VENDOR IDENTIFICATION FORM

Operator Applicant: _____ Date: _____

To the extent that you are currently aware, identify any vendors with which you intend to do business, the service or product they will provide, their contact information, and whether the vendor will be necessary to begin your sports wagering operation in Massachusetts. **Note:** include any and all marketing affiliates.

Attach additional pages if necessary.

Vendor Name	Service / Product Provided	Vendor Contact Name & Information (e-mail, phone)	Necessary for Initial Operation (Yes / No)