



## REQUEST FOR DETERMINATION ON SPORTS WAGERING REGISTRATION

*For use by businesses and individuals who provide goods or services to a Sports Wagering Operator or Sports Wagering Vendor.*

Legal Entity Name of Requesting Business

DBA or Trade Names of Requesting Business

Contact Person Regarding Request	Contact Phone Number
Contact Email Address	Website of Requesting Business <i>(if applicable)</i>

Description of Operations for Requesting Business	
<b>Number of employees directly involved in the provision of goods or services to the licensee:</b>	

Requesting business supports the following type of licensee (check all that apply):
Sports Wagering Operator <input type="checkbox"/> Sports Wagering Vendor <input type="checkbox"/> Sports Wagering Registrant <input type="checkbox"/>

Names of Licensees Supported <small><i>(Provide labeled attachment if more room required)</i></small>	Business Value with Licensee <small><i>(Dollar amount)</i></small>	Duration of Contract <small><i>(Time Period)</i></small>

<b>Number of other jurisdictions in which the inquiring business holds a Sports Wagering related credential:</b>	
List of Jurisdictions <small><i>(Provide labeled attachment if more room required)</i></small>	