

# KEY GAMING EMPLOYEE - STANDARD APPLICATION FORM



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

**KEY GAMING EMPLOYEE LICENSE - STANDARD**  
**APPLICATION INSTRUCTIONS**

This application must be filed with the Massachusetts Gaming Commission (Commission) as part of the application for a Key Gaming Employee License – Standard. 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 be employed by or perform services for a gaming licensee as a key gaming employee, as defined by M.G.L. c. 23K, §2, unless the individual has been licensed in accordance with M.G.L. c. 23K, §30 and 205 CMR 134.01. An individual holding a position at a gaming establishment who is classified as a key gaming employee in accordance with 205 CMR 134.01, and whose employment relates directly to gaming shall be designated as a key gaming employee.

These instructions are intended to provide basic information regarding an application for a Key Gaming Employee - Standard. Positions that require Key Gaming Employee License - Standard include, but are not limited to controller, electronic gaming device or slot machines manager, human resources manager, information technology manager, pit boss, shift supervisor of table games, of a slot, credit, security, surveillance, accounting, cage, or player development departments, credit manager, cage manager, hotel manager, entertainment director, food & beverage manager. The Commission may determine that additional positions require Key Gaming Employee License based on a review of job duties, supervisory responsibilities and participation in the conduct of the game. Qualifiers for a Gaming Vendor Primary are required to submit a Key Gaming Employee Standard Application Form.

**1. COMPLETING A KEY GAMING EMPLOYEE LICENSE - STANDARD APPLICATION:**

- A. This application form is to be completed by any person who wishes to apply for a position that requires you to be licensed as a key gaming employee - standard.
- 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 attach them in the order that they are requested to the back of the application.

**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, Consent and Authorization to Obtain Tax Information from the Massachusetts Department of Revenue forms included with this application.
- D. You have signed and had the Release Authorization form 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 Key Gaming Employee - Standard 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 Key Gaming Employee license is \$1,000, 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.

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

C. ***Application fees are nonrefundable.***

#### **4. BACKGROUND INVESTIGATIONS:**

- A. Along with a completed application, you will be required to be fingerprinted so the Commission may initiate a criminal record check to determine your suitability for a Key Gaming Employee license.
- B. You will be notified by the Commission of the location, time and date so that you may be fingerprinted and your photo may be taken. You may choose to be fingerprinted and your photo taken at the Commission's main office: **Massachusetts Gaming Commission, Division of Licensing, 101 Federal Street, 12<sup>th</sup> Floor, Boston, MA 02110.**
- C. You will be required to establish your identity in accordance with 205 CMR 134.14(1), when you are being fingerprinted and having your photo taken. To establish your identity, you must present the original document(s) listed below:
1. A current and valid United States passport; OR a Certificate of United States Citizenship, or a Certificate of Naturalization, issued by the United States Department of Homeland Security: Citizenship and Immigration Services (USCIS); OR a current and valid identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address; or
  2. A certified copy of a birth certificate issued by a state, county or municipal authority in the United States bearing an official seal, **AND any one of the following authentic documents:**
    - I. A current and valid driver's license containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address; or
    - II. A current and valid identification card issued to persons who serve in the United States military or their dependents by the United States Department of Defense containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address; or
    - III. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder; or
    - IV. A current and valid identification card issued by a Federal, state or local government agency containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address.
  3. A current and valid foreign passport with an employment authorization issued by the USCIS, **AND any one of the following authentic documents:**
    - I. A current and valid driver's license containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address; or
    - II. A current and valid identification card issued to persons who serve in the United States military or their dependents by the United States Department of Defense containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address; or
    - III. A current and valid student identification card containing a photograph, an expiration date, seal or logo of the issuing institution, and the signature of the card holder; or
    - IV. A current and valid identification card issued by a Federal, state or local government agency containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address.

**NOTE:** Any person whose current legal name is different from the name on his or her certified birth certificate (for example, maiden name) must show legal proof of the name change. Such proof includes a certified marriage or civil union certificate, divorce decree or court order linking the new name with the previous name, provided that, a divorce decree may be used as authority to resume using a previous name only if it contains the new name and permits a return to use of the previous name.

***Call the Commission's Division of Licensing at 617.979.8400 regarding identification document questions.***

#### **5. DUTY TO UPDATE INFORMATION**

- A. All key gaming employee applicants and licensees 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, or a close associate of 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,

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

or revoked by the Commission.

- C. All key gaming employee applicants and licensees have a continuing duty to update changes to certain information the applicant or licensee is required to provide or has provided to the Commission.
- D. To fulfill this continuing obligation, a key gaming employee applicant or licensee must:
  - 1. Submit information about the change to the Commission **in writing no later than ten (10) days** after the change occurs; and
  - 2. In the notice to the Commission, include the name 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 or home address that you provide on this application. You must notify the Commission immediately of any personal information changes.
- B. The Bureau or Commission shall deny or revoke a key gaming employee license if the individual 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.
- C. In determining whether an applicant for licensure is suitable for the purpose of being issued a key gaming employee 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.
- D. The applicant for a key gaming employee license may not appeal a decision made by the Bureau to the Commission in accordance with 205 CMR 134.09 (1)(a) that was based upon a disqualifying prior conviction in accordance with 205 CMR 134.10(4)(c) on the basis that the applicant wishes to demonstrate rehabilitation.
- 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(4)(b) 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. An applicant for a key gaming employee license shall be at least 18 years of age at the time of application.
- G. The key gaming employee license shall be issued for an **initial term of 3 years**. The term of the key gaming employee 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 key employee license shall be submitted at a minimum of 150 days prior to the expiration of the license. Key gaming employee license renewals shall be for a **term of 3 years**.
- H. A license may be issued with a conditional expiration date to coincide with the expiration of your employment authorization date granted by the United States Citizenship and Immigration Services (USCIS) if the term of your key gaming employee license is longer than the term of your employment authorization in accordance with 205 CMR 134.16(2).
- I. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, the Commission will use your social security number to obtain and verify information in your application. The absence of a social security number on the application may, however, delay the final determination of your application. Note: if your social security number is provided as part of this application, it will **not** be disclosed by the Commission as part of any public record.
- J. 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.
- K. Applicants are required to fill out an IRS Form 4506-T. A copy of the IRS Form 4506-T is attached to this application; the IRS Form 4506-T may also be obtained at <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>. The 4506-T form must be sent directly to the IRS at the address indicated on the IRS 4506-T form. Line 5 of the 4506-T form must direct the IRS to send the transcript to: Massachusetts Gaming Commission, 101 Federal Street, 12<sup>th</sup> Floor, Boston, MA 02110, ATTN: Investigations and Enforcement Bureau. A transcript for each of the past 4 years is required. Please include a copy of the IRS Form 4506-T with this application.
- L. 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: \_\_\_\_\_

**KEY GAMING EMPLOYEE - STANDARD LICENSE APPLICATION FORM****PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED****IMPORTANT****FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY  
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION****NAME AND ADDRESS**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)			FIRST	MIDDLE
MAILING ADDRESS: NUMBER AND STREET	APT#	CITY	STATE	ZIP CODE
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS	APT#	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	

**DESCRIPTIVE INFORMATION**DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN WEIGHT: \_\_\_\_\_ LBS \*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MM/DD/YYYY)

\* UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY\*

**HAIR COLOR**

- ☐ BLACK ☐ BROWN  
☐ BLONDE ☐ RED  
☐ GRAY ☐ WHITE  
☐ BALD

**EYE COLOR**

- ☐ BLACK ☐ BROWN  
☐ HAZEL ☐ BLUE  
☐ GRAY ☐ GREEN

**SEX**

- ☐ MALE  
☐ FEMALE

**RACE**

- ☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ HISPANIC  
☐ BLACK / AFRICAN AMERICAN ☐ WHITE  
☐ ASIAN / PACIFIC ISLANDER  
☐ OTHER \_\_\_\_\_

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY

DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME) \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
CITY/TOWN STATE/PROVINCE COUNTRY

**MANUALLY AFFIX A COLOR  
2" X 2" WITH  
A FULL-FACE, FRONT VIEW  
PHOTOGRAPH  
TAKEN WITHIN THE PAST  
6 MONTHS.**

(IF ELECTRONIC FILING APPLICATION  
YOUR CREDENTIAL PICTURE WILL  
BE SUFFICIENT FOR AFFIXING)

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

## REASON FOR FILING APPLICATION

1. Check the appropriate box in either A or B below indicating the reason for submitting this application.

A. I am an applicant for a Key Gaming Employee:

☐ Standard

Or

B. I am a Gaming Vendor Primary Qualifier because I am a(n):

☐ Owner

☐ Principal Employee

☐ Investor

☐ Stockholder

☐ Officer

☐ Partner

☐ Director

☐ Other

C. Provide the following information about the gaming license applicant or licensee with which you are, or are seeking to be, associated:

NAME OF ENTITY

ADDRESS OF ENTITY: NUMBER AND STREET

CITY

STATE

ZIP CODE

NATURE OF APPLICANT'S POSITION WITH OR INTEREST IN SUCH ENTITY

## CITIZENSHIP

2. Are you a citizen of the United States?

Yes ☐ No ☐

3. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as **attachment to question 3**.

*If you answered "YES" to Question 2 and if applicable provided the certificate of naturalization, please continue to Question 6.*

4. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: \_\_\_\_\_

B. Your place of birth: \_\_\_\_\_

C. Your port of entry to the United States: \_\_\_\_\_

D. Name and address of your sponsor upon your arrival:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your "USCIS A" number or other USCIS authorization number in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as **attachment to question 5**.

USCIS "A" number: \_\_\_\_\_

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

## RESIDENCE DATA

6. Beginning with your current residence and working backwards provide the following information with respect to each place where you have lived during the past 10 years or since the age of 18, whichever is less.

DATES		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY AND ZIP CODE)	TELEPHONE NUMBER
FROM (MO\YR)	TO (MO\YR)		

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

## FAMILY/SOCIAL DATA

7. Check off your current status:

☐ Single
 ☐ Married
 ☐ Civil Union
 ☐ Legally Separated
 ☐ Divorced
 ☐ Widow/Widower

Provide the information listed below regarding each marriage or civil union:

WHEN AND WHERE	NAME OF SPOUSE OR CIVIL UNION PARTNER AND FORMER SPOUSE(S) OR CIVIL UNION PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	PRESENT ADDRESSES OF SPOUSE OR CIVIL UNION PARTNER AND/OR FORMER SPOUSE(S) OR CIVIL UNION PARTNER(S) (NO., STREET, APT., STATE, COUNTRY, ZIP CODE, IF KNOWN)

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

## MILITARY SERVICE DATA

8. Have you ever served in the US Military or reserves of the United States?

Yes ☐ No ☐

*If you checked no, please continue to Question 11*

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 \_\_\_\_\_

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

9. 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): \_\_\_\_\_

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

Attach a copy of your military record (DD214). If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214. If in the reserves, please attach a copy of your discharge papers. Label any of the following as **attachment to question 9**.

10. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)?

Yes ☐ No ☐

If you checked yes, give details of the charge(s) and their disposition(s). On a separate sheet of paper, wherein you describe the (1) nature of the charge or arrest; (2) date and location of the charge or arrest; (3) name of the military organization filing the charges; (4) disposition (convicted, dismissed, pleading, etc.); and (5) sentence (if applicable), and attach it to this application, labeled as **attachment to question 10**.

#### EDUCATIONAL DATA

11. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED
FROM (MO\YR)	TO (MO\YR)			

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 11**.

#### EMPLOYMENT AND LICENSING DATA

12. In the chart below, provide the information regarding your employment for the past ten years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (\*) any gaming-related employment (such as casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM: (MO\YR)	TO: (MO\YR)					

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12**.

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

13. With regard to the previously listed employment:

(a). Were you ever discharged, suspended or asked to resign from employment?

Yes ☐ No ☐

(b). During the last 10 year period, were you charged with any infraction in relation to any employment which was the subject of any disciplinary action?

Yes ☐ No ☐

If you checked yes to either question, complete the following chart as to each time you were discharged, suspended, asked to resign or disciplined:

DATE	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 13**.

14. Have you ever applied in Massachusetts or in any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

Yes ☐ No ☐

If you checked yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

**Note:** Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 14**.

15. Have you ever had any license, permit or certification denied, suspended or revoked by a governmental agency in Massachusetts or anywhere else? (Do not include driver's license)

Yes ☐ No ☐

If you checked yes, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

**Note:** Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 15**.

### CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

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

**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, etc.

**INSTRUCTIONS:** A. 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. You did not commit the offense charged;
- 2. The charges were dismissed or subsequently downgraded to a lesser charge;
- 3. You completed a diversionary program or the equivalent thereof;
- 4. You were not convicted;
- 5. You did not serve any time in prison or jail;
- 6. The charges or offenses happened a long time ago.

B. Answer "no" **IF:**

- 1. You have never been arrested or charged with any crime or offense.
- 2. Records of criminal appearances, criminal dispositions, and/or any information concerning acts of delinquency that have been sealed.

16. Have you ever been arrested, charged and/or convicted 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	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 16.**

- NOTE:**
- A. The Bureau or Commission shall deny or revoke a key gaming employee license if the individual 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.
  - B. In determining whether an applicant for licensure is suitable for purposes of being issued a key gaming employee 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.
  - C. The applicant for a key gaming employee license may not appeal a decision made by the Bureau to the Commission in accordance with 205 CMR 134.09 (1)(a) that was based upon a disqualifying prior conviction in accordance with 205 CMR 134.10(3)(a) on the basis that the applicant wishes to demonstrate rehabilitation.

17. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes ☐ No ☐

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

If you checked yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE WHICH TESTIMONY WAS GIVEN

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 17**.

18. In the past ten years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 18**.

#### VEHICLE OPERATOR DATA

19. Do you possess a current motor vehicle operator license?

Yes ☐ No ☐

If you checked yes, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you by Massachusetts or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 19**.

#### FINANCIAL DATA

20. List any businesses in which you have held an ownership interest for the past fifteen years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you own stock.)

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

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)	ADDRESS(ES) OF OTHER OWNER(S)
FROM: (MO\YR)	TO: (MO\YR)					

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 20**.

21. State when you filed your last Federal and State Income Tax Returns, what IRS Center was it sent, and the tax period it covered.

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Federal Location: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_

State Location: \_\_\_\_\_

Attach to the back of this form and label as **attachment to question 21**, copies of your Federal and state tax returns, including any extensions for the past 5 years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

22. In the past fifteen years or since the age of 18, whichever is less, have you personally been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME & ADDRESS OF TRUSTEE

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 22**.

23. In the past twenty years or since the age of 18, whichever is less or in which you served as an officer or director has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NAME & ADDRESS OF FILING PARTY	NAME & ADDRESS OF TRUSTEE

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 23**.

24. Have your wages, earnings or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes ☐ No ☐

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

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME & ADDRESS OF HOLDER OF OBLIGATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 24.**

25. During the last ten year period, have you been:

- (a) An executor(trix), administrator or other fiduciary of any estate;
- (b) A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
- (c) A settlor/grantor, beneficiary or trustee of any trust?

Yes ☐ No ☐

If you checked yes, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

**Note:** Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 25.**

26. During the last ten year period, have you had any right of ownership in, control over or interest in any foreign bank account(s)?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/AMOUNT HELD BEFORE CLOSING
FROM: (MO\YR)	TO: (MO\YR)				

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 26.**

27. During the last ten year period, have you or has your spouse or any of your children, while dependent, received a loan in excess of \$10,000.00?

Yes ☐ No ☐

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

If you checked yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 27**.

28. During the last ten year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE %	TERMINATION DATE OF LOAN	SECURITY PLEDGED

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 28**.

29. Have you or has your spouse or any of your children, while dependent, filed any insurance claims in excess of \$100,000 within the past ten year period?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

**Note:** Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 29**.

30. During the last five year period, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded \$10,000 in value in any one year period?

Yes ☐ No ☐

If you checked yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 30**.

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

31. In the past five years or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000?

Yes ☐ No ☐

If you checked yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 31**.

32. a) Do you have any bank accounts or safe deposit boxes in your name?

Yes ☐ No ☐

b) Do you have access to the funds in any other bank accounts or safe deposit boxes?

Yes ☐ No ☐

If you checked yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 32**.

### ANTITRUST, TRADE REGULATION AND SECURITY AGREEMENTS - STATUTORY AND REGULATORY VIOLATIONS

33. a) Have you ever had a judgment, order, consent decree or consent order pertaining to a violation or an alleged violation of the federal antitrust, trade regulation, securities laws, or similar laws of any state, province, or country entered against you?

Yes ☐ No ☐

b) In the past 10 years, have you had a judgment, order, consent decree, or consent order pertaining to a violation or an 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 you?

Yes ☐ No ☐

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 33-A or B**.

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

## NET WORTH STATEMENT – ASSETS AND LIABILITIES

**NOTE:** Complete the financial statements on pages 18 through 25 and copy the totals in the appropriate space below. If you require additional space for the schedule questions, please attach a separate sheet of paper using the same format and label it the **appropriate schedule heading and attachment to corresponding numerical question.**

34. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. CASH A) ON HAND			
B) IN BANK (SCHEDULE A)			
2. NOTES RECEIVABLE (SCHEDULE B)			
3. LOANS AND OTHER RECEIVABLES (SCHEDULE C)			
4. SECURITIES (SCHEDULE D)			
5. REAL ESTATE INTERESTS (SCHEDULE E)			
6. CASH VALUE LIFE INSURANCE (SCHEDULE F)			
7. CASH VALUE PENSION/ RETIREMENT FUNDS (SCHEDULE G)			
8. FURNITURE AND CLOTHING (REASONABLE ESTIMATE)			
9. VEHICLES (SCHEDULE H)			
10. OTHER ASSETS (SCHEDULE I)			
<b>TOTAL ASSETS</b>			

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

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

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
11. NOTES PAYABLE (SCHEDULE J)		
12. LOANS AND OTHER PAYABLES (SCHEDULE K)		
13. TAXES PAYABLE (SCHEDULE L)		
14. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE M)		
15. LOANS AGAINST INSURANCE/PENSIONS (SCHEDULE N)		
16. OTHER INDEBTEDNESS (SCHEDULE O)		
<b>TOTAL LIABILITIES</b>		
NET WORTH TOTAL ASSETS (FROM COLUMN B) LESS TOTAL LIABILITIES (FROM COLUMN D)		
17. CONTINGENT LIABILITIES (SCHEDULE P)		

Date of Statement \_\_\_\_\_

Please provide the name, address, email address and phone number of the person completing this statement if it is completed by someone other than you.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

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

### SCHEDULE "A" – CASH IN BANK

36. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE %	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						\$
						<b>TOTAL CURRENT BALANCE</b> (ENTER THIS FIGURE IN ITEM 1, COLUMN B ON PAGE 16.)

### SCHEDULE "B" – NOTES RECEIVABLE

37. List below all notes receivable held by you, your spouse or dependent children.

NAME AND ADDRESS OF DEBTOR	INTEREST RATE %	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DATE DUE	NATURE OF SECURITY, IF ANY, INDICATE IF UNSECURED	CURRENT BALANCE
		\$					\$
		<b>TOTAL ORIGINAL LOAN AMOUNT</b> (ENTER THIS FIGURE IN ITEM 2, COLUMN A ON PAGE 16.)					<b>TOTAL CURRENT BALANCE</b> (ENTER THIS FIGURE IN ITEM 2, COLUMN B ON PAGE 16.)

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

## SCHEDULE "C" – LOANS AND OTHER RECEIVABLES

38. List below all loans and other receivables held by you, your spouse or dependent children.

NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/ RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE	CURRENT BALANCE
		<b>\$</b> <b>TOTAL ORIGINAL LOAN PAYMENTS</b> (ENTER THIS FIGURE IN ITEM 3, COLUMN A ON PAGE 16.)				<b>\$</b> <b>TOTAL CURRENT BALANCE</b> (ENTER THIS FIGURE IN ITEM 3, COLUMN B ON PAGE 16.)	

## SCHEDULE "D" - SECURITIES

39. Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not to be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (\*).

NUMBER OF SECURITIES OR ACCOUNTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
				<b>\$</b> <b>TOTAL PURCHASE PRICE</b> (ENTER THIS FIGURE IN ITEM 4, COLUMN A ON PAGE 16.)				<b>\$</b> <b>TOTAL CURRENCY MARKET VALUE</b> (ENTER THIS FIGURE IN ITEM 4, COLUMN B ON PAGE 16.)

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

## SCHEDULE "E" – REAL ESTATE INTERESTS

40. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

ADDRESS PARCEL LOT NUMBER	LOT SIZE/ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
					\$		\$
					<b>TOTAL PURCHASE PRICE</b> (ENTER THIS IN ITEM 5, COLUMN A ON PAGE 16.)		<b>TOTAL CURRENT MARKET VALUE</b> (ENTER THIS FIGURE IN ITEM 5, COLUMN B ON PAGE 16.)

## SCHEDULE "F" – CASH VALUE – LIFE INSURANCE

41. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

DATE PURCHASED	INSURANCE CARRIER	POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE
						\$
						<b>TOTAL CASH SURRENDER VALUE</b> (ENTER THIS FIGURE IN ITEM 6, COLUMN B ON PAGE 16.)

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

**SCHEDULE "G" – CASH VALUE – PENSION/RETIREMENT FUNDS**

42. Indicate below the information requested with regard to the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

TYPE OF FUND	TYPE OF SECURITIES HELD	EMPLOYER/ INSTITUTION	ACCOUNT NUMBER, IF ANY	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
				\$		\$
				<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (ENTER THIS FIGURE IN ITEM 7, COLUMN A ON PAGE 16.)		<b>TOTAL CURRENT CASH VALUE</b> (ENTER THIS FIGURE IN ITEM 7, COLUMN B ON PAGE 16.)

**SCHEDULE "H" – VEHICLES**

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

TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
					\$	\$
*If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.  **If leased, enter the sum of the down payment plus monthly payments to date as the total cost					<b>TOTAL COST(S) OF VEHICLES</b> (ENTER THIS FIGURE IN ITEM 9, COLUMN A ON PAGE 16.)	<b>TOTAL CURRENT MARKET VALUE OF VEHICLES</b> (ENTER THIS FIGURE IN ITEM 9, COLUMN B ON PAGE 16.)

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

## SCHEDULE "I" – OTHER ASSETS

44. List below the information requested with regard to all other assets held by you, your spouse or your dependent children. Include such things as sole proprietorships, partnership interest, joint ventures, art collections, coin collections, antiques, etc.

NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
		\$			\$
		<b>TOTAL COST(S) OF OTHER ASSETS</b> (ENTER THIS FIGURE IN ITEM 10, COLUMN A, ON PAGE 16.)		<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (ENTER THIS FIGURE IN ITEM 10, COLUMN B ON PAGE 16.)	

## SCHEDULE "J" – NOTES PAYABLE

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

NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT\ PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
						\$			\$
						<b>TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE</b> (ENTER THIS FIGURE IN ITEM 11, COLUMN C ON PAGE 17.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (ENTER THIS FIGURE IN ITEM 11, COLUMN D ON PAGE 17.)

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

## SCHEDULE "K" – LOANS AND OTHER PAYABLES

46. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
						\$			\$
						TOTAL ORIGINAL AMOUNT OF LIABILITY (ENTER THIS FIGURE IN ITEM 12, COLUMN C ON PAGE 17.)			
							TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (ENTER THIS FIGURE IN ITEM 12, COLUMN D ON PAGE 17.)		

## SCHEDULE "L" – TAXES PAYABLE

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

TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST IF ANY	TOTAL AMOUNT DUE
		\$		\$
		TOTAL ORIGINAL TAX OBLIGATION(S) (ENTER THIS FIGURE IN ITEM 13, COLUMN C ON PAGE 17.)		TOTAL AMOUNT OF TAXES PAYABLE (ENTER THIS FIGURE IN ITEM 13, COLUMN D ON PAGE 17.)

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

**SCHEDULE "M" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE**

48. List below the information requested with regard to all mortgages or liens payable on real estate for which you, your spouse or your dependent children are obligated.

NAME & ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE\ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT\ PAY PERIOD	CURRENT MORTGAGE BALANCE
			\$				\$
			TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (ENTER THIS FIGURE IN ITEM 14, COLUMN C ON PAGE 17.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (ENTER THIS FIGURE IN ITEM 14, COLUMN D ON PAGE 17.)

**SCHEDULE "N" – LOANS AGAINST INSURANCE/PENSION PLANS**

49. List below the information requested with regard to all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
		\$				\$
		TOTAL ORIGINAL LIABILITY INSURANCE/PENSION LOANS (ENTER THIS FIGURE IN ITEM 15, COLUMN C ON PAGE 17.)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (ENTER THIS FIGURE IN ITEM 15, COLUMN D ON PAGE 17.)

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

### SCHEDULE "O" – ANY OTHER INDEBTEDNESS

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

NAME & ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
					\$	\$
					<b>TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS</b> (ENTER THIS FIGURE IN ITEM 16, COLUMN C ON PAGE 17.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (ENTER THIS FIGURE IN ITEM 16, COLUMN D ON PAGE 17.)

### SCHEDULE "P" – CONTINGENT LIABILITIES

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

NAME & ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
					\$	\$
					<b>TOTAL ORIGINAL CONTINGENT LIABILITIES</b> (ENTER THIS FIGURE IN ITEM 17, COLUMN C ON PAGE 17.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (ENTER THIS FIGURE IN ITEM 17, COLUMN D ON PAGE 17.)

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

52. Provide the information requested below for three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person who is a member of your family can be used as a reference. (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

**REFERENCE ONE**

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
Email address \_\_\_\_\_ How long have you known this reference?  
\_\_\_\_\_

**REFERENCE TWO**

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
Email address \_\_\_\_\_ How long have you known this reference?  
\_\_\_\_\_

**REFERENCE THREE**

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
Email address \_\_\_\_\_ How long have you known this reference?  
\_\_\_\_\_

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

## STATEMENT OF TRUTH and CONSENT

### **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.

### **Consent**

I, \_\_\_\_\_, hereby consent to fingerprinting, photographing and the supplying of handwriting exemplars as authorized by 205 CMR 134.07.

I understand if I have questions regarding this form, I should ask an employee of Licensing.

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

\_\_\_\_\_  
(Type, Stamp or Print Name)

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

## RELEASE AUTHORIZATION

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

I, \_\_\_\_\_ authorize the  
(Print Name)

Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

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 filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

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 term of the license (3 years).**

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)

## **Authorization to Obtain Tax Information from the Department of Revenue**

**To Whom it May Concern:** *I hereby authorize any investigator of the Massachusetts State Police or the Massachusetts Gaming Commission or their designee(s) to receive information from the Massachusetts Department of Revenue regarding any non-compliance with the tax laws for the years 2012-2016; and to ascertain whether any outstanding liability to the Commonwealth or other taxing authorities exists; and to ascertain whether a child support obligation exists. The attorneys-in-fact are authorized, subject to revocation, to receive this information on behalf of the taxpayer. Said confidential information may be released by the attorney-in-fact to the state office, board or other authority to which I am seeking appointment. The authorization is good for one hundred and eighty days from signing and shall thereupon automatically be terminated. I acknowledge that, if the Department of Revenue determines that I am in non-compliance with the tax and/or child support laws of the Commonwealth, I shall be subject to appropriate enforcement action to facilitate the assessment and/or collection of tax liabilities or child support obligations prior to appointment.*

Have you filed a Massachusetts income tax return for the following tax years? **Answer Yes or No for each year:**

2012 \_\_\_\_\_; 2013 \_\_\_\_\_; 2014 \_\_\_\_\_; 2015 \_\_\_\_\_; 2016 \_\_\_\_\_;

**Important:** If you answered No for any of the years listed above, complete A, B, or C below and specify for which year(s) the relevant statement applies.

- A. I was a legal resident of Massachusetts, but my Massachusetts gross income was less than \$8,000.00 for the tax year(s): \_\_\_\_\_
- B. I was a nonresident of Massachusetts and I did not receive sufficient Massachusetts-source income to require filing a Massachusetts income tax return for the above tax year(s). List other states and years of filing: \_\_\_\_\_
- C. Other Reason: \_\_\_\_\_

Have you filed a joint tax return in any of the years 2012-2016?

**Yes**

**No**

*If Yes, please list name, Social Security number, and years filed jointly:*

\_\_\_\_\_

**I understand that by signing my name, address, and Social Security Number, under penalty of perjury, I am authorizing the Massachusetts Department of Revenue to release the information listed above to the persons listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address:

\_\_\_\_\_

Spouse's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Information about the IRS 4506-T

This notice pertains to:

- Gaming Vendor Primary Applicants & Qualifiers (Entity and Natural Persons)
- Gaming Vendor Secondary Applicants & Qualifiers (Entity and Natural Persons)
- Key Gaming Employees

The Massachusetts Gaming Commission (MGC) is requesting an IRS 4506-T for an Account Transcript. The Account Transcript contains information on the financial status of an account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. This information is limited to items such as tax liability and estimated tax payments, and does **not** provide the MGC with the entire tax return.

Please complete the attached 4506-T and return the form to the MGC Division of Licensing. Please note the comments below:

<b>4506-T</b> (July 2017) Department of the Treasury Internal Revenue Service		<b>Request for Transcript of Tax Return</b>		OMB No. 1545-1872
<p><b>Tip.</b> 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 <a href="http://IRS.gov">IRS.gov</a> and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use <b>Form 4506, Request for Copy of Tax Return</b>. There is a fee to get a copy of your return.</p>				
<b>Line 1a - 4:</b> Complete all items, if there is a section that is not applicable, please indicate with N/A	<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.		<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)	
	<b>2a</b> If a joint return, enter spouse's name shown on tax return.		<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return	
	<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)			
	<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)			
<b>Line 6:</b> List the tax return form number filed with the IRS	<b>6</b> <b>Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.			
<b>Line 6B:</b> Check "Account Transcript"	<b>a</b> <b>Return Transcript</b> , 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 <input type="checkbox"/>			
	<b>b</b> <b>Account Transcript</b> , 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 <input type="checkbox"/>			
<b>Line 9:</b> List the dates when the individual's or business' tax year ends (All 4 years)	<b>9</b> <b>Year or period requested.</b> 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.			
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.				
<b>Signature of taxpayer(s).</b> 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. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.				
<input type="checkbox"/> <b>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.</b> See instructions.				Phone number of taxpayer on line 1a or 2a
<b>Sign Here:</b> Complete this entire section and sign. (Note: only one signature is necessary if you filed joint return)	<b>Signature</b> (see instructions)		Date	
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)			
	<b>Spouse's signature</b>		Date	
	<b>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</b>			
		Cat. No. 37667N		Form <b>4506-T</b> (Rev. 7-2017)
<b>NOTE:</b> The 4506-T must not be dated older than 120 days from the date of submission.				

# Request for Transcript of Tax Return

- ▶ **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).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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 Division of Licensing, 101 Federal Street, Boston, MA 02110 Telephone Number: 617.979.8400**

**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.

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**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:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> <b>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.</b>	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Signature</b> (see instructions)         </div> <div style="width: 45%;">           Date         </div> </div>	
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Spouse's signature</b> </div> <div style="width: 45%;">           Date         </div> </div>	



**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES  
(KEY GAMING EMPLOYEES and INDIVIDUAL QUALIFIERS OF GAMING VENDORS)**

*The Massachusetts Gaming Commission requires the submission of this Certification in accordance with M.G.L. c. 23K, §§ 12, 30 and 205 CMR 112, 134.10.*

I do hereby certify that (Check all boxes that apply):

1. ☐ I have filed all U.S. Federal and State tax returns required during the 5 years preceding my application; AND
2. ☐ I have 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 I am not in default; AND
3. ☐ I have signed the IRS Form 4506-T, directing the IRS to send a copy of my tax transcript for each of the past four years to the Commission.

**OR**

4. ☐ I did not file U.S. Federal tax returns. Please explain why, including the non-U.S. jurisdiction where you filed tax returns.

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Signature of Applicant

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Date

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Printed Name of Applicant