

MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

1800 Washington Blvd., Suite 330 – Licensing Division, 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 Business Name (Applicant): _____

Enter 'T/A or 'D/B/A' name if applicable: _____

Facility Name (Casino): _____

Date submitted to MLGCC: _____



Before you submit this Form, you must also complete the following:

- (1) Enclose your \$500 application fee, made payable to MLGCA (see Page 3)
- (2) Obtain and submit a signed and notarized Page 13 from a Casino Rep (see Page 13)

THIS BOX FOR MLGCA USE ONLY

Vendor #

V _____

Circle appropriate status: INITIAL / NEW *UPGRADE*

MD SDAT Department ID # _____

Approved on (date): _____

Approved by (signature): _____

Printed Name: _____

Division Title: _____

FORM REQUIREMENTS

1. Per COMAR 36.03.02.17 – “Vendor” means a person (business) who provides goods or services to a video lottery operation applicant or licensee (casino) ... under State Government Article, Title 9, Subtitle 1A, Annotated Code of Maryland ... and is required to be Certified (or Registered) with the Commission in order to conduct business with a facility (casino) within the State of Maryland, and 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 facilities (casinos) 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; and persons whose services the Commission reviews and determines must be (Registered or) Certified under this regulation.
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** within any 12 consecutive month period with one or more facilities (casinos) **must file this form and pay the applicable fee** (see Page 3 for \$500 Application Fee info).
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 within 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 1023.
4. Any vendor of non-gaming goods and services conducting business of less than \$2,500 within 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 either a Registered or Certified Vendor. You may initially be a Registered Vendor and later “upgrade” to Certified.
6. **The Commission reserves the right to require any person to make application to the Commission to preserve the integrity of the State’s Video Lottery Terminal (VLT) program.**
7. The Vendor Applicant Officer(s), Partner(s), Director(s), Sole Proprietor, Vendor Employee(s) and Owner(s) listed on Pages 7, 8 and 9 of this Form, for a business, are required to be Certified. All of these individuals, who will have any association with a Maryland facility (casino), are each required to complete the Authorization for Release of Information document (see Page 11).

APPLICATION FEES

- A. Application fee.....\$500
 B. Approved Vendor status 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, MADE PAYABLE TO MLGCA”

MAIL APPLICATION AND PAYMENT TO:

FOR MLGCA OFFICE USE ONLY:

Maryland Lottery & Gaming Control Commission (MLGCA)
 1800 Washington Blvd., Suite 330
 ATTN: Licensing Division – 3rd Floor
 Baltimore, Maryland 21230

Date \$500 Fee Paid _____

or 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

PAYMENT FORMS: Certified Check / Bank Check / Company Check (must have check #) / Money Order

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**SECTION A
IMPORTANT NOTICES**

- A. This form is an OFFICIAL DOCUMENT of the Maryland Lottery and Gaming Control 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 Approved Vendor status 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 forth 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 requested materials submitted to the Commission. The duty to make such additional disclosures shall continue throughout any period of the Approved Vendor status that is granted by the Commission (5 years), including any changes to Pages 6, 7, 8 and 9.
- 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 (this Form) has been submitted, the Applicant **MAY NOT** withdraw its application without the permission of the Commission; promptly notify the Commission in writing if withdrawal of this Form is requested.
- G. All submissions with and for this application become the property of the Commission and will not be returned.
- H. A Maryland taxation number for Foreign (out-of-state) Vendors is required (*as proof that the business is operating within full compliance of the State of Maryland tax laws for the Vendor listed within this Form application*).
Foreign (out-of-state) Vendors may obtain their Maryland taxation number from the Maryland State Department of Assessments and Taxation (MD SDAT). Once a Vendor obtains their Maryland taxation number, they will then be eligible to obtain a "Certificate of Good Standing" directly from MD SDAT by doing the following:
- (1) Go to MD SDAT Web site: <http://sdat.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>
 - (2) On the top toolbar, click on **Forms & Applications**.
 - (3) Scroll down to the section entitled **"FOREIGN (non-Maryland) BUSINESSES"** and click on **"Foreign Corporation Qualification Form"**.
 - (4) Complete the form with applicable fee(s).
 - (5) Contact MD SDAT to inquire about their expedited process.
 - (6) MD SDAT phone number is **410-767-1350**; their e-mail address is **charterhelp@dat.state.md.us**

**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 both the accuracy and completeness of the information contained on that page, and that they have read that 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. This 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. ***All Maryland businesses** must have a Maryland taxation number and provide a "Certificate of Good Standing" with the Maryland State Department of Assessments and Taxation (MD SDAT). This is proof that the business is operating within full compliance of the State of Maryland tax laws for the Vendor listed within this application. The following link will assist you with obtaining the required documentation:
- <http://sdatt.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>
- *NOTE: Sole Proprietorships or General Partnerships are not able to obtain a "Certificate of Good Standing" from MD SDAT. Therefore, in lieu of this Certificate, all Sole Proprietorships or General Partnerships are required to provide a completed and signed Federal IRS tax Form W-9.*
- 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 Maryland State Department of Assessments and Taxation (MD SDAT) attached? ☐ **Yes (REQUIRED)**

Use this link to help you obtain the required documentation: <http://sdatt.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>

CONTACT NAME FOR THIS APPLICATION

Name (This individual must either have the power/authority to make decisions on behalf of the Vendor and/or be the on-site person at the Casino).

Title

E-mail Address (This is required because all notifications to the Vendor will be made to this e-mail address regarding any issues/problems, including e-mail notification regarding approval, follow-up, etc. **CHECK "SPAM" FOLDER FOR E-MAILS FROM ANY "@maryland.gov" SENDER.**)

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

Web Site Address(es):

AFFIX ADDRESS LABEL HERE (if available):

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

[Maryland Lottery and Gaming Control Commission – Vendor Certification Form]

Please provide information for all Officers, Partners and Directors who will be directly/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		
Home Address Line 1			Home 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		
Home Address Line 1			Home Address Line 2		
City			State/Province	Zip Code	
** Social Security Number	Date of Birth		E-mail address		Phone number



NOTE: If your name appears on this page, you must complete and sign a notarized Page 11.

** 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**[Maryland Lottery and Gaming Control Commission – Vendor Certification Form]**

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		
Home Address Line 1			Home 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 facility (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		
Home Address Line 1			Home Address Line 2		
City			State/Province	Zip Code	
** Social Security Number	Date of Birth		E-mail address		Phone number



NOTE: If your name appears on this page, you must complete and sign a notarized Page 11.

** 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) ***[Maryland Lottery and Gaming Control Commission – Vendor Certification Form]**

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			
Home Address Line 1				Home 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			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
** Social Security Number		Date of Birth		E-mail address		Phone number	



NOTE: If your name appears on this page, you must complete and sign a notarized Page 11.

** 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

[Maryland Lottery and Gaming Control Commission – Vendor Certification Form]

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 CURRENTLY BE PROVIDED****THESE 3 QUESTIONS MUST BE ANSWERED – Use additional blank pages if necessary to explain your answers.**

- (1) Please list any other jurisdictions where your company conducts business related to a casino operation. List the other jurisdictions by Casino Name, City, State. If in other countries, please use same list format. For example: The Mirage in Paradise, Nevada; the Casino Monte-Carlo in Monaco.
- (2) Please list the number of company employees IN MARYLAND ONLY and how they will be able to service a Casino. Our agency needs to confirm that your company is able to support your business operation in a Casino in Maryland and that it is a viable company, suitable to do the job that you have contracted with a Casino to do. For example: Your company is a food distributor, and you have “x” number of employees capable of filling orders and delivering food products to a Casino in Maryland; also try to be specific by stating that your company has “x” number of trucks, delivering “x” days a week to a Casino.
- (3) If applicable, state if your company is capable of serving one, two, or more Casinos in Maryland. If this is the case, please list the other Casinos your company intends to conduct business with now and/or in the future.



Failure to complete/submit the following required documents will result in the processing of this Form being delayed or denied.

(1) Submit your required \$500 application fee – see Page 3.

(2) Submit your required “Certificate of Good Standing” with MD State Department of Assessments & Taxation (MD SDAT) – see Page 5.

Click on this link to assist you in obtaining your required documentation: <http://sdattax.usa.org/ucc-charter/Pages/CharterSearch/default.aspx>
[This is a required document except for Sole Proprietorships (SP) or General Partnerships (GP); all SP and GP entities must submit a Federal IRS tax Form W-9 in lieu of submitting a “Certificate of Good Standing” with MD SDAT].

(3) Submit your required “Certification of Business Relationship”, completed in its entirety by a Casino Representative – see Page 13.

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.
Make as many copies as needed – **one for each person** listed on Pages 7, 8 and/or 9 within this Form).

REPRESENTING VENDOR NAME: _____

I, _____ (Individual's printed name), am an Applicant for approval as a Certified Maryland Vendor. I am employed by the Vendor's Name listed above and I hold the position of (**circle one**):

Officer / Partner / Director / Proprietor / Employee / Owner.

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, employed by a Vendor, seeking approval as a Certified Maryland Vendor.

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.

Individual's Signature

Date

Individual's Printed Name

Title of Individual'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. Submit ONLY ONE Affidavit Page per Form).

Vendor's Full Business Name (include T/A or D/B/A name, if applicable)

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 (initial here) _____ we anticipate providing contracted non-gaming goods and services with a value of \$100,000 or more within 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 approval as a Certified Vendor in Maryland 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 approval as a Certified Vendor in Maryland 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 approval as a Certified Vendor in Maryland at a Casino.

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

Signature of Representative

Date

Printed Name of Representative

Title of Representative'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

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 signed by a Casino Representative).

CASINO: _____
(Casino's Printed Name)

VENDOR: _____
(Vendor's Printed Name – include T/A or D/B/A Name if applicable)

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** with our Casino to provide non-gaming goods and/or services.

We, the Casino, anticipate, within 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