

KEY EMPLOYEE – STANDARD APPLICATION FORM

THIS APPLICATION IS USED FOR:

(Please check the appropriate box indicating the reason for submitting this application)

KEY SPORTS WAGERING EMPLOYEE – STANDARD APPLICANTS

GAMING VENDOR – PRIMARY INDIVIDUAL QUALIFIER APPLICANTS

SPORTS WAGERING VENDOR – INDIVIDUAL QUALIFIER APPLICANTS

INDEPENDENT, SELF-EMPLOYED JUNKET REPRESENTATIVE APPLICANTS



Name of Applicant: _____

KEY EMPLOYEE - STANDARD APPLICATION INSTRUCTIONS

COMPLETING A KEY EMPLOYEE LICENSE – STANDARD APPLICATION:

- This application form is to be completed by any person who wishes to apply for a position that requires you to be licensed as a key gaming employee - standard.
- As part of the application process, you may be required to submit a Certificate of Good Standing/Tax Compliance Request Status from the Massachusetts Department of Revenue. To obtain this certificate go to MassTax Connect at: <http://mtc.dor.state.ma.us/mtc/>
- Application fees are non-refundable.
- If you are unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation:

Si usted no puede entender este formulario completamente en Inglés, es su responsabilidad obtener los metodos necesarios de traducción.

BEFORE SUBMITTING THIS APPLICATION TO THE COMMISSION, CHECK THAT:

- Please **read each question** carefully prior to answering.
- **Answer every question completely and honestly.** Do not omit information and be sure not to leave any question blank.
- This is **not an employment application** and the Massachusetts State Police will be conducting your background review to determine your suitability.
- Throughout this form, if you have nothing to disclose or if a question does not apply to you, please check "|| **N/A** ☐ ||" where available.
- Ensure that **all attachments required for this application are labeled** with the correct title and attachment numbers and are attached to the application filed with the Commission.
- **Initial and date** each page where indicated.
- All entries on this form, except signatures, must be **typed or printed in block lettering** using dark ink. If the application is not legible, it will not be accepted.

(Note: the Commission will not accept your application if it is illegible or if you have modified any of the questions or pre-printed information on this application.)
- **Retain a completed copy** of this application for your own records.

Initials/Date: _____

FINGERPRINTING and BACKGROUND INVESTIGATION

- Along with a completed application, you will be **required to be fingerprinted** so the Commission may initiate a criminal record check to determine your suitability.
- You must provide two (2) fingerprint cards with this application, along with an Identity Confirmation form. See the form and associated instructions for further details.
- You will be required to provide **proof of identification** when you are being fingerprinted. Acceptable proof of identity includes:
 1. A current and valid United States Passport; **OR** REAL ID driver's license; **OR** a Certificate of United States Citizenship, or a certificate of Naturalization; **OR** a current and valid identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address;

OR

2. A certified copy of a birth certificate issued by a state, county or municipal authority in the United States bearing an official seal, **AND any one of the following authentic documents:**
 - a. A current and valid Standard driver's license containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes and address; **or**
 - b. A current and valid identification card issued to persons who serve in the United States Military or their dependents by the United States Department of Defense containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes, and address; **or**
 - c. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder; **or**
 - d. A current and valid identification card issued by a Federal, state or local government agency containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes, and address.

OR

3. A current and valid foreign Passport with an employment authorization issued by the USCIS, **AND any one of the following authentic documents:**
 - a. A current and valid Standard driver's license containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes, and address; **or**
 - b. A current and valid student identification card containing a photograph, an expiration date, seal or logo of the issuing institution, and the signature of the card holder; **or**
 - c. A current and valid identification card issued to persons who serve in the United States Military or their dependents by the United States Department of Defense containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes, and address; **or**
 - d. A current and valid identification card issued by a Federal, state or local government agency containing a photograph or identifying information such as name, date of birth, sex, height, color of eyes, and address.

NOTE: Any person whose current legal name is different from the name on his or her certified birth certificate (for example, maiden name) must show legal proof of the name change. Such proof includes a certified marriage or civil union certificate, divorce decree or court order linking the new name with the previous name, provided that, a divorce decree may be used as authority to resume using a previous name only if it contains the new name and permits a return to use of the previous name.

Initials/Date: _____

IMPORTANT INFORMATION

- All applicants and licensees shall have the continuing duty to provide any assistance or information required by the Commission or the Investigations and Enforcement Bureau (Bureau) and to cooperate in any inquiry or investigation conducted by the Commission or the Bureau. Refusal to answer or produce information, evidence, or testimony by an applicant or licensee may result in denial of the application, suspension or revocation of the license.
- No applicant and licensee shall willfully withhold information from or knowingly give false or misleading information to the Commission or Bureau. If the Commission or Bureau determines that an applicant, or a close associate of an applicant, has willfully provided false or misleading information, such applicant shall not be eligible to receive a license. A licensee who willfully provides false or misleading information may have its license conditioned, suspended, or revoked by the Commission.
- All key gaming employee applicants and licensees have a continuing duty to update changes to certain information the applicant or licensee is required to provide or has provided to the Commission.
- To fulfill this continuing obligation, a key gaming employee applicant or licensee must:
 1. Submit information about the change to the Commission **in writing no later than ten days** after the change occurs; and
 2. In the notice to the Commission, include the name and license number (if applicable) of the applicant or licensee.
- All notices regarding your application will be sent to the email address or home address that you provide on this application. You must notify the Commission immediately of any personal information changes.
- The Bureau or Commission shall deny or revoke a key gaming employee license if the individual has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application to the Massachusetts Gaming Commission that contains false or misleading information; committed prior acts which have not been prosecuted or in which the applicant was not convicted but form a pattern of misconduct that makes the applicant unsuitable.
- In determining whether an applicant for licensure is suitable for the purpose of being issued a license, the Bureau may evaluate and consider the overall reputation of the applicant including, without limitation: the integrity, honesty, good character, and reputation of the applicant; and whether the applicant has been convicted of a crime of moral turpitude.
- The applicant for a license may not appeal a decision made by the Bureau to the Commission in accordance with 205 CMR 134.09 (1)(a) that was based upon a disqualifying prior conviction in accordance with 205 CMR 134.10(4)(c) on the basis that the applicant wishes to demonstrate rehabilitation.
- The holder or applicant of a key gaming employee license may appeal a decision made by the Bureau based upon a disqualifying prior conviction on the basis that they wish to demonstrate rehabilitation only if the conviction occurred before the 10 year period immediately preceding application for registration.
- An applicant for a key employee license shall be at least 18 years of age at the time of application.
- A gaming vendor – primary individual qualifier applicant's term of suitability is for a **term of 3 years**. An application for suitability renewal shall be submitted
- The Massachusetts Public Records Law (Law), <http://www.sec.state.ma.us/pre/preidx.htm> found at Chapter 66, Section 10 of the Massachusetts General Laws, applies to records made or received by a Massachusetts governmental entity. Unless the requested records fall under an exemption to the Law, the responsive documents must be made available to the requester. A list of exemptions may be found at Chapter 4, Section 7(26) of the Massachusetts General Laws.

If you have any questions regarding this application, please contact the

Division of Licensing at MGCVendorLicensing@massgaming.gov

Initials/Date: _____

KEY EMPLOYEE - STANDARD LICENSE APPLICATION FORM**PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED****IMPORTANT****FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION****NAME AND ADDRESS**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)			FIRST	MIDDLE
MAILING ADDRESS: NUMBER AND STREET	APT#	CITY	STATE	ZIP CODE
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS	APT#	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	

DESCRIPTIVE INFORMATIONDATE OF BIRTH: _____ HEIGHT: _____ FT _____ IN WEIGHT: _____ LBS SOCIAL SECURITY NUMBER: _____-_____-_____
(MM/DD/YYYY)**HAIR COLOR**

- ☐ BLACK ☐ BROWN
☐ BLONDE ☐ RED
☐ GRAY ☐ WHITE
☐ BALD

EYE COLOR

- ☐ BLACK ☐ BROWN
☐ HAZEL ☐ BLUE
☐ GRAY ☐ GREEN

SEX

- ☐ MALE
☐ FEMALE

RACE

- ☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ HISPANIC
☐ BLACK / AFRICAN AMERICAN ☐ WHITE
☐ ASIAN / PACIFIC ISLANDER
☐ OTHER _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY

DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME) _____

PLACE OF BIRTH: _____
CITY/TOWN STATE/PROVINCE COUNTRY

**MANUALLY AFFIX A COLOR
2" X 2" WITH
A FULL-FACE, FRONT VIEW
PHOTOGRAPH
TAKEN WITHIN THE PAST
6 MONTHS.**

Initials/Date: _____

REASON FOR FILING THIS APPLICATION

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

A. I am an applicant for a Key Employee:

☐ Standard

Or

B. I am a Vendor Qualifier because I am a(n):

☐ Owner

☐ Principal Employee

☐ Investor

☐ Stockholder

☐ Officer

☐ Partner

☐ Director

☐ Other

Or

C. I am an applicant for a Key Gaming Employee because I am a:

☐ Independent, self-employed junket representative

CI. Provide the following information about the gaming license applicant or licensee with which you are, or are seeking to be, associated:

NAME OF ENTITY

ADDRESS OF ENTITY: NUMBER AND STREET

CITY

STATE

ZIP CODE

NATURE OF APPLICANT'S POSITION WITH OR INTEREST IN SUCH ENTITY

CITIZENSHIP

2. Are you a citizen of the United States?

Yes ☐ No ☐

3. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as **attachment to question 3**.

If you answered "YES" to Question 2 and if applicable provided the certificate of naturalization, please continue to Question 6.

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

A. The country of which you are a citizen: _____

B. Your place of birth: _____

C. Your port of entry to the United States: _____

D. Name and address of your sponsor upon your arrival:

5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your "USCIS A" number or other USCIS authorization number in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as **attachment to question 5**.

USCIS "A" number: _____

Initials/Date: _____

RESIDENCE DATA

6. Beginning with your current residence and working backwards provide the following information with respect to each place where you have lived (including residences while attending college or while in the military) during the past ten (10) years.

DATES		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY AND ZIP CODE)	TELEPHONE NUMBER
FROM (MO\YR)	TO (MO\YR)		

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6**.

7. List any other residence that you have had in other states or countries since the age of 18. // N/A ☐ //

DATES		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY, AND ZIP CODE)	TELEPHONE NUMBER
FROM (MO\YR)	TO (MO\YR)		

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7**.

FAMILY/SOCIAL DATA

8. Check off your current status:

☐ Single
 ☐ Married
 ☐ Civil Union
 ☐ Legally Separated
 ☐ Divorced
 ☐ Widow/Widower

Provide the information listed below regarding each marriage or civil union:

WHEN AND WHERE	NAME OF SPOUSE OR CIVIL UNION PARTNER AND FORMER SPOUSE(S) OR CIVIL UNION PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	PRESENT ADDRESSES OF SPOUSE OR CIVIL UNION PARTNER AND/OR FORMER SPOUSE(S) OR CIVIL UNION PARTNER(S) (NO., STREET, APT., STATE, COUNTRY, ZIP CODE, IF KNOWN)

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8**.

MILITARY SERVICE DATA

9. Have you ever served in the US Military or reserves of the United States? Yes ☐ No ☐

If you checked no, please continue to Question 11

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 _____

From _____ To _____

Initials/Date: _____

10. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: _____

Type of discharge(s): _____

**** Attach a copy of your military record (DD214). If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214. If in the reserves, please attach a copy of your discharge papers. Label any of the following as **attachment to question 10**.**

11. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)?

Yes ☐ No ☐

If you checked yes, give details of the charge(s) and their disposition(s). On a separate sheet of paper, wherein you describe the (1) nature of the charge or arrest; (2) date and location of the charge or arrest; (3) name of the military organization filing the charges; (4) disposition (convicted, dismissed, pleading, etc.); and (5) sentence (if applicable), and attach it to this application, labeled as **attachment to question 11**.

EDUCATIONAL DATA

12. 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
FROM (MO\YR)	TO (MO\YR)			

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12**.

EMPLOYMENT AND LICENSING DATA

13. In the chart below, provide the information regarding your employment for the past ten (10) 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. Note by means of an asterisk (*) any gaming-related employment (such as casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM: (MO\YR)	TO: (MO\YR)					

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 13**.

Initials/Date: _____

14. With regard to the previously listed employment:

(a). Were you ever discharged, suspended or asked to resign from employment? Yes ☐ No ☐

(b). During the last ten (10) year period, have you been subject to any disciplinary action related to your employment? Yes ☐ No ☐

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

DATE	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 14.**

15. Have you ever applied in Massachusetts or in any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

Yes ☐ No ☐

If you checked yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

Note: Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 15.**

16. Have you ever had any license, permit or certification denied, suspended or revoked by a governmental agency in Massachusetts or anywhere else? (Do not include driver's license)

Yes ☐ No ☐

If you checked yes, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

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

Initials/Date: _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

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

DEFINITIONS:

For purposes of this question:

- A. **Arrest:** means being taken into custody by any police or other law enforcement authority.
- B. **Charge:** includes any indictment, complaint, information or other notice of the alleged commission of any "offense," including juvenile charges.
- C. **Conviction:** includes the finding of guilty of any "offense" upon a trial or a plea of guilty. Findings of delinquency from a juvenile court must be disclosed and may be considered by the MGC in determining overall suitability; however, a finding of delinquency will not lead to automatic disqualification of your application.
- D. **Crime or Offense:** includes all felonies, misdemeanors, and juvenile delinquency matters.
- E. **Disposition:** is the way the case was resolved, for example: guilty, not guilty, continued without a finding, dismissed, pending, delinquent, not delinquent.

INSTRUCTIONS:

- A. Please note, this is not an application for employment. Accordingly, you must answer all questions completely and may not omit information. Answer "yes" and provide all information to the best of your ability **EVEN IF**:
 - 1. You did not commit the offense charged;
 - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
 - 3. You completed a diversionary program or the equivalent thereof;
 - 4. The charge(s) or offense(s) occurred when you were a juvenile;
 - 5. You were not convicted or found delinquent;
 - 6. You were not placed in handcuffs;
 - 7. You did not serve any time in prison or jail;
 - 8. The charge(s) or offense(s) happened a long time ago.
- B. Answer "No" **IF**: You have never been arrested or charged with any crime or offense.
- C. You are **NOT** required to disclose records of criminal appearances, criminal dispositions, and/or any information concerning acts of delinquency that have been sealed.

IMPORTANT

The Massachusetts Gaming Commission will make inquiries to establish whether you have 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.

17. Have you ever been arrested, charged and/or convicted of **any crime or offense in any jurisdiction (including Massachusetts)**?

Yes ☐ No ☐

If you checked "Yes", complete the following chart below and on the next page:

CHARGE OR OFFENSE (LIST ALL CHARGES ARISING FROM EACH INCIDENT)	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED	DISPOSITION (EG: GUILTY, NOT GUILTY, DISMISSED, CONTINUED WITHOUT A FINDING, DELINQUENT, NOT DELINQUENT)	SENTENCE

Initials/Date: _____

Note: Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 17.**

Initials/Date: _____

- NOTE:** A. The Bureau or Commission shall deny or revoke a key gaming employee license if the individual has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application for a license under M.G.L. c. 23K, §30 and 205 CMR 134.00 that contains false or misleading information; committed prior acts which have not been prosecuted or in which the applicant was not convicted but form a pattern of misconduct that makes the applicant unsuitable.
- B. In determining whether an applicant for licensure is suitable for purposes of being issued a key gaming employee license, the Bureau may evaluate and consider the overall reputation of the applicant including, without limitation: the integrity, honesty, good character and reputation of the applicant; and whether the applicant has been convicted of a crime of moral turpitude.
- C. The applicant for a key gaming employee license may not appeal a decision made by the Bureau to the Commission in accordance with 205 CMR 134.09 (1)(a) that was based upon a disqualifying prior conviction in accordance with 205 CMR 134.10(3)(a) on the basis that the applicant wishes to demonstrate rehabilitation.

18. Have you 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 a traffic summons?

Yes ☐ No ☐

If you checked yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE WHICH TESTIMONY WAS GIVEN

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 18**.

19. In the past ten years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).

Yes ☐ No ☐

If you checked yes, complete the following chart:

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

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 19**.

VEHICLE OPERATOR DATA

20. Do you possess a current motor vehicle operator license?

Yes ☐ No ☐

If you checked yes, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you by Massachusetts or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 20**.

Initials/Date: _____

FINANCIAL DATA

21. List any businesses in which you have held an ownership interest for the past fifteen years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you own stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)	ADDRESS(ES) OF OTHER OWNER(S)
FROM: (MO\YR)	TO: (MO\YR)					

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 21**.

22. State when you filed your last Federal Income Tax Returns, what IRS Center was it sent, and the tax period it covered?

Date Filed: _____ Period Covered: _____

Federal Location: _____

Attach to the back of this form and label as **attachment to question 21**, copies of your Federal tax returns, including any extensions for the past 5 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.

23. In the past fifteen years or since the age of 18, whichever is less, have you personally been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME & ADDRESS OF TRUSTEE

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 23**.

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

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NAME & ADDRESS OF FILING PARTY	NAME & ADDRESS OF TRUSTEE

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 24**.

Initials/Date: _____

25. 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?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME & ADDRESS OF HOLDER OF OBLIGATION

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 25**.

26. 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 anything of value under an intestacy statute; or
(c) A settlor/grantor, beneficiary or trustee of any trust?

Yes ☐ No ☐

If you checked 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

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 26**.

27. During the last ten year period, have you had any right of ownership in, control over or interest in any foreign bank account(s)?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE		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)				

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 27**.

28. 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 \$10,000.00?

Yes ☐ No ☐

If you checked 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

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 28**.

Initials/Date: _____

29. 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 \$10,000?

Yes ☐ No ☐

If you checked 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

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 29.**

30. Have you or has your spouse or any of your children, while dependent, filed any insurance claims in excess of \$100,000 within the past ten year period?

Yes ☐ No ☐

If you checked yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

Note: Should you require additional space, please attach a separate sheet of paper in the same format and label it **attachment to question 30.**

31. 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 \$10,000 in value in any one year period?

Yes ☐ No ☐

If you checked yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 31.**

32. In the past five years or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000?

Yes ☐ No ☐

If you checked yes, complete the following chart:

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

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 32.**

33. a) Do you have any bank accounts or safe deposit boxes in your name?

Yes ☐ No ☐

- b) Do you have access to the funds in any other bank accounts or safe deposit boxes?

Yes ☐ No ☐

Initials/Date: _____

If you checked yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK	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.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 33.**

ANTITRUST, TRADE REGULATION AND SECURITY AGREEMENTS - STATUTORY AND REGULATORY VIOLATIONS

34. a) Have you ever had a judgment, order, consent decree or consent order pertaining to a violation or an alleged violation of the federal antitrust, trade regulation, securities laws, or similar laws of any state, province, or country entered against you?

Yes ☐ No ☐

- b) In the past 10 years, have you had a judgment, order, consent decree, or consent order pertaining to a violation or an alleged violation of any state or federal statute, regulation or code that resulted in a penalty or fine of \$50,000 or more entered against you?

Yes ☐ No ☐

If you checked "YES" to either question, 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

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 34-A or B.**

SETTLEMENTS, ALLEGATIONS, AND ADDITIONAL DISCLOSURES

35. Have you ever reached a settlement or had a settlement reached by another person or entity, on your behalf, prior to or in the absence of litigation or criminal charges being filed?

Yes ☐ No ☐

If you checked "Yes", provide a detailed explanation below:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 35.**

Initials/Date: _____

36. Have you ever reached a settlement or had a settlement reached by another person or entity, on behalf of a company with which you were/are affiliated, prior to or in the absence of litigation or criminal charges being filed?

Yes ☐ No ☐

If you checked "Yes", provide a detailed explanation below:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 36.**

37. Have you participated in any type of sexual harassment, sexual misconduct, or unlawful discrimination?

Yes ☐ No ☐

If you checked "Yes", provide a detailed explanation below:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 37..**

38. Have any allegations of sexual harassment, sexual misconduct, or unlawful discrimination been made concerning your behavior (including by employees and/or subordinates)?

Yes ☐ No ☐

If you checked "Yes", provide a detailed explanation below:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 38.**

Initials/Date: _____

39. In the interest of full disclosure and your obligation to be forthcoming in your application, is there any other information which might reflect adversely in an evaluation of your honesty, integrity, or good character, or otherwise impact a determination on your suitability for gaming licensure/qualification?

Yes ☐ No ☐

If you checked "Yes", provide a detailed explanation below:

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 39**.

Initials/Date: _____

NET WORTH STATEMENT – ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 19 through 26 and copy the totals in the appropriate space below. If you require additional space for the schedule questions, please attach a separate sheet of paper using the same format and label it the **appropriate schedule heading and attachment to corresponding numerical question.**

40. 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			
B) IN BANK (SCHEDULE A)			
2. NOTES RECEIVABLE (SCHEDULE B)			
3. LOANS AND OTHER RECEIVABLES (SCHEDULE C)			
4. SECURITIES (SCHEDULE D)			
5. REAL ESTATE INTERESTS (SCHEDULE E)			
6. CASH VALUE LIFE INSURANCE (SCHEDULE F)			
7. CASH VALUE PENSION/ RETIREMENT FUNDS (SCHEDULE G)			
8. FURNITURE AND CLOTHING (REASONABLE ESTIMATE)			
9. VEHICLES (SCHEDULE H)			
10. OTHER ASSETS (SCHEDULE I)			
TOTAL ASSETS			

Initials/Date: _____

41. 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)
11. NOTES PAYABLE (SCHEDULE J)		
12. LOANS AND OTHER PAYABLES (SCHEDULE K)		
13. TAXES PAYABLE (SCHEDULE L)		
14. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE M)		
15. LOANS AGAINST INSURANCE/PENSIONS (SCHEDULE N)		
16. OTHER INDEBTEDNESS (SCHEDULE O)		
TOTAL LIABILITIES		
NET WORTH TOTAL ASSETS (FROM COLUMN B) LESS TOTAL LIABILITIES (FROM COLUMN D)		
17. CONTINGENT LIABILITIES (SCHEDULE P)		

Date of Statement _____

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

Name _____

Address _____

Telephone _____

Email address _____

Initials/Date: _____

SCHEDULE "A" – CASH IN BANK

42. 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.

// N/A ☐ //

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
						\$
						TOTAL CURRENT BALANCE (ENTER THIS FIGURE IN ITEM 1, COLUMN B ON PAGE 18.)

SCHEDULE "B" – NOTES RECEIVABLE

43. List below all notes receivable held by you, your spouse or dependent children.

// N/A ☐ //

NAME AND ADDRESS OF DEBTOR	INTEREST RATE %	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DATE DUE	NATURE OF SECURITY, IF ANY, INDICATE IF UNSECURED	CURRENT BALANCE
		\$					\$
		TOTAL ORIGINAL LOAN AMOUNT (ENTER THIS FIGURE IN ITEM 2, COLUMN A ON PAGE 18.)					TOTAL CURRENT BALANCE (ENTER THIS FIGURE IN ITEM 2, COLUMN B ON PAGE 18.)

Initials/Date: _____

SCHEDULE "C" – LOANS AND OTHER RECEIVABLES

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

// N/A ☐ //

NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/ RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE	CURRENT BALANCE
		\$					\$
			TOTAL ORIGINAL LOAN PAYMENTS (ENTER THIS FIGURE IN ITEM 3, COLUMN A ON PAGE 18.)				TOTAL CURRENT BALANCE (ENTER THIS FIGURE IN ITEM 3, COLUMN B ON PAGE 18.)

SCHEDULE "D" - SECURITIES

45. 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. 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 to 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 (*).

// N/A ☐ //

NUMBER OF SECURITIES OR ACCOUNTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	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
				\$				\$
				TOTAL PURCHASE PRICE (ENTER THIS FIGURE IN ITEM 4, COLUMN A ON PAGE 18.)				TOTAL CURRENCY MARKET VALUE (ENTER THIS FIGURE IN ITEM 4, COLUMN B ON PAGE 18.)

Initials/Date: _____

SCHEDULE "E" – REAL ESTATE INTERESTS

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

// N/A ☐ //

ADDRESS PARCEL LOT NUMBER	LOT SIZE/ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
					\$		\$
					TOTAL PURCHASE PRICE (ENTER THIS IN ITEM 5, COLUMN A ON PAGE 18.)		TOTAL CURRENT MARKET VALUE (ENTER THIS FIGURE IN ITEM 5, COLUMN B ON PAGE 18.)

SCHEDULE "F" – CASH VALUE – LIFE INSURANCE

47. 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.

// N/A ☐ //

DATE PURCHASED	INSURANCE CARRIER	POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE
						\$
						TOTAL CASH SURRENDER VALUE (ENTER THIS FIGURE IN ITEM 6, COLUMN B ON PAGE 18.)

Initials/Date: _____

SCHEDULE "G" – CASH VALUE – PENSION/RETIREMENT FUNDS

48. Indicate below the information requested with regard to the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

// N/A ☐ //

TYPE OF FUND	TYPE OF SECURITIES HELD	EMPLOYER/ INSTITUTION	ACCOUNT NUMBER, IF ANY	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
				\$		\$
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (ENTER THIS FIGURE IN ITEM 7, COLUMN A ON PAGE 18.)		TOTAL CURRENT CASH VALUE (ENTER THIS FIGURE IN ITEM 7, COLUMN B ON PAGE 18.)

SCHEDULE "H" – VEHICLES

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

// N/A ☐ //

TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
					\$	\$
*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. **If leased, enter the sum of the down payment plus monthly payments to date as the total cost					TOTAL COST(S) OF VEHICLES (ENTER THIS FIGURE IN ITEM 9, COLUMN A ON PAGE 18.)	TOTAL CURRENT MARKET VALUE OF VEHICLES (ENTER THIS FIGURE IN ITEM 9, COLUMN B ON PAGE 18.)

Initials/Date: _____

SCHEDULE "I" – OTHER ASSETS

50. List below the information requested with regard to all other assets held by you, your spouse or your dependent children. Include such things as sole proprietorships, partnership interest, joint ventures, art collections, coin collections, antiques, etc.

// N/A ☐ //

NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
		\$			\$
		TOTAL COST(S) OF OTHER ASSETS (ENTER THIS FIGURE IN ITEM 10, COLUMN A, ON PAGE 18.)		TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (ENTER THIS FIGURE IN ITEM 10, COLUMN B ON PAGE 18.)	

SCHEDULE "J" – NOTES PAYABLE

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

// N/A ☐ //

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
						\$			\$
						TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (ENTER THIS FIGURE IN ITEM 11, COLUMN C ON PAGE 19.)		TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (ENTER THIS FIGURE IN ITEM 11, COLUMN D ON PAGE 19.)	

Initials/Date: _____

SCHEDULE "K" – LOANS AND OTHER PAYABLES

52. 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.

// N/A ☐ //

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	
						\$			\$	
						TOTAL ORIGINAL AMOUNT OF LIABILITY (ENTER THIS FIGURE IN ITEM 12, COLUMN C ON PAGE 19.)				TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (ENTER THIS FIGURE IN ITEM 12, COLUMN D ON PAGE 19.)

SCHEDULE "L" – TAXES PAYABLE

53. 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.

// N/A ☐ //

TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST IF ANY	TOTAL AMOUNT DUE	
		\$		\$	
		TOTAL ORIGINAL TAX OBLIGATION(S) (ENTER THIS FIGURE IN ITEM 13, COLUMN C ON PAGE 19.)			TOTAL AMOUNT OF TAXES PAYABLE (ENTER THIS FIGURE IN ITEM 13, COLUMN D ON PAGE 19.)

Initials/Date: _____

SCHEDULE "M" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

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

// N/A ☐ //

NAME & 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
			\$				\$
			TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (ENTER THIS FIGURE IN ITEM 14, COLUMN C ON PAGE 19.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (ENTER THIS FIGURE IN ITEM 14, COLUMN D ON PAGE 19.)

SCHEDULE "N" – LOANS AGAINST INSURANCE/PENSION PLANS

55. List below the information requested with regard to all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

// N/A ☐ //

INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE	
		\$				\$	
			TOTAL ORIGINAL LIABILITY INSURANCE/PENSION LOANS (ENTER THIS FIGURE IN ITEM 15, COLUMN C ON PAGE 19.)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (ENTER THIS FIGURE IN ITEM 15, COLUMN D ON PAGE 19.)

Initials/Date: _____

SCHEDULE "O" – ANY OTHER INDEBTEDNESS

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

// N/A ☐ //

NAME & 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
					\$	\$
					TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (ENTER THIS FIGURE IN ITEM 16, COLUMN C ON PAGE 19.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (ENTER THIS FIGURE IN ITEM 16, COLUMN D ON PAGE 19.)

SCHEDULE "P" – CONTINGENT LIABILITIES

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

// N/A ☐ //

NAME & 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
					\$	\$
					TOTAL ORIGINAL CONTINGENT LIABILITIES (ENTER THIS FIGURE IN ITEM 17, COLUMN C ON PAGE 19.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (ENTER THIS FIGURE IN ITEM 17, COLUMN D ON PAGE 19.)

Initials/Date: _____

STATEMENT OF TRUTH and CONSENT

Statement of Truth

I, _____, hereby state under the pains and penalties of perjury that:
Print Name

1. The information contained herein and accompanies this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false or misleading this application may be denied.

Consent

I, _____, hereby consent to fingerprinting, photographing and the supplying of
Print Name
handwriting exemplars as authorized by 205 CMR 134.07.

I understand if I have questions regarding this form, I should ask an employee of Licensing.

Signature

Print Name

Date

RELEASE AUTHORIZATION

To Law Enforcement Agencies, 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, _____ authorize the
Print Name

Massachusetts Gaming Commission (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.

This release shall be valid from the date of signature and, once issued, for the term of the license (3 years).

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

Signature of Applicant

Print Name

Date

On this ____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Signature of Notary

Notary Stamp



INDIVIDUAL CERTIFICATION OF FILING AND PAYMENT OF FEDERAL/FOREIGN AND STATE TAXES

Applicant Name: _____

Please fill out the following chart, starting with the most recent tax filing year. If you have filed an extension in any of the previous five (5) years, please indicate such with an X next to the year in the "tax year" column.

Tax Year	U.S. Federal or Foreign Jurisdiction(s)	Examined, Audited, or Adjusted by the IRS or Foreign Jurisdiction? (Y/N)	State(s)

If you are not required to file, indicate as such and the reason why the filing is not required (i.e. under income reporting threshold, filed as a dependent on another return, or similar):

If Massachusetts is listed in the chart above, if you have ever filed taxes in Massachusetts, or if you have earned Massachusetts-taxable income, you must request a Certificate of Good Standing (COGS) from the Massachusetts Department of Revenue.

As an applicant for qualification, licensure, or registration from the Massachusetts Gaming Commission, I do hereby certify under the pains and penalties of perjury:

- I have filed all required U.S. federal, state, and/or foreign tax returns during the five (5) years preceding my application as indicated in the above chart;
- I understand that if I amended my return after its original submission, the amended

return must be submitted in addition to the original;

- For any tax year where I have indicated a foreign jurisdiction, I was not otherwise required to file U.S. Federal tax returns;
- For any tax year where I have indicated that I did not file taxes in Massachusetts, I was not required to file Massachusetts returns;
- I understand that I must submit the last four years of U.S. Tax Account Transcripts as part of the application; if these tax transcripts were not included in the original filing, indicate the date they were requested from the IRS: _____; and
- I have not been notified of any unpaid U.S. federal, foreign, or state tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service, foreign taxing authority, or state Department of Revenue, and I am not in default.

Signature of Individual

Date

Printed Name of Individual