VIRGINIA LOTTERY GAMING LICENSING and INVESTIGATIONS DIVISION



PROCEDURES MANUAL for SPORTS BETTING VENDOR REGISTRATION APPLICANTS

GENERAL INFORMATION

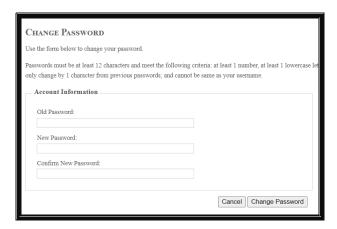
This procedures manual is a reference guide for prospective sports betting vendors within the Commonwealth of Virginia who are applying for a vendor registration. The Virginia Lottery's intention is to provide applicants with guidance when using the automated system to complete the online application process.

Only individuals who have been engaged by, are under contract to, or acting on behalf of a sports betting permit operator or supplier who is either licensed or who has applied for a license with the Commonwealth of Virginia should apply through the automated system. Applicants cannot conduct business with a sports betting applicant or licensee unless the Department finds that the vendor applicant meets the legal requirement for approval. The vendor will need to designate a representative to complete and submit the online application. The representative will be the Virginia Lottery's point-of-contact and must have the authority to make decisions on behalf of the vendor applicant. The application must be submitted online through this automated system beginning October 15, 2020.

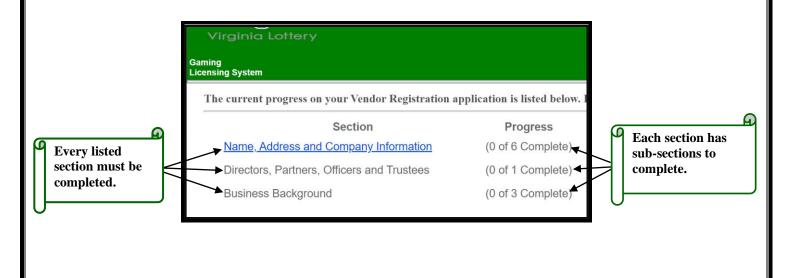
The vendor's representative will be required to contact the Virginia Lottery's Gaming Licensing and Investigations Division at (804) 692-7165 to obtain access to the automated system prior to initiating the application process. An Investigator will provide you with the URL to access the automated system online. You will be given a username and temporary password that you will use to sign in. After completing the online application and remitting the required fee, the vendor's representative will need to follow-up with an Investigator from Virginia Lottery to provide the required supporting documents in order to complete the application submission process. The following documents are required to be notarized and provided to the Investigator for upload into the automated system: Authorization for Release of Information, Affidavit of Representative of Applicant, and Certification of Business Relationship. These documents can also be found on pages 7 through 9 of this manual. Once an application and all required supporting documents have been submitted, these items will become the property of the Virginia Lottery and will not be returned to you. Applicants will not be able to make any changes to their applications within the automated system once your application has been submitted.

THE APPLICATION PROCESS

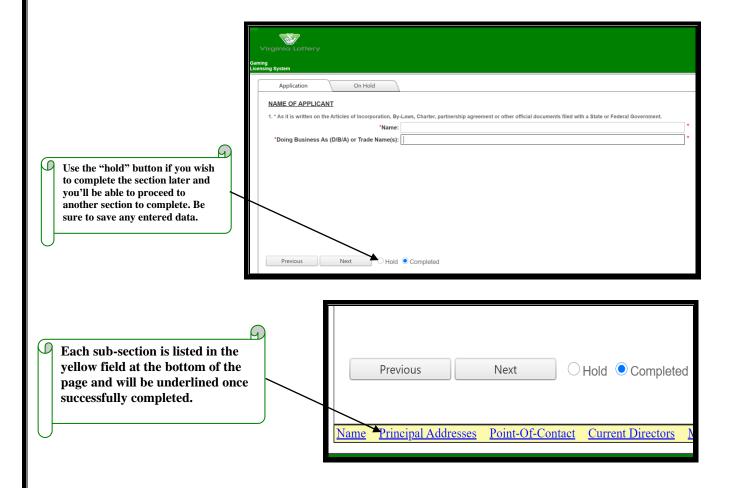
- 1. After accessing the URL for the automated system, sign into the system using the username and temporary password provided by the Investigator.
- 2. You will be prompted to change your password. Your new password must be 12 or more characters containing all the following: special character(s), alphabetical character(s), numerical character(s), upper case letter(s), and lowercase letter(s):



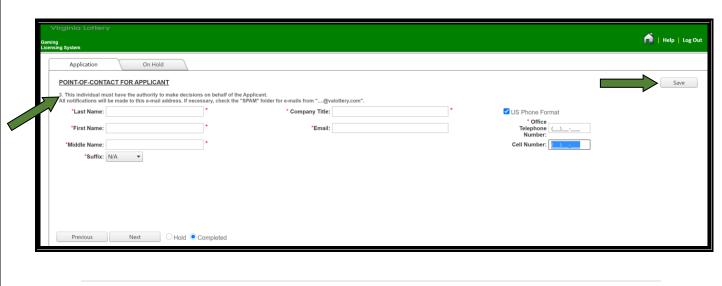
- 3. Read the "Acknowledgement and Disclosure" form and click the button to acknowledge that you understand and agree to the terms within. If you aren't clear on these terms, re-contact the Virginia Lottery in order to proceed.
- 4. You will then be able to start entering information into your application by clicking on each section's hyperlink. You must complete *every* section of the application before submitting it:



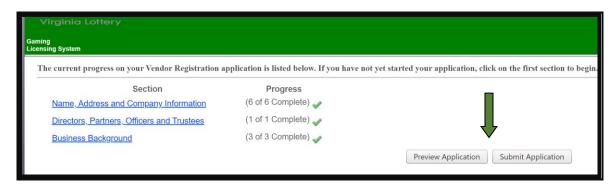
5. Simply follow the instructions when entering your information for each section:



6. Each section will have instructions at the top of the page. Be sure to use the save button after entering data in each section before proceeding to another section or exiting the system:



7. Once you've completed each section you will be able to preview your application prior to submitting it. Be sure your information is accurate and complete as you will not be able to make changes within the automated system once you submit it. You will be able to print a copy of your application for your records.



8. Once you have submitted the application, contact the Virginia Lottery's Gaming Licensing and Investigation Division to provide all required supporting documents to complete the application process.

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:	
FROM:	
(Printed Na	nme of Applicant Entity)
am the authorized representative of an Applicant for a s	ports betting vendor registration in the Commonwealth of Virginia.
registration. That investigation requires the Department On behalf of the entity, I irrevocably give consent to the all information provided in the license application document access to any and all information that the entity has	o conduct an investigation of an applicant for a sports betting vendor to collect and evaluate information about the entity that I represent. Department, and persons authorized by the Department, to: (1) verify ments; (2) conduct a background investigation of the entity; and to s provided to any other jurisdiction seeking a similar registration or ained by that other jurisdiction during the course of any investigation
about the entity that the Department requests: local, State	ollowing entities to release to the Department any and all information or federal government unit; commercial or business enterprise; non-ntity. The requested information may be released in written, verbal,
the entity, I expressly waive, release, discharge and f	release of the requested information to the Department, on behalf of orever hold harmless and agree to indemnify, the unit, entity, or at under the authority of this Authorization. Photo, facsimile, or all be equally effective as an original.
Signature of Individual Completing Form	Date
Printed Name	Title
NOTAF	RY PUBLIC
, certifies that the above-nar or satisfactorily proven to be the individual whose name Notification.	the County of, in the State of med individual appeared in person, and before me, either known to me subscribed to the within instrument and signed the Authorization and
Thisday of, 7	20, and to which witness my hand and seal.
	Notary Public
Stamp or Seal	Printed Name
	My commission expires

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 requeste	d 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. T information that I have provided as part of this application is acc		
misrepresentation or omission may lead to the delay or denial of a		
imposing sanctions against the Applicant, up to and including re		
license. I understand that any misrepresentation or omission on thi		
I represent, to civil or criminal liability. I understand and acknowle		
notify the Department if any information it provides the Department		
By a separate Authorization for Release of Information, I am autithe Vendor that I represent, to release that information to the Depa Sports Betting Vendor registration.		
On behalf of the Vendor and its successors and assigns, I express		
agree to indemnify, the Department, the Commonwealth of Virgi liability for any and all claims or legal action arising from any act		
may take related to the collection of information from the Ve		
investigating a Vendor.		
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE	
THINTED IN HILL OF THE THIORIZED REFRESEIVITHINE	111111	
NOTARY PUBLIC		
The undersigned, a Notary Public in and for the Cour	nty of, in the State of	
	ridual appeared in person, and before me, either known to me	
or satisfactorily proven to be the individual whose name subscrib	ed to the within instrument and signed the Authorization and	
Notification.		
This, 20,	and to which witness my hand and seal.	
	Motory Duklio	
	Notary Public	
Stamp or Seal	Printed Name	
My co	mmission expires, 20	

CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE:	
APPLICANT:	
APPLICANT:	(Applicant's Printed Name)
I,	(printed name), am authorized to complete and execute
listed above has been contracted by the Licensee. The Ap	(printed name), am authorized to complete and execute (Licensee Name). The applicant pplicant will provide the following goods and services per the contract:
Signature of Licensee Representative	Date
Printed Name	Title
N	OTARY PUBLIC
, certifies that the above-	or the County of, in the State of, named individual appeared in person, and before me, either known to me ame subscribed to the within instrument and signed the Authorization and
Thisday of	, 20, and to which witness my hand and seal.
	Notary Public
Stamp or Seal	Printed Name
	My commission expires