
MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

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



VENDOR CERTIFICATION FORM

(use this form only if contracted to provide
\$100,000 or more in non-gaming goods & services)

Vendor's Name (Applicant): _____

Facility (Casino): _____

Date submitted: _____

FOR MLGCC USE ONLY - V # _____

Approved on (date): _____

Approved by (signature): _____

Printed Name: _____

Division Title: _____

FORM REQUIREMENTS

1. Any person who provides non-gaming related goods and services to a video lottery operation licensee (casino) is required to be Certified [or Registered] with the Commission in order to conduct business with a facility (casino) within the State of Maryland. (COMAR: 14.01.10.19 includes: suppliers of alcoholic beverages, suppliers of food and non-alcoholic beverages, refuse handlers, vending machine providers and service personnel, janitorial and maintenance companies, tenant businesses or franchises located within facility (casino) 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 a facility (casino), 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 be Certified with the Commission if you are a supplier of non-gaming goods and services who conducts business with a facility (casino) under the following conditions: Any supplier of non-gaming goods and services with business of **\$100,000 or more** in any 12-consecutive-month period with one or more facilities (casinos) **must file this form and pay the applicable fee** (see Page 3 for “Application Fees”).
3. If the total business contracted with one or more facilities (casinos) is \$99,999 or less you must complete a VLT Form - 1023, a Vendor Registration Form, and the following will apply:
 - Any vendor of non-gaming goods and services conducting business between \$2,500 to \$99,999 in any 12 consecutive month period, with one or more facilities (casinos), must provide the required information to the casino that they have entered into an agreement to conduct business with [that respective casino], and is then responsible for submitting VLT Form – 1023, a Vendor Registration Form, to the Commission. There is no required fee associated with submission of a Registration Form.
4. Any vendor of non-gaming goods and services conducting business of less than \$2,500 in any 12-consecutive-month period is not required to fill out any VLT Form, nor pay any fee.
5. You must have a contract or agreement with a facility (casino) to be Certified or Registered as a Vendor.
6. **The Commission reserves the right to require any person to make application to preserve the integrity of the State’s Video Lottery Terminal (VLT) program.**
7. The Vendor Applicant Owners, current Officers, Partners, Directors, Trustees, as well as all Employees of a business who are required to be Certified, and who will have any association with a Maryland facility (casino), are required to complete the Authorization for Release of Information document (see Page 11).

APPLICATION FEES

- A. Application fee.....\$500
- B. Once approved license is valid for.....5 Years
- C. Five year renewal fee.....\$500

Amount of <u>non-gaming</u> business with one or more facilities/casinos	VLT Vendor Forms Required http://gaming.mdlottery.com/licensing/ Click on LICENSING to view forms	Fee required
\$100,000 or greater	Form 1021 - Vendor Certification	\$500 fee required
\$2,500 to \$99,999	Form 1023 - Registration Form	None required
Less than \$2,500	None required	None required

“SEND THE APPLICATION AND PAYMENT TOGETHER”

MAIL APPLICATION AND PAYMENT TO:

Maryland State Lottery Agency
Attn: VLT – Licensing Division
1800 Washington Blvd., Suite 330
Baltimore, Maryland 21230

FOR MLGCC OFFICE USE ONLY:

Fee paid (date) _____
\$ amount _____

or Wire Payment to:

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

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

TABLE OF CONTENTS

	<u>Page #</u>
Section A IMPORTANT NOTICES	4
Section B INSTRUCTIONS	5
Section C APPLICANT INFORMATI	6
Officers, Partners and Directors	7
Sole Proprietor	8
Vendor Employees	8
Vendor Owners	9
Vendor’s Business Background	10
Authorization for Release of Information	11
Affidavit of Representative of Vendor	12
Certification of Business Relationship	13

**SECTION A
IMPORTANT NOTICES**

- A. This form is an OFFICIAL DOCUMENT of the Maryland State Lottery Commission. It CANNOT 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 and services with a value of **\$100,000 or more** must file the Vendor Certification Form VLT Form – 1021 – **this form** - in order to conduct business with a gaming facility (casino) 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 by 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 e-mail address you provide on this form. You must immediately notify the Commission if you **change your address or e-mail 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 the 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. You may photocopy extra pages of this Form as necessary to the question/section you are answering/addressing, i.e., Authorization for Release of Information (Page 11).
- E. The original application form, along with all the forms attached to the application, shall be submitted to the Commission at the mailing address listed on Page 3.
- 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 your payment.**
- H. **You must attach** required proof of registration with the Maryland State Department of Assessments and Taxation (MD SDAT) to do business within the State of Maryland for the Vendor listed within this application (in the form of a “**Certificate of Good Standing**”). The following link will help you with obtaining the required documentation:
<https://sdatcert1.resiusa.org/certificate.net/>
- NOTE: The “Certificate of Good Standing” is a required document for all business entities **except** for Sole Proprietorships or General Partnerships, in which case a Tax Form W-9 is required.*
- I. Please make certain that you obtain the **Certification of Business Relationship** (see Page 13) from the facility (casino) with whom you are conducting business. The facility (casino) representative **must** sign Page 13. **Your application cannot be processed unless this page is filled out completely and correctly. Seek assistance from the facility (casino) if needed.**

SECTION C

1. BUSINESS APPLICANT'S INFORMATION

CHECK ONE:

- Sole Proprietorship
 Partnership
 Limited Partnership
 C-Corporation
 Limited Liability Company
 S-Corporation
 Trust
 Other (Describe) _____

FACILITY (CASINO) ASSOCIATION – LIST DOLLAR AMOUNT

Name of facility (casino) you have contracted to conduct business with:

\$ amount of business you contracted to conduct with one or more facilities (casinos) in a 12-month period: \$ _____

NOTE: If you entered a \$ amount of \$100,000 or more, your \$500 fee must accompany this application – see Page 3 for details.

BUSINESS NAME OF APPLICANT*

*As it is written on the Articles of Incorporation, By-laws, Charter, Partnership Agreement or other official documents filed with a State or Federal Gov't:

Doing Business As (d/b/a) or Trade As (T/A) Trade Name(s):

Certificate of Good Standing from the State Of Maryland attached? **Yes** <https://sdatcert1.resiusa.org/certificate.net/>

CONTACT NAME FOR THIS APPLICATION

Name		Title	
E-mail Address (all notifications to your company from the Commission will be made to this e-mail address)		Telephone Number	Fax Number
		()	()

BUSINESS APPLICANT'S PRINCIPAL ADDRESS

Address Line 1 (Street Location)

Address Line 2

City	State	Zip
Country	Telephone Number	Fax Number
	()	()

Address Line 1 (Mailing Address – if different from above – otherwise enter "N/A")

Address Line 2

City	State	Zip
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Web Site Address (es):

2. VENDOR OFFICER(S), PARTNER(S) AND DIRECTOR(S)*

Please provide information for all Officers, Partners and Directors who will be significantly involved in the conduct (type of Goods or Service provided) of the Vendor doing business with the facility (casino). **Each individual listed below must complete and sign a separate Authorization for Release of Information page located at the end of this form (see Page 11).**

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		E-mail 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		E-mail 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 application and background investigation may be delayed.

Note: If necessary, copy exhibit (of this page) and attach to application.*

3. SOLE PROPRIETOR

Please provide information for a Sole Proprietor. **Each individual listed below must complete and sign a separate *Authorization for Release of Information* page located at the end of this form (see Page 11).**

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		E-mail address		Phone number	

4. VENDOR EMPLOYEE(S)*

Please provide the following information for each individual (***in a position of power and authority with your company***) who has entered into an agreement with, or ***will deal directly with the casino***, 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* page located at the end of this form (see Page 11).**

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		E-mail 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 application and background investigation may be delayed.

Note: If necessary, copy exhibit (of this page) and attach to application.*

5. VENDOR OWNER(S)*

Please provide the following information for each person or entity who **directly owns more than five percent (5%)** of the Vendor or its business. **Each individual listed below must complete and sign a separate *Authorization for Release of Information* page located at the end of this form (see Page 11).**

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		E-mail 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		E-mail 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 application and background investigation may be delayed.

Note: If necessary, copy exhibit (of this page) and attach to application.*

6. VENDOR'S BUSINESS BACKGROUND

DESCRIPTION OF PRESENT BUSINESS

TYPE OF GOODS OR SERVICES TO BE PROVIDED BY VENDOR TO FACILITY (CASINO) OPERATION IN MARYLAND

NAME OF FACILITY (CASINO) WHERE SUCH GOODS OR SERVICES WILL BE PROVIDED

Proof of Registration with the Maryland State Department of Assessments & Taxation (MD SDAT) – a Certificate of Good Standing
<https://sdatcert1.resiusa.org/certificate.net/> Attached: **This is a required document except for Sole Proprietorships or General Partnerships.**

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be filled in by the Commission – leave blank)

FROM: _____
(Individual's Printed Name – if your name appears on Pages 7, 8, and/or 9 – you are required to complete this page.)

REPRESENTING VENDOR NAME: _____

I, _____ (Individual's printed name), am an Applicant for a Video Lottery Terminal (VLT) facility (casino) operation license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, "the Commission"), is required by law to conduct an investigation of an Applicant for a Video Lottery Terminal facility (casino) license.

That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the Commission any and all information about me that the Commission requests. 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.

Applicant's Signature	Date
Applicant's Printed Name	Title of Applicant's position with Vendor

NOTARY PUBLIC

|| The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual 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 Signature

|| My Commission Expires _____, 20____ Notary Public Printed Name

Affidavit of Representative of Vendor

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

Vendor's Full Business Name _____

Street Address _____

City _____

State _____

Zip _____

I, _____ (printed name of Vendor Representative), am authorized to complete and execute this Vendor Certification Form (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 Lottery and Gaming Control Commission, its employees, agents, and vendors (collectively, "the Commission"), and to make the representations set forth in this Affidavit.

I certify that (check here) _____ we anticipate providing contracted non-gaming goods and services with a value of \$100,000 or more in any 12-consecutive-month period to one or more facilities (casinos) in the State of Maryland.

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 (at a casino), 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 (at a casino).

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 (at a casino).

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

Signature of Applicant

Date

Printed Name of Applicant

Title of Applicant's position with Vendor

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual 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 Signature

Stamp or Seal

Notary Public Printed Name

My Commission Expires _____, 20____

CERTIFICATION OF BUSINESS RELATIONSHIP

(Your application cannot be processed unless this page is filled out completely and correctly – seek assistance if needed.)

CASINO: _____
(Casino's Printed Name)

VENDOR: _____
(Vendor's Printed Name)

I, _____ (printed name of Casino Representative), am authorized to complete and execute Business Agreements on behalf of _____ (printed name of Casino).

The Vendor stated above **has entered in an agreement/contract** to provide non-gaming goods and/or services to our Casino.

We, the Casino, anticipate, in any 12-consecutive-month period, to provide **\$100,000 or more** in contracted non-gaming goods and/or services business with the Vendor stated above.

The Vendor stated above will provide the following non-gaming goods and/or services to this Casino (describe in detail the goods and/or services to be provided by the Vendor):

Signature of Casino Representative

Date

Printed Name of Casino Representative

Title of Casino Representative

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual 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 Signature

My Commission Expires _____, 20____

Notary Public Printed Name