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# VIRGINIA LOTTERY

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600 East Main Street, Richmond, Virginia 23219



## FACILITY OPERATOR LICENSE APPLICATION

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**SECTION A****IMPORTANT NOTICES**

- A.1** This form is an **OFFICIAL DOCUMENT** of the Virginia Lottery. This document is to be used for reference purposes only. All applications must be submitted online through the Department's automated licensing system. Only a preferred casino gaming operator may apply for a facility operator's license.
- A.2** The Facility Operator's 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 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** 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 background 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 Board.
- A.5** The Applicant is under a continuing duty to promptly disclose any changes in the information provided in the application and request materials submitted to the Board. The duty to make such additional disclosures shall continue throughout any period of any license that may be granted by the Board.
- A.6** All notices regarding your application will be sent to the address and/or email that you provide as part of this application. You must immediately notify the Board if you change your address or email.
- A.7** The Applicant ***shall promptly*** provide written notification to the Board of any corrections or changes to this application after it is submitted.
- A.8** Failure to answer any question completely and truthfully may result in denial of your application and/or revocation of your license and subject you to civil and/or criminal penalties.

- A.9** After the application has been submitted, the Applicant **MAY NOT** withdraw its application without the permission of the Board.
- A.10** All submissions with and for this application become the property of the Board and will not be returned.

## **SECTION B**

### **INSTRUCTIONS**

**These instructions are applicable to an Applicant seeking a Facility Operator's License ("License").**

**B.1** Read each question carefully. Answer each and every question completely. If a question does not apply, click "NO". Do not misstate or omit any material fact(s). All information is subject to verification.

**B.2** 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 license, ***must*** be submitted at the time of filing this form. Further, the applicant is under a continuing duty to promptly notify the Board if there is a change in the information provided to the Board. 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, and its employees and agents, the Board, and the Virginia Lottery for any damages resulting from any disclosure or publication in any manner.

When the Department receives a FOIA request, Staff retrieves and compiles all public records that are responsive to the request. "Public records" means all writings, recordings or other form of data compilation, prepared or 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 permit, Board Staff or Department counsel typically advise the entity of the request and our anticipated response. The entity may seek a court order preventing the Board from releasing records the entity wants kept confidential.

**B.3** The Board may request additional financial and other information as needed.

**B.4** All exhibits must be submitted with appropriate information or noted “not applicable.”

**SECTION C**  
**DEFINITIONS**

Please refer to the list of Consolidated Definitions applicable to all license applications, which is available on the Department’s website at <https://www.valottery.com/aboutus/casinosandsportsbetting>

**SECTION D**  
**APPLICANT INFORMATION**

**D.1 APPLICANT’S FORM OF ORGANIZATION**

**CHECK ONE:**

- Sole Proprietorship   
  Partnership   
  Limited Partnership   
  C-Corporation   
  Limited Liability Company  
 S-Corporation   
  Trust   
  Other (Describe) \_\_\_\_\_

**D.2 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 names(s)

**D.3 CONTACT NAME FOR THIS APPLICATION**

<b>Name</b>		<b>Title</b>	
<b>Email Address</b>		<b>Telephone Number</b>	<b>Fax Number</b>
@		(    )	(    )

**D.4 APPLICANT’S PRINCIPAL ADDRESS**

<b>Address Line 1 (Street Location)</b>		
<b>Address Line 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Country</b>	<b>Telephone Number</b>	<b>Fax Number</b>
	(    )	(    )
<b>Address Line 1 (Mailing Address – if different from above)</b>		

Address Line 2		
City	State	Zip
Web Site Address (es):		

**D.5 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: \_\_\_\_\_
- 4) List all states in which the Applicant is currently registered or authorized to do business:  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Is the Applicant registered to do business in Virginia?:  Yes       No
- 6) If yes, please provide registration number: \_\_\_\_\_
- 7) Complete **Exhibit 1(a)** providing Applicant's incorporators/founders. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

**b. OTHER NAMES AND ADDRESSES OF APPLICANT**

- 1) Use **Exhibit 1(b)** to list all other names in which 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.**)
- 2) Use **Exhibit 1(c)** to provide all the current addresses of Applicant and all current addresses from which the Applicant is doing business. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)
- 3) Use **Exhibit 1(d)** to provide all addresses, other than those listed in Exhibit 1c, 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.**)

**c. ALL BUSINESSES OPERATED BY THE APPLICANT**

- 1) Use **Exhibit 1(e)** to provide a description of all businesses presently operated or intended to be operated by the by the Applicant, including any foreign jurisdictions in which the



applicant operates or intends to operate, and all former businesses operated by the Applicant in the past ten (10) years.

d. **ALL HOLDING, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER BUSINESS TYPE ENTITIES**

- 1) 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).

**D.6 DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

- a. 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 are required to be licensed as a Principal as defined in this application. As part of this application each director, partner, officer and trustee that meets the definition of a Principal or Key Manager must complete a Principal/Key Manager Application.

**D.7 FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES**

- a. 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 five (5) years.

**D.8 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, and 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, and bonuses.

**D.9 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

- a. 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.

**D.10 STOCK DESCRIPTION**

- a. 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 Applicant. 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.

#### **D.11 VOTING SHAREHOLDERS/MEMBERS AND NON-VOTING SHAREHOLDERS/MEMBERS (CORPORATION - C OR S; LLC'S)**

- a. 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 or other ownership interest as of the date of filing the Application. As part of this application, you must complete Principal/Key Manager Applications and Principal Entity Disclosure forms as applicable. The form must be submitted for 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. This requirement includes non-public holding entities.

#### **D.12 INTEREST OF CURRENT/FORMER PARTNERS (PARTNERSHIPS, LLPs, AND LIMITED PARTNERSHIPS)**

- a. 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 Five (5) years. List and identify all current Partners first and list and identify all former Partners second. It is a requirement, as part of this application, that each current Partner that meets the definition of a Principal complete a Principal/Key Manager Application.

#### **D.13 HOLDER(S) AND EXTENT OF LONG TERM DEBT**

- a. 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. As part of this application, anyone/entity meeting the definition of a Principal a complete Principal/Key Manager Application or Principal Entity Disclosure Form must submit the appropriate application or form.

**D.14 HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS  
AND SECURITY DEVICES**

- a. 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. It is a requirement, as part of this application that a complete Principal/Key Manager application or Principal Entity Disclosure Form should be submitted, if required by the Board.
- b. Upload Description and Documentation as part of Exhibit 10.

**D.15 SECURITY OPTIONS**

- a. 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, optionees 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.

**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.

**D.16 BENEFICIAL OWNERS OF OPTIONS**

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

**D.17 PRINCIPALS NOT YET DISCLOSED**

- a. 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.

**D.18 FINANCIAL INSTITUTIONS**

- a. 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.

#### **D.19 CONTRACTS**

- a. 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.

#### **D.20 APPLICANT STOCK HOLDINGS**

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

#### **D.21 INSIDER TRANSACTIONS**

- a. 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, (f) grant or receipt of an option or (g) grant or receipt of a call.

#### **D.22 CRIMINAL HISTORY**

**THIS SECTION ASKS ABOUT ANY OFFENSES OR CHARGES AGAINST THE APPLICANT OR ANY OF ITS SUBSIDIARIES OR ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES OR PARTNERS. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.**

**a. DEFINITIONS – For purpose 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 “offense” as defined in subsection a.3.
- 2) **CHARGE:** Includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph a.3.

3) **OFFENSE:** Includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, federal or municipal 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.

b. **INSTRUCTIONS** for question c. 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 arrest, charge or offense happened a long time ago;
- c) You were not convicted;
- d) The charge was dismissed;
- e) The charge was dismissed or downgraded to a lesser charge;
- f) You pleaded nolo contendere to the charge;
- g) You completed a pretrial intervention or other rehabilitation or diversionary program;
- h) You were not found guilty;
- i) You received a probation before judgement; or
- j) You served no time in any type of correctional facility.

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.

c. **QUESTION:** Has the Applicant or any of its subsidiaries, principals, directors, partners, trustees or officers ever been indicted, charged with or convicted of a criminal offense, been a party to, or named as an unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes  No

d. If "yes", use **Exhibit 18** to provide information concerning criminal history.

## D.23

## INVESTIGATION, 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 entity, 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 provide the following information about any such testimony, investigation or polygraph exam.

#### **D.24 LITIGATION**

- a. Use **Exhibit 20** to describe all open and closed civil litigation over the past five (5) years to which the Applicant, its parent, affiliate, holding company 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, or was, pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgment or settlement. List most recent litigation first.

#### **D.25 ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

- a. Has the Applicant ever been the subject of 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?

Yes  No

- b. In the past ten years, has the Applicant 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 or penalty of \$10,000 or more?

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.

#### **D.26 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 or foreign jurisdiction 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 or foreign jurisdiction 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 any question, use **Exhibit 22** to provide the following information for each bankruptcy or insolvency proceeding.

**D.27****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, sports betting, horse racing, dog racing, pari-mutuel operation etc.)?

Yes  No

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

Yes  No

- c. If “yes”, use **Exhibit 23** to provide the following information for each license, permit or other authorization applied for and license or certificate denied, suspended or revoked or under which a sanction has been received.

**D.28****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 Applicant made any bribes or kickbacks, or made any payments that were alleged to have been bribes or kickbacks, to or for any individual or person 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 that were 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”, use **Exhibit 24** to provide the following information for any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions above for any of the referenced questions answered affirmatively under this item.

**D.29 AUTHORIZATION FOR RELEASE OF INFORMATION**

- a. Use **Exhibit 25** to authorize the Board to obtain information about the Applicant in order to investigate the Facility Operator’s Application.

**D.30 AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

- a. Use **Exhibit 26** to execute an affidavit that includes the authority of the individual who completes this application to provide the requested information, and acknowledgement of the Board’s acquisition and use of this information.



# **SECTION E**

## **EXHIBITS**

**Facility Operator Application**

**EXHIBIT CHECKLIST**

Use this checklist to indicate with an "X" that the exhibit has been uploaded with this application. All attachments are **mandatory**. If a question, exhibit or addendum is not applicable, state "**Not Applicable**" and **explain why it is not applicable in the exhibit**. 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
1(a)	Incorporators/Founders	
1(b)	Other names and addresses of the applicant	
1(c)	Current Addresses of Applicant and where doing business	
1(d)	Other names and addresses of the corporation (Past 10 years)	
1(e)	All businesses operated by the Applicant	
1(f)	All holding, intermediary, subsidiary, affiliate or other business type entity	
2	Current Directors, Partners, Officers, Trustees and Compensation	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$250,000	
5	Bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
6	Stock Description	
7(a)	Voting shareholders	
7(b)	Non-voting shareholders	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
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23	Licenses (Gaming and Non-Gaming)	
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25	Authorization for Release of Information	
26	Affidavit of Representative of Applicant	

**EXHIBIT 1(a)****INCORPORATORS/FOUNDERS**

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 Application Submitted  
Principal Entity Disclosure Form 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/Key Manager Application Submitted  
Principal Entity Disclosure Form (Form 1003) Submitted

Yes  No  
 Yes  No

**EXHIBIT 1(b): OTHER NAMES AND ADDRESSES OF APPLICANT (Presently Used)**

NAME AND STREET	CITY	STATE	ZIP

**EXHIBIT 1(c):****CURRENT ADDRESSES OF APPLICANT**

Address		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Address		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Address		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

**EXHIBIT 1(d): OTHER NAMES AND ADDRESSES OF CORPORATION (Past 10 years)**

Other Name (if applicable)		
Address		
Address Line 1	Address Line 2	Date at Address
City	State/Province	Postal Code
Country	Phone Number	

Other Name (if applicable)		
Address specific use		
Address Line 1	Address Line 2	Date at Address
City	State/Province	Postal Code
Country	Phone Number	

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

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 its activities				

**EXHIBIT 1(f) ALL HOLDING, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER BUSINESS TYPE ENTITY**

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****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**

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****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)

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

<b>Plan</b>			
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 Employee 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 7(a): VOTING SHAREHOLDERS**

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/Key Manager Application Submitted  
 Principle Entity Disclosure Form Submitted

Yes  No  
 Yes  No

**NON-VOTING SHAREHOLDERS**

**EXHIBIT 7(b):**

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
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Principal/Key Manager Application Submitted  
 Principle Entity Disclosure Form Submitted

Yes  No  
 Yes  No

**EXHIBIT 8(a): INTEREST OF CURRENT PARTNERS**

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	
<b>Partner Type (place X next to type of Partner)</b>	<b>% of Ownership in Applicant</b>	<b>Date Acquired interest</b>	<b>Please explain participation in Applicant's business, if any</b>	



<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Nominal Partner _____ other: _____			
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Principal/Key Manager Application Submitted

Yes  No  
 Yes  No

Principle Entity Disclosure Form Uploaded

**EXHIBIT 8(b): INTEREST OF FORMER PARTNERS**

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
<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Nominal Partner <input type="checkbox"/> other: _____				

**EXHIBIT 9:**

**EXTENT AND HOLDER OF LONG TERM DEBT**

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/Key Manager Application Submitted

Yes  No  
 Yes  No

Principle Entity Disclosure Form Submitted

**EXHIBIT 10:**

**HOLDER AND TYPE OF OTHER INDEBTEDNESS AND SECURITY INSTRUMENT**

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/Key Manager Application Submitted  
Principle Entity Disclosure Form Submitted

Yes  No  
 Yes  No

**EXHIBIT 11:****SECURITIES OPTIONS - DESCRIPTION**

Option Name	Security Type	Option Grant Years	Option Expiration Date
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Explain how the option holder will, or may become, entitled to exercise option

Option Name	Security Type	Option Grant Years	Option Expiration Date
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Explain how the option holder will, or may become, entitled to exercise option

**EXHIBIT 12:****BENEFICIAL OWNERS OF SECURITY OPTIONS****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



**EXHIBIT 14: FINANCIAL INSTITUTIONS**

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



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**EXHIBIT 15:** **CONTRACTS**

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**

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

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**EXHIBIT 17: INSIDER TRANSACTIONS**

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**

NAME OF CASE AND DOCKET NUMBER	NATURE OF ARREST OR CHARGE	DATE OF ARREST OR CHARGE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE	NAME OF DIRECTOR, PARTNER, OFFICER OR TRUSTEE
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**EXHIBIT 19: INVESTIGATIONS, TESTIMONY OR POLYGRAPHS**

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: LITIGATION**

Name of case and docket number	Name and address of court involved in litigation	Name of all parties involved in litigation	Nature of claim(s), and judgment/settlement (if case is closed)

**EXHIBIT 21:**

**ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS: STATUTORY**

**AND REGULATORY VIOLATIONS**

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

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Charge
Nature Of Charge		
Disposition		
Nature Of Judgment, Decree Or Order		



**EXHIBIT 22:****BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

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. Please 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)	Disposition Date	If Issued, Give Appropriate License, Permit Or Other Such Number And Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Revoked Or Sanctioned, Explain Why

**EXHIBIT 24:****CONTRIBUTIONS AND DISBURSEMENTS**

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	

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	



# AUTHORIZATION FOR RELEASE OF INFORMATION

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
(Applicant's Printed Name)

I am an applicant for a facility operator license in the Commonwealth of Virginia.

The Virginia Lottery ("Board") is required by law to conduct an investigation of an applicant for a facility operator. That investigation requires the Board to collect and evaluate information about me. I irrevocably give consent to the Board, and persons authorized by the Board, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have 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 me.

By executing this Authorization, I authorize any of the following entities to release to the Board any and all information about me that it 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, 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.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

**Stamp or Seal**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_



# **SECTION E**

## **APPENDICES**

**Facility Operator License Application**

## APPENDICES

Appendices are attachments you are to provide or create and do not contain corresponding questions, exhibits or charts. Each document provided as an appendix shall be uploaded into the online licensing system. If an appendix is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. All information shall be provided *in addition* to the exhibits that are to be provided.

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 Exhibit 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 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 (ies) of any interim reports 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 Board of Directors meetings 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, Partnership agreements 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	A description of the casino establishment, the city where the establishment will be located and the capital investment plan for the site.	
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	Information relating to the financial responsibility of the applicant, including the applicants financing plan for the casino gaming establishment and the applicant's ability to perform under its license.	
28	A copy of any agreement or agreements that applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a third-party integrity and risk monitoring provider and/or sports wagering data provider.	
	.	



29	A copy of the responsible gambling program as it relates to casino operations.	
30	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.	
31	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.	
32	A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures.	
33	Provide information as to any material lease agreement entered into by any entity on the Ownership/Org Chart. Provide documents to verify real estate ownership or leases, including related documents. This would include any facilities necessary for the conduct of gaming operations.	
34	Submission of a minority investment plan as required in 58.1-4109 B10.	
35	Evidence of compliance with the economic development and land use plans and design review criteria of the local governing body including certifications that the project complies with land use ordinances.	

Appendices are attachments you are to provide or create and do not contain corresponding questions, exhibits or charts. Each document provided as an appendix shall be uploaded into the online licensing system. If an appendix is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. All information shall be provided *in addition* to the exhibits that are to be provided.