



Virginia Lottery

600 East Main Street, Richmond, VA 23219

GAMING SUPPLIER LICENSE APPLICATION

Applicant: _____

ELIBIGILITY

This form is to be used for reference purposes only. All applications must be submitted through the Lottery’s (“Department”) automated licensing system which will be operational beginning October 15, 2020. Submission of paper applications will not be accepted.

Unless a supplier holds a valid supplier license issued by the Department before conducting business with an applicant or licensee, the supplier may not offer any gaming device, sports betting platform, associated equipment or software, or goods or services directly related to the operation of sports betting.

“**Supplier**” is defined as 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.

This application form begins the process by which a person may be licensed by the Department as a supplier.

FEES AND COSTS

Fees to operate a sports betting platform:

The application for a supplier license to operate a sport's 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.

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 towards the Department's administrative costs to conduct the background investigation of the applicant and its employees and directors.

Background investigation costs:

Should the refundable deposit be exhausted prior to the completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Department. Conversely, the Applicant will be refunded any unused portion of the refundable deposit once the investigation has been concluded.

TERM OF LICENSE, RENEWALS

Term:

A Virginia Gaming Supplier license is valid for three years.

Renewal process:

The Department may renew the Supplier license if the licensee:

- a. Submits an application for renewal to the Department at least 60 days before the supplier license expires,
- b. Continues to comply with all licensing requirements;
- c. Submits to a background investigation; and
- d. Pays the required license renewal fees and costs

REMITTANCE OF FEES AND COSTS

Note: License and application fees, as well as any subsequent background investigation fees, shall be remitted as follows:

Wire Payment to:

1. Virginia Lottery Account Number:
435029087446
2. Name of Account: Gaming License Fees
3. Transmit Routing Number: 026009593

ACH Payment to:

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

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SECTION A - IMPORTANT NOTICES

- A.1 This form is an official document of the Department and is to be used for informational purposes only. All applicants must use the Department's online application system which will be active on October 15, 2020. Paper applications will not be accepted.**
- A.2 A Virginia Gaming Supplier license is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's expense.
- A.3 You **must** make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties.
- A.4 The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the law and regulations and the posting of a bond that may be required by the Department. The application will not be processed until the fees have been submitted.
- A.5 The Applicant is under a continuing duty to **promptly** disclose any changes in the information provided in the application, as well as all changes to any of the materials submitted at the request of the Department. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the Department.
- A.6 The Applicant shall **promptly** provide written notification to the Department of any corrections or changes to this application once submitted or to any of the materials submitted at the request of the Department.
- A.7 All notices regarding the application will be sent to the address provided by the Applicant on this form. The Applicant must immediately notify the Department of any change of address.
- A.8 All submissions with and for this application become the property of the Department and **will not** be returned.
- A.9 Once the application has been submitted to the Department, the Applicant **may not** withdraw its application without permission of the Department.

SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Virginia Gaming Supplier license (“license”). If a business entity that applies for a license is a subsidiary or if a business entity holding a license is to become a subsidiary, each holding company and each intermediary company with respect to the Applicant shall, as a condition of the subsidiary acquiring or retaining a license, provide all the information requested by the Department.

- B1** Read each question carefully. Answer each and every question completely.
- B2** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Department to deny the application, or to suspend or revoke the license.
- B3** All required documentation, such as business formation papers, tax returns and appendices, as well as any other information requested by the Department **must be submitted at the time of filing this form.**
- B4** An Applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the Commonwealth of Virginia pursuant to the Virginia Freedom of Information Act (“FOIA”), (Va Code § 2.2-3700 et seq.) Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the FOIA. Applicant is advised that, upon request for this information from a third party, the Department will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the Commonwealth of Virginia, the Department and its employees and agents, for any damages resulting from any disclosure or publication in any manner.

When the Department receives a FOIA request, Staff retrieves and compiles all records that are responsive to the request. “Public Records” means all writings, recordings, or other form data compilation, prepared on owned by, or in the possession of a public body or its officers, employees or agents in the transaction of public business. After Staff compiles all responsive records, Department counsel reviews the request and the records, and makes a legal determination as to whether the records may be released.

Additionally, when the Department receives a request for records of an entity that holds a gaming-related license, or a vendor registration, the Department Staff or the Department counsel typically advises the entity of the request and our anticipated response. The entity may seek a court order preventing the Department from releasing records it wants kept confidential.

- B5** The Department may request additional financial and other information as needed.
- B6** Attach proof of registration with the Virginia State Corporation Commission to do business within the Commonwealth. A “Certificate of Good Standing” must be obtained from the Virginia State Corporation Commission.

SECTION C - SUPPLIER LICENSE APPLICATION PACKAGE FORMS

The forms and electronic submissions of applications related to a Supplier license are as follows:

- Supplier Application and Disclosure Information (Form -1005)**
- Principal Employee Application Form (Form -1002)** for those individuals that meet the definition of a principal.

SECTION D - DEFINITIONS

Please refer to the list of Consolidated Definitions, which is available on the website of the Virginia Lottery website:
<http://www.vagamingregulations.com>

SECTION E - APPLICANT INFORMATION

E.1 NAME OF APPLICANT *

* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed with a State or Federal Government.

Doing Business As (D/B/A) or Trade Name(s):

E.2 SUPPLIER BUSINESS

Describe the type of product(s) provided:

E.3 LICENSEE ASSOCIATION

Name the Licensee(s) with whom you have an agreement:

E.4 APPLICANT'S FORM OF ORGANIZATION

Check one: Sole Proprietorship Partnership Limited Partnership C-Corporation
 Limited Liability Company S-Corporation Trust Other (Describe) _____

E.5 POINT-OF-CONTACT FOR APPLICANT

Name		Title / Position within the company	
Email address	Telephone number	Fax number	

E.6 APPLICANT'S PRINCIPAL ADDRESS		
Address Line 1 (Street Location)		
Address Line 2		
City	State	Zip code
Country	Telephone Number ()	Fax Number ()
Mailing Address – if different from above		
Address Line 1		
Address Line 2		
City	State	Zip Code
Country	Telephone Number ()	Fax Number ()
Web Site Address(es)		
E.7 INCORPORATION (If a Sole Proprietorship, provide an answer to the appropriate questions)		

(a) APPLICANT'S INCORPORATION DOCUMENTS

- 1) Business name as it appears on formation documents:

- 2) Place of Incorporation or other type of Formation:

- 3) Date of Formation: _____

(b) INCORPORATORS / FOUNDERS

Use **Exhibit 1(a)** to provide the Applicant's Incorporators/Founders. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

(c) **VIRGINIA STATE CORPORATION COMMISSION**

1) Is the Applicant registered to do business in the Commonwealth of Virginia: Yes No

2) If “Yes”, please provide registration number: _____

IMPORTANT:

Upload a copy of the Applicant’s ‘Good Standing’ status from the Virginia State Corporation Commission

(d) **OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS**

Use **Exhibit 1(b)** to list all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

(e) **CURRENT ADDRESSES OF APPLICANT**

Use **Exhibit 1(c)** to provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

(f) **PREVIOUS ADDRESSES OF APPLICANT**

Use **Exhibit 1(d)** to provide all addresses, other than those listed in **Exhibit 1(c)**, which Applicant has used or from which it was conducting business during the last ten (10) year period, and list the approximate dates during which said addresses were held. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits**)

(g) **ALL BUSINESSES OPERATED BY THE APPLICANT**

Use **Exhibit 1(e)** to provide a description of all businesses, including foreign jurisdictions presently operated or intended to be operated , by the Applicant and all former businesses operated by the Applicant, in the past ten (10) years.

(h) **ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES**

Use **Exhibit 1(f)** to list the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in **Exhibit 1(e)**.

E.8 DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 2** to provide information for each Director, Partner, Officer and Trustee of the applicant. Include any Grantors or Beneficiaries of a Trust who is required to be licensed as a Principal.

IMPORTANT:

- a. As part of this application, any Director, Partner, Officer and Trustee of the Applicant who meets the definition of a Principal, **must** complete and submit a Principal Employee Application (Form 1002). See C.2

E.9 FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 3** to provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

E.10 COMPENSATION OF DIRECTORS, PARTNERS, OFFICERS & TRUSTEES

- a. Use **Exhibit 2** to provide information regarding the amount of total compensation earned/received during the *last* calendar year and the amount to be earned during the *present* calendar year by *each* Director, Partner, Officer and Trustee of the Applicant. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses.
- b. Use **Exhibit 4** to provide the information for *all employees* who earn *over \$250,000* in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other.

E.11 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Use **Exhibit 5** to provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created.

E.12 STOCK DESCRIPTION

Use **Exhibit 6** to provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

E.13 VOTING SHAREHOLDERS/ MEMBERS AND NON-VOTING SHAREHOLDERS/ MEMBERS (CORPORATION - C or S; LLS)

Use **Exhibit 7a** – Voting Shareholders/ Member and **Exhibit 7b** – Non-voting Shareholder/ Members to provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting or non-voting stock issued by the Applicant as of the date of filing the Application.

IMPORTANT:

- a. As part of this application, each individual, person or entity holding or having a beneficial interest of 5% or more in the voting or non-voting stock of the Applicant applying to become a Gaming Supplier **must** complete and submit a Principal Employee Application (Form 1002) or Principal Entity Disclosure form (Form 1003).
- b. This requirement includes non-public holding entities.

E.14 INTEREST OF CURRENT/ FORMER PARTNERS (PARTNERSHIPS, LLPS AND LIMITED PARTNERSHIPS)

Use **Exhibit 8a** to list the Applicant’s Current Partners and **Exhibit 8b** for Former Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years.

List and identify all current Partners first and list and identify all former Partners second.

- a. As part of this application, each current Partner of the Applicant that meets the definition of a Principal **must** complete and submit a Principal Employee Application (Form 1002) or Principal Entity Disclosure Form (Form 1003). See **C.2 and C.3**.

E.15 HOLDER(S) AND EXTENT OF LONG TERM DEBT

Use **Exhibit 9** to list the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

- a. As part of this application, each individual applicant, the meets the definition of a principal **must** complete and submit a Principal Employee Application (Form 1002) or Principal Entity Disclosure form (Form 1003). See **C.2 and C.3**

E.16 HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES

Use **Exhibit 10** to identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants.

- a. As part of this application, each individual applicant that meets the definition of a Principal **must** complete and submit a Principal Employee Form (Form 1002) or Principal Entity Disclosure form (Form 1003). See C.3 and C.5
- b. Attach Description and Documentation as part of **Exhibit 10**. Submit documentation as described in A.12 and A.13

E.17 SECURITY OPTIONS

Use **Exhibit 11** to provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optioned became or will become, entitled to exercise the options, and when such options expire.

IMPORTANT:

Include with **Exhibit 11**, copies of any outstanding option plans or proxy statements that correspond to the requested information. Submit documentation as described in A.12 and A.13

NOTE: For the purpose of this application, option shall mean *right, warrant or option to subscribe to or purchase any securities issued by the corporation.*

E.18 BENEFICIAL OWNERS OF OPTIONS

Use **Exhibit 12** to provide information regarding all persons holding the options described in E.15.

E.19 PRINCIPALS NOT YET DISCLOSED

Use **Exhibit 13** to provide all Principals not yet disclosed in this Application. Such Principals shall include both individuals and entities that have a five (5%) percent direct or indirect ownership interest in the Applicant or licensee.

E.20**FINANCIAL INSTITUTIONS**

Use **Exhibit 14** to provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

E.21**CONTRACTS**

Use **Exhibit 15** to provide information with respect to all contracts or Agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or Agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

E.22**APPLICANT STOCK HOLDINGS**

Use **Exhibit 16** to provide information about each company in which the Applicant holds stock.

E.23**INSIDER TRANSACTIONS**

Use **Exhibit 17** to provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, or (f) grant or receipt of a call.

E.24**CRIMINAL HISTORY (Directors, Partners, Officers, Trustees and Owners)****IMPORTANT:**

The Department *will make inquiries* to establish whether the individuals and subsidiaries listed in this application have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant's character, honesty and integrity.

This section asks about any arrests, offenses or charges against the Applicant or any of its subsidiaries or any of its directors, partners, officers, trustees or owners.

Prior to answering this question, carefully review the DEFINITIONS and INSTRUCTIONS.

DEFINITIONS – For purposes of this section ONLY:

- 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, gambling offenses 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 offenses which carry any period of incarceration.

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.

*** Question:**

Has the Applicant;

Have any of the Applicant’s subsidiaries;

Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) ever been indicted, arrested, charged with, or convicted of, a criminal offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

 Yes No
If “Yes”, use **Exhibit 18** to provide information concerning criminal history.

E.25 INVESTIGATIONS, TESTIMONY or POLYGRAPHS

- a. Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses? Yes No
- b. If “Yes”, use **Exhibit 19** to describe the investigations, testimony or polygraphs.

E.26 EXISTING AND PAST LITIGATION

Use **Exhibit 20** to describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgments.

List most recent litigation first.

E.27 ANTITRUST, TRADE REGULATION & SECURITIES JUDGEMENT; STATUTORY AND REGULATORY VIOLATIONS

- a. Has the corporation ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it? Yes No
- b. In the past ten years, has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more entered against it? Yes No
- c. If “Yes”, to either question, use **Exhibit 21** to provide the following information for each judgment, order, consent decree or consent order.

E.28 BANKRUPTCY OR INSOLVENCY PROCEEDINGS

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period? Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period? Yes No
- c. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies? Yes No
- d. If “Yes”, to question ‘a’, ‘b’ or ‘c’, use **Exhibit 22** to provide detailed information for each bankruptcy or insolvency proceeding.

E.29 LICENSES

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever **applied** in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful gambling operations (including slot machines, video lottery terminals, table gaming, horse racing, sports betting, dog racing, pari-mutuel operation etc.)? Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license application, license, permit or other authorization issued by a government agency in this state or any other jurisdiction denied, suspended or revoked in last ten year period? Yes No
- c. If “Yes”, use **Exhibit 23** to provide the following information for each license application, license, permit or other authorization applied for and license or certificate denied, suspended or revoked.

E.30 CONTRIBUTIONS AND DISBURSEMENTS

- a. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment? Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period? Yes No

- c. In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records? Yes No
- d. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant? Yes No
- e. If "Yes", to question 'a', 'b', 'c' or 'd', use **Exhibit 24** to provide information for any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions above answered affirmatively.

E.31 APPLICANT'S FINANCIAL STATEMENTS

Submit the **two** most recent year's financial statements for the Applicant, specifically 'Balance Sheets' and 'Profit and Loss Statements', to your account representative for upload into the Department's online licensing system.

The files must be submitted as **separate** .pdf files, and should be labeled as:

Exhibit 29a (Balance Sheet #1);

Exhibit 29b (Balance Sheet #2);

Exhibit 29c (Profit and Loss Statement #1); and

Exhibit 29d (Profit and Loss Statement #2).

During the investigation to determine the Applicant's financial stability, the Department may require that additional financial documentation be submitted.

SECTION F - EXHIBITS

Supplier Application and Disclosure Information Form

Use this checklist to indicate with an "X" that the exhibit is attached with this application. All attachments are **mandatory**. If a question, exhibit or addendum is not applicable, indicate "**Not Applicable**" and **state why it is not applicable in the online licensing system**. If any item is missing or not filed according to these directions, the application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE X
None	Virginia State Corporation Commission "Certificate of Good Standing"	
1(a)	Incorporators/Founders	
1(b)	Other names in which the applicant has done business	
1(c)	Current Addresses the of Applicant	
1(d)	Previous addresses of the Applicant (Past 10 years)	
1(e)	All businesses operated by the Applicant	
1(f)	Holding, intermediaries, subsidiaries, affiliates or other business type entities	
2	Current Directors, Partners, Officers, Trustees	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$250,000	
5	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
6	Stock Description	
7(a)	Voting shareholders/Members	
7(b)	Non-voting shareholders	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
9	Extent and Holders of Long Term Debt	
10	Holder and Type of Other indebtedness and security devices	
11	Securities options – description	
12	Beneficial Owners of securities options	
13	Principals not yet disclosed	
14	Financial institutions	
15	Contracts	
16	Applicant's Stock Holdings	
17	Insider Transactions	
18	Criminal History	
19	Investigations, Testimony or Polygraphs	
20	Existing and Past Litigation	
21	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
22	Bankruptcy or insolvency proceedings	
23	Licenses	

24	Contributions and Disbursements	
25	Required attachments – explanations	
26	Authorization for Release of Information	
27	Affidavit of Representative of Supplier	
28	Acknowledgment and Disclosure	
None	Appendices	

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EXHIBIT 1(a):

INCORPORATORS/FOUNDERS

Provide the Applicant's Incorporators/Founders. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Principal Employee (Form 1002) Submitted
 Principal Entity Disclosure Form (Form 1003)
 Submitted

Yes No
 Yes No

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Principal Employee (Form 1002) Submitted

Yes No

Principal Entity Disclosure Form (Form 1003) Submitted

Yes No

EXHIBIT 1(b):

OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS

List all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

NAME	FULL ADDRESS	FROM (MM/YYYY)	TO (MM/YYYY)

EXHIBIT 1(c):

CURRENT ADDRESSES OF APPLICANT

Provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

EXHIBIT 1(d):

PREVIOUS ADDRESSES OF APPLICANT

Provide all the previous addresses of the Applicant and all previous addresses from which the Applicant has done business during the last 10 years. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development/ Testing <input type="checkbox"/> Warehouse/ storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1		Address Line 2
City	State/Province	Postal Code
Country	Email address	Phone Number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development/ Testing <input type="checkbox"/> Warehouse/ storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1		Address Line 1
City	City	City
Country	Country	Country

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development/ Testing <input type="checkbox"/> Warehouse/ Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1		Address Line 1
City	City	City
Country	Country	Country

EXHIBIT 1(e):**ALL BUSINESSES OPERATED BY THE APPLICANT**

Provide a description of all businesses presently operated or intended to be operated by the Applicant and all former businesses operated by the Applicant in the past ten (10) years.

Name of Business		Operated From Date/To Date	Federal Identification Number/ Social Security Number/ Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person	Contact Number	
Description of the business and business activities				

Name of Business		Operated From Date/To Date	Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person	Contact Number	
Description of the business and business activities				

EXHIBIT 1(f): ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES

List the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in Exhibit 1(e).

Name of Business		Operated From Date/To Date		
State if Holding, Intermediary, Subsidiary, Affiliate or other (if other, state type of business)		Federal Identification Number/Social Security Number/Tax Identification Number		
Address Last 10 years				
Address	City	State	Postal Code	Contact Number
Description and Activities of Business				
Forms of Organization (Check One)				
Sole Proprietorship		Partnership	Limited Partnership	C-Corporation
Limited Liability Company		S-Corporation	Trust	
Other (Describe) _____				

EXHIBIT 2:

CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide information for each Director, Partner, Officer and Trustee of the applicant. Include any Grantors or Beneficiaries of a Trust who is required to be licensed as a Principal as defined in this application.

Name, Home Address & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

EXHIBIT 3:

FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

Name, Home & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email Address	Business Contact Number		

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation & Value	Reason for Leaving

Exhibit 4:

COMPENSATION OVER \$250,000

Provide the information for *all employees* who earn over \$250,000 in annual compensation from the applicant. Do not include those listed in Exhibit 2.

Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other.

Name, Home Address & Business Address of Employees

Name, Home Address & Business Address of Employees				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact number	

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)

Title/Position	From Date/To Date	Annual Compensation & Value	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

Exhibit 5: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

Plan

Name of Plan			
Trustee Name			
Address Line 1		Address Line 2	
City		State	Postal Code
Country	Email Address		Contact Number

Plan Specifications

Material Specifications of Plan		
Method of Financing Plan		
Class of Person in Plan	Number of Individuals in each Class	Amount Distributed to Each Class during the Last Fiscal Year Plan was in Effect

EXHIBIT 6:

STOCK DESCRIPTION (Corporations - C & S; LLC's)

Provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

Stock Types/Classes					
Stock Type/Class	Number of shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Voting/Non-voting? (list all voting stocks first and then non-voting stock)	Term, Conditions, Rights etc. of Stock

Is any right of a shareholder able to be modified by less than a majority vote of a particular class? If so, explain in the space below.

EXHIBIT 7a:

VOTING SHAREHOLDERS

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting stock issued by the Applicant as of the date of filing the Application.

Name, Home Address & Business Address

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Stock Types/Classes

Stock Type/Class	Number of Shares Held	Acquisition Date	% of Outstanding Shares Held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1002) Submitted
 Principal Entity Disclosure Form (Form 1003)
 Submitted

Yes No
 Yes No

EXHIBIT 7b:

NON-VOTING SHAREHOLDERS

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any non-voting stock issued by the Applicant as of the date of filing the Application.

Name, Home Address & Business Address

Last Name		First Name		Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1			Home Address Line 2			
City		State/Province		Postal Code		
Country		email address		Contact number		
Business Address Line 1			Business Address Line 2			
City		State/Province		Postal Code		
Country		Business email address		Business Contact number		

Stock Types/Classes

Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1002) Submitted

Yes No

Principal Entity Disclosure Form (Form 1003) Submitted

Yes No

EXHIBIT 8a:

INTEREST OF CURRENT PARTNERS

List the Applicant's Current Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Date Acquired interest	Please explain participation in Applicant's business, if any
<input type="checkbox"/> Full/General Partner			
<input type="checkbox"/> Limited Partner			
<input type="checkbox"/> Dormant/Silent Partner			
<input type="checkbox"/> Nominal Partner			
other: _____			

Principal Employee (Form 1002) Submitted

Yes No

Principal Entity Disclosure Form (Form 1003) Submitted

Yes No

EXHIBIT 8b:

INTEREST OF FORMER PARTNERS

List all Former Partners. List the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Held interest To/From	Please explain participation in Applicant's business, if any	Reason for Leaving
Full/General Partner				
Limited Partner				
Dormant/Silent etc. Partner				
Nominal Partner				
other: _____				

EXHIBIT 9: EXTENT AND HOLDER OF LONG TERM DEBT

List the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

Type of instrument (Place X next to type)	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable (State One)
<input type="checkbox"/> Bond <input type="checkbox"/> Note <input type="checkbox"/> Loan <input type="checkbox"/> Credit line <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder/Partner Loan <input type="checkbox"/> other _____					

Explain type, class, terms, conditions and priorities etc. for the debt instrument

Name and Address of Person Holding Debt

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	Email Address	Contact Number		

Current balance of this debt

Principal Employee (Form 1002) Submitted

Yes No

Principal Entity Disclosure Form (Form 1003) Submitted

Yes No

EXHIBIT 10: HOLDER AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES

Identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants.

Type of Instrument	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable(State One)

Explain type, class, terms, conditions and priorities etc. for the debt instrument

Name and Address of Person Holding Debt

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	Email Address		Contact Number	

Current balance of this debt

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

EXHIBIT 11:

SECURITIES OPTIONS – DESCRIPTION

Provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optioned became or will become, entitled to exercise the options, and when such options expire.

Include with Exhibit 11, copies of any outstanding option plans or proxy statements that correspond to the requested information. Submit documentation as described in A.12 and A.13

Option Name	Security Type	Option Grant Years	Option Expiration Date
-------------	---------------	--------------------	------------------------

Explain how the option holder will or may become entitled to exercise option

Option Name	Security Type	Option Grant Years	Option Expiration Date
-------------	---------------	--------------------	------------------------

Explain how the option holder will or may become entitled to exercise option

EXHIBIT 12:

BENEFICIAL OWNERS OF SECURITY OPTIONS

Provide information regarding all persons holding the options described in E.15

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business email address	Business Contact number		

Beneficial Owner List of Options						
Security Option Name	Security Type	Option Grant Years	Option Expiration Date	Number of Voting Shares Granted	Number of Non-Voting Shares Granted	Value at Issuance

Virginia Lottery

Supplier License Application Form # 1005

EXHIBIT 14:**FINANCIAL INSTITUTIONS**

Provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

Name of Institution		Federal Identification Number	
Address Line 1		Address Line 2	
City	State/Province	City	
Country	Email Address	Contact Number	

Accounts at the Financial Institution

Account Number	Account Type	Purpose of Account	Purpose of Closing	Date Opened and Closed

EXHIBIT 15:

CONTRACTS

Provide information with respect to all contracts or Agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or Agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

Name of Business or Vendor		Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2	
City		State/Province	City
Country	Email Address	Contact Person	Contact Number
Description of Contract and Goods and Services to be Provided			Compensation and Method of Payment

EXHIBIT 16:

APPLICANT STOCK HOLDINGS

Provide information about each company in which the Applicant holds stock.

NAME AND ADDRESS OF COMPANY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP 5% OR MORE	VOTING OR NON-VOTING STOCK (List Voting Stock First)

EXHIBIT 17:

INSIDER TRANSACTIONS

Provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.

Name, Home Address & Business Address*

First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	Email Address	Contact Number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business email address	Business Contact Number	

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE Name & POSITIONS)	NUMBER OF SECURITIES INVOLVED	DOLLAR VALUE OF TRANSACTION

EXHIBIT 18:

CRIMINAL HISTORY

Has the Applicant;

Have any of the Applicant's subsidiaries;

Have any of the Principal Employees, (Directors, Partners, Officers, Trustees, Owners) ever been indicted, arrested, charged with, or convicted of, a criminal offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

NAME OF CASE AND DOCKET NUMBE	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE	NAME OF DIRECTOR, PARTNER, OFFICER OR TRUSTEE

EXHIBIT 19:

INVESTIGATIONS, TESTIMONY OR POLYGRAPHS

Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses?

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE
Type of Proceeding or Investigation					

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE
Type of Proceeding or Investigation					

EXHIBIT 20:

EXISTING LITIGATION

Describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgments. List most recent litigation first.

Name of case and docket number	Name and address of law court involved in litigation	Name of all parties involved in litigation	Nature of Claim(s) and Judgment (if judgment has been rendered)

EXHIBIT 21: **ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY**
AND REGULATORY VIOLATIONS

Has the corporation ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?

In the past ten years, has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more entered against it?

Title or Case And Docket Number	Name and Address Of Court Or Agency	Date of Offense
Nature of Offense		
Disposition of Action		
Nature of Judgment, Decree or Order		

Title or Case and Docket Number	Name and Address of Court or Agency	Date of Offense
Nature of Offense		
Disposition		
Nature of Judgment, Decree or Order		

EXHIBIT 22:

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?

Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?

Date Petition Filed or Relief Sought	Title of Case and Docket Number	Name and Address of Court or Agency
Date Judgment Entered		Name and Date Appointed of Court Appointed Receiver, Agent or Trustee
Nature of Judgment or Relief		

EXHIBIT 23:

LICENSES (Gaming and Non-Gaming)

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever applied in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful gambling operations (including slot machines, video lottery terminals, table gaming, sports betting, horse racing, dog racing, pari-mutuel operation etc.)?

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license application, license, permit or other authorization issued by a government agency in this state or any other jurisdiction denied, suspended or revoked in last ten year period?

(List gaming licenses first and non-gaming licenses second)

Type of License or Permit	Name and Location of Governmental Agency	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked Withdrawn etc.)	Disposition Date	If Issued, Give Appropriate License, Permit or Other Such Number and Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn or Revoked, Provide Why

EXHIBIT 24:

CONTRIBUTIONS AND DISBURSEMENTS

During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?

In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant's books or records?

During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province	Postal Code		
Country	Email address	Contact Number		

**EXHIBIT 26
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

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____

**EXHIBIT 27
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 on this Form 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 on, or attached to, 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 supplier that I represent, to civil or criminal liability. I understand and acknowledge that the supplier 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

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____

SECTION G - APPENDICES

Supplier License Application and Disclosure Information Form

APPENDICES

Attachments are appendices you are to provide or create. Attachments do not contain corresponding questions, exhibits or charts. Each document must be provided to your account representative for upload into the Department's online licensing system.

If an attachment is not applicable to the applicant, indicate "**N/A**", then use **Exhibit 25** to explain why it is not applicable. All information shall be provided *in addition* to the exhibits that are to be submitted.

Appendix	Appendix Description	X IF ATTACHED (ALL FORMS ARE MANDATORY)
1	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
2	Description of long term debt for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 9 & 10 .	
3	Description of other indebtedness and security devices for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 11 & 12 .	
4	Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 13 & 14.	
5	Description of Existing Litigation. Description of any settled or closed litigation against the Applicant for the past five (5) years. Also describe any existing or settled or closed litigation for the past five (5) years for any holding, intermediary, subsidiary or affiliate. A description of any judgments against Applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgments were covered by insurance and if so the insurance company. Provide this information in addition to both Exhibits 20 & 22 .	
6	Audited financial statements for the last five years for Applicant and Applicant's holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statement do not exist, then provide unaudited financial statements.	
7	Annual reports for the last five years for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
8	Annual reports prepared on the SEC's form 10K for the last 5 years.	
9	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 Applicants. Include a list of all external accountants and provide a contact person and contact information.	

10	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.	
11	Minutes of the Board of Directors meeting for the past five calendar years.	
12	Minutes of Compliance, Audit, Executive and Compensation and Stock Option Committee meetings for the past five calendar years.	
13	A copy of the last definitive proxy or information statement (SEC).	
14	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	
15	Copies of all other reports prepared in the last five years by independent auditors for the Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
16	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
17	Current ownership table of organization for the Applicant.	
18	Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the Applicant.	
19	Functional table of organization for the Applicant filing this form, job descriptions and names of employees earning in excess of \$250,000.	
20	Copies of 1120 forms and 941 forms filed with the IRS in the last five years.	
21	Copies of IRS 5500 form filed in the last 5 years.	
22	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.	
23	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 vendor in the past twenty four (24) months.	
24	Details of planned, committed and un-committed future capital expenditures. Also, include any documents relating to securing funding to the project in Virginia.	
25	Schedule of insurance policies currently in effect, including deductibles and policy limits, and any self-insurance retentions.	

26	Along with the description provided in Exhibit 22 , 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 than 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 a proceeding.	
27	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.	
28	If available, a copy of the business strategy/plan for the next three years as it relates to investment in Virginia.	
29	For the Internal Audit Department, identify structure of the Department and provide index of reviews conducted and copies of all reports for the past three years. Provide further access as needed.	
30	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 3 years. List the conclusion of the investigations and provide any related correspondence.	
31	A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures.	
32	Provide information as to any material lease agreement entered into by any entity on the Ownership/Org Chart. Provide documentation to verify real estate ownership or leases, including related documents.	