



# Sports Wagering Operator & Vendor Scope of Licensing – Initial Survey

Pursuant to 205 CMR 211.01, this survey must be submitted as part of the application for a Category 1, Category 2, or Category 3 Sports Wagering License and must be submitted as a prerequisite to the submission of the additional application forms.\*

SPORTS WAGERING LICENSE INFORMATION					
<b>Seeking to apply as:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Category 1 Operator</td> <td style="width: 50%; text-align: center;">Category 2 Operator</td> </tr> <tr> <td style="text-align: center;">Category 3 Operator</td> <td style="text-align: center;">Vendor to Operator</td> </tr> </table>	Category 1 Operator	Category 2 Operator	Category 3 Operator	Vendor to Operator
Category 1 Operator	Category 2 Operator				
Category 3 Operator	Vendor to Operator				

APPLICANT INFORMATION & DESCRIPTION	
<b>Company Name:</b>	
<b>D/B/A or Trade Name(s):</b>	
<b>Corporate HQ Address:</b> <i>(Also include the address of any operation/s in Massachusetts)</i>	
<b>Point-of-Contact for Licensing Process:</b> <i>(Include NAME, POSITION, ADDRESS, PHONE, EMAIL)</i>	
<b>Description of Business:</b>	
<b>Goods/Services you expect to provide in Massachusetts:</b>	

APPLICANT ORGANIZATIONAL INFORMATION										
<b>Applicant Company Type:</b>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> LLC</td> <td><input type="checkbox"/> Cooperative</td> </tr> <tr> <td><input type="checkbox"/> C-Corporation</td> <td><input type="checkbox"/> S-Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> SEC Registrant</td> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Cooperative	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> SEC Registrant	<input type="checkbox"/> Other	
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<b>Publicly Traded? :</b>	<input type="checkbox"/> No      Yes <i>(if "Yes", Stock exchange symbol and exchange)</i>									
<b>Applicant Financial Statements Type:</b>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Audited</td> <td><input type="checkbox"/> Reviewed</td> <td>Consolidated</td> </tr> <tr> <td><input type="checkbox"/> Internally Compiled</td> <td><input type="checkbox"/> Externally Compiled</td> <td>Supplemental</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Audited	<input type="checkbox"/> Reviewed	Consolidated	<input type="checkbox"/> Internally Compiled	<input type="checkbox"/> Externally Compiled	Supplemental	<input type="checkbox"/> Other		
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## Sports Wagering Operator & Vendor Scope of Licensing – Initial Survey

<b>Applicant Tax Returns:</b>	Stand-Alone	Consolidated <i>(with)</i>
<b>Management Structure:</b> <i>(Do you have any of the following?)</i>	Compliance Committee	Audit Committee
	Compliance Plan	Other(s)

### ATTACHMENTS

#### PLEASE SUBMIT THE FOLLOWING INFORMATION

- TABLE of ORGANIZATION** including parent companies and subsidiaries (note any companies that are publicly traded and are sports wagering-related).
- TABLE of OWNERSHIP INTERESTS** showing all ownership interests, including parent companies and subsidiaries showing the corporate structure with entity names and ownership percentages.
- FUNCTIONAL TABLE of ORGANIZATION** including the executive team and Board of Directors with individual names and titles, and percentage of ownership interest, if applicable.
- CONTROL** – List (1) individuals and entities who own 10 percent or more of the applicant; (2) individuals and entities who have the ability to control the activities of the applicant; and (3) any executive, employee or agent having the power to exercise significant influence over decisions concerning the applicant’s sports wagering operations in Massachusetts.
- INSTITUTIONAL INVESTORS** – Provide a list of these investors along with their percentage of ownership.
- LICENSING HISTORY** – List the last 3 jurisdictions in which licensed for sports wagering operations, including the type of license that was obtained.
- LICENSEE ASSOCIATION** – List any Gaming Licensee(s), Sports Wagering Operator Licensee(s) or Applicant(s) for a Sports Wagering Operator License with whom you have an agreement to conduct business or are in the process of negotiating an agreement.
- ON-SITE PERSONNEL (for Vendor only)** – If you expect to have any personnel on-site at a Massachusetts casino, please indicate the approximate number and a brief description of their duties.

\*Pursuant to 205 CMR 211.01, this survey must be submitted as part of the application for a Category 1, Category 2, or Category 3 Sports Wagering License and must be submitted as a prerequisite to the submission of the additional application forms, which consist of the following:

- Application for Category 1, 2, & 3 Sports Wagering Operator License;
- For designated entity qualifiers, Business Entity Disclosure Form;
- For designated individual qualifiers, Multi-jurisdictional Personal History Form; and
- For designated individual qualifiers, Massachusetts Supplemental Form.

Failure to submit this Survey by October 17, 2022, shall result in the Commission deeming the application incomplete and administratively closed unless the Commission authorizes an extension of time pursuant to 205 CMR 211.01(10).