

# GAMING EMPLOYEE LICENSE FORM



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

**GAMING EMPLOYEE LICENSE  
APPLICATION INSTRUCTIONS**

All employees of a gaming licensee must be licensed by or registered with the Massachusetts Gaming Commission. This license application is for individuals entering employment in a position classified as a Gaming Employee as defined in 205 CMR 134.02.

Only individuals who have received at least a conditional offer of employment from a gaming licensee in Massachusetts should complete this form. Once completed, this application must be filed with the Massachusetts Gaming Commission (Commission). Copies of this application are available on the internet at: <http://www.massgaming.com/>, or you may request this application be mailed to you by contacting the Commission's office at 617.979.8400 or by email at [mgclicensing@state.ma.us](mailto:mgclicensing@state.ma.us).

**1. COMPLETING A GAMING EMPLOYEE LICENSE APPLICATION:**

- A. Read each question carefully prior to answering. If a question does not apply to you, indicate "Does Not Apply" or "N/A" in response to that question. If there is nothing to disclose in response to a particular question, state "None" in response to that question.
- B. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. Do not alter any of the questions on this form. If the application is not legible, or if you have modified any of the questions contained in the form, your application will not be accepted.
- C. If you need additional space to answer any question(s), or if an attachment is indicated by a question, please supply the required information on an attachment page and clearly identify which question(s) you are answering. All attachments must be labeled with the specific attachment numbers and be attached to the back of the application.
- D. Any authorization, waiver, consent form, or release must be signed by the applicant.

**2. BEFORE SUBMITTING THIS APPLICATION TO THE COMMISSION, MAKE SURE THAT:**

- A. You have answered every question completely.
- B. You have initialed and dated each page of this application (except the cover and signature pages) in the spaces provided.
- C. You have signed the following:
  - *Statement of Truth and Consent*
  - *Release Authorization* (notarized)
  - *Authorization to Obtain Tax Information from the Massachusetts Department of Revenue*
  - *Certification of Filing and Payment of Federal and State Taxes*
- D. You have had the *Release Authorization* Form 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 Employee license consists of this application, all attachments, 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 Employee license is \$300. The application fee for a Gaming Employee license shall be submitted on behalf of the applicant by the gaming establishment or vendor with which the individual is employed. The gaming establishment or vendor may recover the cost of the fee by way of deduction from the individual's periodic salary payment.

**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 Gaming Employee license.

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

- B. You will be notified by your employer or the Commission, of the location, time and date to appear to be fingerprinted and have your photo taken. You may choose to be fingerprinted and have 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 identify, 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:**
  - a. 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
  - b. 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
  - c. 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
  - d. 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.

**OR**

- 3. A current and valid foreign passport with an employment authorization issued by the USCIS, **AND any one of the following authentic documents:**
  - a. 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
  - b. 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
  - c. 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
  - d. 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.

**Contact the Division of Licensing at 617.979.8400 or by email [mgclicensing@state.ma.us](mailto:mgclicensing@state.ma.us) regarding identification document questions.**

**5. DUTY TO UPDATE INFORMATION**

- A. All 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 and 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, or revoked by the Commission.

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

- C. All gaming employee applicants and licensees have a continuing duty to notify and update the commission of the occurrence of any of the following:
- a. Any denial, suspension or revocation by a government agency in any jurisdiction of a license, registration, certification, permit or approval held by or applied for by the individual;
  - b. Any discipline imposed upon the individual by a government agency in any jurisdiction;
  - c. Any arrest, indictment, charge or criminal conviction of the individual in any jurisdiction;
  - d. Any reports, complaints or allegations of which the individual is or should be aware involving conduct of that individual that could lead to potential criminal charges, including but not limited to allegations of theft or embezzlement; and
  - e. Any exclusion or barring of the individual from any casino, gaming establishment or gambling/gaming related entity in any jurisdiction.

Gaming employee applicants and licensees may submit these updates – within ten days of the occurrence – online at: [massgaming.com/licensing/employee-reporting-obligations/](http://massgaming.com/licensing/employee-reporting-obligations/)

## 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, or may be sent to you through your employer. You must notify the Commission immediately of any personal information changes.
- B. The Bureau or Commission shall deny or revoke a 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 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 holder or applicant of a gaming employee license may appeal a decision made by the Bureau based upon a disqualifying prior conviction in accordance with 205 CMR 134.10(4)(c) on the basis that they wish to demonstrate rehabilitation only if the conviction occurred before the 10 year period immediately preceding application for registration.
- E. An applicant for a gaming employee license shall be at least 18 years of age at the time of application.
- F. The gaming employee license shall be issued for an **initial term of 5 years**. The term of the 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 gaming employee license shall be submitted at a minimum of 150 days prior to the expiration of the license. A gaming employee license renewal 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 at 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 at 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: \_\_\_\_\_



**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 an:

Employee

OR

B. I am a(n):

Employee of a Gaming Vendor

Qualifier for a Gaming Vendor Secondary

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 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: \_\_\_\_\_

**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 five years.

DATES (MONTH / YEAR)		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY, AND ZIP CODE)	TELEPHONE NUMBER
FROM:	TO:		
	PRESENT		

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

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

**MARITAL STATUS**

7. Check off your current marital status:

- Single     Married     Civil Union     Legally Separated     Divorced     Widow/Widower

A. Provide the name of your present spouse: \_\_\_\_\_

B. List all former spouses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY HISTORY**

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): \_\_\_\_\_

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, submit a detailed description of 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), labeled as **attachment to question 10**.

**OFFICES AND POSITIONS**

11. List all government positions and offices, whether salaried or unsalaried, held by you.

DATES (MONTH/YEAR)		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM:	TO:		

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

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

12. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities) held by you with any business entity.

DATES (MONTH/YEAR)		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP, ETC.	COMPENSATION RECEIVED
FROM:	TO:			

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

### LICENSING HISTORY

13. Have you ever had any interest or employment, in a gaming-related permit, registration, certification, or authorization and/or alcoholic beverage license in **Massachusetts or any other jurisdiction?**

Yes  No

If you checked yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION NUMBER	IDENTIFY GAMING, ALCOHOL OF BOTH

**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 had any gaming-related application, license, permit, registration, certification, or other authorization restricted, suspended, rejected, revoked, or denied by any governmental agency or gaming regulatory authority?

Yes  No

If you checked yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	TYPE OF APPLICATION, LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	TYPE OF ACTION (RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL)	DATE AND DURATION OF RESTRICTION, REJECTION, SUSPENSION, REVOCATION, OR DENIAL	CAUSE(S) OF RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL

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

15. Have you ever been fined by, penalized by, or entered into any settlement with any governmental agency or gaming regulatory authority regarding a gaming-related matter?

Yes  No

If you checked yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	DATE OF FINE, PENALTY, OR SETTLEMENT	TERMS OF THE FINE, PENALTY, OR SETTLEMENT	CAUSE(S) OF FINE, PENALTY, OR SETTLEMENT

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

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



## EMPLOYMENT HISTORY

16. In the chart below, provide the information regarding your employment for the past five years. 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 (e.g. casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.).

DATES (MONTH / YEAR)		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE(S) / POSITION(S) HELD	REASON FOR LEAVING
FROM:	TO:				

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 16**.

17. Have you ever been suspended, discharged, asked to resign, or resigned by mutual agreement from any gaming-related employment position?

Yes  No

If you checked yes, provide a detailed explanation on a separate sheet labeled as **attachment to question 17**.

## EDUCATIONAL DATA

18. Beginning with secondary school (high school) and/or training 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 18**.

## FINANCIAL JUDGMENTS

19. A. Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.)

Yes  No

B. Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.)

Yes  No

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

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

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

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

20. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years?**

Yes  No

If you checked yes, attach to this application, **labeled as attachment to question 20**, a copy of the bankruptcy petition and discharge (if available).

21. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years?**

Yes  No

If you checked yes, complete the following chart:

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

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 21**.

22. Do you have any ownership interest, financial interest, or financial investment (**other than through passive investing\***) in any business entity applying to, or presently licensed by, the Commonwealth?

Yes  No

If you checked yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST	% OF OWNERSHIP IN THE BUSINESS ENTITY

\*Passive investing means any investment by the applicant by means of a mutual fund in which the applicant has no control of the investments or investment decisions.

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

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

23. A. Have you ever had a judgment, order, consent decree or 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 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 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 in the same format and label it **attachment to question 23**.

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 and photographing as authorized by 205 CMR 134.

I understand if I have questions regarding this form, I should ask an employee 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").

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 duration of the 3 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)



**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES  
(GAMING EMPLOYEES)**

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

As an applicant for a gaming employee license, I do hereby certify that (check all boxes that apply):

- 1.  I have filed all 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.

**OR**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**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:

**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.

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 to this page.

**NOTE**

- A. The Bureau or Commission shall deny or revoke a 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 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 holder or applicant of a gaming employee license may appeal a decision made by the Bureau based upon a disqualifying prior conviction in accordance with 205 CMR 134.10(2) on the basis that they wish to demonstrate rehabilitation only if the conviction occurred before the 10 year period immediately preceding application for registration.

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

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_