

Sports Wagering Operator & Vendor Scope of Licensing – Initial Survey

SPORTS WAGERING LICENSE INFORMATION							
Seeking to apply as:	Category 1 Operator Category 2 Operator Vendor to Operator						
ADDITIONAL INFORMATION & DESCRIPTION							
Company Name:	APPLICANT INFORMATION & DESCRIPTION BetMGM, LLC						
D/B/A or Trade Name(s):	Roar Digital						
Corporate HQ Address: (Also include the address of any operation/s in Massachusetts)	210 Hudson Street, Harborside Plaza 3, Suite 602 Jersey City, New Jersey 07302						
Point-of-Contact for Licensing Process: (Include NAME, POSITION, ADDRESS, PHONE, EMAIL)							
Description of Business:	BetMGM is a gaming Operator that offers sports wagering (mobile and retail) and igaming across 25 North American jurisdictions.						
Goods/Services you expect to provide in Massachusetts:	BetMGM intends to offer both online and retail sports wagering in association with MGM Springfield.						
·							
APPLICANT ORGANIZATIONAL INFORMATION							
Applicant Company Type:	Sole Proprietorship ✓ LLC Cooperative C-Corporation S-Corporation Partnership SEC Registrant Other						
Publicly Traded? :	No Yes (if "Yes", Stock exchange symbol and exchange)						
Applicant Financial Statements Type:	Audited Reviewed Consolidated Internally Compiled Externally Compiled Supplemental Other						



Sports Wagering Operator & Vendor Scope of Licensing – Initial Survey

	Operato	a vendor scope o	JI LICCIIS	ning initial salvey			
Ap	oplicant Tax Returns:	✓ Stand-Alone Co	nsolidated (w	rith)			
	nagement Structure: you have any of the following?)	Compliance Committe	e	Audit Committee Other(s)			
		ATTACH	MENTS				
PLEASE SUBMIT THE FOLLOWING INFORMATION							
		ATION including parent compare sports wagering-related)		ubsidiaries (note any companies that are	е		
TABLE of OWNERSHIP INTERESTS showing all ownership interests, including parent companies and subsidiaries showing the corporate structure with entity names and ownership percentages.							
FUNCTIONAL TABLE of ORGANIZATION including the executive team and Board of Directors with individual names and titles, and percentage of ownership interest, if applicable.							
<u>. </u>	CONTROL – List (1) individuals and entities who own 10 percent or more of the applicant; (2) individuals and entities who have the ability to control the activities of the applicant; and (3) any executive, employee or agent having the power to exercise significant influence over decisions concerning the applicant's sports wagering operations in Massachusetts.						
•	INSTITUTIONAL INVESTORS – Provide a list of these investors along with their percentage of ownership.						
	LICENSING HISTORY – List the last 3 jurisdictions in which licensed for sports wagering operations, including the type of license that was obtained.						
	LICENSEE ASSOCIATION – List any Gaming Licensee(s), Sports Wagering Operator Licensee(s) or Applicant(s) for a Sports Wagering Operator License with whom you have an agreement to conduct business or are in the process of negotiating an agreement.						
	ON-SITE PERSONNEL (for Vendor only) – If you expect to have any personnel on-site at a						

Massachusetts casino, please indicate the approximate number and a brief description of their duties.













