

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



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

**BUSINESS ENTITY DISCLOSURE FORM GAMING VENDOR - SECONDARY**  
**APPLICATION INSTRUCTIONS**

This application must be filed with the Massachusetts Gaming Commission (Commission) as part of the application for a Gaming Vendor – Secondary 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, §30 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 - Secondary. 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 its 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 you are required by regulation to be licensed as a gaming vendor – secondary before conducting business.
- B. Read each question carefully prior to answering. Answer every question completely and be sure not to 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 you must be labeled with the specific attachment number 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. You are under a continuing duty to notify the Commission within ten (10) days if there is a change in 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, CHECK THAT:**

- A. You have answered every question completely.
- 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.

Initials/Date: \_\_\_\_\_

- 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 - Secondary 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 - Secondary is \$5,000.
- 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 205 CMR 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)(b), 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, §30 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 form 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, without limitation: 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 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. The gaming vendor license renewals shall be for a **term of 3 years**.
- G. 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.
- H. 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

**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 Secondary License.
- This is an application for retention of a Business Entity Disclosure Gaming Vendor Secondary License, provide the license number and the date of the latest submission filed: \_\_\_\_\_

Initials/Date \_\_\_\_\_

**LIAISON BETWEEN APPLICANT AND THE MASSACHUSETTS GAMING COMMISSION**  
This person will also accept official notices from the Commission and Bureau on behalf of the applicant

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:		
Reason for filing application:		
Relationship between vendor and license applicant:		

**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 “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
- F. Name(s) of the applicant and the time period they were used.  
List all other names under which the vendor has done business and give approximate time periods during which such names were being used:  
 Not Applicable

Initials/Date \_\_\_\_\_

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.**

G. List all addresses 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	DATE	
				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-G.**

H. Identify in the table below all known and anticipated subcontractors that you will be contracting with to provide goods and/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-H.**

I. 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 industry;
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-I.**

Initials/Date \_\_\_\_\_



J. 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-J.**

K. Indicate in the table below all persons or entities in your business that corresponds to the sub items listed below:

1. Each officer, director or trustee;
2. Each partner whether general, limited or otherwise;
3. The sole proprietor;
4. Each natural person or entity that directly or indirectly holds any beneficial or ownership interest of 5% or more of the business completing the form;
5. Each sales representative or other person who will regularly solicit business from gaming licensee;
6. Any other person not otherwise specified in 205 CMR 134.07(7) 1 through 5 (listed above), who has signed or will sign any agreement with a gaming licensee.

NAME	HOME ADDRESS	DATE OF BIRTH	CURRENT TITLE OR POSITION	NUMBER OF SHARES	CLASS OF STOCK	% OF OWNERSHIP

**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. 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

Initials/Date \_\_\_\_\_

If you checked "YES" to question L, 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-L.**

**M. Insurance Documents**

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

Not Applicable

**N. 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)	# 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-N.**

**O. 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-O.**

Initials/Date \_\_\_\_\_

**P. Security Options<sup>1</sup> (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 optionee becomes 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-P.**

**Q. 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-Q.**

**PART 3 - OWNERSHIP**

**A. ORGANIZATIONAL CHART**

Provide as an attachment labeled **attachment question 3-A** an organizational chart of the business identifying its corporate structure, all members of the board. Include position descriptions and the names of persons holding such positions.

**B. 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 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 3-B.**

<sup>1</sup>For 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 \_\_\_\_\_

**C. COMPENSATION OVER \$300,000**

Furnish the information called for below as to each person, other than those listed as qualifiers in section 3 B, who currently receives or who reasonably can be expected to receive, from the business, compensation exceeding \$300,000 per annum.

Not Applicable

NAME	DATE OF BIRTH	HOME ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH 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 3-C.**

**D.** 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 3-D,**

**E. 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 3-E1**

2. Amount of any additional contributions made to partnership:


**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 3-E2.**

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 question 3-E3.**  
Initials/Date \_\_\_\_\_

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 question 3-E4.**

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 question 3-E5.**

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 question 3-E6.**

**PART 4 – 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:

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

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.

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

Initials/Date \_\_\_\_\_

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 4.**

**PART 5 – 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 the Commonwealth of 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

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 and labeled it as **attachment to question 5-A4.**

- 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
- 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 applicant, its 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

Initials/Date \_\_\_\_\_

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	COURT	REASON

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 5-B3**.

**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 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

If you checked YES, 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 5-C2**.

**PART 6 – REGULATION AND LICENSURE**

A. Is the applicant subject to licensure by any governmental agency in Massachusetts or 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 6-A**.

Initials/Date \_\_\_\_\_

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 recommendations of the Bureau, to allow for an abbreviated licensing or registration process and issues 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

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

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION				TYPE OF GAMBLING	IF ISSUED, GIVE APPROPRIATE NUMBER AND EXPIRATION DATE		
		Granted <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>	Expired <input type="checkbox"/>			Suspended <input type="checkbox"/>	Conditioned <input type="checkbox"/>
		Granted <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>	Expired <input type="checkbox"/>	Suspended <input type="checkbox"/>	Conditioned <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Revoked <input type="checkbox"/>
		Granted <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>	Expired <input type="checkbox"/>	Suspended <input type="checkbox"/>	Conditioned <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Revoked <input type="checkbox"/>
		Granted <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>	Expired <input type="checkbox"/>	Suspended <input type="checkbox"/>	Conditioned <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Revoked <input type="checkbox"/>
		Granted <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>	Expired <input type="checkbox"/>	Suspended <input type="checkbox"/>	Conditioned <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Revoked <input type="checkbox"/>
		Granted <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>	Expired <input type="checkbox"/>	Suspended <input type="checkbox"/>	Conditioned <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Revoked <input type="checkbox"/>

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-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, submit a statement describing the facts or circumstances labeled **attachment to question 6-C.** If gaming-related, provide the information requested on the following chart in Section B.

Initials/Date \_\_\_\_\_



## PART 7 – FINANCIAL BACKGROUND

**ITEM A.**

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 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 7-A1**.

2. 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 7-A2**.

3. 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 7-A3**.

**ITEM B.**

**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.

NAME	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER(S)	DATE	
				FROM:	TO:

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7-B1**.

Initials/Date \_\_\_\_\_

ITEM C.

Financial Statements

1. Provide as an attachment labeled **attachment to question 7-C1** 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, and application of funds, and 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, attach to this form as an attachment labeled **attachment to question 7-C2**, 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 D.

Annual Reports

1. Provide as an attachment labeled **attachment to question 7-D1** 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. Attach to this form as an attachment labeled **attachment to question 7-D2**.

Not Applicable

ITEM E.

Interim Reports

Provide as an attachment labeled **attachment to question 7-E** 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's 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 F.

Proxy and Information Statement (Corporation)

Provide as an attachment labeled **attachment to question 7-F** 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 G.

Registration Statement (Corporation)

Provide as an attachment labeled **attachment to question 7-G** a copy of all Registration Statements filed, in the last 5-years, pursuant to the Securities Act of 1933.

Not Applicable

ITEM H.

Tax Returns

Provide as an attachment labeled **attachment to question 7-H**, 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 I.

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 7-I**.

Initials/Date \_\_\_\_\_

## STATEMENT OF TRUTH

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

1. The information contained herein and which 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  
(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 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 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.

**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 of Applicant)

\_\_\_\_\_  
(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](http://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](http://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](http://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](http://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