



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY
12301-7500
www.gaming.ny.gov

Interested Vendor Form

By registering your information with the New York State Gaming Commission, you will be added to our interested vendor list.

Company Name: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Type of products or services your company provides:

Is your company currently certified with the State of New York as (check all that apply):

Minority Owned Business

Woman Owned Business

Service Disabled Veteran Owned Business

Company Website: _____

Is your company a New York State Small Business: Yes ___ No ___?

Please complete this form and submit to:

Contact Information:

Paula Binyamin, Compliance Specialist

Gam.sm.GamingCompliance@gaming.ny.gov

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