



## NON-GAMING VENDOR IDENTIFICATION NUMBER REQUEST FORM

**NON-GAMING VENDOR:** Is defined as a vendor not directly involved in video lottery gaming and does not serve a gaming function. Non-gaming vendors and their employees are **NOT** required to file **UNLESS** the non-gaming vendor employee requires access to the video lottery gaming facility. If the non-gaming vendor employee requires access to the video lottery gaming facility, the non-gaming vendor must submit a:

- Non-Gaming Vendor Identification Number Request Form (signed by the video lottery gaming facility Human Resources Director), and the non-gaming vendor employee(s) submits the following:

**EITHER:** When the non-gaming vendor employee requires access to the video lottery gaming facility on a routine basis for more than 30 days in any 12-month period, the non-gaming vendor employee submits:

- NYS Gaming Commission Video Lottery Gaming Service Employee License Application,
- NYS Gaming Commission Fingerprint Live-Scan Information form or two FBI (blue) fingerprint cards,
- NYS Gaming Commission Identity Verification For Video Gaming License form, and
- Fingerprinting fees (refer to the VLT Filing Procedures document for specific instructions).

**OR:** When the non-gaming vendor employee requires access to the video lottery gaming facility for no more than 30 days in any 12-month period, the non-gaming vendor employee submits a NYS Gaming Commission Temporary Service Provider Access Request Form. The access request form must be submitted to the video lottery gaming facility manager or designee for approval and signature.

### COMPLETING THIS FORM:

- a. The Non-Gaming Vendor **MUST** submit the Non-Gaming Vendor Identification Number Request Form to the gaming facility Human Resources Director for approval and signature **PRIOR** to submitting the form to the NYS Gaming Commission. Forms missing the video lottery gaming facility Human Resource Director signature will not be processed.
- b. You must make accurate statements. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- c. Answer every question completely. Do not leave blank spaces.
- d. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.
- e. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the New York State Gaming Commission and will not be returned.

FOR FACILITY USE ONLY: Applicant is applying to be a temporary service provider for the following gaming facility:

- Batavia 002    
 Buffalo/Fairgrounds 003    
 Finger Lakes 004    
 Monticello 005  
 Resorts World Casino New York City 046    
 Saratoga 006    
 Tioga 019    
 Vernon 023    
 Yonkers 008

**NEW YORK STATE GAMING COMMISSION**  
**NON-GAMING VENDOR**  
**IDENTIFICATION NUMBER REQUEST FORM**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone No: \_\_\_\_\_

New York State Sales Tax Identification Number: _____  Federal Employer Identification Number: _____
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1. List current or former official and trade names used by the non-gaming vendor and the dates of use:

Trade Name	Dates of Use

2. Provide the reason for filing, including the name of the video lottery gaming facility you propose to conduct business with:

3. List date and place of incorporation:

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4. List former business address(es) of the corporation:

5. List the name of the individual entering into the relationship, contractually or otherwise, with the video lottery gaming facility:

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6. Provide the date of agreement to provide goods/service(s) to the video lottery gaming facility:

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7. Provide the expected value of the provision of the non-gaming equipment, goods or services to the video lottery gaming facility over the course of the next twelve (12) months.

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\_\_\_\_\_  
Signature of Video Gaming Facility Human Resources Director    
\_\_\_\_\_  
Today's Date    
\_\_\_\_\_  
Signature of Vendor Applicant

**EMAIL COMPLETED FORM TO: [Gam.dl.Licensing.Enterprise@gaming.ny.gov](mailto:Gam.dl.Licensing.Enterprise@gaming.ny.gov)**