



# GAMING BEVERAGE LICENSE APPLICATION FORM

## REASON FOR FILING APPLICATION

### NAME OF GAMING LICENSEE

Blue Tarp reDevelopment, LLC

### ADDRESS OF GAMING ESTABLISHMENT

One MGM Way  
Springfield, MA 01103

### NAME OF CONTACT INDIVIDUAL FOR PURPOSES OF THE PROCESS

Seth N. Stratton, Vice President & Legal Counsel

### CONTACT INDIVIDUAL TELEPHONE NUMBER AND EMAIL ADDRESS

Telephone: (413) 273-5333 / E-mail Address: sstratton@mgmspringfield.com

## FEE

The fee for a gaming beverage license is **\$15,000**.

## LICENSED AREAS

A licensed area is a specific, limited and defined space within a gaming establishment wherein the sale, distribution, or storage of alcoholic beverages to be drunk on the premises is permitted pursuant to a gaming beverage license. A licensed area application on page 2 must be submitted for each area of the gaming establishment that the gaming licensee desires to have designated as a licensed area.

A floor plan of the gaming establishment indicating the location of each licensed area identified below, and a diagram of each licensed area, must accompany the submission of this application. If alcoholic beverages will be stored outside of a licensed area, storage areas must be identified on the floor plan.

## PROOF OF INSURANCE

Please attach proof of insurance to this application demonstrating liquor liability insurance for bodily injury or death for a minimum amount of \$250,000 on account of injury to or death of 1 person, and \$500,000 on account of any 1 accident resulting in injury to or death of more than 1 person. The policy shall have no annual aggregate limit.

## IMPORTANT INFORMATION

The Massachusetts Public Records Law (Law), <http://www.sec.state.ma.us/pre/preidx.htm> found in 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 in Chapter 4, Section 7(26) of the Massachusetts General Laws.



**LICENSED AREA APPLICATION**

Please use a separate LICENSED AREA APPLICATION form for each licensed area and attach each sheet, along with a floor plan and licensed area diagrams to this application.

**NAME OF LICENSED AREA** (e.g. – function hall, XYZ Restaurant, gaming area, etc.)

See attached Appendix for Licensed Areas identified as Numbers 1-22 on the Table of Contents

**DESCRIPTION OF LICENSED AREA**

DESCRIPTION OF THE LICENSED AREA INCLUDING BUT NOT LIMITED TO: BUSINESS CONCEPT, DESCRIPTION OF AREA INCLUDING WHETHER THE AREA IS CLOSED OR OPEN SPACE, NUMBER AND LOCATION OF ALCOHOLIC BEVERAGE DISPENSING AREAS, AND PLACEMENT OF EXITS.

(NOTE: A FLOOR PLAN OF THE LICENSED AREA DEPICTING THESE INDIVIDUAL ELEMENTS SHALL BE ATTACHED).

**NUMBER AND/OR COLOR OF AREA ON FLOOR PLAN:**

See attached Appendix

See attached Appendix for Licensed Areas identified as Numbers 1-22 on the Table of Contents and as depicted on the Ground Floor (1 of 2), Second Floor or Pool Area Floor Plans.

Each Licensed Area is further described on its corresponding individual diagram included in the Appendix.

**HOURS OF OPERATION**

See attached Appendix

**CAPACITY OF LICENSE AREA**

See attached Appendix

**WILL YOU PROVIDE BOTTLE SERVICE?** YES  NO  IF YES, PLEASE ELABORATE

In certain Licensed Areas only.

See attached Appendix for details.

**ALCOHOL STORAGE**

DESCRIBE THE MANNER IN WHICH ALCOHOLIC BEVERAGES WILL BE STORED AND SECURED WHEN LICENSED AREA IS NOT IN USE. (IF STORAGE AREA IS OUTSIDE OLF LICENSED AREA, THIS STORAGE AREA SHALL BE DEPICTED ON THE FLOOR PLAN).

See attached Appendix

**NAME AND EMPLOYEE LICENSE/REGISTRATION NUMBER OF MANAGER OF LICENSED AREA**

Anthony Caratozzolo, Vice President, Food & Beverage / MGC License No. N GSKS0008


**JOINTLY RESPONSIBLE PERSON**

IDENTIFY THE JOINTLY RESPONSIBLE PERSON (IF ANY) FOR THE LICENSED AREA BY NAME, CONTACT INFORMATION, VENDOR LICENSE OR REGISTRATION NUMBER, AND ATTACH EVIDENCE THAT THE LICENSEE MAINTAINS AUTHORITY OVER THE JOINTLY RESPONSIBLE PERSON.

See attached Appendix for Licensed Areas 16, 17 and 22

**ATTESTATION**

I Seth N. Stratton, hereby affirm under the pains and penalties of perjury that the information contained in this application, including all attachments, is true and accurate to the best of my knowledge and understanding.

  
Signature

Seth N. Stratton  
Print Name

Vice President & Legal Counsel  
Title

5/22/18  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |                        |
|---|--|------------------------|
| <b>PRODUCER</b><br>Aon Risk Insurance Services West, Inc.<br>Los Angeles CA Office<br>707 Wilshire Boulevard<br>Suite 2600<br>Los Angeles CA 90017-0460 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 |                        |
|   | <b>E-MAIL ADDRESS:</b>   |                        |
| <b>INSURED</b><br>MGM Resorts International<br>& its subsidiaries<br>Risk Management Department<br>71 East Harmon Avenue<br>Las Vegas NV 89109-4539 USA     | <b>INSURER(S) AFFORDING COVERAGE</b>   |                        |
|   | <b>INSURER A:</b> Zurich American Ins Co   |                        |
|   | <b>INSURER B:</b>  |                        |
|   | <b>INSURER C:</b>  |                        |
|   | <b>INSURER D:</b>  |                        |
|   | <b>INSURER E:</b>  |                        |
| <b>INSURER F:</b>   |  |                        |
|   |  | <b>NAIC #</b><br>16535 |

**COVERAGES**      **CERTIFICATE NUMBER:** 570071072215      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.      **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE   | ADDITIONAL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|-----------------|----------|---|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                 |          | GLO427988509<br>SIR applies per policy terms & conditions | 07/01/2017              | 07/01/2018              | EACH OCCURRENCE                           | \$1,000,000  |
|          |   |                 |          |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000  |
|          |   |                 |          |   |                         |                         | MED EXP (Any one person)                  | Excluded     |
|          |   |                 |          |   |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000  |
|          |   |                 |          |   |                         |                         | GENERAL AGGREGATE                         | \$25,000,000 |
|          |   |                 |          |   |                         |                         | PRODUCTS - COMP/OP AGG                    | \$3,000,000  |
|          |   |                 |          |   |                         |                         | Liquor Liability                          | \$1,000,000  |
|          | <b>AUTOMOBILE LIABILITY</b><br><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |                 |          |   |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |              |
|          |   |                 |          |   |                         |                         | BODILY INJURY (Per person)                |              |
|          |   |                 |          |   |                         |                         | BODILY INJURY (Per accident)              |              |
|          |   |                 |          |   |                         |                         | PROPERTY DAMAGE (Per accident)            |              |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |                 |          |   |                         |                         | EACH OCCURRENCE                           |              |
|          |   |                 |          |   |                         |                         | AGGREGATE                                 |              |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                 |          |   |                         |                         | PER STATUTE                               | OTH-ER       |
|          |   |                 |          |   |                         |                         | E.L. EACH ACCIDENT                        |              |
|          |   |                 |          |   |                         |                         | E.L. DISEASE-EA EMPLOYEE                  |              |
|          |   |                 |          |   |                         |                         | E.L. DISEASE-POLICY LIMIT                 |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Evidence of Insurance.  
 Named Insured (s): MGM Resorts International including all subsidiaries, affiliates & allied companies, corporations or entities owned or controlled, now in existence or as may hereafter be created.

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| <b>CERTIFICATE HOLDER</b><br><br>Massachusetts Gaming Commission<br>101 Federal St., 12th Floor<br>Boston MA 02110-1857 USA | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br><i>Aon Risk Insurance Services West Inc.</i> |
|---|--|

Holder Identifier :

Certificate No : 570071072215

