VIRGINIA LOTTERY GAMING LICENSING and INVESTIGATIONS DIVISION



PROCEDURES MANUAL for PRINCIPAL/KEY MANAGER PERMIT APPLICANTS

GENERAL INFORMATION

This procedures manual is a reference tool for principal/key manager employees of a prospective facility operator or supplier. The Virginia Lottery's intention is to provide applicants with guidance when using the automated licensing system to complete your online application prior to submitting it to the Virginia Lottery's Gaming Licensing and Investigations Division for the appropriate due diligence.

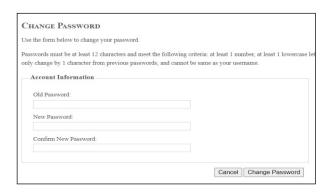
Your application must be submitted online through this automated system. A sample of this application can be found at www.valottery.com/aboutus/casinosandsportsbetting. You will be required to contact your employer's account representatives in order to obtain access to the system prior to initiating the application process. 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.

Your employer's account representative will provide you with the following documents that are required to be notarized and returned to your account representative for upload into the automated system: Authorization for Release of Information, Affidavit of Individual Applicant and Certification of Business Relationship. These documents can also be found on pages 5 to 7 of this manual. You will also be required to give your account representative several other documents to be uploaded into the automated system These documents can be found in the sample application at www.valottery.com/aboutus/casinosandsportsbetting. The account representative will also provide you with the URL to access the Licensing website as well as a temporary password and username that you will use to sign into the automated system and begin the application process.

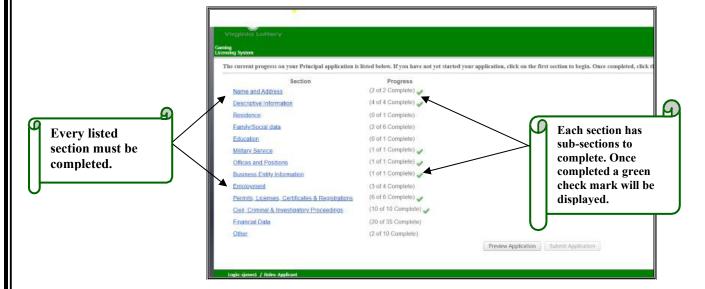
THE APPLICATION PROCESS

- 1. After accessing the Licensing website, sign into the system using the username and temporary password provided by your employer's account representative.
- 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):

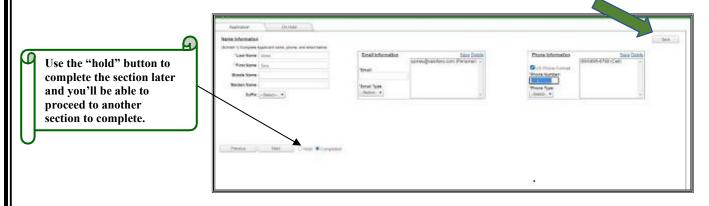


3. Read the "Acknowledgement and Disclosure" and click the button to "acknowledge" that you understand agree to the terms within. If you aren't clear on these terms, contact your account representative. You will not be able to proceed without acknowledging that you understand.

4. You will then be able to start entering information into your application. You must complete *every* section of the application prior to being able to submit it:

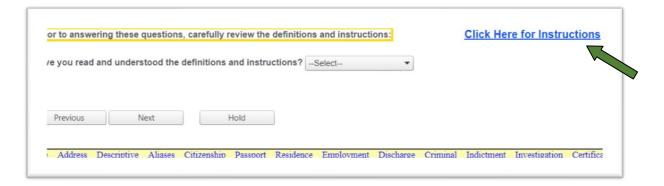


5. Simply follow the instructions when entering your information for each section. Make sure you click "Save" before moving forward to the next section:

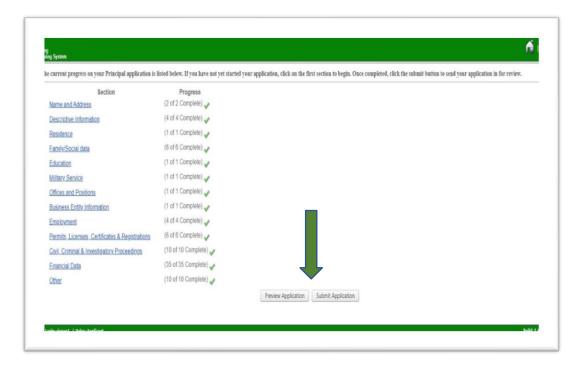




6. When you get to the "criminal" section of the application, click the instructions link and read the "Civil, Criminal, and Investigatory Proceedings" document prior to answering the questions in this section. You must acknowledge that you've read and understand the definitions in these instructions. If you do not understand, contact your account representative before proceeding:



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. Your account representative will obtain all required supporting documents from you to submit to Virginia Lottery as part of the application process. Your account representative will also provide you with instructions to get Live Scan fingerprinting completed for a criminal background check to be done.

AUTHORIZATION FOR RELEASE OF INFORMATION

то:	
	(To be completed by the Department)
ROM:	
	(Printed Name of Applicant)
	(printed name), am an applicant for a Principal/Key
nager permit in the Commonwealth of	Virginia.
e Virginia Lottery, and its employees, a investigation of an applicant for a gami	gents, and vendors (collectively, "the Department"), is required by law to condung permit.
thorization, I irrevocably give consent a iness enterprise, including a consumer	t to collect and evaluate information about me. By executing this and authorize any: local, State or federal government unit; commercial or reporting agency; non-profit entity; individual or any other public or private d all information about me that the Department requests. The requested orbal, electronic, or any other form.
ive, release, discharge and forever hold formation to the Department under the a	
	nis signed and dated Authorization shall be equally effective as an original.
Signature	Date
Printed Name	Title
	NOTARY PUBLIC
	in and for the County of, in the State of at the above-named individual appeared in person, and before me, either known to me tall whose name 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

AFFIDAVIT OF INDIVIDUAL

I,(print in the Commonwealth of Virginia. I have read,	nted name) am an applicant for a Principal/key Manager Gaming Employee
permit in the Commonwealth of Virginia. I have read,	and understand, every page of this Application.
complete, and not misleading. I understand that an application for a Principal/Key Manager permit ar providing the Department with false or misleading suspend or revoke a permit. I also understand that	f, the information that I have provided as part of this application is accurate, by misrepresentation or omission may lead to the delay or denial of my and may subject me to civil or criminal liability. I also understand that information is grounds for the Department to reject the application, or to if I am issued a permit, I have an ongoing obligation to comply with all partment if any information that I provided to the Department changes.
	on, I am authorizing any entity or individual that has information about me ployees, agents, and vendors (collectively, "the Department"), for purposes ermit.
Virginia, and their employees, agents, and representa actions that the Department or the Commonwealth	d harmless and agree to indemnify, the Department, the Commonwealth of atives, from liability for any and all claims or legal action arising from any Virginia may take related to the collection of information from the any on in connection with investigating and processing the application for a
Signature of Individual Completing Form	
Printed Name	Title
N	OTARY PUBLIC
, certifies that the above or satisfactorily proven to be the individual whose n Notification.	for the County of, in the State of, in the State of, in the State of, and individual appeared in person, and before me, either known to me ame 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

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 permit. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the permit. Initials I am applying for a Virginia Principal/Key Manager permit. I cannot be employed in a job that requires this permit 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. 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 have a continuing obligation for the entire period I am licensed to inform the Department if any information I submit on my application changes, to include, but not limited to, contact information (physical/email addresses and phone numbers); name changes; arrests, charges, or convictions for any offense; or the inability to maintain my credit stability. I am requesting that the Department, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a Principal/Key Manager permit. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and during the time of any permit that I may be granted. Initials Signature of Individual Completing Form Printed Name Title **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. day of , 20 , and to which witness my hand and seal. This Notary Public

Printed Name

My commission expires , 20

Stamp or Seal

