

NON-GAMING VENDOR REGISTRATION FORM



Applicant: _____

**NON-GAMING VENDOR REGISTRATION FORM
APPLICATION INSTRUCTIONS**

All non-gaming vendors seeking to conduct business with a gaming establishment must register with the Massachusetts Gaming Commission (MGC).

Should you wish to register with the MGC, please review and complete all sections of this Non-Gaming Vendor Registration form and submit it to the MGC. Submit completed applications to:

**Massachusetts Gaming Commission
Division of Licensing
101 Federal Street, 12th Floor
Boston, MA 02110**

Once your application has been reviewed and deemed complete by the MGC Division of Licensing, you will receive an approval email along with a certificate of registration from the Division of Licensing containing your Vendor Registration number.

If you have any questions or need additional information, please feel free to contact the Division of Licensing at 617.979.8400, or email your questions to mgclicensing@state.ma.us.

Please Note: Suppliers shall maintain at all times during the term of the agreement, insurance for claims which may arise from, or in connection with, the products furnished by Supplier, their agents representatives, employees or subcontractors with coverage at least as broad and with limits of liability not less than those stated below:

- Workers Compensation and Employers Liability Insurance
- General Liability Insurance
- Automobile Liability Insurance

1. COMPLETING A NON-GAMING VENDOR REGISTRATION FORM:

- A. This registration form is to be completed by any person who wishes to conduct business with a gaming establishment.
- B. Read each question carefully prior to answering. If a question does not apply to you, indicate "Does Not Apply" or "N/A" in response to that question. If there is nothing to disclose in response to a particular question, state "None" in response to that question.
- C. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. Do not alter any of the questions on this form. If the application is not legible, or if you have modified any of the questions contained in the form, your application will not be accepted.
- D. If you need additional space to answer any question(s), or if an attachment is indicated by a question, please supply the required information on an attachment page and clearly identify which question(s) you are answering. All attachments must be labeled with the specific attachment numbers and be attached to the back of the application.
- E. All authorizations, waivers, acknowledgment, and releases must be signed by the applicant or its designated representative or signatory.

2. BEFORE SUBMITTING THIS APPLICATION TO THE COMMISSION, MAKE SURE THAT:

- A. You have answered every question completely.
- B. You have initialed and dated each page of this application (except the cover and signature pages) in the spaces provided.

Initials/Date _____

- C. You have signed the *Statement of Truth and Acknowledgement* form included with this application.
- D. You have signed and notarized the *Release Authorization*.
- E. All attachments required for this application are labeled with the correct title and attachment numbers and are attached to the application.
- F. You retain a completed copy of this application for your own records.
- G. You have included the Non-Gaming Vendor Registration fee of \$100. (***Application fees are nonrefundable.***)

3. **AFTER SUBMISSION:**

Upon receipt of an application for a Non-Gaming Vendor Registration, the Division of Licensing shall conduct a review for administrative completeness. The Division of Licensing may return the application to the applicant for corrections or request clarification before deeming it complete. Once it is deemed complete, the application will be forward to the Investigations and Enforcement Bureau (Bureau) for a background investigation of the vendor. During the background investigation, the Bureau in its discretion may require one or more officers or employees to be fingerprinted for the purpose of conducting a criminal background investigation.

4. **DUTY TO UPDATE INFORMATION:**

- A. All Non-Gaming Vendor Registrants shall have the continuing duty to provide any assistance or information required by the Commission or the Bureau and to cooperate in any inquiry or investigation conducted by the Commission or the Bureau. Refusal to answer or produce information, evidence, or testimony by an applicant or licensee may result in denial of the application, suspension, or revocation of the license.
- B. No applicant for registration shall willfully withhold information from or knowingly give false or misleading information to the Commission or Bureau. If the Commission or Bureau determines that an applicant for registration has willfully provided false or misleading information, such applicant shall not be eligible to be registered under 205 CMR 134.00. A registrant who willfully provides false or misleading information may have its registration conditioned, suspended, or revoked by the Commission.
- C. Non-Gaming Vendor Registrants must update the Commission with the name, residential address, social security number, and date of birth of each relevant person after the following changes occur:
 - a. Any denial, suspension or revocation by a government agency of a license, registration, certification, permit or approval held by or applied for by the vendor or any qualifying individual;
 - b. Any indictment, charge or criminal conviction of the vendor or any qualifying individual;
 - c. The sales representative(s) or other person(s) who solicit(s) business from a gaming licensee; and
 - d. Any person authorized to sign any agreement with the gaming licensee on behalf of the vendor.

All updates must be submitted to the Commission **in writing no later than ten days** after the change occurs and should include the name and registration number (if applicable) of the applicant or registrant.

5. **IMPORTANT NOTICES:**

- A. All notices regarding your application will be sent to the email address, business, or home address that you have provided on this application. You must notify the Commission immediately of any personal information changes.
- B. If you have a business in Massachusetts or have ever conducted business in Massachusetts under the name of the company for which you are filing, you must submit a **Certificate of Good Standing** from the **Massachusetts Department of Revenue** for that business. You can apply for the Certificate of Good Standing using the link below:

<https://wfb.dor.state.ma.us/webfile/Certificate/Public/WebForms/Welcome.aspx>

Initials/Date _____

- C. The Bureau or Commission shall revoke a Non-Gaming Vendor Registration if the person has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application for a registration under M.G.L. c. 23K, §30 and 205 CMR 134.00 that contains false or misleading information; committed prior acts which have not been prosecuted or in which the applicant was not convicted but form a pattern of misconduct that makes the applicant unsuitable.
- D. In determining whether an applicant for registration is suitable for the purpose of being issued a non-Gaming Vendor Registration, the Bureau may evaluate and consider the overall reputation of the applicant including, but not limited to: the integrity, honesty, good character and reputation of the applicant; and whether the applicant has been convicted of a crime of moral turpitude.
- E. An applicant for a Non-Gaming Vendor Registration may appeal a decision made by the Bureau based upon a disqualifying prior conviction in accordance with 134.10(3)(a) on the basis that they wish to demonstrate rehabilitation only if the conviction occurred before the 10 year period immediately preceding the date of submission of the application for licensure or registration.
- F. The Non-Gaming Vendor Registration shall be for an **initial term of 5 years**. The term of Non-Gaming Vendor Registration shall expire and be renewable on the last day of the month on the fifth anniversary of the issuance date. An application to renew a Non-Gaming Vendor Registration shall be submitted by the last day of the month of the fifth anniversary of the issuance date. Non-Gaming Vendor Registration renewals shall be for a **term of 5 years**.
- G. The Massachusetts Public Records Law (Law), <http://www.sec.state.ma.us/pre/preidx.htm> found in Chapter 66, Section 10 of the Massachusetts General Laws, applies to records made or received by a Massachusetts governmental entity. Unless the requested records fall under an exemption to the Law, the responsive documents must be made available to the requester. A list of exemptions may be found in Chapter 4, Section 7(26) of the Massachusetts General Laws.
- H. A subcontractor to a vendor shall not be required to obtain licensure or registration under 205 CMR 134.00. For purposes of 205 CMR 134.00 a subcontractor shall be considered a person that contracts with a licensed or registered vendor to provide goods or services necessary to fulfill the licensed or registered vendor's contract with a gaming licensee. As part of the application process, vendors shall be required to identify all of its known or anticipated subcontractors and shall have a continuing duty to update the Bureau relative to any new subcontractors by submission of the Subcontractor Identification Form as provided in 205 CMR 134.07(11).
- I. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.

Initials/Date_____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED
IF ITEMS ARE NOT APPLICABLE, INDICATE "NONE" OR "NOT APPLICABLE"
DO NOT LEAVE ANY QUESTIONS UNANSWERED

PART 1. NAME OF BUSINESS

Name of Business (Do Not Abbreviate) _____

Name as Appears on the Certificate of Incorporation, Charter, By-Laws, Partnership Agreement or other Official Documents _____

D/B/A or Trade Name(s) _____

PART 2. DESCRIPTION OF BUSINESS

A. Type of Organization (check one):

☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ C-Corporation ☐ LLC

☐ S-Corporation ☐ Trust ☐ Other _____

Describe _____

B. Business name as it appears on formation documents: _____

C. Place of Incorporation or Formation: _____

D. Date of Incorporation or Formation: _____

E. Please submit a copy of the Certificate of Incorporation and all amendments, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the business, if any. This document must be labeled as **attachment to question 2E**.

F. Provide below your business's Federal Identification Number (FID#).

FID# _____ - _____

☐ Check box if applied for

G. If sole proprietor, please provide your Social Security Number (SSN).

SSN: _____ - _____ - _____

Initials/Date _____

PART 3. TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A) OR THE SERVICES OF (F/S/O)

Type of goods or services you plan to provide

Street Location (Number and Street) City State Country Zip Code

Telephone Number Fax Number Website (URL)

PART 4. PERSON TO BE CONTACTED IN REFERENCE TO THIS FORM

Name and Title

Home Telephone Number Day or Work Telephone Number with Extension

Cell Number Fax Number (if available) E-mail Address

PART 5. PRINCIPAL ADDRESS OF THE BUSINESS

Street Location (Number and Street) City State Zip Code

Mailing Address – if different (P.O. Box, City, State, Zip Code)

Country Telephone Number Fax Number (if available)

Website (URL)

Initials/Date

**PART 6. BUSINESS ADDRESS FROM WHICH THE APPLICANT IS OR WILL BE
CONDUCTING BUSINESS WITH THE LICENSEE OR APPLICANT**

(Complete only if different than the above principal address)

Street Location	(Number and Street)	City	State	Zip Code
Country		Telephone Number	Fax Number (if available)	
Website (URL)				

PART 7. CERTIFICATION

- A. Is the applicant a minority-owned business that has been certified by either the Massachusetts Supplier Diversity Office or the Greater New England Minority Supplier Development Council, or both?
- ☐ Yes - Provide Letter of Verification or Certification Number _____
NOTE: If providing a Letter of Verification, please label as **attachment to question 7A.**
- ☐ No
- B. Is the applicant a woman-owned business that has been certified by either the Massachusetts Supplier Diversity Office, the Women's Business Enterprise or National Council, or both?
- ☐ Yes - Provide Letter of Verification or Certification Number _____
NOTE: If providing a Letter of Verification, please label as **attachment to question 7-B.**
- ☐ No
- C. Is the applicant a "veteran-owned small business" or a "service-disabled veteran-owned small business", as such terms that are defined by the Federal government and whose status can be verified via the "VetBiz.Gov database" or by the Division of Licensing through the submission of "Qualifier's DD214 form?
- ☐ Yes - Provide Letter of Verification, Qualifier's DD214, or Certification Number _____
NOTE: If providing a Letter of Verification, please label as **attachment to question 7-C.**
- ☐ No (**By answering No, proceed to Part 8-Other Names and Addresses of the Businesses**)
- D. If you have indicated that you are "veteran-owned small business", answer the following questions:
1. Have you ever served in the US Military or reserves of the United States?
- Yes ☐ No ☐
- If you checked yes, provide the following information:
- Branch of Service: _____
- Service Serial #: _____
- Highest Rank Held: _____
- Period(s) of Active Service:
- From _____ To _____
- From _____ To _____

Initials/Date _____

2. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: _____ Type of discharge(s): _____

Attach a copy of your military record (DD214). If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214. If in the reserves, please attach a copy of your discharge papers. Label any of the following as **attachment to question 7-D2**.

PART 8. OTHER NAMES AND ADDRESSES OF THE BUSINESS

- A. Provide the names, addresses and percentage of ownership held by each entity or person directly owning more than five (5%) percent of this business. When listing individuals, also provide social security number and date of birth.

☐ No Entity or Person owns more than five (5%) percent.

NAME	ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% OF OWNERSHIP

NOTE: Should you require additional space, attach a separate sheet of paper in the format and label it **attachment to question 8-A**.

- B. Provide the name, residence address, social security number, and the date of birth of any sales representatives or other person who solicit business from a gaming licensee or applicant or is that person's immediate supervisor. Also, provide the name, residence address, social security number, and the date of birth of any person authorized to sign any agreement with the gaming licensee or applicant on behalf of the vendor.

NAME	MIDDLE INITIAL	LAST NAME	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH

NOTE: Should you require additional space, attach a separate sheet of paper in the format and label it **attachment to question 8-B**.

- C. Identify in the table below all known and/or anticipated subcontractors that you will be contracting with to provide goods or services necessary to fulfill your contract with a gaming licensee.

NAME OF SUBCONTRACTOR	ADDRESS	TYPES OF GOODS AND SERVICES	CONTRACT AMOUNT	SUBCONTRACTOR CONTACT PERSON IN REFERENCE TO THIS INFORMATION	TELEPHONE NUMBER

NOTE: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8-C**

Initials/Date _____

PART 9. CRIMINAL HISTORY

The next question asks about any charges or offenses the entity may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

DEFINITIONS: For purposes of this question:

- A. **Arrest** means being taken into custody by any police or other law enforcement authority.
- B. **Charge** includes any indictment, complaint, information or other notice of the alleged commission of any "offense."
- C. **Conviction** includes the finding of guilty of any "offense" upon a trial or a plea of guilty. An adjudication of delinquency shall not be considered a conviction. Such a finding may, however, be considered for purposes of determining the suitability of an applicant.
- D. **Crime or Offense** includes all felonies and misdemeanors.
- E. **Disposition** the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending,

INSTRUCTIONS: You must answer all questions completely and may not omit information. Answer "yes" and provide all information to the best of your ability **EVEN IF**:

- 1. The entity did not commit the offense charged;
- 2. The entity were dismissed or subsequently downgraded to a lesser charge;
- 3. The entity completed a diversionary program or the equivalent thereof;
- 4. The entity was not convicted;
- 5. The charges or offenses happened a long time ago.

Has the entity or any of its subsidiaries ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding of **any crime or offense in any jurisdiction (including Massachusetts)**?

Yes ☐ No ☐ If you checked yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED	DISPOSITION

NOTE: Should you require additional space, attach a separate sheet of paper in the format and label it **attachment to question 9**.

PART 10. ANTITRUST, TRADE REGULATION AND SECURITIES AGREEMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the business ever had a judgment, order, consent decree or consent order pertaining to a violation, or alleged violation of the Federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?

☐ Yes ☐ No

B. In the past 10 years, has the business had a judgment, order, consent decree or consent order pertaining to a violation, or alleged violation, of any state or Federal statute, regulation or code that resulted in a penalty or fine of \$50,000 or more entered against it?

☐ Yes ☐ No

If the answer to either question is "YES", provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED

NOTE: Should you require additional space, attach a separate sheet of paper in the format and label it **attachment to question 10**.

Initials/Date _____

STATEMENT OF TRUTH and ACKNOWLEDGMENT

STATEMENT OF TRUTH

I, _____, hereby state under the pains and penalties of perjury that:
(Print Name)

1. The information contained herein and accompanies this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false or misleading this application may be denied.

ACKNOWLEDGMENT

The Massachusetts Gaming Commission may, at some time during the course of the term of the Non-Gaming Vendor's Registration, require one or more officers or employees of the business to submit fingerprints, as authorized by 205 CMR 134.13, for the purpose of conducting a criminal background check.

I, _____, as an officer and/or employee of the Non-Gaming Vendor, hereby acknowledge
(Print Name)
consent to a request for such fingerprinting may be required.

I understand that if I have questions regarding this form, I should ask an employee of the Massachusetts Gaming Commission – Division of Licensing.

(Signature)

(Print Name)

(Date)

RELEASE AUTHORIZATION

To Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the “issuing entity”).

On behalf of _____,
(Name of Vendor)

I, _____ authorize the
(Name of President, Officer, Partner, or Sole Proprietor)

Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into the background and activities of the said entity.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with the application of said entity filed with the Commission.

I authorize the release of any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that the said entity has an application pending before the Commission.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the duration of the 5 year license.

A photocopy of this authorization will be considered as effective and valid as the original.

(Signature of Applicant)

(Type, Stamp or Print Name)

(Date)

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(Signature of Notary)

(Notary Stamp)