



Virginia Lottery

600 East Main Street, Richmond, VA 23219

SUPPLIER PERMIT - CONTRACTOR APPLICATION

ELIBIGILITY AND REQUIREMENTS

- 1) A “Contractor”, as defined in 11VAC 5-90-10, means a person or individual, other than an employee of a facility operator, who contracts with a facility operator or other person to:
 - (a) Manage or operate a facility;
 - (b) Provide security for a facility.
 - (c) Perform service, maintenance, or repairs of a slot machine, mechanical casino game, table game device, central operating system, associated equipment, or software;
 - (d) Own or control a person described above in (a), (b) or (c);
 - (e) Provide junket enterprise services; or
 - (f) Provide any other service that is essential to operation of a casino gaming facility.
- 2) Any person that supplies any casino gaming equipment, devices or supplies to a licensed gaming operation or manages any operation, including a computerized network, of a casino gaming establishment shall first obtain a supplier’s permit.
- 3) An Applicant must have a written agreement or contract with a licensee *before* applying for a Contractor Supplier permit. Submission of the agreement or contract is described in **E.7(g)**.
- 4) A notarized “Certification of Business Relationship”, **Exhibit 21**, signed by a casino representative is required to be furnished at the time of application. The certification is independent of, and not a substitute for, the written agreement or contract described above in (4).
- 5) Each of the Applicant’s Key Management Employees, to include current directors, partners, officers, trustees, and owners, **Exhibit 9** and **Exhibit 11**, is required to apply for a Principal/Key Manager Permit or a Gaming Employee service permit as defined in **C.2** and **C.3**.
- 6) Any Applicant, or any employee of an Applicant, who will be working in a casino licensed by the, and any Applicant, or any employee of an Applicant, who has entered into an agreement with or will deal directly with a Virginia Lottery Board licensed casino (e.g. technicians and sales representatives), **must** be licensed by the Virginia Lottery Board.
- 7) This application form begins the process by which a person may be licensed by the Board as a supplier.

FEES AND COSTS

Application fee:

Non-Refundable - \$5,000 application fee. Due at the time of application submission

Permit Fee:

Upon successful background investigation and *prior* to the issuance of a supplier permit, a \$5,000 permit fee.

Background Investigation Costs for Contractor’s Principals and Key Managers :

Contractor individuals meeting the definition of a Principal or Key Manager are required to complete the Principal/Key Manager Supplier Permit application. A \$50,000 Background Investigation for these individuals are due at the time of application. Should the fee be exhausted prior to the completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Virginia Lottery Board.

TERM OF PERMIT, RENEWALS, EXEMPTIONS**Term:**

A Supplier permit shall automatically be renewed each year after the first year for four additional successive annual terms. The permit holder shall submit to the Virginia Lottery Board *an annual permit fee of \$5,000 before the start of the next annual term.*

Renewal process after automation renewal period:

The Virginia Lottery Board may renew the Supplier permit if the permit holder:

- a. Submits an application for renewal to the Virginia Lottery Board at least 3 months before the permit expires, but not more than 6 months before the permit expires;
- b. Continues to comply with all licensing requirements;
- c. Submits to a background investigation; and
- d. Pays permit renewal fees and costs described above in ‘Fees and Costs’.

REMITTANCE OF FEES AND COSTS

All fees shall be remitted as follows:

Wire Payment To:

Virginia Lottery Account Number: 435029087446

Name of the Account: Gaming License Fees

Transit Routing Number: 026009593

ACH Instructions:

Virginia Lottery Account Number: 435029087446

Name of the Account: Gaming License Fees

Transit Routing Number: 051000017

Investigations will not begin until the required fees are remitted.

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SECTION A - IMPORTANT NOTICES

- A.1** This form is an official document of the Virginia Lottery Board. It may not be altered or changed, except to insert the information that is required. Any alteration or change to this document may cause this application or your permit to be delayed or denied.

- A.2** The Virginia Supplier permit is a privilege. The burden of proving qualifications to receive and hold a permit 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 what is provided in response to this form may be requested. The Applicant shall

provide all information, documents, materials and certifications at the Applicant's own expense.

- A.3** Applicant **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 applicant 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. The application will not be processed until the fees have been submitted.
- A.5** The Applicant is under a continuing obligation to **promptly** disclose any changes in the information provided in the application, as well as any changes to the materials submitted at the request of the Virginia Lottery Board. The duty to make such additional disclosures shall continue throughout any period of the permit.
- A.6** The Applicant shall **promptly** provide written notification to the Virginia Lottery Board of any corrections or changes to this application once submitted or to any of the materials submitted at the request of the Virginia Lottery Board.
- A.7** All notices regarding the application will be sent to the email address provided by the Applicant on this form. The Applicant must immediately notify the Virginia Lottery Board of any change of address.
- A.8** All submissions with and for this application become the property of the Virginia Lottery Board and **will not** be returned.
- A.9** Once the application has been submitted to the Virginia Lottery Board, the Applicant **may not** withdraw its application without permission of the Virginia Lottery Board.

SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Virginia Supplier permit (“permit”). If a business entity that applies for a permit is a subsidiary or if a business entity holding a permit 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 permit, provide all the information requested by the Virginia Lottery Board (“Board”).

- B.1** Read each question carefully. Answer each and every question completely. If a question does not apply, indicate “N/A.” If the correct answer to a particular question is “None,” select “None.”
- B.2** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Board to deny the application, or to suspend or revoke the permit.
- B.3** All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a permit, as listed above, must be submitted at the time of filing this form.
- B.4** The Board may request additional financial and other information as needed.
- B.5** The permit and application fees are described in the “Fees and Costs” section on Page 3 of this form.

SECTION C – SUPPLIER PERMIT - CONTRACTOR APPLICATION FORMS

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 Virginia State Corporation Commission

C.1 Contractor Application and Disclosure Information

A contractor means a person or individual, other than an employee of the facility operator, who contracts with a facility operator or other person to:

- a. Manage or operate a facility;
- b. Provide security for a facility;
- c. Perform service, maintenance, or repairs of a slot machine, mechanical casino game, table game device, central operating system, associated equipment, or software;
- d. Own or control a person listed above in (a), (b) or (c);
- e. Provide junket enterprise services; or
- f. Provide any other service that essential to the operation of a casino gaming facility.

C.2 Principal Employee/Key Manager Supplier Application

An individual who is a Principal Employee of a company, to include each Director, Partner, Officer, Trustee or Owner, applying to become a Supplier who:

- a. Owns or controls, directly or indirectly, five percent or more of the pecuniary interest in any entity that is a licensee,
- b. Has the power to vote or cause the vote of five percent or more of the voting securities or other ownership interests of such entity,
- c. Any person who manages a gaming operation on behalf of a licensee.

An individual who is a Key Manager:

- a. Owns, controls or manages a licensee or otherwise exercises control over the gaming function of a licensee;
- b. An employee of the permit holder who manages or operates the facility, supervises the security of the facility, or is otherwise considered by the Virginia Lottery Board to be a key manager.

C.3 Gaming Employee Service Permit –

An individual who is employed by a permit holder and whose duties relate to the repair, service or distribution of a casino gaming machine, table game, or associated equipment, or is otherwise required to be present on the gaming floor or in a restricted area of the facility; is employed by the permit holder as a junket representative or is otherwise required to hold a service permit as a gaming employee.

IMPORTANT:

If it is determined that an individual listed by the Applicant is required to submit a Gaming Employee Service Permit Application, the point-of-contact listed in **E.5** will be required to contact the Lottery's Licensing and Investigation Division and request log-on and account access to the online portal.

C.4 Principal Entity Disclosure Form

A person, other than an individual, that is a principal.

SECTION D - DEFINITIONS

Please refer to the list of Consolidated Definitions applicable to all casino license applications, which is available on the [Virginia Lottery's website](https://www.valottery.com/aboutus/casinosandsportsbetting) at <https://www.valottery.com/aboutus/casinosandsportsbetting>.

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.

D / B / A or Trade Name(s):

E.2 SUPPLIER BUSINESS

Describe the type of product and/or service(s) provided:

E.3 LICENSEE ASSOCIATION

Name the licensee 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 |

* If it is determined that an individual listed by the Applicant is required to submit a Gaming Employee Service Permit Application, the point-of-contact listed above will be required to contact the Lottery's Licensing and Investigation Division for log-on and account access to the online portal.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

| 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** to provide the Applicant’s Incorporators/Founders. (**Note:** If a Sole Proprietorship, provide the appropriate sole proprietor information on the Exhibits.)

(c) VIRGINIA STATE CORPORATION COMMISSION

- 1) Is the Applicant registered to do business in Virginia: Yes No
- 2) If “Yes”, please provide registration number: _____

IMPORTANT:

Submit a certificate of ‘Good Standing’ status from the Virginia State Corporation Commission. The exhibit should be uploaded into online portal.

(d) OTHER NAMES OF CORPORATION

Use **Exhibit 2** 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 sole proprietor information on the Exhibits.**)

(e) ADDRESSES OF APPLICANT

Use **Exhibit 3** 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) APPLICANT’S BUSINESS BACKGROUND

Use **Exhibit 4** to provide a detailed description of the Applicant’s business, type(s) of service and/or goods the Applicant anticipates providing to the facility operator and the name(s) of the facility to which the Applicant’s goods and/or services are to be provided.

(g) APPLICANT’S CONTRACT OR WRITTEN AGREEMENT WITH A FACILITY

Use **Exhibit 5** to provide details of the Contract or Written Agreement(s) that the Applicant has enacted with the facility operator. Upload a copy of the Contract or Agreement into the online portal.

(h) APPLICANT SUBSIDIARIES

Use **Exhibit 6** to provide details of each company in which the Applicant has an ownership interest. Upload an organizational chart into the online portal.

(i) LICENSES

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 sports betting, table gaming, horse racing, dog racing, pari-mutuel operation etc.)?

Yes No

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, sanctioned or revoked in last ten year period?

Yes No

If “Yes”, to either question, use **Exhibit 7** to provide information for each license application, license, permit, or other authorization. If “No”, indicate “None” in the first row on **Exhibit 7**.

(j) EMPLOYEES CONDUCTING BUSINESS WITH LICENSEE

Use **Exhibit 8** to provide details of any Applicant who meets the definition of a Principal or Key Manager as described in **C.2**.

These employees **must**:

- Submit a completed and notarized Release Authorization, **Exhibit 18**, for each individual listed on **Exhibit 8**
- Complete and submit a Principal/Key Manager Supplier Permit Application as outlined in **C.2**.

Use **Exhibit 8** to provide details of any employee of an Applicant who meets the definition of a Gaming Employee as defined in **C.3**

These employees **must**:

- Submit completed and notarized Release Authorization, **Exhibit 18**, for each individual listed on **Exhibit 8**
- Complete and submit a Gaming Employee service permit to the Virginia Lottery Board as outlined in **C.4**.

(k) CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 9** 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/Key Manager as defined in this application.

IMPORTANT:

- a. As part of this application each Director, Partner, Officer and Trustee of an Applicant applying to become a Contractor that meets the definition of a Principal **must** complete and submit a Principal/Key Manager Supplier Application.

(l) FORMER (NO LONGER ACTIVE) DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Use **Exhibit 10** to provide information for all officers, directors, partners and trustees who are no longer actively involved with Applicant but who held such a position during the last five (5) years.

(m) OWNERS

Use **Exhibit 11** to provide information for each individual or person who directly or indirectly owns more than five (5) percent of the Applicant or its business. For publicly traded companies, only provide information for each individual or person who directly owns more than five (5) percent of the Applicant or its business.

IMPORTANT:

- a. As part of this application, each owner of an Applicant applying to become a Supplier, **must** complete and submit a Principal/Key Manager Permit Application.

(n) BANKRUPTCY OR INSOLVENCY PROCEEDINGS

Use **Exhibit 12** to provide information for bankruptcy or insolvency proceeding involving the Applicant or any individual or person listed in **Exhibit 8, Exhibit 9, Exhibit 10** or **Exhibit 11**.

(o) CRIMINAL HISTORY (Directors, Partners, Officers, Trustees and Owners)**IMPORTANT:**

The Virginia Lottery Board 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:

- 1) **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.
- 2) **CHARGE**: includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- 3) **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.

INSTRUCTIONS for question below

- 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.

1) 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; or

Have any of the Applicant’s subsidiaries; or

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 13** to provide information concerning criminal history.

(p) TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the Applicant or any of its Principal Employees, (Directors, Partners, Officers, Trustees, Owners) 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

If “Yes”, use **Exhibit 14** to provide information concerning testimony, investigations or polygraphs.

(q) LITIGATION

Use **Exhibit 15** to describe all existing civil litigation or any settled or closed legal action over the past ten (10) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party in any 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 the most recent litigation first.

(r) ANTITRUST, TRADE REGULATION & SECURITY JUDGEMENTS, STATUTORY AND REGULATORY VIOLATIONS

Has the Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies 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

In the past ten (10) years, has the Applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies been the subject of a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine of \$25,000 or more?

Yes No

If “Yes”, to either question, use **Exhibit 16** to provide information.

(s) APPLICANT’S FINANCIAL STATEMENTS

Submit the **two** most recent year’s financial statements for the Applicant

EXHIBIT 1 INCORPORATORS/FOUNDERS

Please provide the Applicant’s Incorporators/Founders. (Note: If a Sole Proprietorship, provide the appropriate sole proprietor 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/Key Manager Form Uploaded Yes No
 Principal Entity Disclosure Form Uploaded Yes No
 Gaming Employee Form Uploaded 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/Key Manager Form Submitted Yes No
 Principal Entity Disclosure Form Submitted Yes No
 Gaming Employee Form Submitted Yes No

EXHIBIT 2: OTHER NAMES OF CORPORATION

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 sole proprietor information on the Exhibits.)

| NAME | FULL ADDRESS | FROM | TO |
|------|--------------|------|----|
| | | | |
| | | | |
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EXHIBIT 3: ADDRESSES OF APPLICANT

Provide all addresses which the Applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

| | | |
|----------------------|----------------|--------------|
| Address specific use | | Dates |
| Address Line 1 | Address Line 2 | |
| City | State/Province | Postal Code |
| Country | email address | Phone number |

| | | |
|----------------------|----------------|--------------|
| Address specific use | | Dates |
| Address Line 1 | Address Line 2 | |
| City | State/Province | Postal Code |
| Country | email address | Phone number |

| | | |
|----------------------|----------------|--------------|
| Address specific use | | Dates |
| Address Line 1 | Address Line 2 | |
| City | State/Province | Postal Code |
| Country | email address | Phone number |

EXHIBIT 4: APPLICANT'S BUSINESS BACKGROUND

DESCRIPTION OF PRESENT BUSINESS

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| |

TYPE OF GOODS OR SERVICES TO BE PROVIDED BY CONTRACTOR TO FACILITY

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NAME OF FACILITY TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED

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EXHIBIT 6: NAMES AND ADDRESSES OF APPLICANT'S SUBSIDIARIES

Provide the following information with respect to each company in which Applicant has an ownership interest and provide an organizational chart.

Name and Address of Subsidiaries

Other Name (if applicable)

Address specific use

Address Line 1

Address Line 2

Date at Address

City

State/Province

Postal Code

Country

Email Address

Phone number

Name and Address of Subsidiaries

Other Name (if applicable)

Address specific use

Address Line 1

Address Line 2

Date at Address

City

State/Province

Postal Code

Country

Email Address

Phone number

EXHIBIT 7: LICENSES – GAMING AND NON-GAMING (Please list Gaming licenses first and Non-gaming Licenses second.)

If the Applicant has applied for any type of license, registration, certification or permit by any governmental agency provide the following information:

| Type of License or Permit | Name and Location of Governmental Agency | Application Number | Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Sanctioned, 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 |
|---------------------------|--|--------------------|---|------------------|--|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

EXHIBIT 8: APPLICANTS EMPLOYEES CONDUCTING BUSINESS WITH FACILITY

Provide the following information for each individual who entered into an agreement with or will deal directly with the facility operator, as defined in each individual listed in Exhibit 8 must submit a Release Authorization and a Principal/Key Manager Permit Application or Employee Gaming service permit application as described in E.7(j)

| Name and Address | | | | |
|------------------|--------------|-------------------|----------------|-----------------------------|
| Last Name | First Name | Middle Name | Suffix | Date of Birth |
| Home address | City | State | Postal Code | Country |
| Business address | City | State | Postal Code | Country |
| Email address | Phone Number | Social Security # | Title/Position | Years / Months with company |
| Name and Address | | | | |
| Last Name | First Name | Middle Name | Suffix | Date of Birth |
| Home address | City | State | Postal Code | Country |
| Business address | City | State | Postal Code | Country |
| Email address | Phone Number | Social Security # | Title/Position | Years / Months with company |
| Name and Address | | | | |
| Last Name | First Name | Middle Name | Suffix | Date of Birth |
| Home address | City | State | Postal Code | Country |
| Business address | City | State | Postal Code | Country |
| Email address | Phone Number | Social Security # | Title/Position | Years / Months with company |

EXHIBIT 9: CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all officers, directors/partners and trustees. The term “officer” means President, Chief Executive Officer, a Chief Financial Officer and a Chief Operating Officer and any individual routinely performing corresponding functions with respect to an organization whether incorporated or unincorporated.

For **Publicly Traded Companies**, list only those who will be involved in the conduct of the Applicant’s business with the facility. Each individual listed in **Exhibit 9** must submit a Release Authorization and a Principal/Key Manager or Gaming employee service permit application as described in C.2 and C.3

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 | | Telephone Number | | Fax Number | | Social Security Number |
| Title/Position | | From | To | Annual Compensation | | Composition of compensation | |

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 | | Telephone Number | | Fax Number | | Social Security Number |
| Title/Position | | From | To | Annual Compensation | | Composition of Compensation | |

EXHIBIT 10: FORMER (NO LONGER ACTIVE) DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all officers, directors/partners and trustees who are no longer actively involved with the Applicant but who held such a position during the last five (5) years.

| 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 | | Telephone number | Fax Number | | Social Security Number | |
| Most Recent Title/Position | | From | To | Annual Compensation | | Composition of compensation | |
| Reason for leaving: | | | | | | | |

| 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 | | Telephone number | Fax Number | | Social Security Number | |
| Most Recent Title/Position | | From | To | Annual Compensation | | Composition of compensation | |
| Reason for leaving: | | | | | | | |

EXHIBIT 13:

CRIMINAL HISTORY

| NAME OF CASE AND DOCKET NUMBER | NATURE OF CHARGE, INDICTMENT 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 14: TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS

Has Applicant or any of its Principal Employees, (Directors, Partners, Officers, Trustees, Owners) 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? If “Yes”, provide the following information.

| 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 15:

LITIGATION

Describe all existing civil litigation or any settled or closed legal action over the past ten (10) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party in any 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 the 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) |
|--------------------------------|--|--|---|
| | | | |

REQUIRED ATTACHMENTS

Attachments are appendices you are to provide or create. Attachments do not contain corresponding questions, exhibits or charts.

If an attachment is not applicable to the Applicant, indicate “**N/A**”, then use **Exhibit 17** to explain why it is not applicable. All information shall be provided *in addition* to the exhibits that are to be submitted.

BUSINESS DOCUMENTS

| | |
|---|--|
| Certified copies of all charters, articles of incorporation, by-laws, articles of organization, operating agreements, partnership agreements, trust agreements or other similar documents of the Applicant, including all amendments. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| Proof of Registration with the Virginia State Corporation Commission. (Certificate of Good Standing) | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |

ANNUAL REPORTS

| | |
|--|--|
| The most recent annual report of the Applicant that was submitted to shareholders, partners, members or other persons and meeting minutes from the last 12 months. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| The most recent annual report (s) filed with the Secretary of State or similar official for all states in which the Applicant conducts business. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |

PUBLICLY TRADED ENTITIES

| | |
|--|--|
| A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of the two most recent annual reports prepared on Form 10K. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| A corporation that is a registrant with the Securities and Exchange Commission (SEC) shall submit a copy of the Form 10Q for the last two filings. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| A corporation that is a registrant with the SEC shall submit a copy of the most recent Form 8K filed with the SEC if filed after the latest 10K filing. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |

ORGANIZATIONAL CHARTS

| | |
|---|--|
| A flowchart illustrating the fully diluted ownership of the Applicant. List all parent, subsidiary or intermediary companies until the flowchart reflects 100% of the stock, partnership, membership or ownership interest as being held by an individual(s) and not other legal persons. If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| A chart showing the corporate structure of the Applicant | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| An organizational chart identifying all officers, directors, managers, managing members, partners and key/managerial employees of the Applicant. Include position descriptions and the names of persons holding such positions. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |

TAX RETURNS

| | |
|--|--|
| All U. S. Corporate Income Tax Returns, or all U. S. Partnership Returns, or personal tax returns and state business or personal tax returns for the past three years . Include all amended returns, exhibits and attachments to tax returns. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| A list of all IRS 1099 recipients for the past year. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |

FINANCIAL STATEMENTS

| | |
|--|--|
| Financial Statements for the past two years. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
|--|--|

**EXHIBIT 18
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: _____

FROM: _____
(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a Gaming Contractor Supplier Permit in the Commonwealth of Virginia.

The Virginia Lottery Board (“Board”) is required by law to conduct an investigation of an Applicant for a gaming permit. That investigation requires the Board to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Board, and persons authorized by the Board, to: (1) verify all information provided in the permit 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 Board any and all information about the entity that the 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 Board, 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 Board 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 19
AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

I, _____ (printed name), am authorized to complete and execute this Contractor Supplier Permit Application on behalf of _____ (printed name of Contractor). I am also authorized to provide all of the information requested on this Form to the Virginia Lottery Board, its employees, agents, and vendors (collectively, “the Board”), 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 permit, or may result in the Board imposing sanctions against the Applicant, up to and including revocation of its permit if it has been awarded or issued a permit. I understand that any misrepresentation or omission on this Application may also subject me, or the contractor that I represent, to civil or criminal liability. I understand and acknowledge that the contractor has an ongoing duty to promptly notify the Board if any information it provides the Board changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Contractor that I represent, to release that information to the Board for purposes of its investigation of an Applicant for a Contractor Supplier Permit.

On behalf of the Contractor and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Board, 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 Board or the Commonwealth of Virginia may take related to the collection of information from the Contractor and the use of that information in connection with investigating an Institutional Investor.

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____

EXHIBIT 21

CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: _____

CONTRACTOR: _____
(Applicant's Printed Name)

I, _____ (printed name), am authorized to complete and execute Business Agreements on behalf of _____ (Licensee Name). The Contractor stated above has entered into an agreement/contract to provide Gaming related goods or services to this licensee.

The Contractor will provide the following Gaming related goods and/or services to this facility (describe in detail the goods and/or services to be provided:

Signature of Licensee Representative Date

Printed Name Title

NOTARY

The undersigned, a Notary Public in _____ and for the County _____ of _____, in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

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

Notary Public

Printed Name

Stamp or Seal

My commission expires _____, 20____