VIRGINIA LOTTERY GAMING LICENSING and INVESTIGATIONS DIVISION



PROCEDURES MANUAL for SPORTS BETTING ACCOUNT REPRESENTATIVES

This procedures manual is a reference manual for account representatives of Sports Betting Permit Applicants, Suppliers, and Vendors. Each of these applicants will be required to designate a representative responsible for coordinating with the Virginia Lottery's Gaming Licensing and Investigations Division to process all required applications through our online licensing system. This person should serve in a role of Compliance Officer or equivalent as the person will be responsible for handling confidential sensitive information. This manual is intended to provide guidance to representatives on completing the required procedures to establish user accounts within our automated system and initiate the application process for prospective permit holders, principals, principal entities, vendors and employees to obtain a sports betting license or registration.

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GENERAL INFORMATION

The account representative will be responsible for working with the Lottery to identify all application types that are required to be completed and for ensuring all required supporting documents are provided by the applicant. The account representative will also be required to upload these documents into the automated system as the applicants will not have this capability. There are checklists available for each applicant type that are embedded within the automated system as part of the application submission process and are also included with this manual to assist account representatives with ensuring all required documents are received by the account representative prior to an application being forwarded to Virginia Lottery for the appropriate due diligence. The required documents will vary based on the license type and are included on pages 31 through 38 of this manual. The account representative will also be responsible for ensuring the proper application fees are wired to the Virginia Lottery. An application will not be considered until all fees are remitted. Once an application and all supporting documents have been submitted, it becomes the property of the Virginia Lottery and will not be returned.

DEFINITIONS:

License: The authority granted by the Virginia Lottery Director to a person to perform the functions and responsibilities of a sports betting permit holder, principal, sports betting supplier, or sports betting employee.

<u>Permit Holder</u>: A person who has been issued a permit by the Director of Virginia Lottery to operate a sports betting platform.

Principal: An individual who, solely or together with the individual's immediate family members, (i) owns or controls, directly or indirectly, five percent or more of the pecuniary interest in any entity that is a permit holder, or (ii) has the power to vote or cause the vote of five percent or more of the voting securities or other ownership interests of such entity. "Principal" includes an individual who is employed in a managerial capacity for a sports betting platform on behalf of a permit holder, and for purposes of this definition, "employed in a managerial capacity" means the Chief Executive Officer of the permit holder and, if applicable, its sports betting platform supplier and any individual who has ultimate responsibility for the operation of the sports betting platform in Virginia.

<u>**Principal Entity</u>**: A company who, (i) owns or controls, directly or indirectly, five percent or more of the pecuniary interest in any entity that is a permit holder, or (ii) has the power to vote or cause the vote of five percent or more of the voting securities of such entity.</u>

<u>Registration</u>: The authority granted by the Virginia Lottery Director to a person to perform the functions and responsibilities of a sports betting vendor.

Sports Betting "Employee": An individual who does not meet the definition of a principal and works within the borders of the Commonwealth of Virginia for a permit holder, sports betting supplier, or vendor on non-management support services such as software or hardware maintenance, provision of products, services, information or assets, directly or indirectly, to the permit holder.

Sports Betting "Supplier": A person who: (a) manages, administers, or controls wagers initiated, received or made on a sports betting platform; (b) manages, administers, or controls the games on which wagers are initiated, received, or made on a sports betting platform; or (c) maintains or operates the software or hardware of a sports betting platform, including geolocation services, customer integration, and customer account management.

Sports Betting "Vendor": A person within the Commonwealth of Virginia who is engaged by, under contract to, or acting on behalf of a permit holder to provide sports betting-related goods or services that directly affect sports betting in Virginia and does not meet the criteria for licensing as a principal or a supplier.

ESTABLISHING SYSTEM ACCESS for APPLICANT REPRESENTATIVE

To establish an account within the Virginia Lottery's automated system as an account representative, you must contact our Gaming Licensing and Investigations Division at (804) 692-7165 during normal business hours to speak with a system administrator who will need the name of the company you will be submitting applications on behalf of, your full name, and email address.

Once your user account has been set up, you will be provided with the URL to access the website to apply, your username, and a temporary password. After accessing the website, you will need to:

- Enter your username in the appropriate field;
- Enter the temporary password provided to you;

Gaming Licensing System			Help
g In			
ise enter your username and password or click HERE to comp	lete a LiveScan Registration Form.		
Account Information			
sername:			
assword:			
Keep me logged in			
	Log In		

• You will then be prompted to change your password by first entering the temporary password before entering your new password. Your new password must be 12 or more characters containing all the following: special character(s), alphabetical character(s), numerical character(s), upper case letter(s), and lowercase letter(s):

Virginia Lottery Gaming Licensing System	assword	ni Help tog Out
CHANGE PASSWORD		
Use the form below to change your password.		
	et the following criteria: at least 1 number, at least 1 lowercase letter, at least 1 uppercase letter, at lea m previous passwords; and cannot be same as your username.	est 1 special character from this group 1@#\$%&*+=_ن∴, has not been used in the previous 10
Account Information		
Old Password:		
New Password:		
Confirm New Password:		

• You are now set up and will be able to access and use the system as an Account Representative.

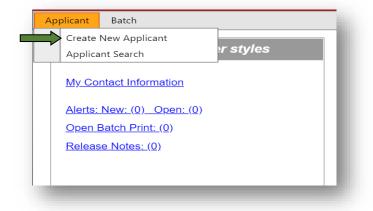
THE APPLICATION PROCESS

1. Access the landing page and select "click here" to obtain fingerprinting instructions to provide to individuals:

Gaming Licensing System		Help
•	: <u>HERE</u> to complete a LiveScan Registration Form.	
	HERE to complete a Livescan Registration Form.	
Account Information		
Username:		
Password:		
□ Keep me logged in		
	Log In	

You will need to enter in the applicants Name, Date of Birth and Sex. Then hit Submit. Instructions will appear that will include information on how to set up an appointment with Fieldprint and will include the Department's Fieldprint Code that must be entered when setting up the appointment. *Keep a copy of the instructions as it will contain a registration number that you will need when entering in the applicant information*.

- 2. Sign into the Gaming Licensing system using your used ID and password;
- **3.** Select "Create New Applicant" from the "Applicant" tab drop down:



- 4. On the applicant screen you will need to:
 - Select the employee's application type from the drop down;
 - Select the employee's position from the drop down;
 - Select "Click here to load from Live Scan". Enter in the registration number obtained above. This will populate the employee's personal information; and
 - Take and upload a color photo taken within the last six months of the employee which must be in full-facing view directly facing the camera and with the head centered (as with a passport photo). The photo should be 2x2

inches in size. The image size measured from the bottom of the applicants chin to the top of their head should not be less than 1 inch and not more than 1-3/8 inches. The photographs must be taken in proper attire, without a hat, head covering or dark glasses.

pplication	➡	▼	
Facility: Exciting Times	*Application Type:Select	*Position:Select	
		Load from LiveScan Registration	
pplicant Information	Click here to load from LiveScan Registration	Enter the liveScan Registration # below.	
	*Last: Smith	LiveScan Registration#: 40004	
	*First: Don		
	Middle:	Import Cancel	
Upload Image			
\Box			
,			
ogin: Rodger / Roles: Applicant Repre	sentative	Form ID: LT00011	

- 5. Hit the Save Button.
- 6. Fill in the employment information by first selecting the employee's status from the "status" drop down field. As a reminder, prior to submitting the application for Virginia Lottery to begin its due diligence the account representative will need to upload all required documents based on the applicant type. Use the checklists included on pages 31 through 38 of this manual to assist you with ensuring all required documents are obtained from the applicant and uploaded as part of the completed application.

ng System	Lot	<u>tery Home</u> > App	olicant > Create	New Applicant							18	Help Log Out
ant Batch												
ID: 120 Start Ne	ew Application											Save
olicant Informati	ion								Contact Inform			Ed
		*Last	davis		*ss	N: 888-88-8877 🗆 N	o SSN Available		ADDRESS < F	<ec #="" td="" ≥<=""><td></td><td></td></ec>		
		*First	stormy		*D0	B: 7/31/1995			PHONE ≤ F	Rec # <u>≥</u>		
Upload In		Middle			Gend	er: OMale • Female			EMAIL ≤ F	Rec # ≥		
ployment Inform									Login Informa	tion		
Status: F		•		Terminated						0: sdavis <u>Res</u> s: Active Prin		
Hire Date: 8,	/6/2020			Resigned Withdrawn					Login Created	d: 8/29/2020 8: Facility Defa	01 PM	
ason for Dismiss	sal:											
se History Delete	Case ID	Category	Position	Case Status	Facility	Application Type	License Status	License #	License Date	Expiration	Date Created	Created By
Delete	00020	non-gaming	hostess	Application Created	Poker Gurus	Non-Gaming	Pending	License #	License Date	Expiration	08/29/2020	lucy liu

• The automated system will generate a user name and a temporary password for you to provide to the applicant who will be prompted to create a new password when he/she initially signs into the system to complete an application. You can obtain this password by clicking the "Print Password in the Login Information box ;

- The applicant will also need to have certain documents signed and notarized that are not included in the online licensing system. You will need to provide the applicant with copies of these forms for the applicant to have notarized and returned to the you along with the other required documents to be uploaded. The notarized forms for each license type can be found in Appendix A starting on page 12.
- The applicant will be responsible for completing and submitting his/her own application after signing into the system. Once the application has been submitted by the applicant, he/she will not be able to make any changes to it.
- Once the applicant has informed you that he/she has submitted their application, you can sign into the system and select the "Applicant Finished" number to begin the batching process.

Renewal
1
1
2 0

THE BATCHING PROCESS

• Under the "Un-Batched Applications" tab click on the applicant's Case ID number:

Un-Batched	Applications		
Case Status:	Application Finished •	Checklist Status:All	
Case ID	Application Date	Last Name	First Nam
100022	08/11/2020	vick	mike

• At this time you will upload *all* the required supporting documents pertaining to the applicant as he/she will not have the ability to upload documents when completing the application. As a reminder you can refer to the checklists in Appendix B beginning on 31 to what documents are required based on license type. You may save the completed uploads at any time and resume uploading by logging in and selecting the applicant. Indicate the date that the specific document type was uploaded and select that it was completed. Click "Save" after completing the uploads and once the documents have all been uploaded, click the "Approve Submission" button.

nia Lottery stem	Applicant Case Lottery Home > Applicant > Ap	oplicant Case									ni Help
Batch											
	Applicant Information		Case Inform	ation				Information		Edit	
-	Applicant Name: story	, kori none			Case ID:100019 Versio	on: 1	ADDRE	SS ≤ Rec # ≥			
	SSN: 888-	88-8888	Ap	plicatio	n Type: Non-Gaming		PHONE	< Rec # >			
	App ID: <u>119</u>		Case Status: Application Finished License Date:				FIIONE	≤ Kec # ≥			
							EMAIL ≤ Rec # ≥				
			1	Badge N	lumber:						
kList											
Item		Completed	Date		Completed By			Applicatio	on Fees	Save	
Sponsors Due Dilige	nce	Yes 🔹	08/29/2020		lucy liu	View/Upload Ar	tifacts	Fee Type	Fee \$	Approve Submission	
Notarized Authorizat	ion For Release of Information	Yes 🔻	08/29/2020		lucy liu	View/Upload Ar	tifacts	Application Fee	\$50.00		
Form 2002 - Non Ga	ming Employee License Form	Yes 🔻	08/29/2020		lucy liu	View/Upload Ar	tifacts	Finger Print Fee	\$37.25		
Notarized Affidavit of	f Individual Applicant	Yes •	08/29/2020		lucy liu	View/Upload Ar	tifacts	License Fee	\$100.00		
Certification of Spon	sored Licensee	Yes 🔹	08/29/2020		lucy liu	View/Upload Ar	tifacts		\$187.25		
Permanent Resident	Card I-551	Yes 🔻	08/29/2020		lucy liu	View/Upload Ar	tifacts				
Work Visa H1B, H2E	3, TN1	Yes -	08/29/2020		lucy liu	View/Upload Ar	tifacts				
Naturalization Certifi	cate	Yes 👻	08/29/2020		lucy liu	View/Upload Ar	tifacts				

• You will know that you have successfully approved the submission when you get the message indicating, "Case is Read Only". If you need to rescind the submission to make corrections or modifications, you can click the "unapproved submission" button. After you submit the case, it is ready for batch processing.

a System	e > Applicant > Ap	oplicant Case								💼 Help Log
cant Batch										
se is Read Only. This case is submitted	d for batch pro	cessing.								
Applica	ant Information		Case Information				Information		Edit	
Appli	cant Name: story	, kori none		Case ID:100019 Versi	on: 1	ADDRES	iS ≤ Rec # ≥			
	SSN: 888-	88-8888	Applicati	on Type: Non-Gaming		HONE	< Rec # >			
	App ID: <u>119</u>		Cas	e Status: Ready For Ba		HONE	S Net # 2			
			Licer	se Date:	E	EMAIL	< Rec # ≥			
			Padga	Number:						
			Dauge	Number.	L					
CheckList Confirmed By: lucy liu Dat	te: 08/28/2020									
Item		Completed	Date	Completed By			Applicatio	n Fees	Unapprove Submis	sion
Sponsors Due Diligence		Yes	08/29/2020	lucy liu	View/Upload Art		Fee Type	Fee \$		
Notarized Authorization For Release of Form 2002 - Non Gaming Employee I		Yes Yes	08/29/2020 08/29/2020	lucy liu lucy liu	View/Upload Art View/Upload Art	titacts	Application Fee	\$50.00		
Notarized Affidavit of Individual Applic		Yes	08/29/2020	lucy liu	View/Upload Ar		Finger Print Fee	\$37.25		
Certification of Sponsored Licensee		Yes	08/29/2020	lucy liu	View/Upload Art		License Fee	\$100.00		
Permanent Resident Card I-551		Yes	08/29/2020	lucy liu	View/Upload Art	tifacts		\$187.25		
Work Visa H1B, H2B, TN1		Yes	08/29/2020	lucy liu	View/Upload Art	tifacts		¢107.20		
Naturalization Certificate		Yes	08/29/2020	lucy liu	View/Upload Art	lifacte				

• Click on "Lottery Home" and then click the "Ready to Batch" number:

Virginia Lottery ming ensing System Applicant Batch		
Welcome lucy liu	Caseload Status	s
<u>My Contact Information</u> Alerts: New: (0) <u>Open: (0)</u> <u>Open Batch Print: (0)</u> <u>Release Notes: (0)</u>	Facility Manager Application Created: Application In Progress: Application Finished: Ready For Batch: Total:	Renewal 2 2 1 2 1 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2

• Click on the "Ready for Batch" sub-tab and then select the applicant. Then add notes before clicking the "Create Batch" button:

Un-Batch	ed Applications	Ready for Batch								
*Notes:						Batch To	tal: \$187.25	Cre	eate Batch	
None										
Select	Applicant ID	Case ID	Application Date	Last Name	First Name	Address	Арр Туре	Fee \$	Case Status	Checklist Status
- 7	122	100022	08/11/2020			111 hokies way richmond VA	Non-Gaming	\$187.25	Ready For Batch	Checklist Finished

• From the "Batch" tab select "Facility Batch Release" from the dropdown.



• Then select the Batch number for the application(s) to be released, enter the date of the release, and complete the "authorization" field by typing in your initials before clicking the "Release" button: Wire the funds to the Virginia Lottery.

Gaming Licensing Sys	stem	Facility Batch Re Lottery Home > Batch >	
Applicant	Batch		
Batc	h Release		
Facili	ty: Poker Gurus	v	Date: 08/04/2020
Sea	arch Clear	Authorization Enter	r your initials here
Search F	Results (1)		
	Batch #	Batch Date	Facility
	<u>1004</u>	08/30/2020	Poker Gurus

• At this time all required fees will need to be remitted and to Virginia Lottery's Accounting Department who will receive and confirm payment. At that time the application will be forwarded to Virginia Lottery's Gaming Licensing and Investigations Division for the vetting process.

FEES AND TERMS

- The application, backgrounding, and license fee for a sports betting *employee* license or renewal is a non-refundable **\$500**.
- The application for a sports betting *vendor* registration or renewal is a nonrefundable **\$500** registration fee.
- The application for each *principal license* shall be accompanied by a wire transfer of **\$50,000**, \$1,000 of which shall be considered a license fee, with the remainder constituting a non-refundable initial deposit toward the Department's administrative costs to conduct the background investigation of the applicant. Additional fees may be required based on the total cost of the investigation.
- The application for a *supplier license to operate a permit holder's sports betting platform* shall be accompanied by a wire transfer of **\$125,000**, \$10,000 of which shall be considered a license fee with the remainder constituting a refundable initial deposit toward the Department's administrative costs to conduct the background investigation of the applicant and its employees and directors. Additional fees may be required based on the total cost of the investigation.
- The application for a *supplier license other than to operate a permit holder's sports betting platform* shall be accompanied by a wire transfer of **\$50,000**, \$5,000 of which shall be considered a license fee, with the remainder constituting a refundable initial deposit toward the Department's administrative costs to conduct the background investigation of the applicant and its employees and directors. Additional fees may be required based on the total cost of the investigation.

NOTE: Fees are due at the time of application. Your fee shall be sent by wire or ACH as follows:

Wire payment to:

- 1. Virginia Lottery Account Number: 435029087446
- 2. Name of the Account: Gaming License Fees
- 3. Transit Routing Number: 026009593 ACH Instructions:
- 1. Virginia Lottery Account Number: 435029087446
- 2. Name of the Account: Gaming License Fees
- 3. Transit Routing Number: 051000017

LICENSURE and REGISTRATION TERMS

- 1. The initial term of Sports Betting permits, and licenses, and vendor registrations is 3 years.
- 2. The renewal Term of Sports Betting permits, licenses, and vendor registration is 3 years.

APPENDIX A – NOTARY FORMS BY LICENSE TYPE

PERMIT HOLDER

PAGES 13 TO 14



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

FROM: ______(Applicant's Printed Name)

I am an applicant for a sports betting permit license in the Commonwealth of Virginia.

The Virginia Lottery "Department" is required by law to conduct an investigation of an applicant for a sports betting permit. That investigation requires the Department to collect and evaluate information about me. I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about me that it requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Applicant

Printed Name

NOTARY PUBLIC

The	undersigned,	a	Notary	Public	in	and	for	the	County	of	, in the State of
				, cert	ifies	that th	ie abc	ve-n	amed ind	ividu	al appeared in person, and before me, either known to me of
satisf	actorily prover	ı to l	be the ind	ividual w	hose	e name	e subs	cribe	ed to the v	vithiı	n instrument and signed the Authorization and Notification.
This	da	y of				, 2	.0	_, an	d to whic	h wit	tness my hand and seal.

Stamp or Seal

Notary Public

Date

Title

Printed Name

My commission expires _____ 20____



Ralph S. Northam, Governor | Kevin Hall, Executive Director

Virginia Lottery | 600 East Main Street | Richmond, VA 23219 | ph: 804.692.7100 | fax: 804.692.7102 | valottery.com

AFFIDAVIT for APPLICANT'S REPRESENTATIVE

Please read this document carefully, then sign and date it in ink. Please print the following information:

Applicant's Full Business Name

I have read, and understand, every page of this application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a sports betting permit license and may subject me to civil or criminal liability. I understand that providing false or misleading information is grounds for the Department to reject this Application, or to suspend or revoke a license.

By a separate Authorization for Release of Information, I am authorizing any individual or person that has information about the Applicant to release that information to the Department for purposes of its investigation of the application for a sports betting license.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Applicant and the use of that information in connection with investigating the Applicant's qualifications for a sports betting permit.

A photo, facsimile, or electronic copy of this signed and dated Affidavit shall be equally effective as an original.

Signature of Applicant

Print Name of Applicant

NOTARY PUBLIC

The	undersigned,	а	Notary	Public	in	and	for	the	County	of	, in the State of
	_		, cer	tifies that	t the	above	e nam	ed in	dividual	appea	red in person, and before me, either known to me
or sat	tisfactorily pro	ven t	to be the	individu	al wl	hose n	ame	subsc	ribed to	the w	ithin instrument and signed the Authorization and
Notif	ication.										
This	day	/ of					20)	and to	o whic	h witness my hand and seal

Notary Public

Date

Title

Stamp or Seal

Printed Name

My commission expires_____, 20____

Page 14 of 44

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

SUPPLIER

PAGES 16 TO 18

Page 15 of 44



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

FROM:

(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a gaming-related license in the Commonwealth of Virginia.

The Virginia Lottery ("Department") is required by law to conduct an investigation of an applicant for a sports betting license. That investigation requires the Department to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about the entity that the Department requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form

Printed Name

Title

Date

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above named individual 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 ______, 20 _____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____



AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

I.______(printed name), am authorized to complete and execute this Gaming Supplier License Application on behalf of _______(printed name of Supplier). I am also authorized to provide all of the information requested as part of this application to the Virginia Lottery, its employees, agents, and vendors (collectively, "the Department"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a license, or may result in the Department imposing sanctions against the Applicant, up to and including revocation of its license if it has been awarded or issued a license. I understand that any misrepresentation or omission on this Application may also subject me, or the manufacturer that I represent, to civil or criminal liability. I understand and acknowledge that the manufacturer has an ongoing duty to promptly notify the Department if any information it provides the Department changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Supplier that I represent, to release that information to the Department for purposes of its investigation of an applicant for a Gaming Supplier license.

On behalf of the Supplier and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Supplier and the use of that information in connection with investigating a Supplier.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC

The	undersigned,	а	Notary	Public	in a	and	for	the	County	of	, in the State of
			, cer	tifies that	the al	oove	name	ed ind	lividual	appear	red in person, and before me, either known to me
or sat	tisfactorily prov	ven	to be the	individua	al who	se na	ame s	subscr	ribed to	the wi	thin instrument and signed the Authorization and
Notif	ication.										
This_	day	of_					_, 20)	, and to	which	h witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____



ACKNOWLEDGMENT AND DISCLOSURE

I understand and acknowledge the following:

I am a representative of the Applicant _______ (printed name of Supplier), who is applying to the Virginia Lottery ("Department") for a Virginia Gaming Supplier License. The Applicant cannot conduct business with a sports betting permit holder unless the Department finds that the Applicant meets the legal requirements for licensure. The Department, through its employees, agents and vendors, is required by law to conduct a background investigation of each Applicant for a license.

During the investigation, the Department is required to collect and evaluate various kinds of information or reports to determine if applicants meet the eligibility requirements for licensure. The background investigation will include, but not be limited to, information or reports about the Applicant's: character; general reputation; personal characteristics, including honesty and integrity; financial stability; debts to State agencies; criminal records, records of involvement with federal, state or other law enforcement agencies as specified in the application, or record of involvement with any litigation. As a representative, I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of the Applicant's rights under federal credit reporting law.

I am requesting that the Department, through its employees, agents or vendors, obtain this information about the Applicant to evaluate their eligibility for a license. I acknowledge that this disclosure and authorization remain in effect during the time the application is pending and during the time of any Supplier license that may be granted.

By separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Supplier that I represent, to release that information to the Department for purposes of its investigation of an applicant for a Gaming Supplier license.

	NOTARY PUBLIC						
, certifies the or satisfactorily proven to be the individe Notification.	in and for the County of at the above named individual appeared in person, an ual whose name subscribed to the within instrument a , 20, and to which witness my har	d before me, either known to me and signed the Authorization and					
	Notary Public						
Stamp or Seal	Printed Name						
	My commission expires, 20						

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

PRINCIPAL

PAGES 20 TO 22



AUTHORIAUTHORIZATION FOR RELEASE OF INFORMATION

TO:

(To be completed by the Department)

FROM:

(Printed Name of Applicant)

I am an applicant for a sports betting license in the Commonwealth of Virginia.

The Department is required by law to conduct an investigation of an applicant for a sports betting license. That investigation requires the Department to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about the entity that the Department requests: local, State or federal government unit; commercial or business enterprise; nonprofit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form	Date								
Printed Name	Title								
NOTARY PUBLIC									
, certifies that the above-name	e County of, in the State of d individual appeared in person, and before me, either known to me abscribed to the within instrument and signed the Authorization and , and to which witness my hand and seal.								
	Notary Public								
Stamp or Seal	Printed Name My commission expires , 20								

Page 20 of 44



AFFIDAVIT OF INDIVIDUAL

I,_____(printed name) am an applicant for a Principal Gaming Employee license in the Commonwealth of Virginia. I have read, and understand, every page of this Application.

To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a Principal Gaming Employee license and may subject me to civil or criminal liability. I also understand that providing the Department with false or misleading information is grounds for the Department to reject the application, or to suspend or revoke a license. I also understand that if I am issued a license, I have an ongoing obligation to comply with all licensing requirements and to promptly notify the Department if any information that I provided to the Departmentchanges.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Department, its employees, agents, and vendors (collectively, "the Department"), for purposes of its investigation of the application for a sports betting license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth Virginia may take related to the collection of information from the any individual or person and the use of that information in connection with investigating and processing the application for a Principal Gaming Employee license.

Signature of Individual Completing Form

Printed Name

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above-named individual 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.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____

Date

Title



ACKNOWLEDGEMENT AND DISCLOSURE

I understand and acknowledge with my initials and signature the following:

The Department, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the license.

I am applying for a Virginia Principal Employee license. I cannot be employed in a job that requires this license unless the Department finds that I meet the legal requirements for licensure. I am required to submit correct and accurate information, and I am prohibited from submitting false or misleading information, to the Department. Failure to disclose any required information will be considered when assessing my character, honesty and integrity, and may disqualify me. Initials______

During the investigation, the Department is required to collect and evaluate various kinds of information or reports to determine if an applicant meets the eligibility requirements for licensure. The background investigation will include, but not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness; criminal record, record of involvement with law enforcement agencies, as specified in the application, or record of involvement with civil litigation. I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of my rights under federal credit reporting law.

I am requesting that the Department, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a Principal Employee license. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and during the time of any license that I may be granted. Initials_____

Date

Title

Signature of Individual Completing Form

Printed Name

NOTARY PUBLIC

The undersigned, a Notary Public in and , certifies that the abo		*	, in the State of in person, and before me, either known to me
or satisfactorily proven to be the individual whos		11	
Notification.			C C
Thisday of	, 20	, and to which w	tness my hand and seal.
		N	otary Public
Stamp or Seal		P	inted Name
•	My	y commission expire	es, 20

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

PRINCIPAL ENTITY

PAGES 24 TO 26



AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _

FROM:

(Printed Name of Principal Entity Entity)

I am, or represent, a principal entity of an applicant for a sports betting license in the Commonwealth of Virginia.

The Department is required by law to conduct an investigation of an applicant for a sports betting license. That investigation requires the Department to collect and evaluate information about the applicant's principal entities. I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the Disclosure Form; (2) conduct a background investigation of me, or the principal entity that I represent; and (3) have access to any and all information that I, or the principal entity that I represent, have provided to any other jurisdiction in the context of a gaming license investigation in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me or the principal entity that I represent.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about me, or the principal entity that I represent, that the Department requests: local, state or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Title
IC
inty of, in the State of vidual appeared in person, and before me, either known to me bed to the within instrument and signed the Authorization and , and to which witness my hand and seal.
Notary Public
Printed Name
ommission expires, 20 4 of 44
b ,



AFFIDAVIT OF REPRESENTATIVE OF PRINCIPAL ENTITY

I.______(printed name), am authorized to complete and execute this Principal Entity Disclosure Form on behalf of ______(printed name of Principal Entity). I am also authorized to provide all of the information requested on this Form to the Department, its employees, agents, and vendors (collectively, "the Department"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a sports betting license, or may result in the Department imposing sanctions against the applicant, up to and including revocation of its license if it has been issued a license. I understand that any misrepresentation or omission on this Disclosure Form may also subject me, or the principal entity that I represent, to civil or criminal liability.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Principal Entity to release that information to the Department for purposes of its investigation of an applicant for a principal entity license.

On behalf of the Principal Entity and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Principal Entity and the use of that information in connection with investigating an Principal Entity.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC

The	undersigned,		•				~					, in the State of e, either known to me	
	tisfactorily provication.											he Authorization and	
		of_			_, 20)	_, and to	which	witness n	ny hand	and seal		
						-			Notary P	ublic			

Stamp or Seal

Printed Name

My commission expires_____, 20____



ACKNOWLEGEMENT AND DISCLOSURE

I understand and acknowledge the following:

I am a representative of _______(printed name of Principal Entity), who is applying to the Department to be a Principal Entity of an applicant for a sports betting operation license in the Commonwealth of Virginia. The Principal Entity cannot conduct business with a sports betting licensee applicant or a sports betting licensee unless the Department finds that the Principal Entity meets the legal requirements for licensure. The Department, through its employees, agents and vendors, is required by law to conduct a background investigation of each Principal Entity.

During the investigation, the Department is required to collect and evaluate various kinds of information or reports to determine if Principal Entities meet the eligibility requirements for licensure. The background investigation will include, but not be limited to, information or reports about the Principal Entity's: character; general reputation; personal characteristics, including honesty and integrity; financial stability; debts to State agencies; criminal records, records of involvement with federal, state or other law enforcement agencies as specified in the application, or record of involvement with any litigation. As a representative, I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of the Principal Entity's rights under federal credit reporting law.

I am requesting that the Department, through its employees, agents or vendors, obtain this information about the Principal Entity to evaluate their eligibility for a license. I acknowledge that this disclosure and authorization remain in effect during the time the application is pending and during the time of any video lottery operation license that may be granted.

By separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Principal Entity that I represent, to release that information to the Department for purposes of its investigation of a Principal Entity of an applicant for a sports betting operation license in the Commonwealth of Virginia.

Signature	Date	Printed Name	
		NOTARY PUBLIC	
or satisfactorily proven t Notification.	, certifies that the above o be the individual whose	for the County of	n, and before me, either known to me nent and signed the Authorization and
		Notary Pu	blic
Stamp or Seal		Printed Na	ame
		My commission expires	, 20

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

EMPLOYEE

PAGES 28 TO 30



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:_______(To be filled-in by Lottery)
FROM:_______(Applicant's Printed Name)

I, _____ (printed name), am an applicant for a sports betting employee license in the Commonwealth of Virginia.

The Virginia Lottery, and its employees, agents, and vendors (collectively, "the Department"), is required by law to conduct an investigation of an applicant for a sports betting license.

That investigation requires the Department to collect and evaluate information about me. By executing this Authorization, I irrevocably give consent and authorize any: local, State or federal government unit; commercial or business enterprise, including a consumer reporting agency; non-profit entity; individual or any other public or private entity to release to the Department any and all information about me that the Department requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Applicant

Date

Print Name of Applicant

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above-named individual 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 ______, 20 , and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____



AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _______ (printed name) am an applicant for a sports betting employee license in the Commonwealth of Virginia. I have read, and understand, every page of this application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my aplication for a sports betting employee license, and may subject me to civil or criminal liability.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Virginia Lottery, its employees, agents, and vendors (collectively, "the Department"), for purposes of its investigation of the application for a sports betting license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the any individual or person and the use of that information in connection with investigating the application for a sports betting employee license.

Signature of Applicant

Print Name of Applicant

NOTARY PUBLIC

The	undersigned, a	Notary	Public in	and for	the County	of	, in the State of
		, co	ertifies that t	he above-n	amed individu	al appeared	in person, and before me, either known to me
or sa	tisfactorily prove	n to be th	e individual	whose nar	ne subscribed	to the within	n instrument and signed the Authorization and
Notif	fication.						
		0			• •		

This ______ day of ______, 20 ____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____

Date



CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE:

LICANT: (Applicant's Printed Name)							
I,Business Agreements on behalf of listed above has received at least a conditional offer of e job description:	(printed name), am authorized to complete and execute (Licensee Name). The applica employment from the Licensee. The Applicant will have the following						
Signature of Licensee Representative	Date						
Printed Name	Title						
(1) NC	OTARY PUBLIC						
(1) NC e undersigned, a Notary Public in and for the , certifies that the above-named							

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

VENDOR

PAGES 31 TO 33



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

FROM:

(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a sports betting vendor registration in the Commonwealth of Virginia.

The Virginia Lottery ("Department") is required by law to conduct an investigation of an applicant for a sports betting vendor registration. That investigation requires the Department to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar registration or license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about the entity that the Department requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form	Date								
Printed Name	Title								
NOTARY PUBLIC									
, certifies that the above-	or the County of, in the State of, in the State of, in the State of, not subscribed to the within instrument and signed the Authorization and, 20, and to which witness my hand and seal.								
	Notary Public								
Stamp or Seal	Printed Name								
	My commission expires, 20								
Page 32 of 44									



AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

I,______(printed name), am authorized to complete and execute this Sports Betting Vendor Registration Application on behalf of______(printed name of Vendor). I am also authorized to provide all of the information requested as part of this application to the Virginia Lottery, its employees, agents, and vendors (collectively, "the Department"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a license, or may result in the Department imposing sanctions against the Applicant, up to and including revocation of its license if it has been awarded or issued a license. I understand that any misrepresentation or omission on this Application may also subject me, or the manufacturer that I represent, to civil or criminal liability. I understand and acknowledge that the manufacturer has an ongoing duty to promptly notify the Department if any information it provides the Department changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Vendor that I represent, to release that information to the Department for purposes of its investigation of an applicant for a Sports Betting Vendor registration.

On behalf of the Vendor and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Vendor and the use of that information in connection with investigating a Vendor.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC

The	undersigned, a	Notary	Public	in a	nd for	the	County	of	, in the State of
	_	, (certifies th	at the a	above-n	amed	individu	al appeare	ed in person, and before me, either known to me
or sat	tisfactorily prove	n to be t	the individ	lual wh	lose nan	ne suł	oscribed t	to the with	hin instrument and signed the Authorization and
Notif	ication.								
This	day o	of				20	and	to which	witness my hand and seal

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____



CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE:

APPLICANT: _____

I,

(Applicant's Printed Name) (printed name), am authorized to complete and execute Business Agreements on behalf of ______ (Licensee Name). The applicant listed above has been contracted by the Licensee. The Applicant will provide the following goods and services per the contract:

Date

Title

Signature of Licensee Representative

Printed Name

NOTARY PUBLIC

The undersigned, a Notary Public in and for , certifies that the above-n		-	of					
or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and								
Notification.								
Thisday of	, 20	, and	to which witness my hand and so	eal.				
			Notary Public					
Stamp or Seal			Printed Name					
My commission expires, 20								

PERMIT HOLDER APPLICANTS

- Narrative of the project plan;
- Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans;
- Description of long-term debt for Applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of other indebtedness and security devices for applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;
- Description of Existing Litigation. Description of any settled or closed litigation against the applicant for the past five (5) years. Description of any existing or settled or closed litigation for the past five (5) years for any holding, intermediary, subsidiary or affiliate. A description of any judgements against the applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgements were covered by insurance and if so the insurance company;
- Audited financial statements for the last five years for applicant and applicant holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statements do not exist, then provide unaudited financial statements;
- Annual reports for the last five years for applicant and holding intermediary, subsidiary, affiliate and any other type of business entity of applicants
- Annual reports prepared on SECs form 10K for the last five (5) years
- Complete copies of 2020 year to date internal financial statements for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicant. Include a list of all external accountants and provide a contact person and contact information;
- Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicants, including an index of all companies, due diligence and audit investigations conducted during the past three years;
- Minutes of the Board of Directors meetings for the past five calendar years;
- Minutes of Compliance, Audit, Executive Compensation and Stock Option Committee meetings for the past five calendar years;
- Copy of the last definitive proxy or information statement (SEC);
- Copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933;
- Copy of all other reports prepared in the last five (5) years by independent auditors for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;

PERMIT HOLDER APPLICANTS (CONT'D)

- Certified copies of the Articles of Incorporation, Charter and By-Laws and all amendments for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicants;
- Current ownership table of organization for the applicant;
- Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the applicant;
- Functional table of organization for the applicant filing this form, job description and names of employees earning in excess of \$250,000;
- Copies of 1120 forms and 941 Forms filed with the IRS in the last five (5) years;
- Copies of IRS 5500 forms filed in the last five (5) years;
- Provide a chart of all gaming jurisdictions where the entities conduct gaming business, including the date of initial licensing, subsequent renewal dates and current license status;
- Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of goods and/or services provided by the vendor, total amount of business with the vendor in the past twenty-four (24) months;
- Details of planned, committed and un-committed future capital expenditures for the next three years. Also include any documents relating to securing funding to the project in Virginia;
- Schedule of insurance policies currently in effect, including deductibles and policy limits and any self-insurance retentions;
- Provide the nature and results of any other material reorganization, readjustment or success of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise then in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such proceeding;
- Copy of any agreement or agreements that the applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a facility to operate or conduct sports wagering; and
- A copy of any agreement or agreements that the applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a third-party integrity and risk monitoring provider and/or sports data wagering provider;
- Any Power Point presentations, slide shows and/or charts or graphs used for presentations before gaming regulatory agencies or for securing financing relating to sports betting operations in the past two years;
- If available, a copy of the business/strategy plan for the next three years as it relates to investment in Virginia;

PERMIT HOLDER APPLICANTS (CONT'D)

- For the Internal Audit Department, identify the structure of the Department and provide an index of reviews conducted and copies of all reports for the past three years;
- Provide tax compliance history, including details of any audits or investigations into the entity's tax affairs which have been conducted by the relevant authorities during the past three years. List the conclusion of the investigations and provide any related correspondence;
- A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures;
- Provide information as to any material lease agreements entered into by any entity on the Ownership/Org Chart. Provide documentation to verify real estate ownership or leases, including related documents.

SUPPLIER APPLICANTS

- Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans;
- Description of long-term debt for Applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of other indebtedness and security devices for applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;
- Description of Existing Litigation. Description of any settled or closed litigation against the applicant for the past five (5) years. Description of any existing or settled or closed litigation for the past five (5) years for any holding, intermediary, subsidiary or affiliate. A description of any judgements against the applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgements were covered by insurance and if so the insurance company;
- Audited financial statements for the last five years for applicant and applicant holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statements do not exist, then provide unaudited financial statements;
- Annual reports for the last five years for applicant and holding intermediary, subsidiary, affiliate and any other type of business entity of applicants;
- Annual reports prepared on SECs form 10K for the last five (5) years;
- Complete copies of 2020 year to date internal financial statements for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicant. Include a list of all external accountants and provide a contact person and contact information;
- Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicants, including an index of all compliance, due diligence and audit investigations conducted during the past three years;
- Minutes of the Board of Directors meetings for the past five calendar years;
- Minutes of Compliance, Audit, Executive Compensation and Stock Option Committee meetings for the past five calendar years;
- Copy of the last definitive proxy or information statement (SEC);

SUPPLIER APPLICANTS – (CONT'D)

- Copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933;
- Copy of all other reports prepared in the last five (5) years by independent auditors for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;
- Certified copies of the Articles of Incorporation, Charter and By-Laws and all amendments for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicants;
- Current ownership table of organization for the applicant;
- Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the applicant;
- Functional table of organization for the applicant filing this form, job description and names of employees earning in excess of \$250,000;
- Copies of 1120 forms and 941 Forms filed with the IRS in the last five (5) years;
- Copies of IRS 5500 forms filed in the last five (5) years;
- Provide a chart of all gaming jurisdictions where the entities conduct gaming business, including the initial licensing, subsequent renewal dates and current license status;
- Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of goods and/or services provided by the vendor, total amount of business with the vendor in the past twenty-four (24) months;
- Details of planned, committed and un-committed future capital expenditures. Also include any documents relating to securing funding to the project in Virginia;
- Schedule of insurance policies currently in effect, including deductibles and policy limits and any self-insurance retentions; and
- Provide the nature and results of any other material reorganization, readjustment or success of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise then in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such proceeding.
- Any Power Point presentations, slide shows and/or charts or graphs used for presentations before gaming regulatory agencies or for securing financing relating to sports betting operations in the past two years;
- If available, a copy of the business/strategy plan for the next three years as it relates to investment in Virginia;

SUPPLIER APPLICANTS – (CONT'D)

- For the Internal Audit Department, identify the structure of the Department and provide an index of reviews conducted and copies of all reports for the past three years;
- Provide tax compliance history, including details of any audits or investigations into the entity's tax affairs which have been conducted by the relevant authorities during the past three years. List the conclusion of the investigations and provide any related correspondence;
- A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures;
- Provide information as to any material lease agreements entered into by any entity on the Ownership/Org Chart. Provide documentation to verify real estate ownership or leases, including related documents.

PRINCIPAL APPLICANTS

- Copy of Birth Certificate;
- Copy of Social Security Card;
- Copy of Naturalization Certificate, if applicable;
- Copy of front and back of Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.), if applicable;
- Copy of Passport, if applicable;
- Copy of front and back of Driver's License or State ID Card;
- Copy of Driving Records from any State in which the applicant is licensed;
- Copy of High School Diploma, an official high school transcript, or a copy of a G.E.D certificate;
- Certified copy of college transcripts from all colleges and universities attended. Transcripts must be received directly from the Institution either through the mail or email. Transcripts can be mailed to the Virginia Lottery, Licensing and Investigations Division, 600 East Main Street, Richmond, VA 23219 or emailed to gaminglicensing@valottery.com;
- Copy of applicant's military DD214 OR National Guard NGB 22, if applicable;
- Request for military records, Form 180 (https://www.archives.gov/veterans/military-service-records/standard-form-180.html), completed and signed, if applicable, (Original documents, mail only);
- Copy of any professional license(s) held and documents related to any sanctions;
- Copy of any gaming licenses the applicant holds or has held in the and documents related to any sanctions, fines or penalties;
- Copy of registration for any vehicles, aircrafts or boats;
- Copy of each tax return (Federal, State and Local), each Internal Revenue Service forms filed with or concerning that tax return and all Internal Revenue Service schedules filed by the applicant in the last five (5) years. If applicant and spouse did not file joint returns at any time in the last five (5) years, provide a copy of the spouse's tax return;
- Letter from each bank on their stationary relative to attesting to all accounts the applicants have signatory authority;
- Copy of the last bank statement on all bank accounts which you have signatory authority listed on the net worth statement, schedule (A), and the last brokerage statement for all securities listed on the net worth statement, schedule (C);
- Copy of any Notes Receivable (including receivables in the name of a corporation in which the applicant has over a 5% interest listed on net worth statement, schedule (B);

PRINCIPAL APPLICANTS (CONT'D)

- Copies of mortgage statements for the last three (3) months, documents and settlement sheets for all real estate properties in which you have an interest. Documentation supporting the fair market value of all real estate listed on the net worth statement, schedule (D), and outstanding amounts owed on mortgages and lien amounts on real estate listed on the new worth statement, schedule (L);
- Copy of any Life Insurance Policies that have a cash value and the name(s) of all beneficiaries, reference schedule (E) on the net worth statement;
- Copy of the last statement relative to all retirement/investment/pension funds, including, but not limited to, 401K retirement programs listed on the net worth statement, schedule (F);
- Copy of any documents indicating ownership of any assets not listed above, such as ownership documents for aircraft, vehicles or boats listed on the net worth statement, schedule (G) and (H);
- Copy of any Notes, Loans or Taxes Payable (including payables in the name of a corporation in which the applicant has over a 5% interest) listed on your net worth statement, schedules (I), (J), (K), (M), or (N);
- Copy of any documents relative to any Contingent Liabilities listed on the net worth statement, schedule (O);
- Copy of last three (3) months credit card statements;
- Documentation (i.e., partnership papers, stock registry, stock certificates) of any company the applicant holds 5%;
- Copy of any documents including any indebtedness not listed above;
- Copy of any liens, judgements or taxes payable under the applicant's name; and
- One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status, if pending.

PRINCIPAL ENTITY APPLICANTS

- Virginia State Corporation Commission Certificate of Good Standing;
- Description of Existing Litigation;
- Audited financial statements for the last five years, including the Principal Entity's last fiscal year. If audit financial statements do not exist, then provide unaudited financial statements;
- Annual reports for the last five years;
- Description of Security Options;
- Description of any settled or closed litigation against the Principal Entity for the past five (5) years. Also describe any existing or settled or closed litigation for the past five (5) years for any holding company, intermediary subsidiary or affiliate for the past five (5) years. Describe if any judgements were covered by insurance and if so, provide the name of the insurance company;
- Annual reports for the last five (5) years;
- Annual reports prepared on the SEC's Form 10K for the last five (5) years;
- A copy of the last quarterly unaudited financial statements;
- Copy(ies) of any interim reports including an index of all compliance, due diligence and audit investigations conducted during the past three years;
- A copy of the last definitive Proxy or information statement (SEC);
- A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933;
- Copies of all reports prepared in the last five years by independent auditors of the corporation;
- Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments;
- Current ownership table of organization;
- Copies of 1120 forms and 941 forms filed with the IRS in the last five years;
- Copies of IRS 5500 form filed in the last 5 years;
- If Principal Entity has held a gaming license in another jurisdiction provide a letter of reference from the gaming enforcement or regulatory agency that specifies the experience of the agency with the Principle Entity and its associates and gaming operation;
- Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of good and/or services provided by the vendor, total amount of business with the vendor in the past twenty-four (24) months; and
- Provide the nature and results of any other material reorganization, readjustment or success of the Principal Entity, holding, intermediary, subsidiary or affiliate. Describe the acquisition or disposition of any material amount of assets otherwise in the normal course of business and any material change in the way business was conducted by the Principal Entity, holding company, intermediary, subsidiary or affiliate because of such event.

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EMPLOYEE APPLICANTS

• If the applicant is not a citizen of the United States or a Naturalized United States Citizen, a color copy, front and back of the applicant's naturalization or authorization to be employed in the United States.

VENDOR APPLICANTS

N/A