SPORTS WAGERING QUALIFIER (INDIVIDUAL) ABBREVIATED RENEWAL FORM

Name of Qualifying Individual: _____

Sports Wagering Qualifier (Individual) – Abbreviated Renewal Form Instructions

1. PLEASE NOTE

A. This application must be filed with the Massachusetts Gaming Commission (Commission) as part of the renewal application for a sports wagering licensee that has entered into a reciprocal agreement with the Commission to allow for an abbreviated licensing process.

B. Only individual qualifiers identified in the Scope of Licensing process should complete and submit this form.

C. Failure to answer any question on this renewal form completely and truthfully may result in your inability to be deemed suitable for qualification.

2. COMPLETING A SPORTS WAGERING QUALIFIER (INDIVIDUAL) APPLICATION:

A. Please **read each question** carefully prior to answering.

B. **Answer every question** completely and be sure not to leave any question blank.

C. If a question **does not apply** to you, indicate "Does Not Apply" or "N/A" in response to that question.

D. If there is **nothing to disclose** in response to a particular question, state "None" in response to that question. *(Note: The Commission will not accept your application unless you provide a response to every question.)*

E. 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.

F. **Initial and date** each page where indicated.

G. 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.)

H. Sign and notarize the **Release Authorization** form included with this application.

I. **Retain a completed copy** of this application for your own records.

J. Have you ever filed taxes in Massachusetts or earned Massachusetts taxable income? ☐ Yes ☐ No

If you checked yes, 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 must still apply for this certificate and submit it with your application and label as Attachment 2J. You can apply for this certificate using the link below: https://mtc.dor.state.ma.us/mtc/_/.

3. FINGERPRINTING & BACKGROUND INVESTIGATION:

A. Along with a completed application, you will be **required to submit fingerprints** so the Commission may initiate a criminal record check to determine your suitability as a sports wagering qualifier.

B. Upon request, the Commission will provide **fingerprint packets** containing instructions, fingerprint cards and an Identity Confirmation form.

C. You will be required to provide **proof of identification** when you are being fingerprinted.

If you have any questions regarding proper identification documents,

Please contact the Commission's Division of Licensing at 617.979.8400 or MGCLicensing@massgaming.gov.

Initials/Date:_____

If you have questions regarding this form, please contact the MGC Division of Licensing at:

617.979.8400 or

Email: MGCLicensing@massgaming.gov

Subject: "Sports Wagering Qualifier (Individual) Renewal"

LICENSEE INFORMATION

1. Name of Sports Wagering Licensee with which you are associated: _____

2. Title/Position and Company: _____

3. Percentage of ownership interest (if any) in Sports Wagering Licensee: _____

   Note: If interest is held by a trust, then the trustee must file this renewal and a copy of the trust must be submitted if not already submitted/filed.

QUALIFIER'S CONTACT AND IDENTIFYING INFORMATION

_____

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐

IF YES, LIST ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME)

_____

_____

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 EMAIL ADDRESS

SOCIAL SECURITY NUMBER _____ _____ DATE OF BIRTH: _____
(MM/DD/YYYY)

DRIVER'S LICENSE INFORMATION: _____

DATE ISSUED LICENSE NUMBER ISSUING JURISDICTION

DESCRIPTIVE INFORMATION

HAIR COLOR	**EYE COLOR**	**SEX**	**RACE**
☐ BLACK ☐ BROWN	☐ BLACK ☐ BROWN	☐ MALE	☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ HISPANIC
☐ BLONDE ☐ RED	☐ HAZEL ☐ BLUE	☐ FEMALE	☐ BLACK / AFRICAN AMERICAN ☐ WHITE
☐ GRAY ☐ WHITE	☐ GRAY ☐ GREEN	☐ CHOOSE NOT TO DISCLOSE	☐ ASIAN / PACIFIC ISLANDER
☐ BALD			☐ OTHER _____

HEIGHT: _____ FT _____IN WEIGHT: _____ LBS

Initials/Date: _____

UPDATES SINCE LAST FILING

4. Since the qualifier's last filing statement, answer the following questions.

1.	Has your address changed? If **yes**, please submit this information and label as **Attachment 4-1.**	Yes ☐ No ☐
2.	Have you or your spouse obtained equity interest of more than 10% in any business? If **yes**, please submit this information and label as **Attachment 4-2.**	Yes ☐ No ☐
3.	Has your marital status changed? If **yes**, please submit this information and label as **Attachment 4-3.**	Yes ☐ No ☐
4.	Have you obtained any new gaming/sports wagering/iGaming licenses or certifications from other jurisdictions? If **yes**, please submit the most up to date list of licenses/qualifications and label as **Attachment 4-4.**	Yes ☐ No ☐
5.	Have you obtained a new driver's license? If **yes**, please submit this information and label as **Attachment 4-5.**	Yes ☐ No ☐
6.	Have you had any permit, certification, or any license (including driver's license), denied, suspended, restricted, withdrawn, revoked or not allowed to be renewed by any governmental entity? If **yes**, please submit this information and label as **Attachment 4-6.**	Yes ☐ No ☐
7.	Have you filed for bankruptcy or been involved in any process to adjust, deter, suspend or otherwise work out a payment of any debt? If **yes**, please submit this information and label as **Attachment 4-7.**	Yes ☐ No ☐
8.	Have you had any tax issues (i.e. audits, examinations, taxes due, filing errors, missed filings)? If **yes**, please submit this information and label as **Attachment 4-8.**	Yes ☐ No ☐
9.	Have you or any family member obtained a financial, ownership, right to ownership, or employment interest with any casino, gaming, sports wagering, Internet gaming, or supplier? If **yes**, please submit this information and label as **Attachment 4-9.**	Yes ☐ No ☐
10.	Have you been party to any litigation? If **yes**, please submit this information and label as **Attachment 4-10.**	Yes ☐ No ☐
11.	Have you had a complaint or other notice of pending disciplinary action from any jurisdiction or regulatory agency? If **yes**, please submit this information and label as **Attachment 4-11.**	Yes ☐ No ☐
12.	Since the submission of your filing to the Commission, have you filed all required Federal, State, local and international tax returns with the appropriate agencies? If **no**, please submit a detailed summary statement and label as **Attachment 4-12.**	Yes ☐ No ☐

5. Please submit and label as **Attachment 5,** copies of your Federal Tax filings as indicated on the Scope of Licensing letter issued to your company liaison. If you should have questions regarding the required years, please contact the Division of Licensing as noted on page 3.

Initials/Date: _____

SETTLEMENTS, ALLEGATIONS, AND ADDITIONAL DISCLOSURES

6. Have you 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 since your last filing?

Yes ☐ No ☐

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

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 6.**

7. Have you 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 since your last filing?

Yes ☐ No ☐

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

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 7.**

8. 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 and label it **attachment to question 16.**

Initials/Date:_____

9. 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 and label it **attachment to question 9.**

10. 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", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 10.**

Initials/Date:_____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed since your last filing. 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.

11. Have you been arrested, charged and/or convicted of **any crime or offense in any jurisdiction (including Massachusetts)** since your last filing**?**

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 DELIQUENT)	SENTENCE

Initials/Date: _____

NOTE: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 11.**

12. Have you been called to testify before or been the subject of an investigation, subpoena or search warrant 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 since your last filing? 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 12.**

13. Have you been granted immunity since your last filing? Yes ☐ No ☐

If you checked **yes**, complete the following chart:

DATE OF CHARGE	NATURE OF CHARGE	NAME AND ADDRESS OF COURT OF GOVERNMENTAL AGENCY	FINAL DISPOSITION

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

14. Have you been named an unindicted co-conspirator since your last filing? Yes ☐ No ☐

If you checked **yes**, complete the following chart:

DATE OF CHARGE	NATURE OF CHARGE	NAME AND ADDRESS OF COURT OF GOVERNMENTAL AGENCY	FINAL DISPOSITION

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

Initials/Date: _____

FINANCIAL INFORMATION

15. This net worth Statement **must** be completed. The Federal tax returns that you submitted are not considered a substitute to this form. All information that is reported must be an aggregate of your and your spouse's information.

Net Worth Statement **Refer to the Scope of Licensing letter for the required ending quarter**	
ASSETS	**AMOUNT**
Cash (on hand and in bank)	
Notes, Loans and Other Receivable	
Securities	
Real Estate Interests	
Cash Value Life Insurance	
Cash Value Pension/Retirement Funds	
Vehicles	
Furniture and Clothing	
Other Assets	
Total Assets	$
LIABILITIES	**AMOUNT**
Notes Payable	
Loans and Other Payables	
Taxes Payable	
Mortgages or Liens on Real Estate	
Loans Against insurance/Pensions	
Other Indebtedness	
Total Liabilities	$
Net Worth: (Total Assets minus Total Liabilities)	$
Contingent Liabilities	$

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: _____

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 renewal form 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 as authorized by 23 N Sec. 5(c)(1).
Print Name

I understand if I have questions regarding this form, I should ask an employee of the MGC Division 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/Sports Wagering/iGaming 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.

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 three (3) 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 three (3) 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 three 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

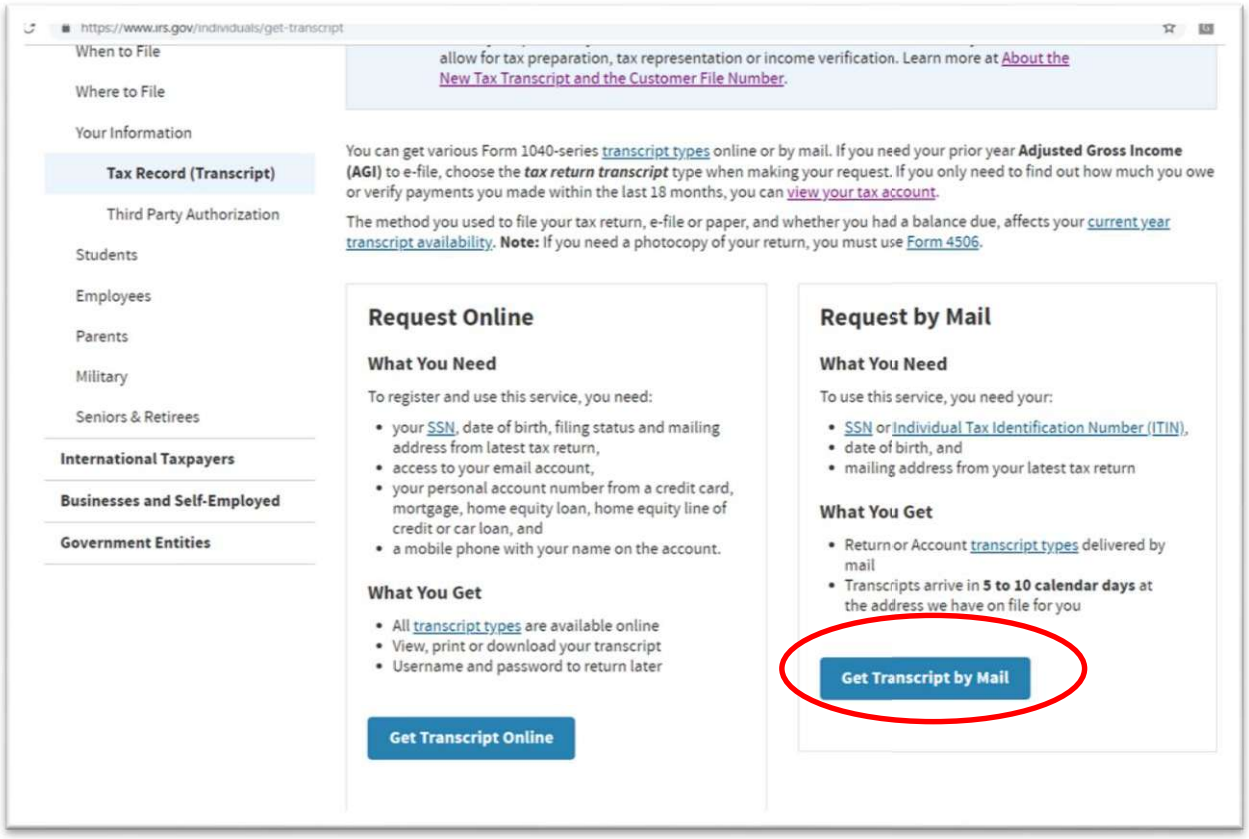
_____

Printed Name of Individual

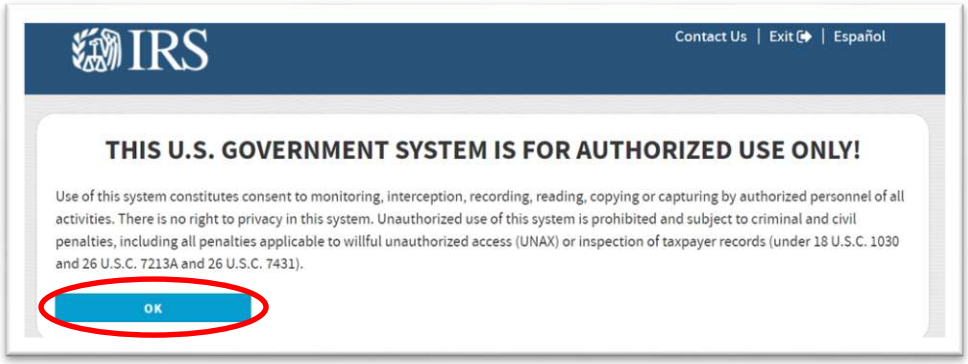
IRS ONLINE REQUEST OF YOUR TAX TRANSCRIPTS BY MAIL

Step 1: Go to the below website.
https://www.irs.gov/individuals/get-transcript

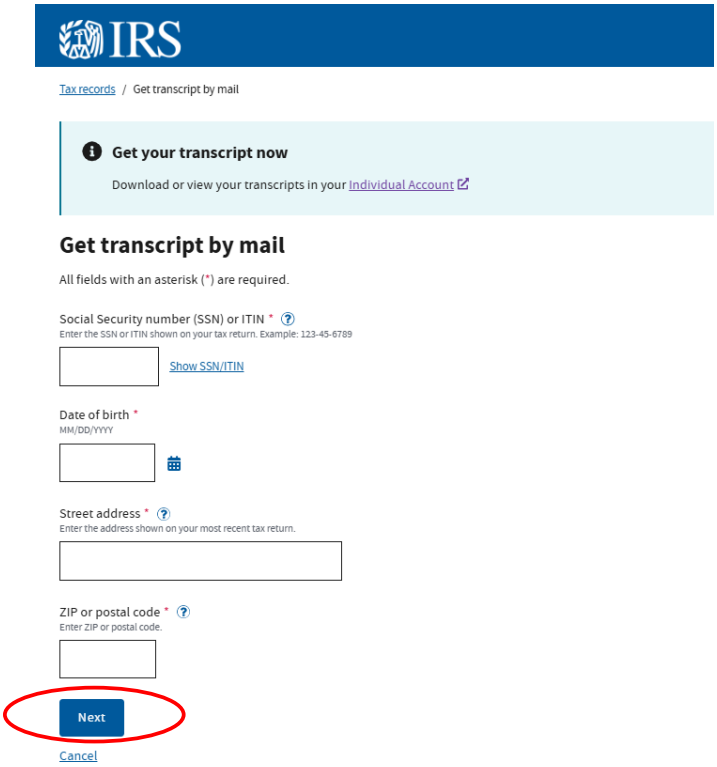
Step 2: Click on "Get Transcript by Mail" button as shown below.



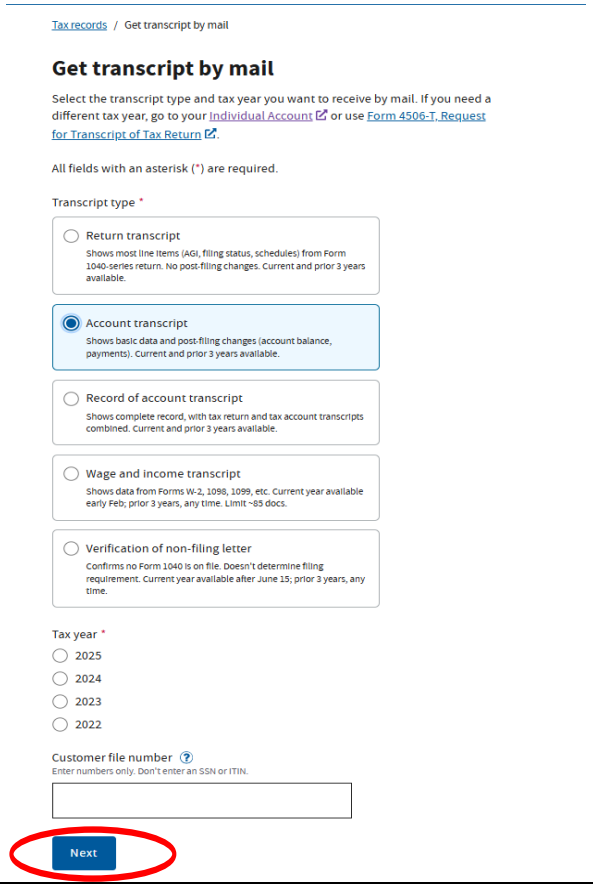
Step 3: Click on "Ok" button as shown below to agree authorization.



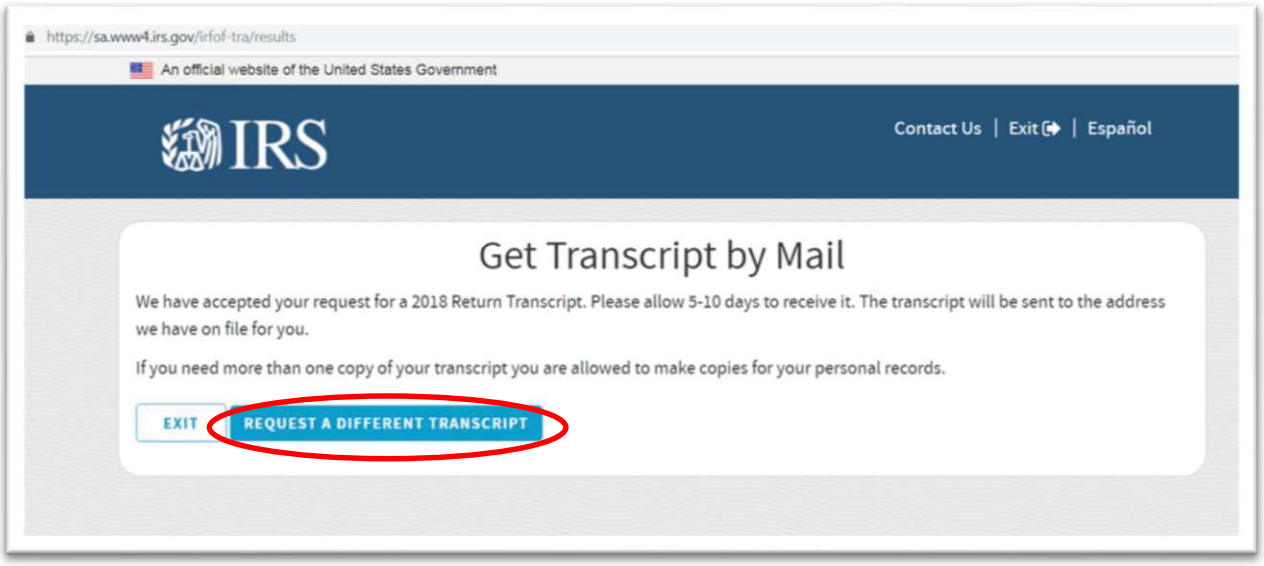
Step 4: Populate the requested information below and click on "Continue".



Step 5: Select "Account Transcript", then select the most recent year under *Select Tax Year*. Leave the Customer File Number blank. Then click on "Continue".



Step 6: This is the confirmation page of the first transcript requested. Click on "Request a Different Transcript" button to return to the previous page to select the next tax year of transcript. Do this two more times until all <u>three</u> years of transcripts are requested. These three transcripts will be submitted as part of your license application.



Step 7: A total of <u>three</u> documents should be received from the IRS (three years of tax return transcripts). The physical documents should be forwarded to the: Massachusetts Gaming Commission, Division of Licensing, 101 Federal Street, 12th floor, Boston MA 02110 or email the transcripts to MGCLicensing@massgaming.gov