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# MARYLAND LOTTERY AND GAMING CONTROL COMMISSION

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



## VENDOR REGISTRATION FORM

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

Vendor's Business Name (Applicant): \_\_\_\_\_

Enter 'T/A' or 'D/B/A' name, if applicable: \_\_\_\_\_



\_\_\_\_\_ Check here ONLY if your business is one of the following types of business entities:  
an Individual/Sole Proprietorship; or a Single-Member LLC; or a General Partnership.

Facility (Casino): \_\_\_\_\_

Date submitted to MLGCC: \_\_\_\_\_

**THIS BOX FOR MLGCA USE ONLY**

Vendor # **V** \_\_\_\_\_

MD SDAT Department ID # \_\_\_\_\_

Approved on (date): \_\_\_\_\_

Approved by (signature): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Division Title: \_\_\_\_\_

## VENDOR REGISTRATION FORM

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

Facility Name (Casino): \_\_\_\_\_

Vendor's Business Name: \_\_\_\_\_

Vendor's Business Address: \_\_\_\_\_

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

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

Vendor Contact Person's Telephone Number: \_\_\_\_\_

Vendor Contact Person's E-Mail Address: \_\_\_\_\_

*(Ensure this e-mail address is accurate and complete. This information is required because all notifications to the Vendor will be made to this e-mail address regarding: (1) any issues/problems processing this Form; and/or (2) e-mail notification to the Vendor Contact Person of the Vendor's Newly Approved Vendor status with MLGCA.*

**Check "SPAM" folder for e-mails from any "@maryland.gov" sender).**

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

Initial here \_\_\_\_\_ acknowledging that the Vendor has attached a "Certificate of Good Standing" from the Maryland State Department of Assessments and Taxation (MD SDAT). **This Vendor Registration Form cannot be processed without it.**

Use (copy/paste) this site address to access MD SDAT: <http://sdat.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>

**NOTE: This "Certificate of Good Standing" is REQUIRED for all businesses EXCEPT for the following 3 types of entities: (1) Individual/Sole Proprietorship; or (2) Single-Member LLC; or (3) General Partnership. In lieu of having to obtain and submit a "Certificate of Good Standing" from MD SDAT with this Vendor Registration Form, these 3 types of business entities must attach a completed and signed Federal IRS Form W-9. Use this link to obtain this Federal Tax Form:**

<http://gaming.mdlottery.com/wp-content/uploads/2015/05/W-9-Form-IRS-Rev-12-2014.pdf>

**[Instructions for Foreign (out-of-state)Vendors on how to register with MD SDAT may be found on Page 3].**

I, \_\_\_\_\_ (*printed name of Casino Representative*), am authorized to complete and execute/sign **Business Relationship Agreements** on behalf of the Casino listed above. The Vendor listed above has entered into a Business Relationship (agreement/contract) with the Casino to **provide non-gaming goods/services to the Casino** within any 12-consecutive month period, said goods/services to have an anticipated monetary value **between \$2,500 and \$99,999**. Below is a brief description of the non-gaming goods/services that the Vendor will provide to the Casino:

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

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

Signature of Casino Representative

\_\_\_\_\_  
Title of Casino Representative

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## NOTARY PUBLIC

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The undersigned, a Notary Public in and for the County of \_\_\_\_\_,  
in the State of \_\_\_\_\_, certifies that the previously-named individual (*whose name and signature are displayed at the bottom of Page 2 of this 3-page document*) appeared in person, and before me, either known to me or satisfactorily proven to be, the individual whose name subscribed to the within instrument, and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

*STAMP or SEAL*

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires \_\_\_\_\_, 20\_\_\_\_

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

Foreign (out-of-state) Vendors may obtain their Maryland taxation number from the Maryland State Department of Assessments and Taxation (MD SDAT). Once a Vendor obtains their Maryland taxation number, they will then be eligible to obtain a "Certificate of Good Standing" directly from MD SDAT by doing the following:

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