



# The Commonwealth of Massachusetts

## Massachusetts Gaming Commission

### NOTICE OF MEETING and AGENDA

September 4, 2012 Meeting

Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, notice is hereby given of a meeting of the Massachusetts Gaming Commission. The meeting will take place:

Tuesday, September 4, 2012

1:00 p.m.

Division of Insurance

1000 Washington Street

1<sup>st</sup> Floor, Meeting Room 1-E

Boston, Massachusetts

#### **PUBLIC MEETING - #25**

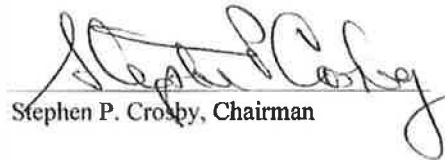
1. Call to order
2. Approval of minutes
  - a. August 28, 2012 Meeting
3. Administration
  - a. Executive Director search update
  - b. Additional Hires: General Counsel, Staff Attorney, Deputy Director IEB
  - c. Project Management Consultant
    - i. Status report
4. Racing Division
  - a. Operations Update
  - b. Director of Racing search
5. Project Work Plan
  - a. Consultant status report
    - i. Review of consultant schedule and scope
  - b. Phase I regulations
    - i. Consideration of application forms
    - ii. Consideration of comment processing protocol
  - c. Technical and other assistance to communities
    - i. Ombudsman search update
  - d. Springfield schedule and process
6. Public Education and Information
  - a. Community and/or Developer outreach/responses to requests for information
  - b. Report from Director of Communications and Outreach
  - c. Acting Ombudsman Report
  - d. Discussion of Diversity/Inclusion Forum September 19<sup>th</sup>
  - e. Promoting "Destination" gaming facilities

7. Research Agenda
  - a. Status report

8. Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting

I certify that on this date, this Notice was posted as “Gaming Commission Meeting” at [www.mass.gov/gaming/meetings](http://www.mass.gov/gaming/meetings), and emailed to: [regs@sec.state.ma.us](mailto:regs@sec.state.ma.us), [melissa.andrade@state.ma.us](mailto:melissa.andrade@state.ma.us), [brian.gosselin@state.ma.us](mailto:brian.gosselin@state.ma.us).

8/30/12  
(date)

  
Stephen P. Crosby, Chairman

**Date Posted to Website:** August 30, 2012 at 1:00 p.m.

**Milby, Brandon (MGC)**

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**Subject:** FW: Application forms for tuesday meeting pack  
**Attachments:** RFA Phase 1 Forms and Instructions.zip

**From:** Kristin Gooch [<mailto:kbgooch@gmail.com>]

**Sent:** Friday, August 31, 2012 10:28 AM

**To:** McHugh, James (MGC); Milby, Brandon (MGC); Ennis, Jamie (MGC)

**Cc:** Glovsky, Eileen (MGC); [guysmichael@aol.com](mailto:guysmichael@aol.com); [vipergttsbob@aol.com](mailto:vipergttsbob@aol.com); [fgspectrum@aol.com](mailto:fgspectrum@aol.com); Steve Ingis; William L. Lahey; Stephen D. Anderson; Mina Makarious; Kathleen OToole

**Subject:** Application forms for tuesday meeting pack

To assist in the review of the draft phase 1 regulations (205 CMR 1.00 through 17.00) presented for public comment on August 17, by potential applicants and the public, the Commission is providing a draft set of specimen application forms for the Request for Applications-Phase 1. These draft specimen application forms include annotations designating the responses which the Commission plans to consider presumptively exempt from public disclosure as anticipated by 205 CMR 103.09(2). This information is marked as follows:

1. On the Multi-Jurisdictional Personal History Disclosure Form ("PHD-MA"), the information is designated "Exempt/Redact"
2. On the Business Entity Disclosure Form ("BED") this information is highlighted in yellow.
3. On Massachusetts Supplemental Form ("PHD-MA-SUPP") this information is highlighted in yellow.

If you have any questions, please let me know.

Regards,

Kristin

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Kristin Gooch  
617-899-7822

### Instructions for Applicants for a Gaming License-RFA Phase 1 Application

An Applicant for a Category 1 or Category 2 gaming license is required to submit as part of the RFA Phase 1 application the following:

1. A non-refundable initial application fee of \$400,000, payable to the Massachusetts Gaming Commission. An Applicant may pay the nonrefundable application fee either by certified check or by secure electronic transfer made payable to the Massachusetts Gaming Commission. If the fee is submitted in advance of filing the application, the Applicant must sign a certification stating that it will be applying for a gaming license and that it understands that the application fee is nonrefundable.
2. A complete and accurate Massachusetts Business Entity Disclosure Form for the Applicant, including an executed and notarized Release Authorization; Consent to Inspections, Searches And Seizures; Statement Of Truth; and Waiver Of Liability, initialing at the bottom of each page of the application form as indicated.
3. A complete and accurate Massachusetts Business Entity Disclosure Form for each holding and parent company of the Applicant, and for any proposed operating company of the gaming establishment or other entity designated by the Commission to be an entity qualifier of the Applicant, including an executed and notarized Release Authorization; Consent To Inspections, Searches And Seizures; Statement Of Truth; and Waiver Of Liability, initialing at the bottom of each page of the application form as indicated. Please place the Release Authorization as the last page of the application form.
4. For each natural person qualifier of the Applicant or of a holding or parent company of the Applicant, or of a proposed operating company of the gaming establishment, as identified by the Commission:
  - a. A complete and accurate Multi-Jurisdictional Personal History Disclosure Form, including an executed and notarized Statement Of Truth; and
  - b. A complete and accurate Massachusetts Supplemental Form to the Multi-Jurisdictional Personal History Disclosure Form, including an executed and notarized Release Authorization, Statement of Truth, Waiver of Liability and Consent to Inspections.

Copies of the above forms are available for downloading from the Commission's website. Please click the download icon at the bottom of the page. Application documents will be sent to your internet browser in either PDF or Word format. Complete instructions on how to prepare the application and where to send it are included in the document. Please comply fully with said instructions. If you have any questions regarding completion of the application form, or with any of the instructions, please call the Commission at: (617) 979-8400.

The deadline for filing the RFA Phase 1 application is **Nov 30, 2012**. Please note that the initial application fee is due no later than when the application is submitted.

All applicants for a gaming license, and all of the qualifiers of the applicant, both natural person and entity qualifiers, shall be subject to a thorough background investigation by the Investigations and Enforcement Bureau of the Commission, or by its designated agents. The



## Instructions for Applicants for a Gaming License-RFA Phase 1 Application

licensing fee shall be used to defray the costs of said investigations and any additional costs shall also be borne by the Applicant.

Applicants are obligated to establish their suitability for a gaming license and the suitability of all qualifiers by clear and convincing evidence.

The awarding of gaming licenses is a two phase process. In Phase 1, the Commission will evaluate the qualifications and suitability of a gaming license applicant and all of its natural person and entity qualifiers.

All applicants found suitable by the Commission, according to the standards set forth in the Massachusetts Gaming Act, M.G.L. c. 23K, will be eligible to proceed to Phase 2 of the process and submit RFA Phase 2 applications.

In Phase 2, the Commission will review an applicant's proposal, focusing on the merits of an applicant's proposed gaming establishment, compliance with all statutory and regulatory criteria, and other matters within the Commission's jurisdiction.

It is highly recommended that applicants review the details of the application process set forth in the Massachusetts Gaming Act, M.G.L. c. 23K, and its attendant regulations, 205 CMR 101.00 through 117.00. This information is available on the Commission's website.

All application forms must be filed electronically, by the following method:

### Document Shipments

1. All documents must be submitted on CDs, DVDs or USB Drives. Please do not send documents via email because this format does not lend itself well to our internal control processes. Furthermore, email is not very secure and, for this reason, it is a poor choice for confidential documents.
2. Both USB 2.0 and USB 3.0 drives are acceptable.
3. All CDs, DVDs and USBs should be labeled with the entity name and any other practical identifying information. Labeling should be applied to a CD, itself, rather than the dust jacket or plastic case. Labeling information can be hand written on a CD or USB using a permanent marker pen. Printed labels are appreciated but not required.
4. Each shipment of documents should be accompanied by a cover memo stating: who is sending the material, the number of CDs or USB drives and a brief description of the contents.
5. The mailing address for shipments of CDs and USBs is:

Massachusetts Gaming Commission  
84 State Street, Suite 720  
Boston, Massachusetts 02109

## Instructions for Applicants for a Gaming License-RFA Phase 1 Application

### Security

Documents submitted to the Commission may be encrypted if a high level of security is required. In order to simplify password management, once a password has been selected, please use that same password for any subsequent documents that are encrypted.

### File Standards.

1. If a large number of files are being shipped they should be organized into folders. Most often, folders will be used to help separate the qualifiers, companies and holding companies.
2. File names should not be longer than 35 characters and should not contain characters such as: \ ~! @\$ %^&\*()+{}|<>”=/. If a date is used in a file name it can be written in the following format: Jan 25, 2012. Please do not use coded file names such as “003r334ff4/1/12.”
3. File names should be descriptive and consist of two parts: (1) the document type and (2) the name of the applicant or the company name. For example, “Federal Tax 2001 Ruth Mendez” would be the file name of the federal tax return filed by an applicant named Ruth Mendez. For the most common types of documents please use the standard file names listed below. If a document does not correspond to one of these standard names then use a name that is descriptive of the document type.
  - a) MJPHD Adam Smith
  - b) SMJPHD Alex Twifford
  - c) Release Forms Jordan Quill
  - d) Birth certificate Adam Smith
  - e) Federal Tax 2001 Ruth Mendez
  - f) State Tax 2001 Ruth Mendez
  - g) Bank Statement Ruth Mendez
  - h) IRS Form 4506 Alex Twifford
  - i) SEC 10 2008 Jordan Quill
  - j) Driver’s License Jordan Quill
  - k) Family Trust Adam Smith
  - l) Organizational Chart XYZ Corp
  - m) Operating Agreement YXX Corp
  - n) Articles of Organization XYZ Corp.

# MASSACHUSETTS GAMING COMMISSION



## BUSINESS ENTITY DISCLOSURE FORM

ENTITY

## BUSINESS ENTITY DISCLOSURE FORM - ENTITY

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**NAME OF ENTITY\***

(DO NOT ABBREVIATE)

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\*Name as it appears on the certificate of incorporation, charter, by-laws or other official document.

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D/B/A OR TRADE NAME(S)

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

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Name

Title

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E-Mail Address

Telephone: (Area code) Number

FAX Number

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**THE PRINCIPAL BUSINESS ADDRESS OF THE ENTITY**

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Street Location (Number/Street)

City

State

Zip

---

Country

Telephone: (Area Code) Number

FAX Number

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Mailing address (if different)

City

State

Zip

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Web Site (URL)

Check the appropriate box:

<input type="checkbox"/>	This form is being submitted as an initial application for a gaming license.
<input type="checkbox"/>	This form is being submitted as an application for the renewal of a gaming license. The current gaming facility license expires on: _____
<input type="checkbox"/>	The above named entity holds stock in _____, which is an applicant for an initial gaming license or renewal.
<input type="checkbox"/>	Other. Explain: _____

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**ITEM 1. FORMATION**

A. Provide the date and place of formation.

Date: \_\_\_\_\_

Place of formation: \_\_\_\_\_

**B. Persons Forming the Entity**

Use Attachment 1 B to provide the following information for each incorporator of the corporation:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
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**ITEM 2. OTHER NAMES AND ADDRESSES OF THE ENTITY**

A. List all other names under which the entity has done business and give the approximate time periods during which these names were being used.

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B. Use Attachment 2B to provide the following information about all other addresses presently used by the entity and all addresses from which the entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM	TO:

### **ITEM 3. DESCRIPTION OF PRESENT BUSINESS**

Provide as Attachment 3 a description of the business done and intended to be done by the entity and its parent, holding, subsidiary and intermediary entities and the general development of such business during the past five years, or such shorter period as the entity or its parent, subsidiary and intermediary entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the entity, if known.
- B. The principal products produced and services rendered by the entity and its parent, intermediary and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the entity or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

### **ITEM 4. DESCRIPTION OF FORMER BUSINESS**

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

**ITEM 5. DIRECTORS AND TRUSTEES**

Use Attachment 5 to provide the following information for each director and trustee of the corporation. (NOTE: Each director and trustee of the entity must complete a PHD-MA and PHD-MA-SUPP.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE CORPORATION	DATE OF BIRTH
		FROM:	TO:		

**ITEM 6. FORMER DIRECTORS AND TRUSTEES**

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee of the entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

**ITEM 7. OFFICERS**

Use Attachment 7 to provide the following information for each officer of the entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the entity’s governing documents. (NOTE: A PHD-MA and PHD-MA-SUPP must be completed by every person noted below. In addition, the Commission may, in its discretion, order additional persons associated with the entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of Chapter 23K.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

**ITEM 8. FORMER OFFICERS**

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the entity's governing documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

**ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS**

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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**ITEM 10. COMPENSATION OVER \$250,000**

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$250,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
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**ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identify of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

**ITEM 12. STOCK/OWNERSHIP DESCRIPTION**

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, or other similar indicia of ownership by the entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) or other similar information applicable to other indicia of ownership as of this date.

If the right of holders of any class of stock or other indicia of ownership may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.

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**ITEM 13. VOTING OWNERS**

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock or other indicia of ownership issued by the entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF OWNERSHIP HELD	NUMBER SHARES HELD	% OF OUTSTANDING VOTING RIGHTS HELD
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**ITEM 14. NON-VOTING OWNERS**

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting indicia of ownership issued by the entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP INTERESTS HELD	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING RIGHTS HELD
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**ITEM 15. DESCRIPTION OF LONG TERM DEBT**

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)

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**ITEM 16. HOLDERS OF LONG TERM DEBT**

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by either the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA or PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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**ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES**

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the entity other than those described in response to Items 15 and 16. (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information .)

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**ITEM 18. HOLDERS OF OTHER INDEBTEDNESS**

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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**ITEM 19. SECURITIES OPTIONS**

A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities or other form of ownership issued by the entity.

B. Use Attachment 19B, to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE
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**ITEM 20. FINANCIAL INSTITUTIONS**

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

**ITEM 21. CONTRACTS AND SUPPLIERS**

Use Attachment 21 to provide the following information with respect to all persons with whom the entity has contracts or agreements of \$250,000 or more in value or from whom the entity has received \$250,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

**ITEM 22. OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY**

Use Attachment 22 to provide the following information about each entity in which the entity holds stock:

NAME AND ADDRESS OF ENTITY	TYPE OF OWNDERHIP HELD	PURCHASE PRICE PER INTEREST	NUMBER OF OWNERHSIP INTERESTS HELD	% OF OWNERSHIP MORE THAN 5%
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**ITEM 23. INSIDER TRANSACTIONS**

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of interest in the entity or who is or was within that period a director or officer of the entity. [Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF OWNERSHIP INTERESTS INVOLVED
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**ITEM 24. CRIMINAL HISTORY**

The next question asks about any charges or offenses the entity or any of its directors, trustees or officers may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

- A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- B. "Offense" includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS:

- 1. Answer "yes" and provide all information to the best of your ability EVEN IF:
  - A. The entity, its directors, trustees, or officers did not commit the offense charged;
  - B. The charges were dismissed;
  - C. The entity, its directors, trustees, or officers were not convicted;
  - D. The charges or offenses happened a long time ago.
- 2. Answer "no" IF:
  - A. The records relating to the charges have been expunged or sealed by court order; **AND**
  - B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the entity or any of its subsidiaries, directors, trustees or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this commonwealth or any other jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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**ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

Has the entity, any of its subsidiaries, directors, trustees or officers 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 minor traffic related offenses?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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**ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS**

Has the entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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**ITEM 27. EXISTING LITIGATION**

Provide as Attachment 27 a description of all existing civil litigation to which the entity, its parent or any subsidiary is presently a party whether in this commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involve claims against the entity which are fully and completely covered under an insurance policy held by the entity with a licensed insurance carrier. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

**ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

A. Has the entity ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. In the past ten years, has the entity had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$50,000 or more entered against it? \_\_\_\_\_ Yes \_\_\_\_\_ No



If yes to either question, use Attachment 28 to 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
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**ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

- A. Has the entity, its parent or any intermediary entities had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Has the entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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**ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

(Cont.)

C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the entity or its parent, holding, intermediary or subsidiary entities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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**ITEM 30. LICENSES**

A. During the last ten year period, has the entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this commonwealth or any other jurisdiction, denied, suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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B. Has the entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
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**ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF ENTITY**

A. During the last ten year period, has the entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

B. During the last ten year period, has the entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

C. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

\_\_\_\_\_ Yes \_\_\_\_\_ No

D. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned property or any other thing of value for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

\_\_\_\_\_ Yes \_\_\_\_\_ No

E. During the last ten year period, did the entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions either foreign or domestic?

\_\_\_\_\_ Yes \_\_\_\_\_ No

F. During the last ten year period, has the entity, its parent or any subsidiary, made any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions either foreign or domestic?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

G. During the last ten year period, has the entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the entity's books or records?

\_\_\_\_\_ Yes \_\_\_\_\_ No

H. During the last ten year period, has the entity, its parent or any subsidiary, maintained any numbered account or any account in the name of a nominee for the entity?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I. List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.

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**ITEM 32. FINANCIAL STATEMENTS**

A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.

B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the entity and any exceptions taken to such statements by the independent auditor retained by the entity, and the management response thereto.

**ITEM 33. ANNUAL REPORTS**

A. Provide as Attachment 33A a copy of all annual reports of the entity that were submitted to shareholders or other persons during the last five years.

B. In addition to the information required in Item 33A, an entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

**ITEM 34. QUARTERLY REPORTS**

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the entity. If the entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.



### **ITEM 35. INTERIM REPORTS**

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the entity's certifying accountant or other material events. If the entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

### **ITEM 36. PROXY AND INFORMATION STATEMENT**

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

### **ITEM 37. REGISTRATION STATEMENT**

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

### **ITEM 38. REPORTS OF ACCOUNTANTS**

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

### **ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS**

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

### **ITEM 40. ORGANIZATIONAL CHART**

- A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.
- B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions.

### **ITEM 41. TAX RETURNS**

Provide as Attachment 41 a copy of all federal IRS tax returns files by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

**ITEM 42 BUSINESS ENTITY DISCLOSURE FORM CORPORATE – ATTACHMENTS**

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (\*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Persons Forming the Entity	
2B	Other names and addresses of the entity (Presently used)	
2C	Other names and addresses of the entity (Past 10 years)	
3*	Description of business done and intended to be done	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$259,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting owners	
14	Non-voting owners	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Other ownership interests held by the entity	
23	Insider transactions	

**ITEM 42 BUSINESS ENTITY DISCLOSURE FORM CORPORATE – ATTACHMENTS (Cont.)**

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24*	Expungement or sealing orders	
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the entity	
39*	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for entity filing this form, job descriptions and names of employees	
41*	Copies of 1120 forms and 941 forms filed with the IRS in the last five years	



**ITEM 43. AFFIDAVITS AND SIGNATURES**

Pursuant to the regulations of the Commission *205 C.M.R. 111.02(2)* this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself date the signature of the affiant and indicate the basis of his authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND  
SEIZURES WAIVER OF LIABILITY

The President or any officer of the entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or Chief Executive Officer.

**AFFIDAVIT**

STATE OF \_\_\_\_\_:

SS:

COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, the \_\_\_\_\_ of  
(Name) (TITLE/POSITION)  
the entity being duly sworn according to law, on my oath, deposes and says that I make  
this statement on behalf of the entity, and that the above statements are true and correct  
to the best of my knowledge and belief, and that this statement is executed with the  
knowledge that any misrepresentation or failure to reveal information may be deemed  
sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am  
voluntarily submitting this statement and understand that misleading statements may  
subject me to criminal or other sanctions or punishment.

\_\_\_\_\_  
NAME OF ENTITY

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accountant Preparing Form, if any

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Preparing Form, if any

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 who signed the preceding or attached document in my presence, and who swore or  
affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her)  
knowledge and belief.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

# RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_,  
(NAME OF ENTITY)

I, \_\_\_\_\_ have  
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

authorized the Massachusetts Gaming Commission, its Investigations and Enforcement Bureau and its agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Massachusetts Gaming Commission and its Investigations and Enforcement Bureau provided that he or she certifies to you that said entity has an application pending before the Massachusetts Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 23K of the laws of the Commonwealth of Massachusetts.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

## CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of \_\_\_\_\_,  
(NAME OF ENTITY)

I, \_\_\_\_\_,  
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER), hereby consent to all inspections, searches and seizures and the supplying of handwriting exemplars as authorized by Chapter 23K of the laws of the Commonwealth of Massachusetts and by the rules and regulations of the Massachusetts Gaming Commission.

The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the Commonwealth of Massachusetts not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

# WAIVER OF LIABILITY

On behalf of \_\_\_\_\_,  
(NAME OF ENTITY)

I, \_\_\_\_\_,  
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability as to the Commonwealth of Massachusetts and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**ATTACHMENT 1B PERSONS FORMING THE ENTITY**

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH

**ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE ENTITY (Presently Used)**

NUMBER AND STREET	CITY	STATE	ZIP

**ATTACHMENT 2C OTHER NAMES AND ADDRESSES OF THE ENTITY (Past 10 years)**

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM:	TO:



**ATTACHMENT 5      DIRECTORS AND TRUSTEES**

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE ENTITY	DATE OF BIRTH
		FROM:	TO:		

**ATTACHMENT 6 FORMER DIRECTORS AND TRUSTEES**

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

**ATTACHMENT 7 OFFICERS**

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

**ATTACHMENT 8 FORMER OFFICERS**

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

**ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS**

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

**ATTACHMENT 10    COMPENSATION OVER \$250,000**

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION

**ATTACHMENT 13 VOTING OWNERS**

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING STOCK HELD

**ATTACHMENT 14 NON-VOTING OWNERS**

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP HELD	NUMBER OF NON-VOTING OWNERSHIP INTERESTS HELD	% OF OUT-STANDING NON-VOTING OWNERSHIP INTEREST HELD



**ATTACHMENT 16    HOLDERS OF LONG TERM DEBT**

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

**ATTACHMENT 18 HOLDERS OF OTHER INDEBTEDNESS**

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

**ATTACHMENT 19B SECURITIES OPTIONS**

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE

**ATTACHMENT 20 FINANCIAL INSTITUTIONS**

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

**ATTACHMENT 21**      **CONTRACTS AND SUPPLIERS**

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED

**ATTACHMENT 22 OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY**

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD	PURCHASE PRICE PER INTEREST	NUMBER OF INTERESTS HELD	% OF OWNERSHIP MORE THAN 5%

**ATTACHMENT 23 INSIDER TRANSACTIONS**

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF INTERESTS INVOLVED

**ATTACHMENT 24A CRIMINAL HISTORY**

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE



**ATTACHMENT 25 TESTIMONY, INVESTIGATIONS OR POLYGRAPHS**

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

**ATTACHMENT 26 TESTIMONY, INVESTIGATION OR POLYGRAPH REFUSALS**

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	DATE OF PROCEEDINGS OR INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION

**ATTACHMENT 28****ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

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

**ATTACHMENT 29A BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

DATE PETITION FILED OR RELIEF SOUGHT	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED

**ATTACHMENT 29C BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT

**ATTACHMENT 30A LICENSES(Government)**

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN



**ATTACHMENT 30B LICENSES (Other gambling)**

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE

# MASSACHUSETTS GAMING COMMISSION



**MULTI JURISDICTIONAL**

**PERSONAL HISTORY DISCLOSURE FORM**

## **MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM**

This application is designed to allow applicants for casino/gaming qualification to complete one form that is acceptable to several jurisdictions. The questions contained in this form have been designed to satisfy the variety of filing and informational requirements of the different jurisdictions that have agreed to accept this form as an application for qualification.

Each jurisdiction accepting this form may require unique information and documentation that is not requested in this standardized form. Prior to completing this form, you should contact the appropriate agency in the jurisdictions where you are seeking qualification, licensure or approval and obtain copies of any documentation or forms that are supplemental to this standardized form. In addition, copies of this multi jurisdictional form and all supplemental forms used by the jurisdictions accepting this form may be found on the Internet at [www.iagr.org](http://www.iagr.org)

### **APPLICATION INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

#### **I. COMPLETING THIS FORM:**

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Read each question carefully prior to answering. Answer every question completely. Do 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, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted in the space provided on the bottom of each page of the form.
- e. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 65 may be used to provide this additional information. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of each of these attachment pages.
- f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the gaming agency with which it has been filed and will not be returned.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Page 2

**II. BE SURE TO:**

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- b. Sign the Statement of Truth form on page 66 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials, the date, and identified the gaming agency to which you are applying, on the bottom of each page of this form in the space provided and on any attachment pages.

**III. BEFORE YOU SUBMIT THIS FORM TO THE GAMING AGENCY TO WHICH YOU ARE APPLYING, BE SURE THAT:**

- a. You have reviewed the particular gaming agency's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of Truth form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.
- f. You have completed any ancillary forms for the individual jurisdictions.

**IV. TIPS FOR COMPLETING THIS FORM:**

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Once all questions have been answered, make sufficient copies for all jurisdictions where you will file your application. Note that you should do this BEFORE the form is signed, dated and notarized. Since each jurisdiction must receive an application containing original signatures, it is advisable to make copies before signing the form.
- c. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- d. Be sure to use blue ink where you sign, initial, date and identify the gaming agency where you are filing your application. Using blue ink will make it clear to the jurisdiction where you are filing that your application is to be considered an original and not a photocopy.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Page 3

**MULTI JURISDICTIONAL  
PERSONAL HISTORY DISCLOSURE FORM**

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

**PERSONAL DATA**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:  
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

Exempt/Redact

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)  
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:  
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

Exempt/Redact

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION) FAX NUMBER: (AREA CODE) (NUMBER)

Exempt/Redact

DATE OF BIRTH: (MO)(DAY)(YEAR) E-MAIL ADDRESS (OPTIONAL):

HAVE YOU 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, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

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

SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT ____ FT ____ IN/ ____ CM	WEIGHT ____ LBS/ ____ KG
-----	---------------	---------------	------------------------------------	-----------------------------

DO YOU HAVE ANY SCARS, TATOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

Exempt/Redact

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

# IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS  
FORM COMPLETELY AND TRUTHFULLY WILL  
RESULT IN DENIAL OF YOUR APPLICATION.**

AFFIX A COLOR PHOTOGRAPH  
HERE THAT WAS TAKEN WITHIN  
THE PAST SIX MONTHS.

PRINT YOUR NAME ON THE FRONT  
BOTTOM BORDER OF THE  
PHOTOGRAPH BEFORE  
ATTACHING IT.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

1. Of what country are you a citizen? \_\_\_\_\_

A. Please indicate:

1. Date of birth: Exempt/Redact \_\_\_\_\_  
DAY MONTH YEAR

2. Place of birth: Exempt/Redact \_\_\_\_\_  
CITY/TOWN STATE/PROVINCE COUNTRY

3. Country of birth: \_\_\_\_\_

2. Have you ever been issued a passport? Yes  No

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE
<u>Exempt/Redact</u>		<u>Exempt/Redact</u>	<u>Exempt/Redact</u>	<u>Exempt/Redact</u>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## RESIDENCE DATA

3. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past fifteen (15) years or since the age of 18, whichever is less.

DATES		ADDRESS <small>(NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY &amp; ZIP/POSTAL CODE)</small>	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>			
		<div style="border: 1px solid red; display: inline-block; padding: 5px;">Exempt/Redact</div>		

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



### FAMILY/SOCIAL DATA

4. What is your current marital status: Single  Married  Legally Separated  Divorced  Widow/Widower  Engaged

How many times have you been married? \_\_\_\_\_

**A. CURRENT MARRIAGE**

Provide the information below regarding your current marriage and spouse:

Date of Marriage: \_\_\_\_\_ Where Married: \_\_\_\_\_  
CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name of Spouse: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_  
FIRST MIDDLE MAIDEN

Date of Birth: Exempt/Redact \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: Exempt/Redact \_\_\_\_\_ Telephone Number: Exempt/Redact \_\_\_\_\_  
STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

**B. PREVIOUS MARRIAGES**

Provide the information below regarding your previous marriages:  
 (Do **NOT** include current spouse.)

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED,, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE # OF DIVORCE ACTION (IF KNOWN)	PRESENT ADDRESSES OF FORMER SPOUSE(S) (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)
<span style="border: 1px solid red; padding: 5px; display: block; margin-bottom: 10px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: block; margin-bottom: 10px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: block; margin-bottom: 10px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: block; margin-bottom: 10px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: block; margin-bottom: 10px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: block; margin-bottom: 10px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

5. a. In the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)
	Exempt/ Redact	Exempt/Redact	Exempt/Redact	Exempt/ Redact

5. b. Please mark the appropriate response regarding your child support obligations: Exempt/Redact

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 5a. above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name Exempt/Redact

Address Exempt/Redact

Contact Person Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

6. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former parents-in-law\*, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Father:	Exempt/Redact	Exempt/Redact	Exempt/Redact	
Mother:				
Father-in-law:				
Mother-in-law:				
Former Parents-in-law*:				

\* For former parents-in-law only provide names.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

7. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and of their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:	Exempt/ Redact	Exempt/Redact	Exempt/Redact	
Spouse:				
Sibling:				
Spouse:				
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Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**MILITARY SERVICE DATA**

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? Yes  No

If yes, provide the following information:

Country of Service: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Service Serial #: Exempt/Redact  
 Highest Rank Held: \_\_\_\_\_  
 Period(s) of Active Service: 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): Exempt/Redact

Attach a copy of your military records\* labeled as Exhibit 9M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records\* labeled as an Exhibit 9M. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges\*\* filed against you? Exempt/Redact Yes  No

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

\*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

\*\* Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

## 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	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**OFFICES AND POSITIONS**

Exempt/Redact re:  
Family Trusts ONLY

12. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			
				Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

12. (Cont.)

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			
				Exempt/Redact

13. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward.

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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



**EMPLOYMENT AND LICENSING DATA**

14. Have you ever been employed by a casino or gaming/gambling related company\* in any jurisdiction?

Yes  No

\*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			
					Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

15. In the chart below, provide the information regarding your employment for the past twenty 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. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				
				Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

15. (Cont.)

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				
				Exempt/Redact	Exempt/Redact

*If additional space is needed, please provide an attachment.*

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

16. With regard to the previously listed employment: Exempt/Redact

- a. Were you ever discharged, suspended or asked to resign from employment? Yes  No
- b. During the last ten year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes  No

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

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

17. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve month period. Begin with your spouse's current employer.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	TITLE/ POSITION HELD
FROM: (MO/YR)	TO: (MO/YR)		
Exempt/Redact		Exempt/Redact	Exempt/Redact

18. To the best of your knowledge, have you or has your spouse served as a trustee or other fiduciary officer in any capacity during the last twelve month period?

Yes  No

If yes, complete the following chart:

DATES		CAPACITY	NATURE OF TRUST OR OTHER FUND	INCOME RECEIVED	FOR WHOM HELD
FROM: (MO/YR)	TO: (MO/YR)				
				Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Exempt/Redact with respect to spouse ONLY

19. a. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer? Yes  No
- b. Have you or your spouse ever been suspended or removed from a position as a trustee or other fiduciary officer? Yes  No

If yes to either question, complete the following chart: Exempt/Redact with respect to spouse ONLY

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL
<span style="border: 1px solid red; padding: 5px; display: block;">Exempt/Redact with respect to spouse ONLY</span>		<span style="border: 1px solid red; padding: 5px; display: block;">Exempt/Redact with respect to spouse ONLY</span>	<span style="border: 1px solid red; padding: 5px; display: block;">Exempt/Redact with respect to spouse ONLY</span>

20. Have you or has your spouse ever made application for, or held, any **NON-GAMING** professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

Yes  No

If yes, complete the following chart: Exempt/Redact with respect to spouse ONLY

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		
				<span style="border: 1px solid red; padding: 5px; display: block;">Exempt/Redact with respect to spouse ONLY</span>	

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

21. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction?

Exempt/Redact with respect to spouse ONLY

Yes  No

If yes, complete the following chart as to each denial, suspension, revocation or conditions:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL SUSPENSION OR REVOCATION
Exempt/Redact with respect to spouse ONLY	Exempt/Redact with respect to spouse ONLY	Exempt/Redact with respect to spouse ONLY	Exempt/Redact with respect to spouse ONLY

22. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Exempt/Redact with respect to spouse ONLY

Yes  No

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION
Exempt/Redact with respect to spouse ONLY	Exempt/Redact with respect to spouse ONLY	Exempt/Redact with respect to spouse ONLY			Exempt/Redact with respect to spouse ONLY	Exempt/Redact with respect to spouse ONLY

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

23. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past twenty years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you owned stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNERS	ADDRESS(ES) OF OTHER OWNERS	STATE/PROVINCE AND COUNTRY OF ORGANIZATION OR INCORPORATION
FROM: (MO/YR)	TO: (MO/YR)						
				Exempt/ Redact	Exempt/Redact	Exempt/Redact	

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



24. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.

Yes  No

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER
			<div style="border: 1px solid red; padding: 5px; display: inline-block;">                     Exempt/Redact with respect to spouse ONLY                 </div>	

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

25. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

Yes  No

If yes, complete the following chart:

Exempt/Redact with respect to spouse ONLY

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?
<p>Exempt/Redact with respect to spouse ONLY</p>	<p>Exempt/Redact with respect to spouse ONLY</p>	<p>Exempt/Redact with respect to spouse ONLY</p>	<p>Exempt/Redact with respect to spouse ONLY</p>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

26. To the best of your knowledge, in the past twenty years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY TO WHICH APPLICATION WAS MADE	TYPE OF LICENSE APPLIED FOR	DISPOSITION OF APPLICATION

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

27. a. Are any members of your family (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) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 26 in any jurisdiction? Exempt/Redact

Yes  No

b. Do you or any members of your family (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) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

Yes  No

If yes to either question, complete the following chart:

Exempt/Redact

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

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

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

INSTRUCTIONS:

1. Answer "YES" and provide all information to the best of your ability EVEN IF:
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or subsequently downgraded to a lesser charge;
  - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
  - D. You were not convicted;
  - E. You did not serve any time in prison or jail; or
  - F. The charges or offenses happened a long time ago.
2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency\*.

\* Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.

### **IMPORTANT**

**The gaming agency will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.**

**Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.**

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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28. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Exempt/Redact

Yes  No

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

29. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Exempt/Redact

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE
Exempt/Redact	Exempt/Redact	Exempt/Redact

30. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Exempt/Redact

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

31. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons? Exempt/Redact Yes  No

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing? Exempt/Redact Yes  No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>		<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

32. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense? Exempt/Redact Yes  No

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERAL
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



33. Has your spouse or any of your children, step-children or adopted children ever been arrested or charged with any crime or offense (as defined at the beginning of this section) in any jurisdiction? Exempt/Redact

Yes  No

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

34. In the past fifteen (15) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

Yes  No

If yes, complete the following chart:

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

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

35. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

Yes  No

If yes, complete the following chart:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

36. In the past ten years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation?

Exempt/Redact

Yes  No

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

37. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

**For applications filed in Massachusetts, do not include self-exclusion in answer to Question 37.**

Yes  No

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

**VEHICLE OPERATOR DATA**

38. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE
Exempt/ Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/ Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL DATA

39. Have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

Exempt/Redact

Yes  No

If yes, complete the following chart:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS
<div style="border: 1px solid red; padding: 2px; display: inline-block; width: 150px;">Exempt/Redact</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block; width: 150px;">Exempt/Redact</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block; width: 150px;">Exempt/Redact</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block; width: 150px;">Exempt/Redact</div>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

40. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? Exempt/Redact

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE
Exempt/ Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

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

Exempt/Redact

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE
Exempt/ Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

42. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

43. 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?

Exempt/Redact

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



44. In the past ten years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction?

Exempt/Redact

Yes  No

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

45. 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 any thing of value under an intestacy statute; or
- c. A settlor/grantor, beneficiary or trustee of any trust?

Yes  No

If 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
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

46. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 45).

Yes  No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

47. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 45).

Yes  No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST
Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

48. a. Please state your country of residence \_\_\_\_\_
- b. During the last ten year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in a. above? Exempt/Redact Yes  No

If yes, complete the following chart:

DATES		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)				
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>		<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

c. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in a. above (excluding any foreign bank accounts identified in b. above)? Exempt/Redact

Yes  No

If yes, complete the following chart:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY
<span style="border: 1px solid red; padding: 5px; display: inline-block;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: inline-block;">Exempt/Redact</span>

49. 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 \$25,000USD?  
(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent to \$25,000USD in the national currency of the jurisdiction where you will be filing this application.) Exempt/Redact

Yes  No

If 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
<span style="border: 1px solid red; padding: 5px; display: inline-block;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: inline-block;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: inline-block;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px; display: inline-block;">Exempt/Redact</span>		

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

50. 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 \$10,000USD?  
 (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Exempt/Redact

Yes  No

If 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
Exempt/Redact		Exempt/Redact	Exempt/Redact	Exempt/Redact		Exempt/Redact	

51. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten years? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Exempt/Redact

Yes  No

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

52. Do you maintain a brokerage or margin account with any securities or commodities dealer? Exempt/Redact

Yes  No

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN
<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>

53. Have you or has your spouse or children, while dependent, filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy within the past ten year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)

Exempt/Redact

Yes  No

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION
<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 5px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

54. 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 \$10,000USD in value in any one year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart as to each gift: Exempt/Redact

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

55. a. Do you have any safe deposit boxes in your name in any jurisdiction?

Exempt/Redact

Yes  No

b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction?

Yes  No

If yes to either question, complete the following chart: Exempt/Redact

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	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.
<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>	<span style="border: 1px solid red; padding: 2px;">Exempt/Redact</span>

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



56. In the past ten years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000USD (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD. In the national currency of the jurisdiction where you will be filing this application.)

Exempt/Redact

Yes  No

If yes, complete the following chart:

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

57. Have you, in the past ten years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

Exempt/Redact

Yes  No

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION
Exempt/Redact	Exempt/Redact	Exempt/Redact	Exempt/Redact

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



## NET WORTH STATEMENT -- ASSETS AND LIABILITIES

**NOTE:** Complete the financial statements on pages 49 through 63 and copy the totals in the appropriate space below.

58. 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		a)	
b) In bank (Schedule A)		b)	b)
2. Loans, Notes and Other Receivables (Schedule B)			
3. Securities (Schedule C)			
4. Real Estate Interests (Schedule D)			
5. Cash Value Life Insurance (Schedule E)			
6. Cash Value Pension/ Retirement Funds (Schedule F)			
7. Furniture and Clothing (Reasonable Estimate)			
8. Vehicles (Schedule G)			
9. Other (Schedule H)			
<b>TOTAL ASSETS</b>			

59. 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)
10. Notes Payable (Schedule I)		
11. Loans and Other Payables (Schedule J)		
12. Taxes Payable (Schedule K)		
13. Mortgages or Liens on Real Estate (Schedule L)		
14. Loans Against Insurance/Pensions (Schedule M)		
15. Other Indebtedness (Schedule N)		
<b>TOTAL LIABILITIES</b>		
<b>NET WORTH</b>		
Total Assets (From Column B) less		
Total Liabilities (From Column D)		
16. Contingent Liabilities (Schedule O)		

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Exempt/Redact All Information

### SCHEDULE "A" - CASH IN BANK

Exempt/Redact All Information

60. 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 1b, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES**

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

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAY-MENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE
			\$ _____					\$ _____
			<b>TOTAL ORIGINAL LOAN AMOUNT(S)</b> (Enter this figure in items 2, column A on page 48.)					<b>TOTAL CURRENT BALANCE</b> (Enter this figure in items 2, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Exempt/Redact All Information

### SCHEDULE "C" - SECURITIES

Exempt/Redact All Information

62. 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 in any jurisdiction. 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 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( \* ).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY/ORGANIZATION	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>TOTAL PURCHASE PRICE</b> (Enter this figure in item 3, column A on page 48.)				<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE "D" - REAL ESTATE INTERESTS**

63. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction 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.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/ STAND NO./ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	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 figure in item 4, column A on page 48.)		<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE "E" - CASH VALUE - LIFE INSURANCE**

64. 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.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						\$ _____	
						<b>TOTAL CASH SURRENDER VALUE</b> (Enter this figure in item 5, column B on page 48.)	

Initials \_\_\_\_\_

Gaming Agency \_\_\_\_\_

Date \_\_\_\_\_

65. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds\* held by you or your spouse.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$ _____			
				<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (Enter this figure in item 6, column A on page 48.)			\$ _____
						<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 6, column B on page 48.)	

\*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE "G" - VEHICLES**

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

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
						\$ _____	\$ _____
<p>*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.</p>						<p><b>TOTAL COST OF VEHICLES</b> (Enter this figure in Item 8, column A on page 48.)</p>	<p><b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in Item 8, Column B on page 48.)</p>
<p>**If leased, enter the sum of the down payment plus monthly payments to date as the total cost.</p>							

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



Exempt/Redact All Information

### SCHEDULE "H" - OTHER ASSETS

Exempt/Redact All Information

67. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	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 9, column A on page 48.)			<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (Enter this figure in item 9, column B on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Exempt/Redact All Information

### SCHEDULE "I" - NOTES PAYABLE

Exempt/Redact All Information

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

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	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 10, column C on page 48.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 10, column D on page 48.)

Initials \_\_\_\_\_

Gaming Agency \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE "J" - LOANS AND OTHER PAYABLES**

69. 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.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	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
							\$ _____			\$ _____
							<b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b> (Enter this figure in item 11, column C on page 48.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 11, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Exempt/Redact All Information

### SCHEDULE "K" - TAXES PAYABLE

Exempt/Redact All Information

70. 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.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$ _____		\$ _____
			<b>TOTAL ORIGINAL TAX OBLIGATION(S)</b> (Enter this figure in item 12, column C on page 48.)	<b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 12, column D on page 48.)	

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Exempt/Redact All Information

### SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

Exempt/Redact All Information

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

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND 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
				\$ _____				\$ _____
				<b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column C on page 48.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Exempt/Redact All Information

### SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

Exempt/Redact All Information

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

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			\$ _____				\$ _____
			<b>TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS</b> (Enter this figure in item 14, column C on page 48.)				<b>TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS</b> (Enter this figure in item 14, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE "N" - ANY OTHER INDEBTEDNESS**

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

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND 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 15, column C on page 48.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE "O" - CONTINGENT LIABILITIES**

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

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND 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 16, column C on page 48.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column D on page 48.)

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_



75. Provide the names and other information requested of 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 can be a reference who is a member of your family. (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.)

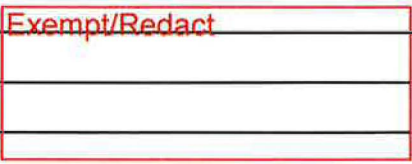
REFERENCE ONE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_



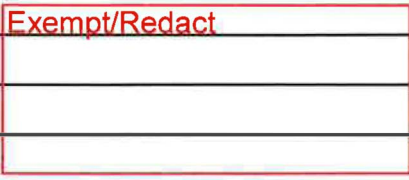
REFERENCE TWO

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_



REFERENCE THREE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_



76. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

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# STATEMENT OF TRUTH

STATE/PROVINCE OF \_\_\_\_\_;

SS:

COUNTY/DISTRICT OF \_\_\_\_\_;

\_\_\_\_\_, being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied 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 Multi Jurisdictional Casino/Gaming License Personal History Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
*(Signature of Applicant)*

Subscribed and sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC, JUSTICE OF THE PEACE/  
COMMISSIONER FOR DECLARATIONS OR OTHER  
PERSON AUTHORIZED TO TAKE DECLARATIONS

\_\_\_\_\_  
STATE/PROVINCE, COUNTRY

Initials \_\_\_\_\_ Gaming Agency \_\_\_\_\_ Date \_\_\_\_\_

Page 66

# MASSACHUSETTS GAMING COMMISSION



**MASSACHUSETTS SUPPLEMENTAL FORM  
TO MULTI-JURISDICTIONAL  
PERSONAL HISTORY DISCLOSURE FORM  
FOR KEY GAMING EMPLOYEES AND QUALIFIERS**

**MASSACHUSETTS SUPPLEMENTAL FORM**  
**TO MULTI-JURISDICTIONAL**  
**PERSONAL HISTORY DISCLOSURE FORM**

---

This form is a supplement to the Massachusetts Multi-Jurisdictional Personal History Disclosure Form ("PHD-MA") and is identified as the Massachusetts Supplemental Form ("PHD-MA-SUPP"). Both the PHD-MA and the PHD-MA-SUPP forms must be filed with the Massachusetts Gaming Commission ("Commission") as parts of an application for a key gaming employee license or a Category 1 or Category 2 license qualification.

Copies of the forms used in Massachusetts are available on the Internet at the Commission's website at: <http://www.mass.gov/gaming/>. You may also request the forms be mailed to you by calling (617) 979-8400.

---

**APPLICATION INSTRUCTIONS**

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.**

**I. COMPLETING THIS FORM:**

- A. You are to complete this form and a Multi-Jurisdictional Personal History Disclosure Form if you are:
  - 1. A qualifier of an applicant for a Category 1 or Category 2 gaming license; or
  - 2. A qualifier of a Category 1 or Category 2 gaming licensee; or
  - 3. An applicant for a key gaming employee license; or
  - 4. Directed to do so by the Commission.
  
- B. Read each question carefully prior to answering. Answer every question completely. Do 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, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
  
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
  
- D. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected.
  
- E. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
  
- F. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

## II. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:

- A. All attachments required in this form and in the Multi-Jurisdictional Personal History Disclosure Form are labeled with an exhibit number.
- B. You have signed and notarized the Statement of Truth, Release Authorization and Waiver of Liability forms included with the Massachusetts Supplemental Form and the Statement of Truth included with the Multi-Jurisdictional Personal History Disclosure Form.
- C. You have answered every question completely.
- D. You have attached a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- E. You initial and date each page of this form in the spaces provided.
- F. You retain a completed copy of this form for your records.

## III. FILING THIS FORM WITH THE COMMISSION

- A. A complete application for a key gaming employee license or a Category 1 or Category 2 license qualifier consists of:
  - 1. The Multi-Jurisdictional Personal History Disclosure Form with all required attachments;
  - 2. This Massachusetts Supplemental Form with all required attachments;
  - 3. For key gaming employee license applicants, the required application fee.
- B. The fees relating to an application for a key gaming employee license are set forth in 205 CMR 114.01.
- C. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- D. Pursuant to 205 CMR 106.03, the complete application **must** be filed electronically in PDF format pursuant to procedures posted on the Commission's website.

## IV. IMPORTANT NOTICES

- A. If you do not fully understand this form in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address that you provide on this form. You must immediately notify the Commission of any change of address.
- C. Pursuant to 205 CMR 103, certain information submitted, collected, or gathered as part of an application to the Commission is confidential and not subject to disclosure as a public record. If you seek to protect information provided on this form as confidential, you must follow the procedures in 205 CMR 103 for doing so.
- D. 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 delay the final determination of your application.
- E. An applicant or qualifier is required to disclose all political contributions made from November 22, 2011 through the date the Phase 1 application is filed. This duty of disclosure shall continue after the submission of the application and throughout the period of examination and investigation of the applicant or qualifier, and the applications of all other applicants and qualifiers with whom you are affiliated in any manner, by the Investigations and Enforcement Bureau and the Commission.

- F. A knowing failure to answer any question completely and truthfully will result in denial of your application.
- G. A license or a finding of qualification issued by the Commission is a revocable privilege and is not transferable. No licensee or qualifier has a vested right in or under a key gaming employee license or finding of qualification issued by the Commission.

AFFIX A COLOR PHOTOGRAPH  
HERE THAT WAS TAKEN WITHIN  
THE PAST SIX MONTHS.

PRINT YOUR NAME ON THE FRONT  
BOTTOM BORDER OF THE  
PHOTOGRAPH BEFORE  
ATTACHING.





# MASSACHUSETTS SUPPLEMENTAL FORM PERSONAL HISTORY DISCLOSURE FORM

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

## PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:  
NUMBER AND STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)  
NUMBER AND STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:  
NUMBER AND STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME TELEPHONE NUMBER: TELEPHONE NUMBER: AT CURRENT PLACE OF EMPLOYMENT FAX NUMBER:  
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (EXTENSION) (AREA CODE) (NUMBER)

DATE OF BIRTH: (MO) (DAY) (YEAR) E-MAIL ADDRESS (OPTIONAL):

HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER\*

HAVE YOU 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, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

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

## PLEASE CHECK OR COMPLETE APPROPRIATE SPACE

**HAIR COLOR**

- (BK) BLACK
- (BR) BROWN
- (BD) BLOND
- (RD) RED
- (WH) WHITE
- (BA) BALD

**EYE COLOR**

- (BK) BLACK
- (BR) BROWN
- (HZ) HAZEL
- (BL) BLUE
- (GY) GRAY
- (GR) GREEN

**SEX:\*\***

- (M) MALE
- (F) FEMALE

**RACE:\*\***

- (C) CAUCASIAN
- (B) BLACK
- (H) HISPANIC
- (A) ASIAN
- (N) NATIVE AMERICAN

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

\*\*YOUR RESPONSE IS OPTIONAL.

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

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

A. I am a qualifier because I am a:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Owner    | <input type="checkbox"/> Principal Employee |
| <input type="checkbox"/> Investor | <input type="checkbox"/> Stockholder        |
| <input type="checkbox"/> Officer  | <input type="checkbox"/> Partner            |
| <input type="checkbox"/> Director | <input type="checkbox"/> Other              |

OR

B.  I am an applicant for a key gaming employee license.

C. If applicable, the name of the holding company(ies) of the gaming license applicant or licensee with which the applicant is associated and the nature of the position with or interest in such entity

-----  
 3. Do you have any ownership interest, financial interest or financial investment in any business entity applying to, or presently licensed, by the Massachusetts Gaming Commission?  Yes  No

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	GAMING AGENCY

4. Are you a citizen of the United States?  Yes  No

5. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form and label as Exhibit 5N.

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

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

b. Place of birth: \_\_\_\_\_

c. Port of entry to the United States: \_\_\_\_\_

d. Name and address of sponsor upon your arrival:

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

7. If you are not a United States citizen, but you are legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your INS "A" number or other INS authorization in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS documents that conditions or restricts your employment labeled as Exhibit 7N.

INS "A" number: \_\_\_\_\_

8. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any entity that:

a. Has made or has been charged with (either itself or through third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage?  Yes  No

b. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?  Yes  No

c. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business?  Yes  No

d. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business?  Yes  No

e. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign?  Yes  No

f. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party domestic or foreign?  Yes  No

g. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions?  Yes  No

9. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

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

IRS Office Location: \_\_\_\_\_

Attach to the back of this form and label as Exhibit 9N, a copy of each IRS Form 1040 and 1040X (Amended Return) and all appropriate schedules filed by you in the last five 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.

10. Has your Federal Income Tax Return ever been audited or adjusted?  Yes  No

If yes, for what tax years(s)? \_\_\_\_\_

11. Have you ever failed to file Federal or State Income Tax Returns?  Yes  No

If yes, for what years(s)? \_\_\_\_\_

12. Have you, or your spouse, ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?  Yes  No

If yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to the back of the Form and label as Exhibit 12N a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

13. Do you understand that, with respect to political contributions in Massachusetts, you are classified as a "Prohibited Person" as defined in 205 CMR 102.02, meaning "any applicant for or holder of a gaming license, or any holding, intermediary or subsidiary company thereof; or any officer, director, key gaming employee or qualifier of any of these companies; or any person or agent acting on behalf of any of these companies or persons"?  Yes  No

As a "Prohibited Person," do you certify to the truth, completeness and accuracy of your answers to items in 13(a) – 13(d) recited below?  Yes  No

a. I hereby certify that, from November 22, 2011 through the date of the filing of this application, and other than as disclosed in Section 13(b) below, neither I nor any person, entity, company, organization or agent acting on my behalf or any entity with which I am affiliated in any manner, has directly or indirectly, paid or contributed any money or thing of value to:

1) any individual who holds a municipal, county or state office in the Commonwealth of Massachusetts; or

2) any candidate for nomination or election to any public office in the Commonwealth of Massachusetts, including a municipal office; or

3) any group, political party, committee, or assembly organized or acting in support of any such candidate;

b. I hereby further certify that, from November 22, 2011 through the date of the filing of this application, the only political contributions in any form or in kind, that I have directly or indirectly made either myself or through any other person, agent, entity or organization of any type, have been fully disclosed and documented in writing to the Commission and to any city or town clerk of any municipality or community designated as a host or surrounding community for a gaming facility in accordance with 205 CMR 108.03 and as required by the Massachusetts Office of Campaign and Political Finance on forms prescribed in 970 CMR. A summary listing by date, amount and recipient of all such contributions are depicted in Exhibit 13N to this application form.

c. I hereby further certify that I have read, understood and complied with the provisions set forth in 205 CMR 108.00 and relating to Community and Political contributions and that I have had the opportunity to resolve any questions or concerns regarding the disclosures required herein by advice from a licensed attorney or other professional adviser of my choosing.

d. I hereby further certify that I fully understand and acknowledge that my duty of timely and complete disclosure of all such contributions shall continue after the submission of this application form and throughout the period of examination and investigation by the Investigations and Enforcement Bureau and Commission of my application and of the applications of all other applicants and qualifiers with whom I am affiliated in any manner.

14. Are you a member of any social, labor, or fraternal union, club or organization?  Yes  No

If yes, please complete the following chart:

NAME OF UNION/CLUB OR ORGANIZATION	YEARS OF MEMBERSHIP	POSITION HELD

15. Has any motor vehicle license registration or operator license held by or applied for by you or your spouse ever been revoked or suspended?  Yes  No

If yes, please complete the following chart:

APPLICANT OR SPOUSE	MOTOR VEHICLE LICENSE OR REGISTRATION	LICENSE NUMBER OR REGISTRATION NUMBER	REVOCATION OR SUSPENSION	STATE OF MOTOR VEHICLE AGENCY	DATE OF REVOCATION OR SUSPENSION

16. Have you or **your spouse** ever possessed or owned any pistol or firearm or made any application for any firearm permit, firearm dealer's license, or permit to carry a pistol or firearm? Yes No

If yes, please complete the following chart:

APPLICANT OR <b>SPOUSE</b>	DATE OF APPLICATION	DISPOSITION OF APPLICATION

17. Has any license, permit or certificate held by or applied for by you or **your spouse**, or any entity in which you or your spouse was a director, officer, partner or any owner of a five percent or greater interest ever been denied, suspended or revoked by a government agency? Yes No

If yes, please complete the following chart:

APPLICANT <b>OR SPOUSE</b> OR ENTITY (NAME OF ENTITY)	TYPE OF LICENSE, PERMIT OR CERTIFICATE	GOVERNMENT AGENCY	DATE OF AGENCY ACTION	DENIAL, SUSPENSION OR REVOCAION	REASON FOR DENIAL SUSPENSION OR REVOCAION

18. Have you ever been bonded for any purpose or been denied any type of bond?

Yes No

If yes, please complete the following chart:

NATURE OF BOND	DATE OF BONDING OR DENIAL	REASON FOR DENIAL



19. Have you ever voluntarily been placed on a self-exclusion list maintained by a casino gaming regulatory agency or gaming establishment. The Commission considers this information to be confidential and exempt from public disclosure.

Yes  No

If yes, please complete the following chart:

GAMING REGULATORY AGENCY OR GAMING ESTABLISHMENT	DATE OF PLACEMENT ON LIST	TIME PERIOD FOR SELF EXCLUSION

20. The names and other information requested of 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 can be a reference who is a member of your family or resides in your household. (Family members include 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 No. \_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the reference?

\_\_\_\_\_

REFERENCE TWO

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the reference?

\_\_\_\_\_

REFERENCE THREE

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the reference?

\_\_\_\_\_



# WAIVER OF LIABILITY

I hereby waive the Commonwealth of Massachusetts and its instrumentalities and agents, including but not limited to the Massachusetts Gaming Commission, the Investigations and Enforcement Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, resulting at any time from any disclosure and publication of information acquired during the application or investigation process.

DATED: \_\_\_\_\_

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

\_\_\_\_\_  
TYPE, STAMP OR PRINT NAME

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)

# STATEMENT OF TRUTH

STATE OF \_\_\_\_\_;

SS:

COUNTY OF \_\_\_\_\_;

\_\_\_\_\_, being duly sworn according to law deposes and says:

1. I hereby swear (or affirm) that the information contained herein and accompanying this application is true.
2. I personally supplied and reviewed the information contained in this form.
3. I understand and read the English language or I have had in interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Massachusetts Supplemental Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, this application may be denied.

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

\_\_\_\_\_  
(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 who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

\_\_\_\_\_  
(Signature of Notary)

## CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

I, \_\_\_\_\_, hereby consent to all inspections, searches and seizures and the supplying of handwriting exemplars as authorized by the Massachusetts Gaming Law, M.G.L. c. 23K, and by the rules and regulations of the Commission.

I am aware of my rights secured by the Constitution of the United States and by the Commonwealth of the State of Massachusetts not to consent to such inspections, searches and seizures and I expressly waive and forego that right.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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 who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

\_\_\_\_\_  
(Signature of Notary)

# RELEASE AUTHORIZATION

To All 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, \_\_\_\_\_ have  
(Print Name)

authorized the Massachusetts Gaming 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.

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

DATED: \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
TYPE, STAMP OR PRINT NAME

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)

## M E M O R A N D U M

August 29, 2012

To: Commissioners

From: Jim McHugh

Cc: Janice Reilly, Elaine Driscoll, Eileen Glovsky

Re: Proposed Processing of Comments on Phase 1 Regs

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As you know, we are going to have a meeting on September 10 to gather comments on the Phase 1 regs. September 10 is also the date by which written comments must be submitted. Because we have not been through this process before and because we need to digest and act on the comments we receive in time to make appropriate changes in the draft regs and have them in the hands of the Secretary of State by September 28, I thought I would propose a processing plan for discussion at our meeting on Tuesday, September 4. Here goes:

September 10 hearing: Because the September 10 hearing is being held pursuant to G.L. c. 30 A, § 2 or § 3, it is not subject to the open meeting law as long as we do not deliberate during the meeting. That means we listen to and accept comments offered by the public, ask any questions that are designed to clarify the points the speaker is making but do not get into discussions of policy or engage in any decision-making. We can answer technical questions to clarify ambiguities in the draft regs if there is a clear answer to the question posed by the ambiguity. If, however, the clarification requires interpretation of the regulations or formulation of some policy, however minor, we simply have to say that we cannot answer the question at present and then attempt to answer it either in the form of an amended regulation or otherwise. We have to be disciplined about that process if we want to avoid the constraints imposed by the open meeting law. The most important practical consequence of our freedom from open meeting law requirements is our ability to array commissioners for the hearing in any way we want and not be limited to having three commissioners in one location and one at each of the other two.

Processing the comments: Once we gather the comments, we have to process them in an efficient way that will obtain all relevant inputs. Here's an approach with suggested deadlines:

A day or two after September 10: A transcript of the September 10 hearing is posted on the website and distributed to all commissioners. All comments are likewise distributed to all commissioners.

September 13: A & K collates the various written and oral comments and produces a memorandum in which all comments on a particular topic are grouped together and tied, if appropriate, to a specific regulatory section. A & K distributes the resulting memorandum to the gaming consultants and to the Commission.

September 19: The gaming and the legal consultants present to the commissioners a joint memorandum with their recommendations on accepting the comments, rejecting them or accepting them with modifications if a joint memorandum is possible and, to the extent it is not, they present separate memoranda.

September 21: If there are differences between the gaming and the legal consultants, I try to resolve the differences or, if resolution is impossible, make a written recommendation as to which path to take and, in any event, distribute to all commissioners a checklist of the issues we need to address on September 25 as a result of the September 10 hearing.

September 25: The Commission votes on the changes it wants to make.

September 28: Appropriate changes are made and the regulations, in final form, are delivered to the Secretary of State for publication on October 12, thereby enabling release of the applications the following week, on schedule.

That lineup anticipates a fairly high volume of comments. If the volume of comments is small, we can always compress the process and eliminate some of steps outlined above. At the September 25 meeting, we will also address the confidentiality issues that have emerged from commentary on the application forms. We are not going to accept oral comments on the confidentiality issues, so I would propose to distribute the written comments we have received with a summary and recommendation memo on September 21.

**AUGUST WESTERN MASSACHUSETTS FORUM**  
**QUESTIONS FROM CITY OF CHELSEA**

**Questions**

1. What is the Local Capital Projects Fund, what will it fund, is it for host, surrounding and/or all communities? This fund was created in G.L. c. 29, § 2EEEE which was added by St. 2011, c. 194, the same statute that created our governing statute, G.L. c. 23K. Unlike sections 2CCCC and 2 DDDD, which were created by the same legislation, 2EEEE does not describe where the money deposited into the fund is to be spent nor does it describe who is to authorize disbursements from the fund. There used to be a Local Capital Projects Fund described in one of the Comptroller's comprehensive annual reports – that fund was dedicated to building jails and prisons – but the current version does not appear to carry any reference to it. I would advise contact with the Comptroller to see if he knows anything about how this fund is to operate.
2. Is there a standard percentage of gross gaming receipts that should be shared with the host community and with the surrounding communities? No. 6.5% of the tax on gross gaming revenue goes into the Community Mitigation fund and then, under G.L. C. 23K, §61(b), the Commission distributes portions of that fund to host and surrounding communities in accordance with requests they make and regulations the Commission creates.
3. Can host/surrounding communities agreements include payments for unrestricted local government use or must all funds have associated mitigations? This is what §61(b) says: "The commission shall administer the [community mitigation] fund and, without further appropriation, shall expend monies in the fund to assist the host community and surrounding communities in offsetting costs related to the construction and operation of a gaming establishment including, but not limited to, communities and water and sewer districts in the vicinity of a gaming establishment, local and regional education, transportation, infrastructure, housing, environmental issues and public safety, including the office of the county district attorney, police, fire and emergency services." That language governs the Commission's distribution of funds to host and surrounding communities that request them but, apart from subject matter, leaves the commission broad discretion regarding particular expenditures.
4. Will community mitigation funds be available to communities prior to construction beginning or facilities opening? With the exception of funds paid by the developers as part of the application fee, the answer is no because the remaining funds come from a tax on gross gaming revenue.
5. Are mitigation agreements contracts and assuming so, can municipalities legally enter into 15 year contracts with casinos? Yes and yes. The statute is silent about the content of mitigation agreements but there is nothing to prevent a host or surrounding community entering such an agreement with all of the formalities of a contract for whatever duration the community deems appropriate. It may be, however, that the Commission would wish to create a regulation dealing

with some of these matters to prevent, for example, a 50 year mitigation contract from accompanying a 15 year license and the potentially disappointed financial expectations that could result if the license were not renewed.

6. How will the Gaming Commission determine social impacts that communities say they are experiencing? We have not yet decided that. Chapter 23K, §61(c), however, says that we can hold hearings for that purpose and we surely can make inquiries on the subject during the course of the licensing proceeding if a surrounding city or town claims that the applicant's mitigation efforts are insufficient. Finally, the gaming policy advisory committee created by §68 has a subcommittee on community mitigation that is to look at, and make recommendations on, this topic. That subcommittee, in turn, receives advice on the subject from the local community mitigation advisory committees in each region. Chapter 23K, §68 details this process.
7. Can a table of all revenue sources and how they can be used/accessed by municipalities be published? Yes. We should undoubtedly do that as part of the package of helpful web content overseen by the ombudsman.

Jay Ash  
Chelsea  
617-466-4100



sd



## THE CITY OF SPRINGFIELD, MASSACHUSETTS

MAYOR DOMENIC J. SARNO

*HOME OF THE BASKETBALL HALL OF FAME*

August 31, 2012

Stephen Crosby, Chair  
Massachusetts Gaming Commission  
84 State Street, Suite 720  
Boston, MA 02109

Re: Springfield Casino Host Agreement Negotiation Process

Dear Commissioner Crosby:

As the City proceeds to negotiate a host agreement (or agreements) with potential casino license applicants, it finds itself in the unique and enviable position of you having several potentially viable applicants. The City has retained consultants to help navigate through this new and highly regulated industry.

In the course of the process, a potential casino license applicant has raised questions about a potential conflict of interest of the City's consultant. As I am sure you are well aware from the Commission's own gaming consultant selection process, this is a highly specialized industry and the pool of highly qualified consultants with experience of negotiating large scale casino developments is limited.

I understand that our City staff drew from the Commission's consultant selection process when procuring the services, and I would ask that your commission staff work with the City's internal team to assure that we maintain a high level of integrity and transparency though out the process. The City looks forward to your guidance and clarification on this matter.

Thank you for your assistance and cooperation. If you have any questions, do not hesitate to contact me.

Respectfully,

Domenic J. Sarno



## THE CITY OF SPRINGFIELD, MASSACHUSETTS

MAYOR DOMENIC J. SARNO

*HOME OF THE BASKETBALL HALL OF FAME*

### **PRESS RELEASE**

### **CONTACT:**

Tom Walsh  
Communications Director  
Office of Mayor Domenic J. Sarno  
[TWalsh@springfieldcityhall.com](mailto:TWalsh@springfieldcityhall.com)  
Tel: (413) 787-6109

### **DESTINATION CASINO RESORT SELECTION PROCESS ANNOUNCED**

*August 27, 2012* - The City is pleased to announce its proposed selection process for a destination casino resort project. Pursuant to an “Act Establishing Expanded Gaming in the Commonwealth,” codified at Chapter 194 of the Acts of 2011, a Host Community Agreement is required for a category 1 gaming license in Western Massachusetts.

The City is in the enviable position of having multiple casino companies interested in locating within the City. To obtain the best possible proposal for the City, the Commonwealth and applicable surrounding communities, we have established a two-phase competitive selection process. Through this process, Mayor Sarno, with the advice and assistance of the City’s legal and other consultants and advisors, will select one or more enterprises with whom to negotiate and execute a Host Community Agreement.

The first phase of the competitive selection process will focus on the overall financial suitability of the proposers, their experience and general project concept. The second phase will require more specific information concerning the proposers, their projects and the expected economic benefits the City would receive under a Host Community Agreement.

“It is with great excitement that we kick-off the casino selection process,” said Mayor Sarno. “This much anticipated economic development project will be the largest in the City’s history and means thousands of good paying jobs for our residents, significant opportunities for our business community and sustainable economic benefits for our great City,” the Mayor continued. “I have instructed our City departments and our consultants to conduct an open, fair and robust competitive process that will allow me to choose that project or projects that best meet the City’s selection criteria.”

Between now and September 5, 2012, the date on which the first phase of the selection process is expected to be released, the City administration and its consultants will meet with members of the City Council, the Springfield business community, state legislators and other interested parties to discuss the process and receive comments.

During the selection process, the City expects to host public meetings at which casino developers will make public presentations of their proposals to City residents and at which input will be sought from those residents. The City will also maintain a dedicated casino website at which residents can receive updated information on the developers' proposals and the selection process.

Although Mayor Sarno will lead the negotiations of any Host Community Agreement, the City Council must approve any Host Community Agreement. The City administration and its consultants will advise the City Council on at least a monthly basis on the selection process and other matters relating to the casino proposals.

The gaming act requires that the final Host Community Agreement and a concise summary of the agreement be published in a periodical of general circulation and be posted on the City's website no later than seven days after it is signed. In addition, the gaming act requires that the question of whether to locate a gaming establishment in the City be submitted to the voters for their approval.

The City's proposed selection process is as follows:

- The City's proposed selection process will be in two phases.
- Phase I, expected to commence September 5, 2012, will seek to pre-qualify enterprises based on a variety of criteria including financial suitability, experience, and project concept. Those responders who meet the City's qualification criteria will then be invited to participate in the City's Phase II selection process.
- Phase II, expected to commence in early October 2012, will ask all proposers to address how their proposed project will assist the City in achieving the following core goals: (i) making a significant and lasting contribution to the City and the Commonwealth and increasing sustainable economic benefits from tourism and conventions; (ii) being a catalyst for additional economic development in the City; (iii) creating good paying jobs and new employment opportunities for City residents; (iv) utilizing local and small business suppliers and vendors, including minority business enterprises, women business enterprises and veteran business enterprises; (v) utilizing the City's existing entertainment venues; (vi) mitigating any adverse impacts of the project on the City and surrounding communities; and (vii) providing additional revenues for the City. It is expected that the project will be competitively unique, providing a standard of service and excellence that will be known throughout the Northeast region of the United States.
- Through the selection process, which the City expects to be completed in mid-December 2012, the Mayor will select one or more enterprises with whom to negotiate and execute a Host Community Agreement.

- Upon the successful conclusion of those negotiations, targeted for the end of January 2013, the final Host Community Agreement or Agreements will be submitted to the City Council for approval.
- Any Host Community Agreement will be published and posted no later than seven days after signing and the question of locating the project in the City will be submitted to the City's voters no earlier than 60 and no more than 90 days after a request for such vote is made by the gaming license applicant.
- It is anticipated that this ballot question will be voted on sometime in Spring 2013.

###

## TIMELINE

### REQUEST FOR QUALIFICATIONS/REQUEST FOR PROPOSALS

#### PROPOSED DESTINATION CASINO RESORT DEVELOPMENT

#### FOR

#### THE CITY OF SPRINGFIELD, MASSACHUSETTS

<b><u>Action</u></b>	<b><u>Date</u></b>
1. Phase I-RFQ/P issued	September 5, 2012
2. Last date for interested proposers to submit written questions concerning the Phase I-RFQ/P	September 10, 2012
3. City posts on its Webpage (see Section 4.B. hereof) written responses to questions	September 14, 2012
4. Phase I-RFQ/P Responses due by 5:00 p.m.	September 25, 2012
5. City reviews responses and selects qualified responders	by October 2, 2012
6. City issues Phase II-RFQ/P to qualified responders	October 3, 2012
7. City holds information meeting for participants in Phase II- RFQ/P	October 15, 2012
8. Participants in Phase II-RFQ/P make public presentation(s) of their proposals	TBD
9. Responses to Phase II-RFQ/P due by 5:00 p.m.	November 13, 2012
10. City announces proposer(s) qualifying for right to negotiate host community agreement	December 14, 2012
11. City commences negotiations of host community agreement(s)	December 17, 2012 to January 29, 2013
12. City enters into a host community agreement(s) with proposer(s)	by January 29, 2013
13. Vote on ballot question	Spring 2013