

**Request for Qualifications (RFQ)  
For Project Management Services For  
Lottery Gaming System Transition Project Management Office  
CLC#202007**

**This document is subject to change.  
Visit [ctlottery.org](http://ctlottery.org) for the most current information.**

**1. Introduction**

The Connecticut Lottery Corporation (CLC) is soliciting qualifications and quotes from firms and individuals to provide project management and related technical consulting services to the CLC's gaming system conversion Project Management Office (PMO). The CLC established the PMO to provide a structure for organizing the CLC's impending transition from its current lottery gaming system to its replacement gaming system (Project). The consultant's overall responsibility is to lead the PMO in managing, overseeing, and reporting on the successful and orderly completion of the Project with consulting work commencing approximately June 2021. While the CLC prefers to engage a consultant specialized in implementing lottery gaming systems, it will consider submissions from consultants with proven experience leading and managing large-scale enterprise system conversion and implementation projects for multi-location clients, especially for Connecticut government clients or clients operating in regulated industries.

As this is an RFQ for an independent project management consultant and given the competitively sensitive nature of the work involved, lottery gaming system vendors are not eligible to participate in this RFQ. The chosen consultant and its assigned Project staff must not have material conflicts of interests between the work they will perform for the CLC and any of their current clients. The consultant's Project lead, preferably the project manager, must be certified as a Project Management Professional (PMP) by the Project Management Institute or hold other recognized project management credentials in addition to relevant project experience. A degree in project management does not qualify.

Qualified consultants are invited to respond **by 2:00 PM ET on February 23, 2021**. Direct all submissions in only PDF to [sharon.zarotney@ctlottery.org](mailto:sharon.zarotney@ctlottery.org). Submissions must be labeled "**Response to RFQ for Project Management Office Consultant**" and the label must include the consultant's name, or firm name, as applicable.

Inquiries regarding this RFQ must be submitted only to [sharon.zarotney@ctlottery.org](mailto:sharon.zarotney@ctlottery.org) by no later than **2:00 PM ET on January 27, 2021**. **Contact with any other CLC representative or State of Connecticut official concerning this RFQ may result in disqualification.**

The CLC will respond to questions on or about February 3, 2021. Answers to relevant questions will be posted on the CLC's procurement website (<https://www.ctlottery.org/PublicSolicitations>) as well as the Connecticut Department of Administrative Services' procurement website ([https://biznet.ct.gov/SCP\\_Search/default.aspx?Src=CISplash](https://biznet.ct.gov/SCP_Search/default.aspx?Src=CISplash), Search Solicitations, Organization, drop down to "Connecticut Lottery Corporation") (together, the Websites). The CLC will not respond to questions or clarification requests, or inquiries concerning the status of a consultant's proposal or the RFQ, after January 20, 2021.

Consultant selection will be made on or about April 13, 2021.

All dates are subject to change in the CLC's sole discretion.

## 2. CLC Gaming System RFP

In October 2020, the CLC issued Request For Proposals #CLC202003 (RFP) for an on-premises lottery retail gaming system to replace its current system (CLC's gaming system RFP is posted at <https://www.ctlottery.org/PublicSolicitations>). The CLC anticipates selecting its new gaming system vendor in April 2021, with vendor contract negotiations completed by July 2021 and the replacement system go-live date in April 2023. In line with this effort, the CLC separately seeks an experienced consultant that will be an instrumental member of the PMO team to lead, oversee, and manage the entire gaming system conversion in collaboration with and support of other PMO representatives and company leaders (i.e., CLC, new and legacy gaming system vendors, and any consultants hired by CLC for this Project).

The CLC's replacement gaming system vendor is required to deliver its gaming system conversion plan within approximately thirty (30) days after execution of its contract. That conversion plan, once approved by the CLC, will include the timeline and major milestones for developing, implementing, and testing the gaming system, including data conversion. The conversion plan will be integrated into the overall gaming system Project Plan established and overseen by the PMO (Project Plan).

The consultant will commence Project work with the CLC after the CLC selects its new gaming system vendor, and with other project participants once agreements are completed, knowing the system launch date is mid-April, 2023. Any resultant contract from this RFQ will have a duration equal to the period for the replacement gaming system conversion, currently estimated by the CLC to be 20 to 24 months. The CLC, in its sole discretion, will have the option to extend the contract to complete the Project or cancel the contract at any time upon written notice.

**A contract award is contingent upon the chosen consultant satisfying all requirements identified in this RFQ, including, without limitation, licensing requirements of the Connecticut Department of Consumer Protection (DCP), the CLC's regulatory agency. See, Paragraph 6.1 of this RFQ.**

## 3. What The CLC Is Looking For

The CLC seeks a professional, experienced consultant to lead and manage the PMO, and keep all Project partners on track in accomplishing the replacement gaming system conversion and implementation within the Project Plan timeline and without any material disruption or adverse impact to daily lottery business, especially as it relates to player ticket purchases, retailer terminal functions and transactions, and the accurate recording of plays for drawings.

The relationship among the consultant, the CLC, and Project partners will be based on mutual trust and respect. The consultant is expected to adopt the same attitudes, concerns, and commitment towards the CLC's games, financial performance, legal and regulatory compliance, integrity, security, and successful and timely completion of the system conversion and implementation as are held by the CLC.

Specifically, the consultant will be expected to:

- Collaborate with Project participants in developing the PMO Project charter, the PMO governance structure and conflict resolution process, and advise participants in its proper use and accountability.
- Advise and fully support the CLC and its gaming system vendor(s) in formulating a unified master Project Plan, which shall include the gaming system vendor's conversion plan, all implementation tasks, deadlines, milestones, sign-offs, review periods, and deliverables.

- Meet with all Project participants to review Project structure, timetables, expectations, and potential constraints/obstacles; the management organization of the Project and workflows; and the roles, responsibilities, and dependencies of participants.
- Organize, plan, schedule, attend, and oversee Project meetings, which may include some or all Project participants. Create consultant communications plan suitable to meet Project goals and objectives.
- Manage execution of the Project Plan and monitor status and progress on an ongoing basis. Identify Project risks that may delay or impede progress and recommend ways to resolve and minimize them; provide issue resolution and escalation assistance; track current status, decisions, task assignments, open issues for resolution, and closed issues.
- Review Project change orders initiated either by the CLC or its gaming system vendor.
- Perform pre-go-live review and assessment of system readiness. Identify potential risks and evaluate the CLC's level of preparation for a successful go-live. Provide guidance with respect to user acceptance testing plan, to ensure the system configuration matches the CLC's goals and desired processes, and assist and support follow-up and, as necessary, escalation of issues to resolution.
- Assist with development of a project plan for training, including areas where additional user training is recommended.
- Perform other necessary or helpful Project-related functions and duties as directed by the CLC.

Organized management of the conversion is critical to the success of the Project. The conversion will require strong coordination among the PMO, the CLC, and gaming system vendor(s), especially the coordination of task handoffs to avoid Project delays. Strong cooperation and collaboration among these stakeholders is also necessary for detailed planning, rigorous monitoring, reporting of progress, and risk identification and tracking. Strong oversight will be expected to ensure adherence to the conversion plan and schedule, proper completion of tasks and deliverables by each participant, and effective use of project management practices and tools to achieve Project goals.

In addition to the above requirements and skills, the selected consultant must have excellent project management and leadership depth in enterprise system conversions and must be a highly effective communicator, particularly in (1) translating project plans into actionable items that are aligned with attaining system implementation goals and objectives, and (2) persuading, motivating, and keeping organizations focused through change management efforts within time constraints.

The CLC will finalize the scope of work and its goals and objectives with the selected consultant prior to contract execution. The CLC expects much of the work to be completed on-site at the CLC's Rocky Hill headquarters and will provide a work space. Travel and on-site work needs will be determined with selected consultant whether or not pandemic restrictions are in place. The chosen consultant cannot subcontract required services.

#### **4. Response Requirements**

Interested and qualified consultants must submit a PDF version statement of capability identifying recent relevant experience. Generic marketing and promotional materials may be utilized, but responses tailored to this RFQ are strongly preferred.

Each submission must include the following information in the order in which it is requested:

##### **4.1. Consultant Profile**

4.1.1. Provide consultant's full legal business name (including any fictitious business names, e.g. DBAs); street and mailing address of its principal place of business, as well as for all locations from

which work will be performed if different from the principal office. Each consultant must state whether it is registered or qualified with the Connecticut Secretary of State to do business in Connecticut. This registration must occur prior to contract signing.

4.1.2. Provide a brief history of consultant, including principal owners; number of employees; core business philosophy; and number of years providing project management and consulting.

4.1.3. Provide the name, title, and contact information of consultant's lead project manager who will direct and coordinate the work, as well as the names, titles, and responsibilities of any other proposed Project staff. Advise which Project team member(s) is certified as a Project Management Professional (PMP) by the Project Management Institute or holds other recognized project management credentials.

4.1.4. Identify any material assignments or relationships (including employment relationships) that consultant or any proposed member of consultant's Project team has with any lottery gaming system vendor, or other person or entity, which may constitute or create the appearance of a conflict of interest in serving as a consultant to the CLC. Include assignments or relationships that could during the term of the Project be adverse to the CLC interests or its statutory purpose to operate the lottery with integrity and for the public good. Discuss any measures consultant has taken or would take to resolve any possible conflicts of interest.

## **4.2. Experience & References**

4.2.1. For each proposed Project team member that will directly perform the contract (Key Person), provide their name and title, location, and relevant knowledge and experience successfully managing large-scale enterprise system conversion and implementation projects at multi-location clients of similar size and with similar requirements as the CLC, especially projects for government entities or clients in regulated industries. Provide resumes for all Project team members and include specific examples of system implementation projects each has managed or participated in.

The chosen consultant is required to obtain the CLC's prior written consent before voluntarily replacing or substituting its Key Persons (vacancies due to termination or resignation, personal circumstances, and incapacity of workers excepted). Additionally, the chosen consultant must notify the CLC promptly of any termination or resignation, or material change in the background status, of any Key Person, including, but not limited to, due to unlawful or dishonest conduct. The CLC has the right at any time to direct the immediate removal and replacement of any Key Person that the CLC, in its sole judgment, finds unfit to perform work or whose conduct is detrimental to the CLC's best interests. The CLC may seek damages or recoup expenses for any work interruption or delay due to any chosen consultant staffing issues, including DCP licensing issues.

4.2.2. Provide three (3) references of clients, preferably government or regulated industry clients, for whom the consultant has completed comparable system conversion and implementation project management services in the past five (5) years. Client references evidencing the experience of proposed Project staff are highly desirable. For each reference, please provide contact information, a description of services provided, the dates of service, and whether services were completed on schedule.

## **4.3. Proposed Approach**

4.3.1. State consultant's understanding of the CLC's needs and all work requirements.

4.3.2. Provide a detailed narrative description of consultant's approach to performing the work and its overall management of the Project, including, without limitation:

4.3.2.1. approach and tools to ensure the Project Plan is managed properly and kept on track and on time;

4.3.2.2. method and process to ensure that, at system go-live, the Project is closed and that there are no significant Project tasks that remain "incomplete" and require additional work.

4.3.2.3. methods and tools for documenting, communicating, and tracking activities, decisions, and open issues for resolution;

- 4.3.2.4. Project staffing plan to ensure availability and responsiveness;
  - 4.3.2.5. approach and schedule to keep the CLC apprised of Project status;
  - 4.3.2.6. tools to capture and manage user acceptance testing completion and outcomes and to manage issues discovered during testing;
  - 4.3.2.5. approach to ensure consistency and quality of services; and
  - 4.3.2.6. resources that the CLC will be required to provide.
- 4.3.3. Based on consultant's experience, identify assumptions and challenges that the Project might face, such as system handoff or handover challenges that might be encountered between exiting and replacement vendors, and how consultant will address them.
- 4.3.4. Security of the gaming system, system information, and all work performed by the chosen consultant during the Project is of utmost importance. Consultants must identify the general administrative, technical, and physical safeguards they will employ to manage and ensure the security and privacy of information and records shared with them. Consultants should address any written policies, controls, countermeasures, and training they have associated with (a) accessing, processing, transmitting, and storing client information whether on their computer network, through SaaS/cloud services, or at their physical premises (e.g., file rooms), and (b) responding to security incidents involving client information.
- 4.3.5. Provide a sample implementation checklist from a previous project.
  - 4.3.6. Provide a sample status report from a previous project.
  - 4.3.7. Provide an example or description of a user acceptance test plan developed for a previous project.

#### **4.4. Optional Services**

Describe other project management or consulting services that consultant is proficient in providing, and that it believes could be relevant to the Project.

#### **4.5. Proposed Fee**

Appendix A describes the manner and format in which consultants must submit their fees for the CLC's consideration. Consultants must submit a signed Fee Proposal using the uniform format provided. Please read the pricing instructions carefully in order to provide a responsive proposal.

#### **4.6. Declarations**

The CLC is an extremely sensitive enterprise given the nature of its business, and its success depends on maintaining the public's trust and confidence. The CLC operates with the highest standards of security and integrity, and its vendors are held to the same standards.

Identify any circumstance involving the consultant or any of its proposed Project staff that could materially affect the viability of its RFQ submission, its ability to perform the work, its operations, or its financial stability, or that could harm or subject the CLC to public scrutiny if the CLC were to contract with the consultant. Examples of material circumstances include, but are not limited to, any threatened or pending (or closed) bankruptcy, regulatory proceeding, or litigation involving the consultant; pleas, convictions, or judgments against the consultant or its staff for violations of law or regulation; grievances or complaints against the consultant or its staff; and the debarment or suspension of the consultant or its staff from contracting or submitting proposals for contracts with any federal, state, or local government or quasi-government entity, or Native American body.

#### **5. Award**

The CLC will use information obtained from this RFQ to determine, in its sole discretion, the consultant that, all things considered, the CLC determines to be in its best interest.

## **6. Special Provisions**

In addition to the terms in this RFQ, the contract between the CLC and the chosen consultant will include, without limitation, the following draft special provisions. The final contract offer of the CLC may contain additional provisions or provisions worded differently from those set forth below.

### **6.1. DCP Licensing Requirements; Background Checks**

Due to the sensitive nature of the Project, the chosen consultant and its Key Persons must be separately licensed by the DCP in accordance with § 12-815a of the Connecticut General Statutes. The CLC or the DCP may at any time extend licensing requirements to include other CLC-pre-approved individuals that the chosen consultant assigns to perform contract activities or otherwise for the benefit of the CLC.

The DCP's Vendor/Affiliate License Application and Occupational License Application for Key Persons are provided in Appendix B for consultants to review the information and documentation requirements. Consultant is responsible for payment of licensing fees.

Estimated DCP licensing fees are as follows:

Vendor License: \$250 per corporation

Affiliate License: \$250 per Subcontractor

Occupational Licenses: \$100 per Class I employee; \$20 per Class II director, officer, or owner

The CLC, the DCP, and/or the Connecticut State Police may, prior to the commencement of the contract and at any time during the contract, initiate investigations deemed proper and necessary to determine the suitability of the chosen consultant and its Key Persons to perform the contract, whether such performance takes place in Connecticut or elsewhere. Such investigations may include, but are not limited to, fingerprint identification by the Connecticut State Police, and financial and criminal background investigations on Key Persons. The chosen consultant consents to such investigations and will cause its Key Persons to fully cooperate with such investigations and to provide all necessary information and authorizations in connection therewith. The CLC may terminate the contract based upon the results of these investigations or for the chosen consultant's failure to comply with DCP licensing requirements.

### **6.2. Gaming Participation Prohibition**

The chosen consultant will notify Key Persons that they and certain members of their households are prohibited from purchasing and participating in, or sharing the winnings from, any CLC lottery game or multijurisdictional lottery game in which the CLC participates (i.e., Powerball, Mega Millions, Lucky for Life). The CLC will provide the chosen consultant with the wording of such notice at the time of contracting. Each Key Person will remain ineligible to play or win, regardless of his/her receipt of such notice, for the duration of the contract.

### **6.3. Insurance**

The chosen consultant will maintain, at its sole cost and expense, the following insurance for the duration of its contract with the CLC: Commercial General Liability; Professional/E&O; Umbrella Liability; Automobile; and Workers Compensation in compliance with Connecticut's statutory limits covering itself and its employees, including Employers Liability. Commercial General Liability insurance and Professional/E&O insurance shall have limits of liability of not less than \$1 million; automobile insurance shall include contractual liability coverage and coverage for all owned, hired, and non-owned vehicles with limits of \$1 million per accident/loss to include bodily injury and property damage.

The chosen consultant will be solely responsible and liable for the acts and omissions of its agents and employees. Upon delivering its signed contract to the CLC, the chosen consultant will provide the CLC a Certificate(s) of Insurance demonstrating that all insurance policies are in place.

6.3.1 All insurance policies, except the Professional/E&O and Workers Compensation, must name “Connecticut Lottery Corporation, the State of Connecticut, and each of their respective directors, officers, employees, and representatives” as additional insured parties with respect to liabilities and losses related to the contract to the extent such liabilities and losses are attributable to the chosen consultant and its employees.

6.3.2. All policies, except the Professional/E&O, must contain a waiver of any right to subrogation that any insurer of the chosen consultant may acquire against the additional insured parties by virtue of the payment of any loss under such policies.

6.3.3. All policies, except the Professional/E&O, will be primary and non-contributory with any insurance or self-insurance carried or administered by the CLC or that of any other additional insured party to the extent such liabilities and losses are attributable to the chosen consultant and its employees **(this must be endorsed)**.

The chosen consultant will obtain from each of its insurers all policy endorsements that may be necessary to effectuate 6.3.2 and 6.3.3 above and submit them to the CLC with its insurance certificates. The chosen consultant will honor these requirements regardless of whether or not the CLC receives these endorsements from an insurer.

The CLC reserves the right, at any time during the contract, to require the chosen consultant to obtain additional types of insurance or to increase the limits of its existing insurance, in the CLC’s sole discretion, commensurate with additional procured services or increased risk. The chosen consultant will promptly comply with such requirements at its sole expense.

#### **6.4. CLC Sensitive Information; Information Security**

The CLC may share non-public information and documentation with the chosen consultant that is confidential information (CLC Sensitive Information). Additionally, the chosen consultant may procure, develop, generate, collect, use, store, and otherwise process information and documentation for the CLC during the contract that the chosen consultant also acknowledges is CLC Sensitive Information, the misuse or unauthorized disclosure of which could violate rights of private individuals and entities. “CLC Sensitive Information” also includes any information and content placed on, processed or created by, or that is derived from the gaming system (e.g., test reports) that is exempt from public disclosure under the Connecticut Freedom of Information Act (FOIA). Sensitive information need not be novel, unique, copyrightable, or constitute a trade secret to constitute CLC Sensitive Information under the contract. The chosen consultant agrees that all CLC Sensitive Information, whether or not marked “Confidential,” and whether documentary, electronic, oral, observational, or otherwise, is and will remain the CLC’s exclusive property.

The chosen consultant and its employees will protect all shared or acquired data, especially CLC Sensitive Information, and will not (i) disclose or cause to be disclosed to any third-party, or (ii) use or cause to be used, any CLC Sensitive Information, for any purpose, except: (a) to the extent necessary to perform the contract or (b) with the CLC’s prior written consent in each instance (collectively, the Permitted Uses). The chosen consultant will limit access to CLC Sensitive Information to its Key Persons that have a need-to-know to such information for the Permitted Uses and are advised of the privacy, confidentiality, and information security requirements of the CLC prior to access.

The chosen consultant will exercise a level of care to prevent the disclosure and misuse of CLC Sensitive Information equal to or exceeding the level of care that it exercises to secure and protect its own non-public, sensitive, confidential, and proprietary information, but not less than reasonable care and diligence. To the extent multi-jurisdictional association requirements (e.g., MUSL), accepted lottery industry practices, or

applicable federal and/or state privacy and data protection laws impose any greater restrictions or prohibitions with respect to the use and handling of any CLC Sensitive Information, the chosen consultant will comply with such greater restrictions or prohibitions. The CLC may require the chosen consultant to obtain signed confidentiality agreements from its Key Persons incorporating confidentiality requirements no less restrictive than those set forth in this Paragraph 6.4 at any time.

The chosen consultant must immediately notify and fully cooperate with the CLC in a courteous manner upon learning or suspecting that any shared or acquired data, including CLC Sensitive Information, has been misused, disclosed without authorization, or breached and take such steps as may be required by the CLC to stop or mitigate the incident. If the chosen consultant receives a request for disclosure of any CLC Sensitive Information (for example only, under FOIA or by subpoena), then it must immediately notify and consult with the CLC as to how to respond to the request. The confidentiality, information security, and other covenants contained in this Paragraph 6.4 will survive the expiration or earlier termination of the contract.

## **7. CLC Reservations**

In addition to any rights set forth elsewhere in this RFQ, the CLC reserves the right to take any of the following actions, in its sole discretion, at any time:

- 7.1. Accept or reject any or all submissions, in whole or in part, and to award or not award a contract based on submissions received;
- 7.2. Waive any technicalities, informalities, irregularities, or non-material deficiencies in a submission;
- 7.3. Waive any non-material specification(s) that cannot be complied with by all consultants;
- 7.4. Waive any informality in the RFQ process if doing so, as determined solely by the CLC, is in the CLC's best interest;
- 7.5. Conduct discussions with any or all consultants for the purpose of clarification and/or modification of their submissions;
- 7.6. Arrange to receive work from other providers, or obtain or perform the work itself, sought under this RFQ;
- 7.7. Solicit additional and/or new submissions from anyone;
- 7.8. Clarify, supplement, modify, suspend, or terminate this RFQ in whole or in part, or withdraw and reissue a new RFQ with terms and conditions materially different from this RFQ;
- 7.9. Obtain information from any and all sources concerning a consultant that the CLC considers relevant to this RFQ, and to consider such information in evaluating the consultant's submission;
- 7.10. Make a whole award, multiple awards, a partial award, or no award;
- 7.11. Disqualify any consultant whose conduct and/or submissions fails to conform to the requirements of this RFQ;
- 7.12. Negotiate contract provisions, including provisions not found in this RFQ, with one or more potential consultants in any manner the CLC deems fit (negotiations may be held with multiple consultants concurrently or on an individual basis at separate times as the CLC determines); and
- 7.13. Set aside the original successful consultant if the CLC determines that the consultant is unable to fulfill the CLC's requirements for any reason. The CLC may, but shall not be obligated to, award the contract to a different consultant.



## **8. Freedom of Information Act**

The CLC is subject to Connecticut's Freedom of Information Act. This means that any information consultants provide to the CLC could be shared with the public. The CLC strongly recommends that consultants avoid including proprietary or confidential information in their submissions. If, however, a submission contains proprietary or confidential information, then the consultant must clearly identify this information. A separate redacted copy of a consultant's complete submission must be provided to the CLC labeled as the "Public Copy." **The CLC will interpret a consultant's failure to comply with this "Public Copy" requirement as consultant's acknowledgment that its submission contains no consultant confidential information and, therefore, may be disclosed to the public upon request.**

Cost/pricing, resumes, and marketing information is subject to public disclosure. Consultants should not preface their submissions with a general proprietary statement, or use page headers or footers that arbitrarily mark all pages "Confidential." **Each consultant is solely responsible for, and the CLC shall have no liability to a consultant for, the inclusion of any consultant exempt information contained in any redacted submission or the provision of such redacted submission to a third-party.**

## Appendix A

### Fee Proposal

This Fee Proposal must be submitted with a proposal and signed by a representative authorized to legally bind the consultant. While the exact start and end dates of the Project are to be determined, for consistency among proposals, consultants should use the Project period June 2021 through April 2023 to prepare their Fee Proposal. Fee Proposals must clearly identify any other pricing assumptions.

Travel expenses should be estimated in the table below, and shall be billed and paid at actual cost. The CLC will not be responsible for paying any travel expenses that are not specifically approved by it in writing in advance.

The contents of the Fee Proposal must follow this outline:

1. Hourly rates and estimated number of hours of each staff position assigned to the Project, Hourly rates will include all direct, ancillary, and other expenses associated with Project work, unless the CLC agrees in writing to pay these expenses separately prior to the expense being incurred. This excludes travel.
2. Estimated travel expenses and estimated number of weeks for on-site work. Estimated travel expenses should include transportation, lodging, meals and other ancillary travel expenses necessary to perform work at CLC assuming non-pandemic conditions. No alcoholic beverage expenses will be reimbursed. Total estimated travel expenses should be itemized per staff position.
3. Itemized breakdown of fees for any proposed optional services.

Consultants must provide the information in (1), (2), and (3) above using the table below.

Required Project Management Services (Paragraph 3)	Position	Hourly Rate	Estimated Number of Hours for Project	Estimated Travel Expenses for full week on-site	Estimated # of weeks needed on-site
		\$			
		\$			
		\$			
		\$			
<b>Optional Services (List Below):</b>					
		\$			
		\$			
		\$			
		\$			

Name of Consultant: \_\_\_\_\_

Signature of Consultant: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX B**

STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
 LICENSING SERVICES DIVISION  
 Telephone: (860) 713-6270  
 Email: [DCP.Gaming@ct.gov](mailto:DCP.Gaming@ct.gov)

**Concessionaire, Totalizator, Vendor and Affiliate License Application**

Pursuant to Connecticut General Statutes, Sections 12-574 and 12-815a, application is made for a license for the period ending August 31, 20

**INSTRUCTIONS:**

All spaces must be completed – please print in ink or type. This application **must be accompanied by a check or money order in the amount of \$250.00**, made payable to **“Treasurer, State of Connecticut.”** Application fees are non-refundable. All licenses expire annually on August 31<sup>st</sup>.

Return your completed application and fee to:

**Department of Consumer Protection, License Services Division, 450 Columbus Blvd Ste 801, Hartford, CT 06103**

Applicant Legal Standing:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other (Explain)	
Name of Applicant (use Corporation, LLC, Partnership or Limited Partnership name if filing as such)			
Trade (DBA) Name if Applicable			
Principal Address	City	State	Zip Code
Business Telephone Number (with area code)	FEIN or SSN (if Sole Proprietor)	CT Tax Registration Number	
Mailing Address (if different than above)	City	State	Zip Code
Contact Person Regarding this Application:			
Name:	Title:	Direct Telephone Number	E-mail Address
Has the applicant entity, any of its owners, officers, members, partners, associates, directors or holders of equity or debt <b>EVER</b> been convicted of a crime, felony, misdemeanor, or other offense, including motor vehicle crimes (other than a traffic violation)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, attach separate documentation indicating the name of the person convicted, each offense, name and address of the court and the date and nature of disposition of each conviction.			
Name and address of registered or authorized agent upon whom service of process in any proceedings against the applicant may be made. This may be an officer or owner of the applicant entity, or other specified individual or entity, or the sole proprietor.			
Name _____			
Address _____			

Briefly explain all business conducted and intended to be conducted by the application entity involving Connecticut.

I attest under the penalties of the Connecticut General Statutes, Section 53a-157b, Chapter 226 and 226b and the Regulations of the Department of Consumer Protection that the information herein is true. I understand that misinformation or the omission of facts on this application may result in fine, suspension, or denial of this license or criminal referral.

Any license that may hereafter be granted to said person is predicated upon the statements and answers constrained herein and that for any material false information or misleading statement or answer or lack of total disclosure to any part of this application, said application may be denied or license may be fined, suspended or revoked.

By the signing of this application, the applicant entity acknowledges that if a license is granted, it will become the duty of the applicant/licensee to file with the Department of Consumer Protection such reports and financial data as may be required by State Statutes or by such Regulations as the Department of Consumer Protection has adopted or may hereafter adopt, and to make such payments and/or fees as may be required by law. If the applicant/licensee fails to abide by these requirements, the applicant/licensee shall incur the penalties set forth in the Connecticut General Statutes, Section 53a-157b, Chapters 226 and 226b and in such Regulations as said Department of Consumer Protection has adopted or may hereafter adopt.

The applicant entity agrees to provide the Department of Consumer Protection with a full description of any significant operational changes as said changes occur.

The entity's background may be investigated by the Department of Consumer Protection, the Department of Public Safety and other agencies of the state.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
LICENSE SERVICES DIVISION  
Telephone: (860) 713-6270  
Email: [DCP.Gaming@ct.gov](mailto:DCP.Gaming@ct.gov)

## **Concessionaire, Totalizator, Vendor or Affiliate Application**

### **INSTRUCTIONS AND INFORMATION**

**PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING, APPLICATION, APPLICATIONS  
WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.**

This application form shall be completed by any person(s) conducting gaming related business. This form shall also be completed by related affiliate(s) to any business organization as described above, as well as any entity so directed by the Connecticut Department of Consumer Protection (DCP).

Information requests shall be answered completely. Such information is to be provided as of the date of application unless otherwise specified.

If a question is not applicable to the type of business being conducted, indicate "N/A" on the application.

Once filed, you may not withdraw this application without the permission of the DCP.

We recommend that you keep a copy of your completed application for your records.

All applications are confidential to the extent permitted by law.

You must complete and submit the attached IRS 4506-T form with this application to authorize the DCP to verify, AS NECESSARY, any tax information submitted pursuant to this application.

Note that all responses and attachments shall be in the English language or shall include a translation to English.

## DOCUMENTS REQUIRED

***The application will be returned or the issuance of license delayed if the applicable required documents are not included.***

For whichever category of business organization you checked on the first page of this application provide the required documents as listed below:

If applicant entity is a general, limited partnership or LLP – Submit a certified copy of the partnership agreement.

If applicant entity is a corporation – Submit:

1. The articles of incorporation (or charter) and the by-laws, certified by the Secretary of State or other appropriate official. If not incorporated under the laws of the State of Connecticut, primary applicant shall register as a foreign corporation with the Connecticut Secretary of State.
2. Resolution of the board of directors or a certified copy of the minutes of the board of directors, under seal and signed by the secretary of the corporation which resolution or minutes authorize the officer of the corporation signing this application to so sign this specific application and the IRS 4506-T form on behalf of the corporation.
3. A statement showing classes of stock and number of shares of Authorized, Issued and Outstanding, market value, vote per share and current list of the names, addresses, and number of shares for all holders of outstanding shares, if entity is not publically traded. If entity is publically traded, provide this information only for all 5% and greater owners of applicant's stock. DCP may require the applicant to submit this information for all owners of applicant entity's stock, if publically traded.
4. A statement explaining in full detail all stock warrants options or common stock equivalents which are authorized, issued and exercisable. Include applicable list of participant names, addresses and amount of holdings.
5. Copies of filings by the applicant with the Securities and Exchange Commission and any state agency regulating transactions of securities or business offerings as required and applicable for the preceding twelve-month period.
6. A statement explaining in full detail any of applicant's securities or business offerings that have been suspended from trading of any action taken against them by any regulatory agency.

If applicant entity is an unincorporated association – Submit a certified copy of the articles of association or other legal instrument under which applicant is organized showing the purpose thereof and the by-laws, if any.

If applicant entity is an LLC – Submit a certified copy of the membership agreement.

If any of the written documents or agreements listed above DO NOT accurately describe your business organization, submit a full description of the written or oral agreements under which applicant operates.

**All applicants shall submit the following documents:**

***The application will be returned or the issuance of license will be delayed if any of the below documents are missing.***

1. An organizational chart:
  - a. Of the applicant entity's structure, which shall include position descriptions and the names of the individuals holding such positions. (Note a Class II Occupational License application shall be completed by principal management employees, directors, trustees and anyone so directed by the department).
  - b. An entity organization chart which shall include any person(s) which has any ownership of 5% or more of the applicant entity and any person(s) that applicant entity has ownership in. (Note an Affiliate License application shall be completed by any person(s) so directed by the department).
2. A statement listing all other jurisdictions applicant entity does business in (if any) and the nature of business.
3. The name, business address, telephone number and email address of applicant entity's representative for:

Legal Services  
Accounting Services  
Banking and Financing

4. Complete copies of the applicant entity's most recent federal, state and municipal income tax returns. If applicant entity is delinquent or in dispute over the filing of any report or the payment of any tax as required by federal, state or municipal statutes, provide a statement fully describing the reasons for delinquency or dispute. Include the government agencies and time periods involved.
5. A copy of the applicant entity's certified financial statements for the preceding year or if certified statements do not exist, a copy of the preceding year's financial statements attested to under oath. Financial statements shall include, but not be limited to, an income statement, balance sheet, and statement of retained earnings or owners' equity.
6. If providing certified financial statements, provide a copy of the management representation and lawyer's contingency letters provided to the applicant entity's certified public accountant.
7. One of the following certificates as proof of compliance with Connecticut General Statutes, Section 31-268a which requires that no state department, board or agency may renew a license, registration, or permit to operate a business in this state unless the applicant first presents sufficient evidence of current compliance with the worker's compensation coverage requirements of the General Statutes, Section 31-284:
  - a. Certificate of Self-Insurance issued by a Workers' Compensation Commissioner pursuant to Connecticut General Statutes, Section 31-284.
  - b. Certificate of Compliance issued by the Insurance Commissioner pursuant to Connecticut General Statutes, Section 31-286.
  - c. Certificate of Insurance issued by any stock or mutual insurance company or mutual association (or its agent) authorized to write workers' compensation insurance in this state.

In circumstances where an applicant claims exemption from the workers' compensation coverage requirements of the Connecticut General Statutes, the Department may accept an affidavit of exemption (attached).

## Questions

**Please be sure to answer every question and provide the necessary exhibits.**

Is there any other person(s) having a financial, property, leasehold, ownership or beneficial interest in the applicant's business organization?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall include the names and addresses of each person(s).

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1. Is there any person(s) that provides (or will provide) major contractual services, equipment or property related to legalized gambling?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall include the names, addresses, nature of services (to be) rendered and equipment or property (to be) provided and state if such person(s) are related through control, family or business association with the applicant, its owners, members, partners, associates, officers, directors and holders or equity or debt. Also include copies of all pertinent written documents, instruments, agreements and contracts or state the substance of oral contracts and understandings.

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2. Is the applicant entity directly or indirectly controlled by another person(s)?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall include a statement showing how such control is exercised and the extent of the control.

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3. Are any of the owners, members, partners, associates, officers, directors, and holders of equity or debt of the applicant entity related through control, family or business association to any other person(s) doing business with any gambling entity by providing and/or receiving goods or services?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall include the names and addresses of person(s) providing and/or receiving goods or services to (from) the applicant entity, the names and addresses of related individuals and a full description of the goods provided or services rendered. Indicate the dollar amount and percentage of business such represents if known and if a fee or other consideration was (or is to be) paid or received for these transactions, indicate the value and to whom such was paid or received.

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4. Are any of the owners, members, partners, associates, officers, directors, and holders of equity or debt of the applicant entity related through control, family ownership or business association to any other person(s) through which the applicant entity provided (or is to provide) and/or received (or is to receive) mortgages, loans, leases, realty, or equipment?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit(s) shall include the names and addresses of person(s) providing and/or receiving mortgages, loans, leases, realty or equipment to the applicant entity and the names and addresses of the related person(s). Provide a full description of the items provided or received including dollar value and if a fee or other consideration was (or is to be) paid or received, please indicate the value and to whom such was paid or received.

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5. Are any of the owners, members, partners, associates, officers, directors, and holders of equity or debt of the applicant entity related through control, family ownership or business association to any other person(s) through which the applicant entity provided (or is to provide) and/or received (or is to receive) mortgages, loans, leases, realty, or equipment?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO



Exhibit(s) shall include the names and addresses of person(s) providing and/or receiving mortgages, loans, leases, realty or equipment to the applicant entity and the names and addresses of the related persons(s). Provide a full description of the items provided or received including dollar value and if a fee or other consideration was (or is to be) paid or received, please indicate the value and to whom such was paid or received.

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6. Have voluntary or involuntary proceedings in bankruptcy ever been instituted by or brought against the applicant?

YES, Exhibit Attached  NO

Exhibit shall include a full disclosure concerning the person(s) and matters involved, identifying the court and the proceedings by dates and file numbers, stating the facts upon which the proceedings were based and the disposition of the matter.

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7. Does the applicant entity have current or material (more than \$100,000 in the aggregate) litigation, unsatisfied judgments, decrees, restraining orders and/or current contingencies?

YES, Exhibit Attached  NO

Exhibit shall include such details as dates, principal parties thereof; basis for such and explanation of the impact such may have upon the applicant's operation if the applicant is rendered an unfavorable decision.

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8. Does the applicant entity, its owners, members, partners, associates, officers, directors and holders of equity or debt now have (or ever had) any interest or connection, in or out of the State of Connecticut, through employment or ownership with the following:

Any racing, jai alai, lottery, off-track betting, casino, charitable gaming or any other form of entity involved in wagering?

YES, Exhibit Attached  NO

Any application that has been denied by any legalized gambling agency or authority?

YES, Exhibit Attached  NO

Any license related to racing, jai alai, lottery, off-track betting, casino, charitable gaming or any other form of entity conducting legal wagering that has been suspended or revoked?

YES, Exhibit Attached  NO

Exhibit shall include the names and addresses of involved person(s), nature of interest or Connecticut (giving dates), place of wagering activity, name under which such wagering activity was conducted, and complete description of events pertaining to legalized gambling activity, license application, license approval or denial, license suspension or revocation.

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9. Does the applicant entity currently hold any license, permit or other authorization regarding legalized gambling operations including, but not limited to, casino, horse racing, greyhound racing, pari-mutuel operation, lottery, sports betting, charitable giving?

YES, Exhibit Attached  NO

Exhibit shall include the type of gambling operation, type of license or registration held, licensing or registration agency (including state or municipality), date applied, name applied under, license, registration or permit number and expiration date.

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10. Has the applicant entity ever had a license, registration, permit or other authorization regarding legalized gambling in the State of Connecticut or any other jurisdiction denied, suspended or revoked or ever been fined, suspended or appears as a respondent to any administrative action undertaken by a licensing agency or similar authority in or outside the State of Connecticut for any reason whatsoever?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall state the agency taking such action, the date each action was taken, the reasons therefore and the results.

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11. Is the beneficial owner of any stock a person or organization other than the owner of record or subscriber?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall include the name of the owner or subscriber, the name of the beneficial owner, the condition under which the owner of subscriber holds and votes or has subscribed for such stock and a copy of any contract or other instrument relating to such conditions.

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12. Have any of the applicant's securities or business offerings ever been suspended from trading, or has there been any action taken against them by any regulatory agency?

\_\_\_\_\_ YES, Exhibit Attached \_\_\_\_\_ NO

Exhibit shall include full details regarding said suspension and/or action.

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**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
License Services  
450 Columbus Blvd, ste 801  
Hartford, Connecticut 06103**

**APPLICATION FOR A CLASS II OCCUPATIONAL LICENSE FOR THE FOLLOWING CATEGORIES:**

Key Executive Officer	Trustee Other Control Person	Agent Director	Partner Shareholder	Owner	Managing Members
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(Please type or print name)

Applicant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Pursuant to Section 12-574(g)/12-815a(d)(2) of the Connecticut General Statutes, I apply for an Occupational license for the following categories for the license year ending:

LICENSE CATEGORY	BUSINESS ORGANIZATION

License Fee \_\_\_\_\_, enclose check payable to "Treasurer State of Connecticut."

**NOTE:** Chapter 226/229a of the Connecticut General Statutes mandates that each Class II Occupational License applicant be fingerprinted and photographed. Enclosed are FBI and Connecticut State Police cards for your use. Also, please attach or clip one passport size full face color photograph.

**GENERAL INFORMATION**

1. Applicant agrees that any license which may hereafter be granted to said individual is predicated upon the statements and answers herein contained and that for any false or misleading statement or answer said license may be revoked. Applicant's background will be investigated by the Department of Consumer Protection, Department of Public Safety and other agencies of the State. Fingerprints and photographs shall be required.
2. False information or lack of total disclosure on any aspect of this application may result in license denial.
3. Information requests must be answered completely by the applicants. Such information is to be provided as of the date of application unless otherwise specified. Information that has been previously submitted to the Department of Consumer Protection should be so indicated and need not be resubmitted with the application if complete. If a question is not applicable to your application, please write "Not Applicable."
4. Applicant must indicate each license category(s) and business organization(s) for which the application is being submitted. If more than one category or business organization is applicable, please list each separately. It is the responsibility of the applicant to IMMEDIATELY notify the Department of Consumer Protection of any position or status change which will affect the license category and/or business organization for which the applicant has been licensed.

5. To preclude any misunderstanding on the applicant's part, the following terms are defined for your assistance in preparing this application:
- (a) Business Organization – A partnership, firm, corporation, trust or other form of business or legal entity, other than a financial institution regulated by a state or federal agency which is not exercising control over an Association licensee.
  - (b) Control – The power to exercise authority over or direct the management and policies of a person or business organization.
  - (c) Management – Any person or entities having responsibility to manage, direct, or administer the affairs of a person or business organization. Management includes, but is not limited to, members of the board of directors of a corporation, officers in charge of principal business functions, or principal owners.
  - (d) Related or Related Party – Of any licensee: its affiliates, principal owners, management and members of their immediate families; and any other party who has the ability to significantly influence, directly or indirectly, the licensee from fully pursuing its owner separate management operating policies. This includes any power of attorney or fiduciary capacity delegated to any of the above.
  - (e) Principal Owner or Principal Stockholder – means the owner(s) of record or known beneficial owner(s) of more than 10 percent of a business organization's debt, equity or voting interest, or who receives more than 10 percent of income earned or distributed from a business organization.
  - (f) Legalized Gambling Entity – means any conditional licensee, licensee or possible licensee who may conduct or participate in legalized gambling in or out of the State of Connecticut.
  - (g) Agent – means anyone to whom control or management, as defined herein, or any person actually or ostensibly authorized to represent and act on behalf of any principal.
  - (h) Key Executive and Other Control Person – means any person, to which the terms “control,” “management,” “related” or “principal owner” apply.
  - (i) Immediate Family – means spouse, children, stepchildren, adopted children as they relate to the applicant.

#### SPECIFIC INFORMATION

The majority of questions and requirements of this application are self-explanatory. However, clarification of certain questions is presented below. Should the applicant need further explanation of any aspect of this application, applicant should contact the Gaming Division of the Department of Consumer Protection at (860) 594-0643.

- 2. If current addresses and telephone numbers of previous spouses are unknown, indicate last known address and clearly label as such.
- 3. (A) if applicable, include both full married and maiden names. “Address” refers to residential address, but if different from mailing address, please indicate such. The “Occupation” should include both the general occupation and specific title held, if applicable. It should be further noted that a person may be a full-time student and may also hold an official title in a business or organization or serve in a capacity as an officer, director, etc., and should be disclosed under “Occupation/Title.”

5. (A) "Percentage Ownership" relates to both investment in the business indicated above and/or any loans or other debts. Specify type of ownership with each percentage. "Salaries or Benefits" should indicate as (1) the amount of salary or benefit reported on the W-2 annually and (2) should indicate the amount of other annual benefits such as, but not limited to, cars, housing, entertainment and travel, life insurance, deferred compensation plans or other compensation whether taxable or non-taxable as income by any federal, state or municipal taxing authority.
  - (B) "Title or Descriptive Relationship" should indicate whether individual is, in addition to an employee in 5(a), an officer, director, owner, principal stockholder or maintains other business relationships. "Description of Responsibilities" and time required to perform such are self-explanatory. With regard to the "Percentage of Ownership/Debt Equity," please indicate the cost and market value and clearly label each. "Compensation or Other Dollar Amount Benefit per Year" should indicate as (1) the amount representing actual salary or direct compensation, and as (2) the amount indicating the other annual benefits such as, but not limited to, cars, housing, entertainment and travel, life insurance deferred compensation plans or other compensation provided whether taxable or non-taxable as income by any federal, state or municipal taxing authority. If the applicant feels that further clarification or explanation of the second compensation amount would be beneficial in processing this application for licensing, such should be indicated on separate sheet(s) and submitted as the exhibit number 5(B).
  - (D) The exhibit should include the name of each corporation or partnership or other business organization and the doing business as (dba)' name. Also include state(s) in which such now operates or has operated and/or whether such application(s) were approved, issued, denied, suspended, revoked or is currently being considered.
  - (E) Such exhibit statement should include, but not be limited to, date(s), jurisdiction(s) and reason(s) for such appearance(s).
6. The "Statement of Financial Position" should be as of June 30 or a more recent month ended of the current year. As stated, all entries should be shown at current market value unless unavailable and otherwise indicated as representing a different basis. **All assets and liabilities of the applicant and spouse must be listed.** The following instructions and comments are offered for your assistance:
    - (A) Schedule 'A' – Cash on Hand & In Banks - Depository and location, provide information regarding the name and physical location of such cash. In answering whether such cash is pledged, this means pledged as collateral or restricted by other provisions of the applicant's investments or debt positions.
    - (B) Schedule 'B' – Government & Marketable Securities – Description should include type of stock or bonds, name of issuing entity as well as issue and maturity date, if bonds. All marketable investments such as treasury notes and other notes not shown as loans receivable should be included here.
    - (C) Schedule 'C' – Non-Marketable Securities – Description should include all bonds and notes which are restricted or controlled and were not issued as a public offering. The basis of such valuation as shown in the "Statement of Financial Position" must be disclosed. If such items are worthless, indicate so. Currently non-marketable stock, which represents suspended trading or worthless public stock, must be disclosed.
    - (D) Schedule 'D' – Restricted or Control Stocks – Schedule should include all stocks of closely held corporations or closed corporations.

- (E) Schedule 'E' – Partial Interest in Real Estate Equities – Schedule should include any real property held in partnership or together with other individuals other than spouse. The type of property should be described as to building, land, residential, business, etc.
  - (F) Schedule 'F' – Real Estate Owned – Schedule should include every property owned by applicant and spouse. The type of property should be indicated as outlined for Schedule 'E' above.
  - (G) Schedule 'G' – Mortgages and Loans Receivable – Schedule should include all information requested for each loan or mortgage provided by the applicant. The mortgagor/lendee represents to whom such funds were loaned by the applicant.
  - (H) Schedule 'H' – Notes Payable to Financial Institutions – This schedule represents amounts payable only to regulated financial institutions.
  - (I) Schedule 'I' – Amounts Payable to Others – This schedule represents all loans other than mortgages payable under Schedules 'E' and 'F.' Lender is the person or entity who loaned the applicant such monies.
  - (J) In the “Statement of Financial Position,” the sections providing for “Other Assets” and “Other Debts” may be utilized to provide disclosure of any partnership investments, overdrawn positions, etc., in addition to any miscellaneous items of assets or liabilities not provided for elsewhere. The applicant should not confuse the classification of loans receivable or payable with partnership drawing accounts or corporation loans receivable or payable with equity investments. If a business organization discloses a loan on its “Statement of Financial Position” (Balance Sheet), the same classification should be used by the applicant on his/her personal statement of financial position. If the “Statement of Financial Position” and/or any schedule would benefit by a note(s) disclosing information which would assist in clarification and/or processing this application, such may be included by the applicant as an exhibit and so labeled (e.g., individual may act in the capacity of an individual or corporate officer regarding securing of loans and such may affect his personal financial position as shown).
8. Type of source and type of income received represent cash, property, etc., and trust, stipend, etc., respectively.
13. This exhibit should include all current litigations or contingencies which has not been shown as a liability on the “Statement of Financial Position,” since it is uncertain. In addition, all liabilities which have been shown on the “Statement of Financial Position” which are the result of litigation or contingencies, should be elaborated upon in this exhibit. In regard to the impact of an unfavorable decision, please include a dollar amount or other effect of a possible unfavorable decision.
14. These questions are directed to applicants, who represent a legalized gambling entity in any capacity or a related entity of such who does business with individuals or business organizations who may benefit directly or indirectly from related control, related ownership, or related business association.

**1A. PERSONAL INFORMATION**

Applicant's Name (Last) (First) (Middle)

Alias(es), Nicknames, Maiden Name (Other Name Changes, Legal or Otherwise)

Legal Residence Zip Code

Mailing Address

Telephone ( ) Residence ( ) Business

Email address

Social Security Number Date of Birth

Place of Birth City State Country, if Foreign Born

Height Weight Color of Eyes Color of Hair

A. Of what country are you a citizen? \_\_\_\_\_

B. If you are not a citizen of the United States list:

1. Port of Entry to the United States: \_\_\_\_\_

2. Name and address of sponsor upon your arrival: \_\_\_\_\_

C. If you are a naturalized citizen, provide the following information:

Petition Number Date Granted Court City/State of Court Certification Number

D. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration Card (1 151 or 1 551) and attach a copy of such. \_\_\_\_\_

E. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization and attach a copy of such. \_\_\_\_\_

Applicant's Initials \_\_\_\_\_

2. **MARITAL INFORMATION:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Current Spouse's Full Name (Maiden): \_\_\_\_\_

Legal Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Residence ( \_\_\_\_\_ ) Business ( \_\_\_\_\_ )

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ (City \_\_\_\_\_ State \_\_\_\_\_ Country, if Foreign Born)

Occupation \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Previous Marriages: If ever legally separated, divorced or annulled, indicate below:

Name of Spouse      Date of Order or Decree      Nature of Action      City, County and State

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

List the names and current addresses of previous spouse(s): See "Specific Information Page 2"

Name		Address			
	Street	City	State	Zip	Telephone #
	Street	City	State	Zip	Telephone #
	Street	City	State	Zip	Telephone #
	Street	City	State	Zip	Telephone #

Applicant's Initials \_\_\_\_\_



3. **FAMILY INFORMATION:** *(For decedents, give full name (maiden), and date of birth only).*

A. **Children and Dependents:**

List names, residence addresses, dates of birth, and most recent occupations of all children, including stepchildren and adopted children:

Name (Maiden)	Birth Date	Address	Occupation

4. **MILITARY INFORMATION:**

Have you ever served in any armed forces?      Yes \_\_\_\_\_      No \_\_\_\_\_

Branch	Date of Entry
Date of Separation	Type of Discharge
Rating at Separation	Serial Number

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While in the military service, were you ever convicted of an offense as a result of summary action, a trial, or special or general court martial?      Yes \_\_\_\_\_      No \_\_\_\_\_

If "Yes," submit as Exhibit No. 4, a statement fully describing each offense, date and nature of disposition for each conviction.

Applicant's Initials \_\_\_\_\_

EMPLOYMENT, BUSINESS ASSOCIATIONS & FINANCIAL POSITION

5.A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the last ten years.

Month and Year (From-To)	Name/Mailing Address of Employer/Business		Name of Supervisor
Title/Occupation	Description of Duties	Type of Business	Reason for Leaving
Salaries or Benefits 1. 2.	Percentage of Ownership/Debt Equity	Percentage of Time and Number of Hours Required to Perform Duties per Year	Business Organization Involved in Legalized Gambling? Yes ___ No

Month and Year (From-To)	Name/Mailing Address of Employer/Business		Name of Supervisor
Title/Occupation	Description of Duties	Type of Business	Reason for Leaving
Salaries or Benefits 1. 2.	Percentage of Ownership/Debt Equity	Percentage of Time and Number of Hours Required to Perform Duties per Year	Business Organization Involved in Legalized Gambling? Yes ___ No

Month and Year (From-To)	Name/Mailing Address of Employer/Business		Name of Supervisor
Title/Occupation	Description of Duties	Type of Business	Reason for Leaving
Salaries or Benefits 1. 2.	Percentage of Ownership/Debt Equity	Percentage of Time and Number of Hours Required to Perform Duties per Year	Business Organization Involved in Legalized Gambling? Yes ___ No

If necessary, submit as Exhibit No. 5A, a continuation of your employment history utilizing the above format.

Applicant's Initials \_\_\_\_\_

B. Beginning with your current business associations, list all corporations, partnerships, or any other business entities with which you have been associated as an owner, proprietor, partner, associate, officer, director, principle stockholder or related capacity within the last ten years.

Month and Year (From-To)	Name/Mailing Address of Employer/Business		Title or Descriptive Relationship
Percentage of Ownership/Debt Equity	Dollar Value at Cost & Market	Compensation or Other Dollar Amount Benefit per Year 1. 2.	Business Organization Involved in Legalized Gambling? Yes ___ No

Month and Year (From-To)	Name/Mailing Address of Employer/Business		Title or Descriptive Relationship
Description of Responsibilities		Type of Business	Percentage of Time and Number of Hours Required to Perform Responsibilities per Year
Percentage of Ownership/Debt Equity	Dollar Value at Cost & Market	Compensation or Other Dollar Amount Benefit per Year 1. 2.	Business Organization Involved in Legalized Gambling? Yes ___ No

Month and Year (From-To)	Name/Mailing Address of Employer/Business		Title or Descriptive Relationship
Description of Responsibilities		Type of Business	Percentage of Time and Number of Hours Required to Perform Responsibilities per Year
Percentage of Ownership/Debt Equity	Dollar Value at Cost & Market	Compensation or Other Dollar Amount Benefit per Year 1. 2.	Business Organization Involved in Legalized Gambling? Yes ___ No

If necessary, submit as Exhibit No. 5B, a continuation of your business associations in the above format.

Applicant's Initials \_\_\_\_\_

C. Have you ever held a privileged or professional license or permit, including but not limited to, the following, in any state?

Liquor	Pharmacist
Real Estate Broker or Salesman	Securities Dealer
Accountant	Legalized Gambling (Type)
Lawyer	Firearms
Doctor	

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to the above Question "C" is "Yes," submit as Exhibit No. 5C, a full disclosure indicating: (1) type of each license or permit; (2) each issuing state and/or country; (3) specific dates(s) of each license/permit held; (4) complete description of any and all disciplinary actions(s) or litigation taken against you in your licensed capacity.

D. Does the applicant now have (or ever had) any other interest or connection with the following:

Any racing, jai alai, lottery, off-track betting, casino entity, or any other form of entity conducting legal wagering?

Yes \_\_\_\_\_ No \_\_\_\_\_

Any application which has been denied by any legalized gambling agency or authority?

Yes \_\_\_\_\_ No \_\_\_\_\_

Any racing, jai alai, lottery, off track betting, casino operation, or any other form of entity which has had a license suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer to any of the foregoing parts of the above Question "D," is "Yes," submit as Exhibit No. 5D, a full disclosure indicating: (1) names and addresses of involved individuals and/or business organizations; (2) nature of interest or connection (giving dates); (3) place of wagering activity; (4) name under which such wagering activity was conducted; (5) complete description of events pertaining to legal gambling activity; license application, license approval or denial, license suspension or revocation.

E. Have you ever been fined, suspended or appeared as a respondent to any administrative action undertaken by a licensing agency, or similar authority, in or outside the State of Connecticut, for any reason whatsoever?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above Question "E" is "Yes," submit as Exhibit No. 5E, a statement describing the full particulars of your appearance(s).

Applicant's Initials \_\_\_\_\_

6. Statement of Financial Position as of \_\_\_\_\_ 20\_\_\_\_, at Current Market value (Unless Unavailable and Otherwise Indicated). **All Assets and Liabilities of the Applicant and Spouse must be listed:**

<b>ASSETS</b>	<b>In Dollars (Omit Cents)</b>
Cash on Hand and in Banks – See Schedule ‘A’	
Govt. & Marketable Securities – See Schedule ‘B’	
Non-Marketable Securities – See Schedule ‘C’	
Securities Held by Broker in Margin Accounts	
Restricted or Control Stocks – See Schedule ‘D’	
Partial Interest in Real Estate Equities – See Schedule ‘E’	
Real Estate Owned – See Schedule ‘F’	
Mortgages and Loan Receivables – See Schedule ‘G’	
Cash Value – Life Insurance (not face value)	
Other Assets – Itemize & Include Basis	

**TOTAL ASSETS:** \_\_\_\_\_

<b>LIABILITIES AND NET WORTH</b>	<b>In Dollars (Omit Cents)</b>
Notes Payable to Financial Institutions – Secured – See Schedule ‘H’	
Notes Payable to Financial Institutions – Unsecured – See Schedule ‘H’	
Due to Brokers	
Amounts Payable to Others–Secured – See Schedule ‘I’	
Amounts Payable to Others–Unsecured – See Schedule ‘I’	
Accounts and Bills Due	
Other Unpaid Taxes & Interest – Itemize	
Real Estate Mortgages Payable – See Schedules ‘E’ & ‘F’ (Part 2)	
Other Debts – Itemize	

**TOTAL LIABILITIES:** \_\_\_\_\_

**NET WORTH:** \_\_\_\_\_

**TOTAL LIABILITIES & NET WORTH:** \_\_\_\_\_

Applicant’s Initials \_\_\_\_\_

**Schedule 'A' - Cash on Hand & In Banks**

Depository	Location	In Name of	Are These Pledged?	Amount

**Schedule 'B' – Government & Marketable Securities**

No. of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Cost Value	Current Value

**Schedule 'C' – Non-Marketable Securities**

No. of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Basis of Valuation	Cost Value	Current Value

**Schedule 'D' – Restricted or Control Stocks**

No. of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Basis of Valuation	Cost Value	Current Value

Applicant's Initials \_\_\_\_\_

**Schedule 'E' – Partial Interest in Real Estate Equities – Part 1**

Type of Property	Address	Title in Name of	Date Acquired

**Schedule 'E' – Part 2**

Cost Value	Mortgagee Name & Address	Mortgage Balance	Market Value

**Schedule 'F' – Real Estate Owned by Applicant and/or Spouse – Part 1**

Type of Property	Address	Title in Name of	Date Acquired

**Schedule 'F' – Part 2**

Cost Value	Mortgagee – Name & Address	Mortgage Balance	Market Value

**Schedule 'G' – Mortgage & Loans Receivable**

Name & Address of Morgagor/Lendee	Original Amount	Current Balance	Effective Rate	Secured or Unsecured	Original Date

**Schedule 'H' – Notes Payable to Financial Institutions**

Name & Address of Financial Institution	Original Amount	Current Balance	Effective Rate	Secured or Unsecured	Original Date

Applicant's Initials \_\_\_\_\_

Schedule 'I' – Amounts Payable to Others

Name & Address of Lender	Original Amount	Current Balance	Effective Rate	Secured or Unsecured	Original Date

7. Submit as Exhibit No. 7, a statement indicating complete disclosure of all assets pledged. Fully describe to whom each asset is pledged, the agreement governing such pledge and the requirements for release of such pledge. \_\_\_\_\_ Not Applicable

8. Submit as Exhibit No. 8, a statement indicating all additional major sources of income during the previous twelve months including but not limited to blind trusts and stipends which have not been included in Question 5 (A) and (B). Fully describe the type of source, type of income received, including the dollar value of such, or other consideration received, and list the names and addresses of the entities or individual sources described. \_\_\_\_\_ Not Applicable

9. Do you have a safe deposit box, other depository and/or access to any depository? Do you have an interest in, a signature or authority over a bank account, securities account, or other financial account in this or a foreign country, which has not been previously disclosed in Question 6, Schedule 'A'? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to Question 9 is "Yes," submit as Exhibit No. 9, a statement containing the box number, type of depository or account, account number, location, names and addresses of other person's depository or account, and a description of the type of interest in such box or accounts.

10. Submit as Exhibit No. 10, complete copies of the applicant's most recent federal, state and municipal tax returns.

11. To the best of your knowledge have you, the applicant, complied with all requests for financial disclosures as required by the State of Connecticut, Department of Consumer Protection? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to Question 11 is "No," submit as Exhibit No. 11, a statement fully explaining reason(s) for failure to provide disclosure information.

12. Have you, in the past, as an individual, member of a partnership, or principal stockholder, director or officer of a corporation, ever been party to a bankruptcy or to a lawsuit as either a plaintiff or defendant? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to Question 12 is "Yes," submit as Exhibit No. 12, a statement describing the full particulars of the bankruptcy or lawsuit(s).

Applicant's Initials \_\_\_\_\_



13. Submit as Exhibit No. 13, a statement disclosing all current, and material (more than \$100,000.00 in the aggregate) litigation, unsatisfied judgments, decrees, orders and currently disclosable contingencies. Provide such details as dates, principal parties thereto, and factual and legal basis for such. Explain the impact such may have upon the applicant if an unfavorable decision is rendered. \_\_\_\_\_ Not Applicable

14. Are you, as applicant, related through control, family or business association to any other individual or business organization doing business with any legalized gambling entity?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to Question 14 is "Yes," submit as Exhibit No. 14, a statement containing the names and addresses of individual or business organizations providing and/or receiving the goods or services to (from) the gambling entities. Include names and addresses of the related individuals and a full description of the goods or services rendered. Indicate the dollar amount and percentage of business such represents, if known. If a fee or other consideration was (or is to be) paid or received for these transactions, indicate the value and to whom such was paid or received.

15. Are you, the applicant, delinquent in or in dispute over the filing of any report or the payment of any tax as required by federal, state or municipal laws?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to Question 15 is "Yes," submit as Exhibit No. 15, a statement fully describing the reasons of delinquency or dispute. Include the government agencies and time periods involved.

16. Have you or your spouse EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense, or other offense, including motor vehicle crimes (other than a traffic violation)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to Question 16 is "Yes," submit as Exhibit No. 16, a statement fully describing each offense, name and address of the court, and date and nature of disposition for each conviction. Indicate self or spouse.

17 A. Have you, the applicant, ever been questioned by a city, state, or federal law enforcement agency, commission or committee in connection with your alleged commission of a crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_

17 B. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or committee in connection with a claim that you have committed a crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If any answer to Question 17 A or B is "Yes," submit as Exhibit No. 17A or 17B, a statement describing the full particulars, circumstances and reasons associated with the incident(s).

Applicant's Initials \_\_\_\_\_

**EXHIBITS FURNISHED AS REQUIRED BY THIS APPLICATION**

<b>Exhibit Number</b>	<b>Name of Individual (1) By Whom Made or (2) Under Whose Direction Exhibit was Prepared (Show Which). If Exhibit is not Applicable, Indicate N.A.</b>	<b>Official Title</b>
4		
5A		
5B		
5C		
5D		
5E		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17 A or B		

Applicant's Initials \_\_\_\_\_

**LICENSE APPLICATION CONDITIONS**

By the signing of this application, the applicant acknowledges that, if a license be granted, it will become the duty of the applicant/licensee to file with the Department of Consumer Protection such reports and financial data as may be required by State Statute or by such Rules and Regulations as the Department of Consumer Protection has adopted or may hereafter adopt, and to make such payments and/or fees as may be required by law. The aforementioned duty shall continue for the entire term (duration) of the license. If the applicant/licensee fails to abide by these requirements, the applicant/licensee shall incur the penalties set forth in Chapters 226 and 226b/229a of the Connecticut General Statutes or in such Rules and Regulations as said Department of Consumer Protection has adopted or may hereafter adopt.

If a license is issued, the applicant agrees to abide by and comply with the provisions of Chapters 226 and 226b/229a of the Connecticut General Statutes and any Rules and Regulations heretofore and hereafter promulgated by the Department of Consumer Protection.

Applicant verifies that all exhibits, statements, reports, papers, data, etc. submitted pursuant to this application are true, complete and current. The applicant additionally agrees to THEREAFTER provide the Department of Consumer Protection with full description of any significant operational changes in any of the aforementioned exhibits, statements, reports, papers, data, etc. as said change occurs.

Applicant agrees that any license which may hereafter be granted to said individual is predicated upon the statements and answers herein contained, which may be subject to verification by the Department of Consumer Protection, and that for any materially false or misleading statement or answer, said license may be revoked.

I have read the above paragraphs and information, and agree to the conditions as set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

STATE OF	)		
	)	SS.	
COUNTY OF	)	(Town/City)	_____
			APPLICANT

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, the undersigned, a Notary Public, in and for the county and state aforesaid, did personally appear \_\_\_\_\_, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year last above written.

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court/JP

My Commission Expires:

\_\_\_\_\_  
(SEAL)

## **TAX RETURNS VERIFICATIONS**

By the signing of the attached Internal Revenue Service Form 4506 (Request for Copy or Transcript of Tax Form), the applicant authorizes the Department of Consumer Protection to verify, **AS NECESSARY**, any tax information submitted pursuant to this application.

Applicant is required to complete items 1 through 3 on such form and sign (only), do not date.

This form is required in addition to submission of Exhibit 11.

No payment by applicant is required. If the Department of Consumer Protection deems it necessary to obtain tax return copies from the IRS in order to verify that the tax return copies provided by applicant are the same as filed with the IRS, fee will be paid by the Department of Consumer Protection.



# STATE OF CONNECTICUT

## DEPARTMENT OF CONSUMER PROTECTION

### RELEASE AUTHORIZATION

(INDIVIDUAL)

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, including Credit Reporting Services, and all Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic. I have authorized the Connecticut Department of Consumer Protection and the Connecticut State Police to conduct an investigation into my background and activities.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Connecticut Department of Consumer Protection or the Connecticut State Police, and to provide copies of same as requested, provided that he or she certifies to you that I have an application pending before the Connecticut Department of Consumer Protection, or that I am presently a licensee, registrant or person required to be qualified under the provisions of the applicable Connecticut General Statutes and/or Connecticut Department of Consumer Protection regulations.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

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

\_\_\_\_\_  
(LEGAL SIGNATURE OF APPLICANT)

\_\_\_\_\_  
NAME OF APPLICANT (PRINT OR TYPE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS (Number and Street)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRATION DATE (seal)