



Virginia Lottery

Virginia Lottery

600 East Main Street, Richmond, VA 23219

Employee Sports Betting License

VIRGINIA LOTTERY
SPORTS BETTING EMPLOYEE LICENSE APPLICATION

I. INDIVIDUALS REQUIRED TO OBTAIN A SPORTS BETTING EMPLOYEE LICENSE:

a. This application *must* be completed by an individual who has received at least a conditional offer of employment from a sports betting permit operator, supplier or vendor who is either licensed or who has applied for a license with the Commonwealth of Virginia. A sports betting employee is an individual who does not meet the definition of a Principal and works within the borders of the Commonwealth 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. **This form is to be used for reference purposes only. All applications must be submitted online through the Department's automated licensing system which will be active on October 15, 2020. Paper applications will not be accepted.**

II. COMPLETING THIS FORM:

Licensee's Account Representative Responsibilities

- a. This form is to be used only when a sports betting permit operator, supplier or vendor has applied for or has been licensed by the Department makes application for an employee applicant who has been offered a position within their business.
- b. The form will be filled out by the applicant employee not the licensee.
- c. The licensee is responsible for ensuring that the following completed documents are provided by the applicant for uploading into the Department's online licensing system prior to submitting the application to the Department:
 1. Certification of Business Relationship form (to be completed by the licensee)
 2. Authorization for Release of Information form
 3. Affidavit of Individual Applicant form
 4. Due Diligence Background Investigation
 5. If the applicant is not a citizen of the United States or a Naturalized United States citizen, the licensee is responsible for uploading into the applicant's Checklist within the Department's online licensing system, a color copy of the applicants naturalization or authorization to be employed documents, front and back, and any other documentation of authorization to be employed in the United States.

Applicant Employee's Responsibilities

- a. You are to complete this form online via the Department's licensing system and submit it to the licensee for submission to the Department.
- b. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate using the dropdown "No" in response to that question. You will not be able to submit your application if you have not answered all of the questions.
- d. Once your application is submitted, it becomes the property of the Department and will not be returned.

III. BE SURE:

- a. You sign the Authorization for Release of Information, the Affidavit of Individual Applicant and the Certification of Business Relationship forms contained within this application in the presence of a notary. These forms must be returned to your account representative.
- b. You retain a completed copy of your application for your own records.

IV. PHOTOGRAPH AND FINGERPRINTS

When you submit your application, you will be required to have your photograph taken and submit fingerprints. All applicants will be required to use Live Scan fingerprinting and shall contact the Department for instructions for scheduling an appointment.

NOTICES

- a. A Virginia gaming license is a privilege. The burden of proving and maintaining qualifications to receive and hold a sports betting employee license is always on the applicant.
- b. Any false statement made in this application, or omission of required information, will reflect negatively on your character and may result in the denial of your application. If you receive a license based on a false statement or an omission, the Department may revoke or suspend your license.
- c. Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if: (1) the Department denies your license application; or (2) after you are licensed in Virginia, the Department takes adverse action against your license.
- d. An application for a sports betting employee license may be withdrawn if the: (1) Applicant submits a written request to the Department to withdraw the application; and (2) Written request is submitted before the Department has denied the application.

NOTE: A Sports betting Gaming Employee License application that has been submitted and accepted for filing and all related materials submitted to the Department shall become property of the Department and will not be returned to the applicant.

FEES AND WIRING INSTRUCTIONS

Total fee required at application \$ 500.00

NOTE: Fees are due at the time of application. They are non-refundable. Your fee shall be sent via 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: 026009593
-

ACH payment to:

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

LICENSURE TERM

Initial Term – 3 Years

Renewal Term – 3 Years

Sports Betting Employee Application

Virginia Lottery

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center">Name of Gaming Licensee: (You <u>must</u> have an offer to work from a Licensee or potential licensee)</p> | |
| <p align="center">Type of Licensee</p> | <p align="center"> <input type="checkbox"/> Permit Holder <input type="checkbox"/> Supplier <input type="checkbox"/> Vendor </p> |
| <p align="center">Position Applicant is Applying for:</p> | |

NAME AND ADDRESS

| | | | |
|-------------------|------------|-------------------|------------------------|
| 1. Last Name | First Name | Middle Name | Suffix(Jr., Sr., etc.) |
| 2. Maiden Name | | 13. Date of Birth | |
| 4. Address Line 1 | | Address Line 2 | |
| Address Line 3 | City | County | State/Province |
| Zip Code | Country | 5. Email Address | 6. Home Phone |
| | | 7. Cell Phone | |

MAILING ADDRESS (If different from above)

| | | | |
|-------------------|---------|----------------|----------------|
| 8. Address Line 1 | | Address Line 2 | |
| Address Line 3 | City | County | State/Province |
| Zip Code | Country | Email Address | Home Phone |
| | | Cell Phone | |

DESCRIPTIVE INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 9. Height | 10. Weight | 11. Social Security Number | 12. Drivers License |
| FT IN lbs - - _____ | | | State Issued: _____ |
| 13. Do you have any Tattoos, scars or distinguishing marks? If yes, describe in detail: | | 14. MARITAL STATUS: | |
| 15. PLACE OF BIRTH: _____ | | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED | |
| | | <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED | |
| | | <input type="checkbox"/> WIDOWED <input type="checkbox"/> DOMESTIC PARTNERSHIP | |
| City/Town | State/Province | Country | 19. Spouse's/Partner Social Security Number |
| 16. Name of Spouse/Partner | 17. Spouses Maiden Name (AKA) | | IS. DOB |
| 20. HAIR COLOR | 21. EYE COLOR | | 22. SEX |
| <input type="checkbox"/> (BK)Black <input type="checkbox"/> (BR)Brown <input type="checkbox"/> (BD) Blonde <input type="checkbox"/> (RD) Red <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (WH)White <input type="checkbox"/> (BA) Bald | <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR)Brown <input type="checkbox"/> (HZ) Hazel <input type="checkbox"/> (BL) Blue <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (GR) Green | | <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female |
| | | 23. RACE*Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: | |

• Multiracial respondents may select all applicable racial categories.

**LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY
(INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)**

24. Have you been known by any other name or names? YES NO

If YES, list the additional names below and specify dates for use for each. Include maiden name, aliases, nicknames or any other names used.

| Last Name | First Name | Middle Name | Suffix | From Date | To Date |
|-----------|------------|-------------|--------|-----------|---------|
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25. Are you a United States citizen? YES NO If NO, complete the following:

a. Country of Citizenship

Name and Address of sponsor upon your arrival:

b. If a naturalized citizen complete

1. C.I.S. Registration Number: _____
2. Date Granted: _____
3. Court: _____ Court: _____
4. City/State of Court: _____
5. Certificate Number: _____

c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Permanent Resident Card:

Card Number: _____ (Attach a color copy front and back)

d. If you do not possess a Permanent Resident Card but are authorized to work in the United States, please describe the U. S. Work Visa that you possess and provide the Visa number:

Description of Authorization: _____

VISA#: _____

e. Acceptable forms of documentation that establish both identity and employment authorization which will be accepted. All documents must be unexpired, and a color copy uploaded into the Department's s online licensing system:

| Document | Document Number | Issuance Date | Expiration Date |
|-----------------------------------------------|-----------------|---------------|-----------------|
| Permanent Resident Card, Form I-551 | | | |
| Pennanent Resident Stamp, I-551 | | | |
| Employment Authorization Document, Form I-766 | | | |
| Arrival Departure Record, Form I-94 | | | |
| Arrival Departure Record, Form I-94A | | | |
| Admission Stamp | | | |
| I-94 in Unexpired Foreign Passport | | | |
| Form I-797A, Notice of Action with I-94 | | | |
| Global Entry I-94 | | | |
| Form I-571, Refugee Travel Document | | | |
| Form I-327, Re-entry Permit | | | |
| DS-2019 | | | |
| Form I-20, Certificate of Eligibility | | | |
| Machine Readable Immigrant Visa | | | |
| Certificate of Naturalization | | | |

Account Representative: If you have received any of the above documents provide the number assigned to the document, the issuance date and expiration date. You must upload into Department's online licensing system a color copy of the document, front and back, and any other documentation of authorization to be employed in the United States.

In the event you are not in possession of any of the above documentation, provide one document from column # 1 and one document from column# 2 below.

| Column# 1 Documents that Establish Identity | <u>Column# 2</u> Documents that Establish Employment Authorization |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | A Social Security Account Number card unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VAUD FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH OHS AUTHORIZATION NOTE: A copy (such as a metal or plastic reproduction) is not acceptable. |
| ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545) |
| School ID card with a photograph | Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350) |
| Voter's registration card | Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal |
| U.S. military card or draft record | Native American tribal document |
| Military dependent's ID card | Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| U.S. Coast Guard Merchant Mariner Card | Employment authorization document issued by OHS |
| Native American tribal document | |
| Driver's license issued by a Canadian government authority | |

If you are submitting any of the above documents from List# 1 or# 2 you must upload into the Department's online gaming licensing system a legible color copy of the document, front and back, including document number, issuance and expiration dates.

26. Have you ever been issued a passport? YES NO If, yes please complete the following:

| Passport Number | Country of Issue | Place Issued | Date Issued | Expiration Date |
|-----------------|------------------|--------------|-------------|-----------------|
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RESIDENCE

27. Beginning with your current residence(s) and working backwards complete the following information for each place where you have lived (including residences while attending college or while in the military service) during the past three (3) years or since the age of 18, whichever is less..

| Dates | | Address (Number, Street, Apt.#, City/town, State/Province, Zip Code | Own or Rent | Name, Address & Telephone Number of Landlord or Mortgage Company, if any. |
|-----------------|---------------|---------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|
| From: (MoYr) | To: (MoYr) | | | |
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EMPLOYMENT

28. Beginning with your present job and working backwards, list below all periods of employment for the past three years or from age 18, whichever is less. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For all gaming licenses note your license number under the Title.

| Dates | | Name, Address and Telephone Number of Employer(s) | Title/Position Held and Description of Duties (License Number) | Supervisors Name | Reason for Leaving/ Compensation at Departure |
|-----------------|---------------|------------------------------------------------------|----------------------------------------------------------------------|---------------------|--------------------------------------------------------|
| From: (MoYr) | To: (MoYr) | | | | |
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29. Have you ever been discharged or asked to resign from a job? YES NO If Yes, complete below.

| Employers Name & Address | Date of Discharge or Resignation | Reason for Leaving |
|--------------------------|----------------------------------|--------------------|
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CIVIL, CRIMINAL & INVESTIGATORY PROCEEDINGS

Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. "Arrest" also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a "crime or offense" as defined in subsection C.
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. "Offense" also includes all driving-related charges or offense which carry any period of incarceration.

INSTRUCTIONS:

1. **Answer "YES"** and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or downgraded to a lesser charge;
 - C. You completed a pretrial intervention or other rehabilitation or diversionary program;
 - D. You were not convicted;
 - E. You did not serve any time in a correctional facility;
 - F. The charges or offenses happened a long time ago; or
 - G. You were not arrested for the charge .

2. Answer "NO" if:

- a) You have never been charged with or arrested for any crime or offense;
- b) You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
- c) The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

I have read and understand the definitions and instructions

IMPORTANT

The Department *will make* inquiries to establish whether the identified individuals have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing the Applicant's character, honesty and integrity.

Do you understand?: YES NO

30. Have you ever been arrested or charged with any offense in any jurisdiction? YES NO

If yes, complete the following chart:

| Nature of Charge or Offense/Location of Where Incident Occurred | Date of Charge or Offense | Name and Address of Law Enforcement Agency or Court Involved | Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.) | Sentence (if any) |
|-----------------------------------------------------------------|---------------------------|--------------------------------------------------------------|------------------------------------------------------------------------|-------------------|
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31. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, or named you as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

YES NO

If yes, complete the following chart:

| Name and Address of Governmental Agency/Organization Involved | Nature of Proceeding | Outcome/Disposition | Date |
|---------------------------------------------------------------|----------------------|---------------------|------|
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32. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in connection with a traffic summons?

YES NO

If yes, complete the following chart:

| Name and Address of Court or Other Agency | Nature of Proceeding or Investigation | Was Testimony Given? | Date on which Testimony was Given | Approximate Time Period of Investigation |
|-------------------------------------------|---------------------------------------|----------------------|-----------------------------------|------------------------------------------|
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PERMITS, LICENSES, CERTIFICATES & REGISTRATIONS

33. Have you, or any business entity with which you are or were associated, ever applied for any permit, license, certificate or registration in connection with *gaming* in any jurisdiction?

YES NO

If yes, complete below.

| Name & Address of Applicant | Name & Address of Licensing Body | Type of Permit, License, Certificate or Registration | Date of Application | Disposition: Granted, Denied, Pending, Withdrawn |
|-----------------------------|----------------------------------|------------------------------------------------------|---------------------|--------------------------------------------------|
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**Illegal Use of Controlled Dangerous Substances;
Use of Alcohol in the Workplace; Problem Gambling**
(Answer all questions and provide information to any question you answer "yes.")

34. Do you currently engage in the illegal use of drugs, or have ever been arrested for such use?

YES NO

If yes, please explain below.

35. Any use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of sports betting employees and revocation or suspension of a sports betting license. Does this present a problem for you?

YES NO

If yes explain below.

36. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?

YES NO

If yes, please explain listing the jurisdiction, if applicable.

| Item# | Detail Explanation (Dates, jurisdictions, etc, as applicable for full explanation) |
|-------|------------------------------------------------------------------------------------|
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AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be filled-in by Department)

FROM: _____
(Applicant's Printed Name)

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

The 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

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.

Stamp or Seal

Notary Public

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 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 my application 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 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 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 _____
Date

Print Name of Applicant

NOTARY

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

CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: _____

APPLICANT: _____
(Applicant's Printed Name)

I, _____ (printed name), am authorized to complete and execute Business Agreements on behalf of _____ (Licensee Name). The applicant listed above has received at least a conditional offer of employment from the Licensee. The Applicant will have the following job description:

Signature of Licensee Representative Date

Printed Name Title

NOTARY

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.

Stamp or Seal

Notary Public

Printed Name

My Commission expires _____ • 20__