



MASSACHUSETTS GAMING COMMISSION
REQUEST FOR VETERAN'S BUSINESS ENTERPRISE
(Pursuant to 205 CMR 135.01)

"Veteran Business Enterprise" (VBE) shall have the same meaning as the term "small business concern owned and controlled by veterans(s)" as defined by the US Dept. of Veterans Affairs (38 CFR 74), whose status can be verified by the Vendor Information Pages Verification Program located at www.VetBiz.gov or the successor vendor information and verification system established by, or in contract with the federal government or by the Division of Licensing of the Massachusetts Gaming Commission.

Name of Applicant: _____

Business Name: _____

Business Address: _____
(Number, Street) (City/State/Zip Code)

(Cell Number) (Daytime Number) (E-Mail Address)

Percentage of the above-named business owned by the applicant: _____%

Check the appropriate box for the type of license that the applicant has applied for:

Gaming Vendor Primary Gaming Vendor Secondary Non-Gaming Vendor Subcontractor

(NOTE: Please attach a copy of your Articles of Incorporation and label it: "Attachment 1".)

MILITARY SERVICE DATA

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

Yes No If you checked yes, provide the following information:

Branch of Service: _____ Service Serial #: _____ Highest Rank Held: _____

Period(s) of Active Service:

From _____ To _____

From _____ To _____

2. 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): _____

(NOTE: Please attach a copy of your Military Service Record (DD214). If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214. Label the attachment: "Attachment 2".)

I, _____, hereby state under the pains and penalties of perjury
(Print your name)

that the information contained herein is true and accurate to the best of my knowledge and understanding.

(Signature)

(Type, Print or Stamp Name)

(Date)