

GAMING SERVICE EMPLOYEE REGISTRATION FORM



Applicant: _____

**GAMING SERVICE EMPLOYEE REGISTRATION
APPLICATION INSTRUCTIONS**

This application must be completed by an individual who has received at least a conditional offer of employment from a gaming licensee in Massachusetts. This application must be filed with the Massachusetts Gaming Commission (Commission) as part of the application for a Gaming Service Employee Registration. Copies of this application are available on the internet at: <http://www.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 gaming service employee, as defined by M.G.L. c. 23K, §2, unless the person has been registered in accordance with M.G.L. c. 23K, §30 and 205 CMR 134.03. A person holding a position at a gaming establishment who is not classified as a key gaming employee in accordance with 205 CMR 134.01, or a gaming employee in accordance with 205 CMR 134.02, shall be designated as a gaming service employee and shall register in accordance with 205 CMR 134.08.

These instructions are intended to provide basic information regarding an application for a Gaming Service Employee. Positions that require Gaming Service Employee Registration include, but are not limited to, cocktail servers, bartenders, janitorial personnel and valet attendants. The Commission may determine that additional positions require Gaming Service Employee Registration based on a review of job duties.

1. COMPLETING A GAMING SERVICE EMPLOYEE REGISTRATION APPLICATION:

- A. This application form is to be completed by any person who after receiving a written offer of employment as a gaming service employee from a gaming establishment and wishes to apply for said position.
- 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. 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 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 Gaming Service Employee 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 Service Employee registration is \$75. The application fee for a Gaming Service Employee registration 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.

Initials/Date: _____

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 Service Employee registration.
- B. You will be notified by your employer or the Commission of the location, time, and date so that you may be fingerprinted and your photo 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, 12th 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 student identification card containing a photograph, an expiration date, seal or logo of the issuing institution, and the signature of the card holder; or
 - III. 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
 - 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 gaming service employee applicants and registrants shall have the continuing duty to provide any assistance or information required by the Commission or to 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 registrant may result in denial of the application or suspension or revocation of the license or registration.
- B. No applicant or registrant shall willfully withhold information from or knowingly give false or misleading information to the Commission or Bureau. If the Commission or Bureau determines that an applicant has willfully provided false or misleading information, such applicant shall not be eligible to receive a registration under 205 CMR 134.00. A registrant who willfully provides false or misleading information shall have its registration conditioned, suspended, or revoked by the Commission.
- C. All applicants or registrants have a continuing duty to update changes to certain information the applicant or registrant is required to provide or has provided to the Commission.

Initials/Date: _____

- D. To fulfill this continuing obligation, a gaming service employee applicant or registrant must:
1. Submit information about the change to the Commission **in writing and no later than ten days** after the change occurs; and
 2. In the notice to the Commission, include the name and registration number (if applicable) of the applicant or licensee.

6. IMPORTANT NOTICES

- A. All notices regarding your application will be sent to the email or home address that you provide on this application. You must notify the Commission immediately of any personal information changes.
- B. The Bureau shall issue a gaming service employee registration to the applicant on behalf of the Commission in accordance with 205 CMR 134.11(1). In the event that the Bureau determines upon completion of the investigation conducted in accordance with 205 CMR 134.09(1) that the applicant should be disqualified from holding a registration or is otherwise unsuitable in accordance with 205 CMR 134.11, it shall issue a written notice to the registrant revoking his or her registration. The notice shall include an advisory to the applicant that they shall immediately cease employment at the gaming establishment and may request an appeal hearing before the Bureau in accordance with 205 CMR 134.09(2). The notice may be served via first class mail or via email to the addresses provided by the applicant to the Commission.
- C. Registrations for a gaming service employee shall be presumptively issued by the Bureau on behalf of the Commission in accordance with 205 CMR 134.09(1)(b) upon submission of an administratively complete application. A registration may be subsequently revoked if it is determined that the applicant is disqualified in accordance with 205 CMR 134.11(2) or unsuitable for any criteria identified in 205 CMR 134.11(3).
- D. The Bureau or Commission shall revoke a registration as a gaming service employee registrant 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.
- E. In determining whether an applicant for registration is suitable for purposes of being issued a gaming service employee registration, 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.
- F. The holder of a gaming service employee registration may appeal a decision made by the Bureau based upon a disqualifying prior conviction in accordance with 134.11(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.
- G. An applicant for a gaming service employee registration shall be at least 18 years of age at the time of application.
- H. Gaming service employee registration shall be for an **initial term of 5 years**. The initial term of gaming service employee registration shall expire and be renewable on the last day of the month on the fifth anniversary of the issuance date.
- I. A registration 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 gaming service employee registration is longer than the term of your employment authorization in accordance with 205 CMR 134.16(1).
- J. 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.
- K. 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.
- 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: _____

GAMING SERVICE EMPLOYEE REGISTRATION APPLICATION

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

PERSONAL INFORMATION

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 *SOCIAL SECURITY NUMBER

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

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION**

DESCRIPTIVE INFORMATION

DATE OF BIRTH: _____ (MM/DD/YYYY) HEIGHT: _____ FT _____ IN WEIGHT: _____ LBS

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

Initials/Date: _____

**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)**

REASON FOR FILING APPLICATION

1. 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: _____
CITY STATE COUNTRY
- 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, and 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: _____

MILITARY SERVICE DATA

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

Yes No

If you checked no, please continue to Question 9

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 _____

7. 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 7**.

8. 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 8**.

RESIDENCE DATA

9. Beginning with your current residence and working backwards provide the following information with respect to each place where you have lived during the past 5 years.

DATES		ADDRESS (NUMBER, STREET, APARTMENT NUMBER, 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 9**.

Initials/Date: _____

EMPLOYMENT HISTORY

10. In the chart below, list the last three (3) jobs you have had beginning with the most recent and working backwards. Note with an asterisk (*) any gaming related employment.

DATES		NAME, MAILING ADDRESS AND PHONE NUMBER(S) OF EMPLOYER(S)	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 10.**

11. With regard to the previously listed employments:

(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 11.**

12. 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, attach a separate sheet of paper in the same format and label it **attachment to question 12.**

Initials/Date: _____

LICENSING HISTORY

13. Have you ever applied to the Massachusetts Gaming Commission for any license, permit, approval or registration?

Yes No

If you checked yes, complete the following chart:

TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION PREVIOUSLY APPLIED FOR	DATE APPLICATION WAS FILED	DISPOSITION (GRANTED, PENDING OR DENIED)	IF ISSUED, GIVE APPROPRIATE LICENSE NUMBERS

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 held or applied in any jurisdiction for a license, permit, approval, registration or other authorization required 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:

TYPE OF GAMBLING OPERATION	POSITION SOUGHT OR HELD	DATE OF APPLICATION	NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY AND MUNICIPALITY)	DISPOSITION (GRANTED, DENIED OR PENDING)	IF ISSUED, GIVE LICENSE NUMBER(S)

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 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 and attach it to this application, labeled as **attachment to question 15.**

FINANCIAL JUDGMENTS

16. Have you ever had governmental financial liens or judgments, including state tax liens, delinquent child support obligations, defaulted students loans, unemployment judgments, unpaid motor vehicle surcharges, welfare judgments, etc., filed against you?

Yes No

If you checked yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	NAME AND ADDRESS OF RECIPIENT

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

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 the Commission's Department of Licensing.

(Signature)

(Type, Stamp or Print Name)

(Date)



RELEASE AUTHORIZATION

TO: Federal, state or local governmental agencies (including law enforcement agencies, courts, probation departments, military organizations, selective service boards, gaming and other regulatory agencies), educational institutions, banks and other financial institutions, credit reporting agencies, and employers.

I, _____, authorize the Investigations and
(Print Name)

Enforcement Bureau ("Bureau") of the Massachusetts Gaming Commission to conduct a background investigation in connection with my application for licensure by the Gaming Commission or my registration with the Gaming Commission. See M.G.L. c. 23K, §§ 30(d-f), 12(a), 16; 205 CMR 134.10, 134.11.

I acknowledge that the Bureau may contract with third parties for the purpose of conducting suitability investigations on behalf of the Bureau which are required by Massachusetts law in connection with my application or registration filed with the Gaming Commission.

I authorize the release of any information pertaining to me, documentary or otherwise (with the exception of records sealed or impounded by court order), as requested by an investigator or agent of the Bureau, provided that he or she certifies to you that I have an application pending before the Gaming Commission, that I am presently licensed or registered by the Gaming Commission, or that Massachusetts law requires me to submit to the Gaming Commission's qualification process.

I release any issuing governmental agency or entity issuing information pursuant to this Release Authorization, 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.

This Release Authorization shall be valid from the date of signature and, once signed, for the duration of the registration or license.

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

I acknowledge that this authorization shall supersede any prior Release Authorization executed by me for the Bureau.

(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)

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 application.
- D. **Crime or Offense** includes all felonies and misdemeanors.
- E. **Disposition** the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending,

INSTRUCTIONS:

- 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 revoke a registration as a gaming service employee registrant 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 be 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 registration is suitable for purposes of being issued a gaming service employee registration, 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 of a gaming service employee registration may appeal a decision made by the Bureau based upon a disqualifying prior conviction in accordance with 134.11(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: ____ / ____ / ____