MASSACHUSETTS

SUPPLEMENTAL FORM

Applicant: _____

MASSACHUSETTS SUPPLEMENTAL FORM FOR SPORTS WAGERING APPLICANT QUALIFIERS & KEY SPORTS WAGERING EMPLOYEES

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME AND ADDRESS

NAME[1]: 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
PRESENT BUSINESS ADDRESS[2]: NUMBER AND STREET		CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	

DESCRIPTIVE INFORMATION

DATE OF BIRTH (MM/DD/YYYY): _____

HEIGHT: _____ FT _____ IN WEIGHT: _____ LBS SOCIAL SECURITY NUMBER[3]: _____

HAIR COLOR

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

EYE COLOR

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

SEX

- ☐ MALE
- ☐ FEMALE
- ☐ CHOOSE NOT TO DISCLOSE

RACE

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

HAVE YOU EVER BEEN KNOWN BY ANY OTHER 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)

[1] Name as it appears on government identification.
[2] Address of work location/where you report to work
[3] If you do not have a Social Security Number, please provide a passport number instead.

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

Initials/Date: _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION OR A NEGATIVE SUITABILITY DETERMINATION

1. Provide the following information about the sports wagering 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

2. Check the appropriate box indicating the reason for submitting this application.

A. I My role(s) for the entity are:

☐ Owner ☐ Principal Employee ☐ Investor ☐ Stockholder
☐ Officer ☐ Partner ☐ Director ☐ Other

B. If applicable, list the name of the holding company(ies) of the sports wagering license applicant or licensee with which the applicant is associated and the nature of the position with, or interest in, such entity.

3. Do you have any ownership interest, financial interest or financial investment in any business which is applying to, or presently licensed by, the Massachusetts Gaming Commission?

Yes ☐ No ☐

If you checked yes, complete the following chart:

NAME OF BUSINESS	NATURE AND AMOUNT OF YOUR INTEREST / INVESTMENT	% OF OWNERSHIP IN THE BUSINESS

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 3.**

4. Are you a:

A. Citizen of the United States Yes ☐ No ☐

B. Naturalized citizen of the United States. Please attach a copy of your Certificate of Naturalization to this form labelled as attachment to question 4.

Yes ☐ No ☐

C. Permanent resident of the United States. Please attach a copy of your Green Card to this form labeled as attachment to question 4.

Yes ☐ No ☐

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

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

Initials/Date: _____

B. Your place of birth: _____
CITY STATE COUNTRY

6. 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 Sates, 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 label as **attachment to question 7.**

USCIS "A" number: _____

7. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any business that:

A. Has made or been charged with (either itself or third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage?
Yes ☐ No ☐

B. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?
Yes ☐ No ☐

C. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business?
Yes ☐ No ☐

D. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business?
Yes ☐ No ☐

E. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign?
Yes ☐ No ☐

F. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party either domestic or foreign?
Yes ☐ No ☐

G. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions?
Yes ☐ No ☐

_____

8. Attach to the back of this form and label as **attachment to question 8**, a copy of each US Federal Income Tax Form (eg. 1040 and 1040X (Amended Return)) or foreign equivalents ,and all appropriate schedules filed by you in the last five 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. If you are providing a tax form that is not in English, please also provide a translated copy.

9. Attach to the back of this form and label as attachment to question 9, a copy of your IRS account transcripts or foreign equivalents for the last four years. If tax transcripts are unable to be included in the original filing, indicate the date they were requested from the IRS and provide proof of filing 4506-T form as an attachment to question 9.

10. Has your Federal Income Tax Return (or foreign equivalent) ever been audited or adjusted? Yes ☐ No ☐

If you checked yes, for what tax year(s)? _____

If you checked yes, what was the outcome of this audit? Attach to the back of this form and label as attachment to question 10 any communication from the IRS (or foreign equivalent) regarding the outcome of the audit.

11. Have you ever failed to file required Federal or State Income Tax Returns (or foreign equivalents)? Yes ☐ No ☐

If you checked yes, for what year(s)? _____

If you checked yes, why did you fail to file?

_____

Initials/Date: _____

12. Have you or your spouse filed any type of tax return, statement or form in any jurisdiction outside the United States within the last five years?

Yes ☐ No ☐

If you checked yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

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

13. Have you ever filed taxes in Massachusetts or earned Massachusetts taxable income?

Yes ☐ No ☐

If you checked yes, as part of the application process, you are required to submit a **Certificate of Good Standing/Tax Compliance Request Status** from the **Massachusetts Department of Revenue.** Even if you have not resided in the Commonwealth of Massachusetts, you still must apply for this certificate and submit it with your application and label it **attachment to question 13**.

To obtain this certificate go to **Mass Tax Connect** at: http://mtc.dor.state.ma.us/mtc/_/

14. (A) Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.)

Yes ☐ No ☐

(B) Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.)

Yes ☐ No ☐

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

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

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

15. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**?

Yes ☐ No ☐

If you checked yes, attach to this application, labeled as **attachment to question 15,** a copy of the bankruptcy petition and discharge (if available).

16. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**?

Yes ☐ No ☐

If you checked yes, complete the following chart:

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

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

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

17. (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, complete the following chart:

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 17.**

Initials/Date:_____

SETTLEMENTS, ALLEGATIONS, AND ADDITIONAL DISCLOSURES

18. 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, attach to the back of this form and label as attachment to question 18 a detailed explanation and the results of any settlement(s).

19. 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, attach to the back of this form and label as attachment to question 19 a detailed explanation and the results of any settlement(s).

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

Yes ☐ No ☐

If you checked yes, attach to the back of this form and label as attachment to question 20 a detailed explanation and any relevant documents.

Initials/Date:_____

21. 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, attach to the back of this form and label as attachment to question 21 a detailed explanation and any relevant documents.

22. 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 sports wagering licensure/qualification?

Yes ☐ No ☐

If you checked yes, attach to the back of this form and label as attachment to question 22 a detailed explanation and any relevant documents.

Initials/Date:_____

ADDITIONAL QUESTIONS

23. If you answered yes to Multi-Jurisdictional Personal History Disclosure Form question 46, attach to the back of this form and label as attachment 23 copies of trust documents.

24. If you answered yes to Multi-Jurisdictional Personal History Disclosure Form question 47, attach to the back of this form and label as attachment 24 copies of trust documents.

25. If you answered yes to Multi-Jurisdictional Personal History Disclosure Form question 55, attach to the back of this form and label as attachment 25 a description of the contents of the safe deposit box.

26. Referencing Multi-Jurisdictional Personal History Disclosure Form questions 60 through 74, retain any source documentation used to determine your net worth statement.

27. Referencing Multi-Jurisdictional Personal History Disclosure Form question 63, attach to the back of this form and label as attachment 27 a description of the relationship between yourself and all named individuals and entities.

Initials/Date:_____

WAIVER OF LIABILITY AND CONSENT AND STATEMENT OF TRUTH

Waiver of Liability

I, _____, hereby waive liability as to the Commonwealth of Massachusetts and
Print Name
its instrumentalities and agents, for any damages resulting to me from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing, registration or permitting process or during any inquiries, investigations or hearings related thereto.

Consent

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

Statement of Truth

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

1. The information contained herein and accompanying 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, this application may be denied.

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

_____
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 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 duration of the license (3 years).

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

_____
(Signature of Applicant)

_____
(Type, Stamp or 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)