



MASSACHUSETTS GAMING COMMISSION

PLEASE SUBMIT THIS LETTER AND ATTACHMENTS TO:
MASSACHUSETTS GAMING COMMISSION
ATTENTION: JOHN ZIEMBA, OMBUDSMAN
84 STATE STREET, SUITE 720
BOSTON, MA 02109

LETTER OF AUTHORIZATION

in accordance with 205 CMR 114.03(2)

TYPE OF REQUEST (choose one from drop down menu): [Click to choose one](#)

1. NAME OF MUNICIPALITY
2. MUNICIPAL DEPARTMENT RECEIVING FUNDS
3. NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS
4. ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS
5. PHONE # AND EMAIL ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS
6. NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY
7. ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY
8. PHONE # AND EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS
9. NAME OF APPLICANT FOR GAMING LICENSE
10. NAME OF AUTHORIZED REPRESENTATIVE OF GAMING APPLICANT
11. PHONE # AND EMAIL ADDRESS OF REPRESENTATIVE OF GAMING APPLICANT

The Commission must receive originally executed Letters of Authorization.

ITEMIZATION OF APPROVED FUNDS

Please identify below the manner in which the funds have been/are to be used. Documentation (e.g.- invoices, proposals, estimates, etc.) adequate for the Commission to ensure that the funds have been/are to be used for the cost of determining the impact of a proposed gaming establishment and/or for negotiating a community mitigation impact agreement must be attached to this *Letter of Authorization*. Please attach additional sheets if necessary.

(CLICK ON BOX TO INSERT TEXT)

1Name of vendor Address of vendor Type of Service Provided Cost of Service Type of request

2Name of vendor Address of vendor Type of Service Provided Cost of Service Type of request

3Name of vendor Address of vendor Type of Service Provided Cost of Service Type of request

4Name of vendor Address of vendor Type of Service Provided Cost of Service Type of request

5Name of vendor Address of vendor Type of Service Provided Cost of Service Type of request

6Name of vendor Address of vendor Type of Service Provided Cost of Service Type of request

CERTIFICATION BY MUNICIPALITY

On behalf of the aforementioned municipality I hereby certify that the funds that are requested in this application have been used/will be used solely for the purposes articulated in this letter of authorization.

(for reimbursements) Further, on behalf of the aforementioned municipality I hereby certify that the funds have been properly appropriated and expended for the designated services.

Signature of responsible municipal official

Date

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APPROVAL OF GAMING APPLICANT

On behalf of the aforementioned gaming applicant, I hereby authorize the payment of community disbursement funds to the municipality as outlined in this letter of authorization. The applicant acknowledges that if the total amount of payments authorized exceed the initial \$50,000 portion of the application fee, the applicant shall immediately pay to the Commission all such additional amounts authorized by this letter, or other similar letters.

Signature of authorized representative of applicant

Date

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