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# MARYLAND STATE LOTTERY COMMISSION

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1800 Washington Blvd., Suite 330, Baltimore, Maryland 21230



## VENDOR REGISTRATION FORM

**Applicant:** \_\_\_\_\_

**Facility Association:** \_\_\_\_\_

**FORM REQUIREMENTS**

1. Any person who provides non-gaming related goods and services to a video lottery operation licensee is required to register with the Commission in order to conduct business with a facility within the State of Maryland (COMAR: 14.01.10.19 includes: suppliers of alcoholic beverages, suppliers of food and nonalcoholic beverages, refuse handlers, vending machine providers and service personnel, janitorial and maintenance companies, tenant businesses or franchises located within facility if goods and services are not gaming related, providers of transportation services if such services are not gaming related, persons involved in the construction of facility, lessors of real property or goods, payroll services and other employer related services, employee recruiting services or persons whose services the Commission reviews and determines are subject to registration.)
2. You must register with the Commission if you are a supplier of non-gaming goods and services who does business with a facility or facilities under the following conditions. Any supplier of non-gaming goods and services with business greater than \$10,000 in any 12 consecutive months with one or more facilities must file this form and pay the applicable fee. If the total business anticipated with one or more facilities is \$10,000 or less the following will apply:
  - Any vendor of non-gaming goods and services with business greater than \$2,500 to \$10,000 in any 12 consecutive months with one or more facilities must submit this form with no required fee.
  - Any vendor of non-gaming goods and services with business less than \$2,500 in any 12 consecutive month period is not required to fill out any VLT form.
3. You must have a contract or agreement with a facility to register.
4. The Commission reserves the right to require any person to make application for the integrity of the program.
5. The Applicant owners, current officers, directors, trustees as well as all employees who will have any association with a Maryland facility are required to complete the Request to Release Information form.

**APPLICATION FEES**

- A. Application fee.....\$500.00
- B. Once approved license is valid for.....3 Years
- C. Three year renewal.....\$500.00

Amount of <u>non-gaming</u> business with one or more facilities	Form 1021 Required	Fee required
Greater than \$10,000	<b>X</b>	<b>X</b>
\$2,500 to \$10,000	<b>X</b>	<b>None required</b>
Less than \$2,500	<b>Not required</b>	<b>None required</b>

**“DO NOT SEND THE APPLICATION AND PAYMENT TOGETHER”**

**PAYMENT IS MAILED TO:**

Maryland State Lottery Agency  
 Attn: Support Services  
 1800 Washington Blvd, Suite 330  
 Baltimore, Maryland 21230

**Wire Payment to:**

1. Maryland Lottery Account Number: 446014266944
2. **Name of the Account** – Maryland Lottery VLT Escrow 026009593 Bank of America, New York, NY
3. **If required**, the SWIFT code is BOFAUS3N Ref: Bank of America in the State of Maryland

The **application is sent to** the same address, except: Attn: **VLT Licensing Division**.

**PAYMENT FORM:** **MUST** be sent as a certified/bank check or money order.

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**SECTION A  
IMPORTANT NOTICES**

- A. This form is an OFFICIAL DOCUMENT of the Maryland State Lottery Commission. It CAN NOT be altered or changed in any fashion, except to fill-in the areas provided with the information that is required. Any alteration or change to this document, which is not within the exception, may cause this application or your license to be delayed or denied.**
- B.** A person who provides non-gaming goods or services of \$2,500 or more must file the Vendor Registration form in order to conduct business with a gaming facility in the State of Maryland.
- C.** You ***must*** make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties (§9-1A-07(g)).
- D.** The applicant is under a continuing duty to ***promptly*** disclose any changes in the information provided in the application and request materials submitted to the Commission. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the commission.
- E.** All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission if you change your address.
- F.** Once the application has been submitted, the applicant ***MAY NOT*** withdraw its application without the permission of the Commission. This also includes the withdrawal of any Principal employees or Principal Entities.
- G.** All submissions with and for this application become the property of the commission and will not be returned.

**SECTION B  
INSTRUCTIONS**

- A.** Read each question carefully. Answer each and every question completely. Do not leave blank spaces. If a question does not apply, write "Does not apply" or "N/A." If the correct answer to a particular question is "None," write "None."
- B.** All entries on the form must be typed or printed block lettering. Initials or signatures must be in handwriting, unless otherwise stated by the Commission, by the person providing the information. If the answers are not legible, the application may not be accepted. All information is subject to verification.
- C.** All pages of this form must be initialed in lower right-hand corner of each page. The applicant is attesting to the accuracy and completeness of the information contained on that page and that they have read the page.

- D. If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page.
- E. The original along with all the forms attached to the application shall be submitted to the Commission.
- F. Failure to answer any question completely and truthfully will result in denial of your application.
- G. All required documents **must** be submitted at the time of filing along with payment.
- H. Attach Proof of Registration with the Maryland Secretary of State to do business within the State of Maryland. (**Certificate of Good Standing**). The following link will help you with obtaining the required documentation: [https://sdatcert1.resiusa.org/certificate\\_net/](https://sdatcert1.resiusa.org/certificate_net/)
- I. Please make certain that you obtain the **Certification of Business Relationship** from the facility with whom you are doing business. The facility **must** sign that form.



**2. OFFICERS, PARTNERS AND DIRECTORS**

**Please provide information for all officers, partners and directors who will be significantly involved in the conduct of the Vendor business with the slot machine facility. Each individual listed below must complete and sign a separate Authorization for Release of Information located at the end of this form.**

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Address Line 1				Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		email address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Address Line 1				Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		email address		Phone number	

\*\* Under the Federal Privacy Act, disclosure of your social security number is voluntary. If you choose not to provide your social security number, the processing of your applicant and background investigation may be delayed.

**Note:** If necessary, copy exhibit and attach to application

**3. SOLE PROPRIETOR**

Please provide information for a sole proprietor. Each individual list below must complete and sign a separate Authorization for Release of Information form located at the end of this form.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Address Line 1				Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		email address		Phone number	

**4. VENDOR EMPLOYEES**

Please provide the following information for each individual who entered into an agreement with or will deal directly with the slot machine facility, including sales representatives, their immediate supervisors and that person's supervisor. Each individual listed below **must** complete and sign a **separate Authorization for Release of Information** located at the end of this form.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Address Line 1				Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		email address		Phone number	

\*\* Under the Federal Privacy Act, disclosure of your social security number is voluntary. If you choose not to provide your social security number, the processing of your applicant and background investigation may be delayed.

**Note:** If necessary, copy exhibit and attach to application

**5. VENDOR'S OWNERS**

Please provide the following information for each person or entity who directly owns more than five (5) percent of the Vendor or its business. Each individual listed below must complete and sign a separate **Authorization for Release of Information form** located at the end of this form.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Address Line 1				Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		email address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Address Line 1				Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		email address		Phone number	

\*\* Under the Federal Privacy Act, disclosure of your social security number is voluntary. If you choose not to provide your social security number, the processing of your applicant and background investigation may be delayed.

**Note:** If necessary, copy exhibit and attach to application

**6. APPLICANT'S BUSINESS BACKGROUND**

**DESCRIPTION OF PRESENT BUSINESS**


**TYPE OF GOODS OR SERVICES TO BE PROVIDED BY VENDOR TO FACILITY OPERATOR IN MARYLAND**


**NAME OF FACILITY TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED**


**Proof of Registration with the Maryland Secretary of State. (Certificate of Good Standing) Attached:**

## AUTHORIZATION FOR RELEASE OF INFORMATION

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
(Applicant's Printed Name)

I am an applicant for a Vendor Registration in the State of Maryland.

The Maryland State Lottery Commission is required by law to conduct an investigation of an applicant for a video lottery terminal license or others as deem necessary to protect the public's interest. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Maryland State Lottery Commission, the Video Lottery Facility Location Commission, the Maryland State Police, and persons authorized by the Commission, to: (1) verify all information provided in the registration documents; (2) conduct a background investigation of me, as necessary; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

This authorization is granted and given in connection with the license, permit, or certification application of: \_\_\_\_\_.

Signature of Applicant	Date
Printed Name	Title

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### NOTARY

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The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individuals appeared in person, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

Stamp or Seal	_____ Notary Public
My Commission expires _____, 20____	_____ Printed Name

## Affidavit of Representative of Vendor

Please read this document carefully, then sign and date it in ink. Please print the following information:

Applicant's Full Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

I, \_\_\_\_\_ (printed name), am authorized to complete and execute this Vendor Application on behalf of \_\_\_\_\_ (printed name of Vendor). I am also authorized to provide all of the information requested in this Form to the Maryland State Lottery Commission, its employees, agents, and vendors (collectively, "the Commission"), and to make the representations set forth in this Affidavit.

I certify that (check one box):  we anticipate providing non-gaming goods and services greater than \$2,500 to \$10,000 in any 12 consecutive months to one or more facilities; or  we anticipate providing non-gaming goods and services greater than \$10,000 in any 12 consecutive months to one or more facilities

I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a video lottery terminal ("VLT") Vendor license, and may subject me to civil or criminal liability.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Vendor to release that information to the Commission for purposes of its investigation of the Vendor's application for a VLT Vendor license.

On behalf of the Vendor and its successors and assignors, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from the Vendor and the use of that information in connection with investigating the Vendor's application for a VLT Vendor license.

A photo, facsimile, or electronic copy of this signed and dated Affidavit shall be equally effective as an original

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Title

### NOTARY

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individuals appeared in person, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_

**CERTIFICATION OF BUSINESS RELATIONSHIP**

**CASINO:** \_\_\_\_\_

**VENDOR:** \_\_\_\_\_  
(Applicant's Printed Name)

I, \_\_\_\_\_ (printed name), am authorized to complete and execute Business Agreements on behalf of \_\_\_\_\_ (Casino Name). The Vendor stated above has entered in an agreement/contract to provide goods or services to our Casino.

We anticipate, in any 12 consecutive month period, to conduct approximately the following monetary business with the vendor:  \$2,500 to \$10,000  Greater than \$10,000

The Vendor will provide the following goods and/or services to this Casino (describe in detail the goods and/or services to be provided by the Vendor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Casino Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**NOTARY**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individuals appeared in person, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

Stamp or Seal

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Printed Name