Certifying Official

Date

Printed Name and Title

Name of the Applicant