



# NON-GAMING VENDOR REGISTRATION FORM

**APPLICANT:** \_\_\_\_\_

## PLEASE NOTE

- This application should be completed only after you have entered into a business relationship with a Massachusetts casino.
- The business relationship must be demonstrated by obtaining the "Statement of Casino's Business Relationship with Non-Gaming Vendor" form from a Massachusetts casino and submitting it along with this application.
- The fee for a Non-Gaming Vendor registration is \$100. (**Application fees are nonrefundable.**)
- If you are 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 Inglés, es su responsabilidad obtener los metodos necesarios de traducción.*

## COMPLETING THIS APPLICATION

- Please **read each question** carefully prior to answering.
- **Answer every question** completely and honestly and be sure not to leave any question blank.
- Throughout this form, if you have nothing to disclose or if a question does not apply to you, please check "**// N/A** ☐ **//**" where available.
- Ensure that **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.
- **Initial and date** each page where indicated.
- 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.*)
- Sign and notarize the **Release Authorization** form included with this application.
- **Retain a completed copy** of this application for your own records.
- All authorizations, waivers, acknowledgment, and releases must be **signed by the applicant or its designated representative** or signatory.

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

## SUBMITTING THIS APPLICATION

Please submit completed applications to:

**Massachusetts Gaming Commission  
Division of Licensing  
101 Federal Street, 12<sup>th</sup> Floor  
Boston, MA 02110**

### **AFTER SUBMISSION:**

Upon receipt of an application for a Non-Gaming Vendor Registration, the Division of Licensing shall conduct an administrative review. The Division of Licensing may return the application to the applicant for corrections or request clarification before deeming it complete.

Once your application has been reviewed and deemed complete by the MGC Division of Licensing, you will receive an approval email along with a certificate of registration from the Division of Licensing containing your Vendor Registration number.

Additionally, the application will be forwarded to the Investigations and Enforcement Bureau (Bureau) for a background investigation of the vendor. During the background investigation, the Bureau in its discretion may require one or more officers or employees to be fingerprinted for the purpose of conducting a criminal background investigation.

***If you have any questions regarding this form, please contact the Commission's Division of Licensing at 617.979.8400 or [VendorLicensing.MGC@state.ma.us](mailto:VendorLicensing.MGC@state.ma.us).***

## IMPORTANT INFORMATION

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

**NAME OF BUSINESS**

Name of Business (Do Not Abbreviate)

Name as Appears on the Certificate of Incorporation, Charter, By-Laws, Partnership Agreement or Other Official Documents

Type of Goods or Services You Plan to Provide to the Gaming Establishment

**PERSON TO BE CONTACTED IN REFERENCE TO THIS FORM**

Name and Title

Contact Telephone Number (include extension if applicable)

E-mail Address

**REQUIRED ATTACHMENTS**

Please submit copies of the following documents with your application:

Statement of Business Relationship (To be obtained from the MA casino with which you will be doing business)

Certificate of Incorporation (or Annual Report filed with Secretary of State)

Certificate of Good Standing (Can be obtained from MA Department of Revenue at the link below:)

<https://mtc.dor.state.ma.us/mtc/>

**DESCRIPTION OF BUSINESS**

1. Type of Organization (check one):

Sole Proprietorship

Partnership

Limited Partnership

C-Corporation

LLC

S-Corporation

Trust

Other, please describe

2. Business name as it appears on formation documents:

3. Place of Incorporation or Formation:

4. Date of Incorporation or Formation:

5. Provide below your business's Federal Identification Number (FID#).

FID#

Check here if FID has been applied for

6. If sole proprietor, please provide your Social Security Number (SSN).

SSN:

Initials/Date

**BUSINESS ADDRESS****7. PRINCIPAL ADDRESS**

Address (Number and Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address – if different (P.O. Box, City, State, Zip Code) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Website (URL) \_\_\_\_\_

**8. ADDRESS FROM WHICH THE APPLICANT IS OR WILL BE CONDUCTING BUSINESS WITH THE CASINO // N/A //**  
(Complete only if different than the above principal address)

Address (Number and Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Website (URL) \_\_\_\_\_

**CERTIFICATIONS****9. 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 9**.

No

**10. 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 10**.

No

**11. Is the applicant a "veteran-owned small business" or a "service-disabled veteran-owned small business", as 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, please label as **attachment to question 11**.

No (If you answer "No", proceed to Question 13.)

**12. If you have indicated that you are "veteran-owned small business", answer the following questions:****A. Have you ever served in the US Military or reserves of the United States?**

Yes      No

If you checked "Yes", provide the following information:

Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Period(s) of Active Service: From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**B. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):**

Date of each discharge/separation: \_\_\_\_\_ Type of discharge(s): \_\_\_\_\_

Attach a copy of your military record (DD214). If in the reserves, please attach a copy of your discharge papers. Label as **attachment to question 12**.

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

**OWNERSHIP AND SALES REPRESENTATIVE OF THE BUSINESS AND SUBCONTRACTORS TO THE BUSINESS**

13. Provide the names, addresses and percentage of ownership held by each entity or person directly owning more than five (5%) percent of this business. When listing individuals, also provide social security number and date of birth.

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

NAME	ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% OF OWNERSHIP

**NOTE:** If you require additional space, continue this answer under “**Supplemental Answers**” which can be found at the end of this document.

14. Provide the name, residence address, social security number, and the date of birth of any sales representatives or other person who solicit business from a gaming licensee or applicant or is that person’s immediate supervisor. Also, provide the name, residence address, social security number, and the date of birth of any person authorized to sign any agreement with the gaming licensee or applicant on behalf of the vendor.

NAME	MIDDLE INITIAL	LAST NAME	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH

**NOTE:** If you require additional space, continue this answer under “**Supplemental Answers**” which can be found at the end of this document.

15. 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.

// N/A //

NAME OF SUBCONTRACTOR	ADDRESS	TYPES OF GOODS AND SERVICES	CONTRACT AMOUNT	SUBCONTRACTOR CONTACT PERSON IN REFERENCE TO THIS INFORMATION	TELEPHONE NUMBER

**NOTE:** If you require additional space, continue this answer under “**Supplemental Answers**” which can be found at the end of this document.

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

## CRIMINAL HISTORY

The next question asks about any charges or offenses the entity may have committed. 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 authority.
- 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 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.
- 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,

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

16. Has the entity or any of its subsidiaries ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding of **any crime or offense in any jurisdiction (including Massachusetts)?**

Yes      No      if you checked "YES", complete the following chart:

NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE (MM/DD/YYYY)	NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED	DISPOSITION

**NOTE:** If you require additional space, continue this answer under "**Supplemental Answers**" which can be found at the end of this document.

## ANTITRUST, TRADE REGULATION AND SECURITIES AGREEMENTS; STATUTORY AND REGULATORY VIOLATIONS

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

Yes      No

18. In the past 10 years, has the business had a judgment, order, consent decree or consent order pertaining to a violation, or 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 it?

Yes      No

If the answer to either question is "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:** If you require additional space, continue this answer under "**Supplemental Answers**" which can be found at the end of this document.

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

## STATEMENT OF TRUTH and ACKNOWLEDGMENT

### **STATEMENT OF TRUTH**

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

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.

### **ACKNOWLEDGMENT**

The Massachusetts Gaming Commission may, at some time during the course of the term of the Non-Gaming Vendor's Registration, require one or more officers or employees of the business to submit fingerprints, as authorized by 205 CMR 134.13, for the purpose of conducting a criminal background check.

I, \_\_\_\_\_, as an officer and/or employee of the Non-Gaming Vendor, hereby acknowledge  
(Print Name)  
consent to a request for such fingerprinting may be required.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(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  
(Name of President, Officer, Partner, or Sole Proprietor)

Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into the background and activities of the said 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 5 year license.**

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

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(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)



**SUPPLEMENTAL ANSWERS**

In the space below, please provide additional answers to questions for which you did not have room above. Please indicate the number of the question you are answering in the first column, and provide your answer – in the same format as the original question – in the second column. For example:

QUESTION NUMBER	ANSWER
2	5/2000 – 5/2002, 123 Main St. Apt. 12a, Anytown PA 12345, 555-555-1212

[illegible]