

MASSACHUSETTS GAMING COMMISSION



SPECIMEN ONLY

INFORMATION MARKED IN YELLOW IS INFORMATION THE COMMISSION INTENDS TO TREAT AS CONFIDENTIAL

**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.

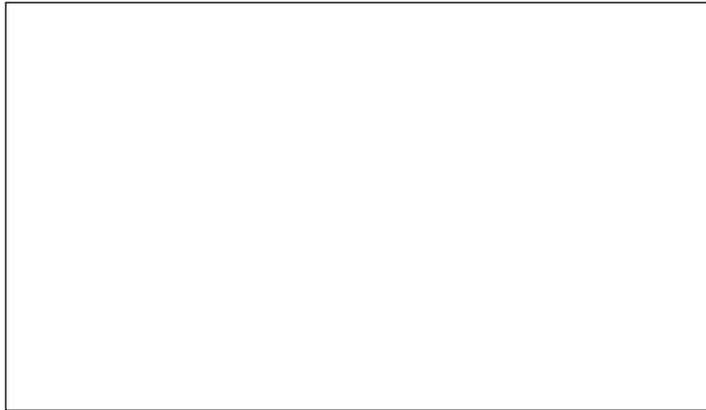
IV. IMPORTANT NOTICES

- 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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <u>HAIR COLOR</u> | <u>EYE COLOR</u> | <u>SEX:**</u> | <u>RACE:**</u> |
| <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (M) MALE | <input type="checkbox"/> (C) CAUCASIAN |
| <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (F) FEMALE | <input type="checkbox"/> (B) BLACK |
| <input type="checkbox"/> (BD) BLOND | <input type="checkbox"/> (HZ) HAZEL | | <input type="checkbox"/> (H) HISPANIC |
| <input type="checkbox"/> (RD) RED | <input type="checkbox"/> (BL) BLUE | | <input type="checkbox"/> (A) ASIAN |
| <input type="checkbox"/> (WH) WHITE | <input type="checkbox"/> (GY) GRAY | | <input type="checkbox"/> (N) NATIVE AMERICAN |
| <input type="checkbox"/> (BA) BALD | <input type="checkbox"/> (GR) GREEN | | |

*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(n):

- | | |
|-----------------------------------|---|
| <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 a 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 year(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 108.02 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 SPOUSE	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 OR SPOUSE OR ENTITY (NAME OF ENTITY)	TYPE OF LICENSE, PERMIT OR CERTIFICATE	GOVERNMENT AGENCY	DATE OF AGENCY ACTION	DENIAL, SUSPENSION OR REVOCAATION	REASON FOR DENIAL SUSPENSION OR REVOCAATION

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)