

VIRGINIA LOTTERY
GAMING LICENSING and INVESTIGATIONS DIVISION



PROCEDURES MANUAL for SPORTS BETTING
PRINCIPAL ENTITY APPLICANTS

GENERAL INFORMATION

This procedures manual is a reference guide for Sports Betting Principal Entity applicants seeking licensure within the Commonwealth of Virginia. The Virginia Lottery (the “Department”) intends to provide applicants with guidance on using the Department’s automated system to complete the online application prior to submitting it to the Department for the appropriate due diligence.

A Principal Entity is defined as 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 Supplier, or (ii) has the power to vote or cause the vote of five percent or more of the voting securities or other ownership interest of such entity. The Principal Entity will need to designate an account representative to complete and submit the online application or utilize the account representative designated by the Permit Holder or Supplier. This person will be the Virginia Lottery’s point-of-contact and must have the authority to make decisions on behalf of the Principal Entity applicant. The account representative should serve in the role of a Compliance Officer or similar as they will be handling sensitive confidential information. The application must be submitted online through this automated system beginning October 15, 2020. ***Paper applications will not be accepted.***

The Account Representative will provide the URL to access the automated system online. The representative will be given a username and temporary password to sign in. After completing the online application, the representative will need to upload the required supporting documents in order to complete the application submission process. Certain forms will also have to be notarized and uploaded into the system. These forms can be found on pages 6 through 8. Other documentation that needs to be uploaded can be found in the application at www.vagaminingregulations.com. 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. Applicants will not be able to make any changes to their applications within the automated system once the application has been submitted.

THE APPLICATION PROCESS

1. After accessing the automated system online, sign in using the username and temporary password provided by the 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):

CHANGE PASSWORD

Use the form below to change your password.

Passwords must be at least 12 characters and meet the following criteria: at least 1 number, at least 1 lowercase letter, at least 1 uppercase letter, and only change by 1 character from previous passwords; and cannot be same as your username.

Account Information

Old Password:

New Password:

Confirm New Password:

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, 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 be able to submit it:

Gaming Licensing System

The current progress on your Principal Entity Disclosure application is listed below. If you

Section	Progress
Name, Address and Company Information	(0 of 14 Complete)
Directors, Partners, Officers and Trustees	(0 of 1 Complete)
Owners	(0 of 1 Complete)
Criminal, Investigatory, Litigations, and Regulatory Violations	(0 of 5 Complete)
Bankruptcy or Insolvency proceedings	(0 of 1 Complete)
Licenses	(0 of 1 Complete)
Contributions and Disbursements	(0 of 1 Complete)
Required Attachment Explanations	(0 of 1 Complete)

Each section can be accessed by the hyperlink. The applicant must also complete all sub-sections before submitting the application.

5. Simply follow the instructions at the top of each page to enter your information for each section:

Principal Employee (Form 1002) Submitted: Yes No
Principal Entity Disclosure Form (Form 1003) Submitted: Yes No

First name
No records to display.

Previous Next Hold Completed

Name Form of Organization Point-Of-Contact Principal Address Website Address
Businesses Operated Relationship Relationship with Applicant Current Direct

Use the “hold” button if you wish to complete the section later and you’ll be able to proceed to another section to complete. Be sure to save any data you enter first.

Each required section to complete is listed in the yellow field at the bottom of the page and will be underlined once successfully completed.

6. When you get to the “Criminal Instructions” 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:

Gaming Licensing System

Application On Hold

CRIMINAL HISTORY (Directors, Partners, Officers, Trustees and Owners)

Prior to answering these questions, carefully review the definitions and instructions: [Click Here for Instructions](#)

Have you read and understood the definitions and instructions? Yes

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

Previous Next Hold Completed

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.

Section	Progress
Name, Address and Company Information	(13 of 14 Complete)
Directors, Partners, Officers and Trustees	(1 of 1 Complete) ✓
Owners	(1 of 1 Complete) ✓
Criminal, Investigatory, Litigations, and Regulatory Violations	(5 of 5 Complete) ✓
Bankruptcy or Insolvency proceedings	(1 of 1 Complete) ✓
Licenses	(1 of 1 Complete) ✓
Contributions and Disbursements	(1 of 1 Complete) ✓
Required Attachment Explanations	(1 of 1 Complete) ✓

Preview Application Submit Application

Each section will have a check mark indicator once all subsections are completed.

You can preview and print your application before submitting it.



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.

Signature of Individual Completing Form

Date

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.

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

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____



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

PRINTED NAME OF AUTHORIZED REPRESENTATIVE 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.

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

Notary Public

Printed Name

Stamp or Seal

My commission expires _____, 20____



ACKNOWLEDGEMENT 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

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

Printed Name

Stamp or Seal

My commission expires _____, 20____

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