
MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

1800 Washington Blvd., Suite 330 – Licensing Division, Baltimore, Maryland 21230



VENDOR REGISTRATION FORM

(Use this form only if contracted to provide between \$2,500 and \$99,999 in non-gaming goods & services)

Vendor's Name (Applicant): _____



_____ Check here ONLY if your business is a Sole Proprietorship or a General Partnership

Facility (Casino): _____

Date submitted to MLGCC: _____

THIS BOX FOR MLGCA USE ONLY

Vendor # **V** _____

MD SDAT Department ID # _____

Approved on (date): _____

Approved by (signature): _____

Printed Name: _____

Division Title: _____

VENDOR REGISTRATION FORM

(Please print legibly or type all information. Ensure all information is accurate and complete).

Casino Name: _____

Vendor Name: _____

Vendor Address: _____

Vendor Contact Person's Name and Job Title/Position with the Vendor – (this individual **must** have the power/authority to make decisions on behalf of the Vendor and/or be the on-site person at the Casino, if applicable):

Vendor Contact Person's Address – (use "same as above address" if applicable; otherwise, enter a new address):

Vendor Contact Person's Telephone Number: _____

Vendor Contact Person's E-Mail Address: _____

(Ensure this e-mail address is accurate and complete. This information is required because all notifications to the Vendor will be made to this e-mail address regarding: (1) any issues/problems processing this Form; and/or (2) e-mail notification to the vendor of the vendor's Newly Approved Vendor status with MLGCA. Check "SPAM" folder for e-mails from any "@maryland.gov" sender).

*****CASINO CERTIFICATION OF BUSINESS RELATIONSHIP*****

I, _____ (printed name of Casino Representative), am authorized to complete and execute Business Agreements on behalf of _____ (Casino Name). The above-listed Vendor has entered into an agreement/contract to provide non-gaming goods and/or services to our Casino. We acknowledge that within any 12-consecutive-month period, the anticipated monetary business that we are contracted to provide with the above-listed Vendor is between \$2,500 and \$99,999. The Vendor will provide the following non-gaming goods and/or services to this Casino (describe in detail the non-gaming goods and/or services to be provided by the Vendor):

Check here _____ acknowledging that the Vendor has attached a "Certificate of Good Standing" from the Maryland State Department of Assessments and Taxation (MD SDAT); This "Certificate of Good Standing" is REQUIRED for all businesses EXCEPT for *Sole Proprietorships or General Partnerships* – all other types of businesses must submit their MD SDAT Good Standing Certification as this Vendor Registration Form cannot be processed without it. The following link will assist you with obtaining the required documentation: <http://sdat.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>

[Please see next page for instructions for Foreign (out-of-state) Vendors on how to register with MD SDAT].

Sole Proprietorships or General Partnerships ONLY are exempt from producing a "Certificate of Good Standing" from MD SDAT. In lieu of the Good Standing Certification, all Sole Proprietorships or General Partnerships must attach a Federal IRS Form W-9 to this Form.

Signature of Casino Representative

Date

Printed Name of Casino Representative

Title of Casino Representative

Instructions for Foreign (out-of-state) Vendors on how to register with MD SDAT in order to obtain their Maryland taxation number and their "Certificate of Good Standing"

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:

- a) Go to the MD SDAT Web site: <http://sdat.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>
- b) On the top toolbar, click on **Forms & Applications**.
- c) Scroll down to the section entitled **"FOREIGN (non-Maryland) BUSINESSES"** and click on **"Foreign Corporation Qualification Form"**.
- d) Complete the form with applicable fee(s).
- e) Contact MD SDAT to inquire about their expedited process.
- f) MD SDAT "New Business / Charter Legal Review" phone number is **410-767-1350**.
- g) MD SDAT "Corporate Charter Division / Newly Filed Documents" phone number is **410-767-1340**.
- h) MD SDAT e-mail addresses are: charterhelp@dat.state.md.us -OR- sdat.charterhelp@maryland.gov

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____