

Virginia Lottery

Vendor Applicant User Manual

Vendor applicants seeking authorization to provide non-gaming goods and services to Virginia casinos will use the online licensing portal to submit an application to the Virginia Lottery. However, in order to obtain access to the licensing portal, vendors must have a relationship with a Virginia casino and must obtain the credentials to access the system through a casino representative.

All of the steps necessary to submit a complete application are provided to you in this reference guide.

If you have any questions about the Licensing system, forgot your system password, or concerns arise, contact the Procurement Office at the casino that you anticipate conducting business with:

LIST CASINO REPRESENTATIVES HERE

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Pay Careful Attention to the Following:

Vendor applicants must complete specific steps before submitting an application to the Virginia Lottery. Applications received by the Virginia Lottery with any of the four (4) following defects will cause significant delays in the processing of the vendor's request for approval and may result in the disqualification of the Vendor applicant. The denial of a Vendor application will prohibit the vendor from conducting any business with any licensed Virginia casino. The Vendor applicant may not reapply until five (5) years after the date of the original denial finding.

1) All vendors must obtain a 'Casino's Certification of Business Relationship' form from the casino. Certification form pages can only be issued by a Virginia casino authorized to issue certifications. A vendor applicant is prohibited from completing the 'Casino's Certification of Business Relationship' form page. Certification form pages bearing the signature of a vendor applicant may be considered a material misrepresentation to the Lottery, and may result in an automatic disqualification. A copy of this form may be obtained directly from your casino representative or from the Lottery website at

https://www.valottery.com/aboutus/casinosandsportsbetting.

- 2) All vendors must be registered with the Virginia State Corporation Commission (VA SCC) at the time of Vendor application. The proof and verification will be uploaded and submitted via the Lottery's online portal with the Vendor application. The Casino Vendor Admin will upload and submit the verification of compliance with the VA SCC to the Lottery as a Checklist Item. VA SCC will determine whether the vendor is required to either:
 - File for and maintain "Good Standing" (the vendor is required to furnish the Lottery with a verification of the 'Good Standing' status with the Vendor Form application); and
 - B. File for a "Fictitious Name Certificate".
 - C. After completing the VA SCC registration process, the Vendor Applicant must submit a copy of the registration to the Casino representative for uploading into the online system.

- 3. All Vendor applicants must submit the required application fee prior to or simultaneously with the Vendor application on-line submittal to the VA Lottery.
 - A. The application fee is \$500.
 - B. Vendor application fees are to 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

- C. At the time of remitting the required application fees, all Vendor applicants are required to submit an email to the Virginia Lottery at <u>vendorsubmissions@valottery.com</u> with notification of the Vendor application fee submittal, stating;
 - i. The name of the vendor company (including the d/b/a, if applicable).
 - ii. The name of the Casino with whom they have entered into a business relationship.
 - iii. The wire or ACH confirmation.

Application fees are non-refundable and investigations will not begin until fees are received.

4. All vendors must submit accurate and complete on-line applications via the Lottery's licensing portal. Vendor applicants should carefully read all the instructions, carefully answer all sections and thoroughly review the entire on-line application before submitting it to the Casino Vendor Admin representative. Failure to submit requested and required information may result in the denial of a Vendor application. Refusal to rectify deficiencies in a timely manner following notification, or the submission of false or misleading information will result in the denial of the Vendor application.

Important Notices

- 1) All Vendor applicants must make accurate statements and include all material facts. Failure or refusal to provide any required information in a timely manner; intentional omissions of material facts; misrepresentation of details; or failure or refusal to meet any other requirement as set out in law or regulation may result in the denial of the application. All submissions are subject to verification.
- 2) All Vendor applicants are required to disclose to the Lottery those employees in positions of supervision or management who are responsible for directly/significantly overseeing, administering or controlling the provision of goods and/or services to a Virginia casino. During the construction phase, individuals holding positions with job descriptions such as site superintendents, foremen, project managers, field supervisors, project supervisors and account representatives are required to be divulged. During the gaming and hospitality phase, individuals holding positions such as project managers, regional account managers, sales supervisors and account representatives are required to be divulged.
- 3) A Vendor is under a continuing obligation to notify the Lottery promptly in writing of any changes in the information provided to the Lottery in either the initial application or any subsequent submission. The duty to inform the Lottery before, or shortly after, the effective date of the requested application change, continues through the entire period the vendor registration or certification is granted.

Vendor Information Changes

 The Lottery approves vendors to provide non-gaming goods and services to Virginia casinos based on the specific information that the vendor submitted to the Lottery. If a Vendor changes any information, (e.g., business name; address; personnel; orownership) it is no longer operating under the terms and conditions that the Lottery approved. The Vendor must notify the Lottery's Gaming Licensing and Investigations Division, in writing at gaminglicensing@valottery.com and request authorization to continue providing non-gaming

goods and services. The notification should include a detailed description of all changes as well as the effective date of the changes and any supporting documentation. It is not necessary to submit a fee with the change form so long as the term of the initial application has not expired, or is not within 90 days of expiring. If the initial application has expired or is within 90 days of expiring, the Vendor shall submit a new application. If a Vendor makes any changes to its business name, the following steps must be followed:

- A. Contact the Virginia State Corporation Commission (VA SCC) at https://scc.virginia.gov/and update the registration.
- B. Submit the new certificate to the Lottery.
- C. Obtain a new Certification of Business Relationship form from the casino's
 Procurement Office that correctly lists the newbusiness name exactly as it appears
 in the VA SCC registration.

Changes to a Vendor's VA SCC Status

If a Vendor makes any changes or updates to a Vendor's VA SCC status (e.g., dissolving, cancelling or reviving a Business Charter), the vendor must promptly notify the Lottery via an email to <u>gaminglicensing@valottery.com</u>. When applicable, the Vendor must attach proof or evidence that deficiencies have been resolved.

The Non-Gaming Vendor Licensing Process



The Virginia Lottery's Licensing Portal

The **Casino Vendor Admin** at the casino with whom the company has entered into a business relationship will provide the **Vendor Applicant** their Username and Temporary Password to access the website.

In the event a Username or Password requires reset; the **Vendor Applicant** must contact the **Casino Vendor Admin** to have their password reset.

VENDOR PERMIT APPLICATION SCREEN WALKTHROUGH

Vendor Service Permit Applicant Log In - Vendor Form Completion

- 1. The Casino Vendor Admin at the casino with whom the company has entered into a business relationship will provide the Vendor Applicant their Username and Temporary Password to access the website.
- 2. In the event a Username or Password requires to be reset; the Vendor Applicant must contact the Casino Vendor Admin to have their password reset.
- 3. On this page, the **Vendor Applicant** will enter their assigned **Username** and temporary **Password** to begin their Vendor application.

Virginio Lottery Caming System		Help
Session Timeout - your session has expired due to an	extended period of inactivity. You will need to reauthenticate to access the requested information.	
LOG IN Please enter your username and password or click HERE to com	nlee a LiveScan Regiumium Form	
Account Information		
Username: 7485789632		
Passwoid:		
Keep me logged in		
	Log in	
Guest	Form 10	Build: 1.4.7.7 Date: 4/21/2021 3:57:52 PM

- A. The Vendor Applicant will enter their Username provided by the Vendor Admin.
- B. The Vendor Applicant will enter their temporary Password provided by the Vendor Admin.
- C. The **Vendor Applicant** will click on the **Log In** button.

4. The **Vendor Applicant** will receive a **Change Password** screen where they are required to change the **Temporary Password** provided by the **Vendor Admin**, to a password of their own choosing.

Virginia Lottery Gaming Licensing System	Change Password	i Help Log Our.
CHANGE PASSWORD		
Use the form below to change	your password.	
Passwords must be at least 12 only change by 1 character fro	characters and meet the following criteria: at least 1 number, at least 1 lowercase in previous passwords; and cannot be same as your username.	ster, at least 1 uppercase letter, at least 1 special character from this group "1/2/95%&*, has not been used in the previous 24 passwords; cannot
Account Information		
Old Password:		
New Password:		
Confirm New Password:		
	Cancel Change Password	
Login: 89755896 / Roles: Applica	int .	Build: 1.4.7.7 Date: 4/21/2021 3:57.52 PM

A. The **Vendor Applicant** enters the temporary password provided by the Vendor Admin.

B. The **Vendor Applicant** enters a new password that complies with the password rule requirements listed at the top of the screen.

C. The Vendor Applicant re-enters the new password.

D. The Vendor Applicant must then click on the Change Password button.

NOTE: In the event the **Vendor Applicant** hits their "**Enter**" key on the keyboard instead of selecting the "**Change Password**" button the user will have to start over.

5. A screen will appear indicating that the **Vendor Applicant** has successfully changed their password.

gamingiicenseqa.vaiottery.com/v.cnangevassworosuccess.aspx	2 K X 2
3	Ĩ
Virginia Lottery Gameg Uxenning System	n 🕺 Help Log Out
CHANGE PASSWORD	
Your password has been changed successfully.	
Continue	
Login: 7457/15992 / Roles: Applicant	Build: 1.4.7.7 Oute: 4/21/2021 3:57:52 PM

The Vendor Applicant will select the Continue button to proceed with the Vendor application.

6. The **Vendor Applicant** will be presented with an **Acknowledgement and Disclosure Form**, which must be read and understood. The version on display within this Vendor Applicant Reference Guide is similar to the **Acknowledgement and Disclosure Form** found in the application.

	I understand and acknowledge the following:
🔽 Help Log	I am a representative of the Applicant Beer and Wine, who is applying to the Virginia Lottery ("Department") for approval as
	a Vendor. The Applicant cannot conduct business with a casino operator applicant unless the Department finds that the
	required by law to conduct an investigation into the suitability of an Applicant Vendor.
	During the investigation, the Department is required to collect and evaluate various kinds of information or reports to
	determine if applicants meet the eligibility requirements. The background investigation will include, but not be limited to,
	information or reports about the Applicant's: character; general reputation; personal characteristics, including honesty and
	integrity, infancial stability, criminal records, records or involvement with rederal, state or other law enforcement agencies as specified in the application, or record of involvement with any litination. As a representative of the Applicant I have the
	right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary
	of the Applicant's rights under federal credit reporting law.
	I am requesting that the Department, through its employees, agents or vendors, obtain this information about the Applicant
	to evaluate their eligibility for a license. I acknowledge that this disclosure and authorization remain in effect during the time
	the application is pending and during the time of any approval that may be granted.
	By separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the
	Vendor that I represent, to release that information to the Department for purposes of its investigation of the applicant for a Vendor approval.
	Acknowledge Decline
Build: 1.4.7,7 Date: 4/21/2021 3:57	

7. The **Vendor Applicant** must read, understand, and acknowledge the **Acknowledgement and Disclosure Form**, similar to the one shown above, and select the appropriate button.

A. **Acknowledge** indicates that the **Vendor Applicant** has read, understood, and acknowledges the Disclosure.

The **Vendor Applicant** will be able to proceed with the completion of the application.

B. **Decline** indicates that the **Vendor Applicant** has read, understood, and does not agree with the Acknowledge and Disclosure.

The **Vendor Applicant** will be unable to proceed with the application and the application will then close.

Screen Layout – Application Progress – Vendor Certification

Giaming Licensing System			n Help Log Di
e current progress on your Vendor Service applic d your application in for review.	ation is listed below. If you have not yet a	started your application, click on the first section to begin. Once completed, click preview to print a copy of your i	application, then click the submit button
Section	Progress		
Name. Address and Company Information	(0 of 6 Complete)		
Directors, Partners, Officers and Trustees	(0 of 1 Complete)		
Owners	(0 of 1 Complete)		
Employees	(0 of 1 Complete)		
Business Background	(0 of 3 Complete)		
		Preview Application Summ Application	

Screen Sections

Section - Application Progress

Application Progress Screen

This page displays the status of an application in the order of sections, with the progress of those individual sections listed to the right of that row. In this example, the Section, <u>Name, Address and Company Information</u> shows that 0 of the possible 6 have been completed. This is the first and last screen a Vendor Applicant will see to start and eventually submit an application for processing.

The **Vendor Applicant** will click on the blue highlighted hyperlink "Name, Address and Company Information" to proceed.

Screen Layout – General

Each screen has been arranged similar to the example below.

Caering 	n i Help Log
Application On Hold	
IAME 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. 'Name: [Silve
'Doing Business As (D(B/A) or Trade Name(s):	
-	
Previous Neux Hold Completed	
Previous Hold Completed	

1. Tabs

- A. **Application** user may input data into the selected screen
- B. **On Hold** contains those data screens where the user placed a certain item on hold while still actively filling out the rest of the application.
- 2. Contains the data elements the User must input into the screen.

3. User must select the Save button once the data elements have been inputted into the screen.

4. User selects whether the data elements were completed, if not the User can place a hold on certain items while still actively filling out the rest of the application.

5. User navigates the application by selecting the Next button to navigate to the next question, or the Previous button to go back to the previous question.

6. When a user is filling out the application they can see where they are in the completion of the application and sections addressed are bolded when completed or placed on hold.

Screen Layout – Application Entry of Name

Section – Application Entry of Name



A. User selects the Application tab and can begin inputting information into the application.

1. Name Area:

User inputs the name of the Vendor Applicant.

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

User inputs the trade name or fictitious business name, under which the business or operation is conducted and presented.

Screen Layout – Applicant's Principal Address

Section – Principal Address

Cherenter and a state of the st	155	Secondary Address No Secondary Address	
1	Naling	Maling	
	Residential	Residential	
Describe the	Corporate	Describe the Corporate	
Applicant's use	Production	Applicant's use Production	
address:	Development/Testing	of this address:Development/Testing	
(check all that	Warehouse/Storage	(check all that Warehouse/Storage	
address)	Distribution	address) Distribution	
	Other	Other	
0	Address Type Other:	Address Type Other:	
*Country:	United States •	*Country: United States *	
"Address 1:		'Address 1:	
Address 2:		Address 2:	
*City/Town:	*State/Province/Region:Stilect •	*City/Town: *State/Province/Region: -Select *	
*Zip Code:		'Zip Code:	
Mailing Address:	Servie as the above Address	Mailing Address	
*Country:	United States +	*Country: United States •	
"Address 1:		'Address 1:	
Address 2:		Address 2:	
'City/Town:	"State/Province/Region:Select	*City/Town: *State/Province/Region:Selact +	
'Zip Code:		"Zip Code:	
"Vendor's		'Vendor's	
Website:		Website:	

A. Applicant's Principal Address – Applicant Address

User will enter data into the following fields for their principal address:

- Applicant's use of address
- Country
- Street Address
- City or Town
- State, Province or Region
- Zip Code
- Mailing Address

The user will click **Same as the above Address** if the mailing address is the same as listed.

If the mailing address is not the same as listed, the user will then input the mailing address.

Vendor's Website

B. Applicant's Principal Address – Secondary Address

1. User will check the box if there is **No Secondary Address** for the vendor.

2. If a secondary address exists, the User will enter data into the following fields for their secondary address:

Applicant's use of address

Country

Street Address

City or Town

State, Province or Region

Zip Code

Mailing Address

The user will click **Same as the above Address**, if the mailing address is the same as listed.

If the mailing address is not the same as listed, the user will then input the mailing address.

Vendor's Website

Screen Layout – Point-Of-Contact For Applicant



cicensing aysom				🖬 Help Lo
Application	On Hold			
OINT-OF-CONTACT	FOR APPLICANT			Save
This individual must h Il notifications will be n	nave the authority to make decisions on behalf made to this e-mail address.	of the Applicant.		
"Last Name;		* Company Title:	US Phone Format	
"First Name:		'Email:	Telephone	
			Number:	
Middle Name:			Cell Number: /)	
Middle Name: *Suffix: -Se	skect- •		Cell Number: (
Middle Name: "Suffix:Se	slect		Cell Number: (
Middle Name: *Suffix:Se	Nect- •		Cell Number: (
Middle Name: *Suffix: -Se	alect		Cell Number: (
Middle Name: *Suffix: -Sr	elect		Cell Number: (
Middle Name: 'Suffix: -Se	elect- •		Cell Number:	
Middle Name: "Suffix: <u>~Se</u>	llect- •		Cell Number:	
Middle Name: "Suffix: ~Se	Next Hold Completed		Cell Number: (
Middle Name: "Suffix: -Sd Previous	Next Hold Completed		Cell Number: (

A. User will enter data into the following fields for their Point-Of-Contact:

Last Name First Name

Middle Name

Suffix

Company Title

Email Address

Phone Number

If located within the USA, check the US Phone Format box.

If located outside the USA, uncheck the US Phone Format Box.

Screen Layout – Compliance With VA SCC Registration

Section – Compliance With VA SCC Registration

Virginio Lottery Gaming Licensing System	ni Help Log Out
Application On Hold	
COMPLIANCE WITH VA SCC REGISTRATION 4. A Virginia State Corporation Commission (VA SCC) Certificate of Good Standing -OR- Trade Name Registration is required. VA SCC Entity ID Number (1 letter plus 8 numbers):	Save
*Check one: Certificate of Good Certificate of Trade Name Registration	
Previous Next Hold Completed	
Name Principal Addresses Point-OF-Contact Virginia SCC Compliance Company Association Contracted Value Current Directors Owners Employees Business Backgroun	nd Services Provided Other Gaming Operations Served
Login: 89733686 / Roles: Applicant	Build: 1.4.7.7 Date: 4/21/2021 3:57:52 PM

A. Compliance With VA SCC Registration Is Mandatory and the User will:

- 1. Select **Yes**, in response to the question listed above the check box.
- 2. Data enter the Vendor Applicant's VA SCC Department ID Number.
- 3. Check whether the ID Number is associated with either:

A Certificate of Good Standing, and

Certificate of Trade Name Registration (Fictitious Name Certificate) if applicable.

Screen Layout – Casino Association

Section – Casino Association

/inginia_Lottery Caring Lorences System		n i Help Log
Application On Hold		
OMPANY ASSOCIATION Casino with which the Vendor has contracted:		Save Can
Association Detail		
Casino: -Seleci-		
Previous Next • Hold Completed		
and a second sec		
		Backmannel Services Provided Other Gamina Operations Served
ime Principal Addresses Point-Of-Contast Virginia SCC Company, Ass	aciations Contracted Value Current Directors: Owners Employees Business	incertaine Service Frontien Oner Online Operation Service

A. The **User** will:

From the drop down menu select thecasino(s) with whom you have or will be contracted.

Screen Layout – Combined Total Value of Goods and Services

Section – Combined Total Value of Goods and Services



A. The **User** will data enter the actual contracted dollar amount of goods and services the Vendor applicant anticipates or been contracted to provide the casino within a calendar year.

B. The **User** will not data enter a range.

Screen Layout – Vendor Officer(s), Partner(s) and Director(s)

Section – Vendor Officer(s), Partner(s) and Director(s)

Application On Hold		
VENDOR OFFICER(S). PARTNER(S). AND DIRECTOR(S) . Provide information for each Officer, Partner and Director who will be rdividual. uplicants lifed on this page must submit a completed, signed and not	rectlyisignificantly involved in providing goods and services to a licensed Virginia casino. Accurately complete all reed Authorization For Reinese of Information.	Sinte information below for each
Personal Detail "Fust name: "Mdste name: "Mdste name: "Suffix: "Sole: "OOB: "Occupation: "Title: "Social Security Number: "Email:	Home Address "Country: United States " Home Address 1: Home Address 2: "CityTown: "Postal Code: " Phone Number: " Phone Number	*State/Province/Region: -Soloct- •
I wet M	me First Name	Middle Name

A. User will data enter the requested information for each of the Vendor Officer(s), Partner(s) and Director(s).

- 1. Personal Detail:
 - First Name Last Name Middle Name Suffix DOB Occupation

Title

Social Security Number (Required and may not be omitted)

Email

2. Home Address:

Country Address 1 Address 2 City / Town State / Province / Region Postal Code Phone Number

B. When multiple person entries are required the User will enter complete data for the first person, select the **Save** hyperlink and the screen will appear indicating **"Applicant Individual Information Saved**", and User may then enter additional persons.

C. As additional persons are entered and saved, they will appear at the bottom of the screen.

The User may **Select** a person listed and correct their information, or the User may **Delete** the person from the list by selecting the corresponding hyperlink.

Screen Layout – Vendor Owners

Section – Vendor Owners

NDOR.COWNERS Trokida information for each person of entity white owns more tiltain lively enterent (5%) of the completel submit a completed, signed and notarized Authoritation if Comer Detail First name: Cutors: Cutors: Comer Detail First name: Cutors: Cutors: Comer Detail First name: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutors: Cutor	Vendor or its business, to include Vendors operating as a General Partne for Refuses of Information.	nhip. Accurately complete all the information below for each individual.	Save Cancel
Last Name	First Name	Middle Name	DOB

- A. User will data enter the requested information.
 - 1. Select Yes, in response to the question listed above the check box.
 - 2. Owner Detail:

First Name Last Name Middle Name Suffix DOB

Occupation

Title

Social Security Number (Required and may not be omitted)

3. Owner Home Address:

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

B. After each additional person has been entered, the User will select the **Save** hyperlink and enter the next person.

C. As persons are entered and saved they will appear at the bottom of the screen.

D. The User may **Select** a person listed and correct their information, or the User may **Delete** the person from the list by selecting the corresponding hyperlink.

Screen Layout – Vendor Employees

Section – Vendor Employee(s)

Licensing System	de Held			Hespi Lo
VENDOR EMPLOYEE(S) 9. Provide information for individu assigned to administer and contre Applicants listed on this page mu	uals holding positions of supervision or management who are of the Vendor's activities within the casino, such as project man st submit a completed, signed and notarized Authorization Fo	responsible for directly/significantly overseting the provision of goods and/or se magers, account managers, distribution managers, sales supervisors and account Release of Information.	ervices to a licensed Virginia casino. The Applicant shall divulge th If representatives. Accurately complete all the information below	Save Car ose individuals who are or each individual.
Employee Detail "First name: "Last name: "Middle name:		Employee: Home Address 'Country: United States * Address 1: Address 2:		
"Suffix: "DOB:	-Select-	'City/Town: "Postal Code:	"State/Province/Region:Select •	
'Social Security #: 'Occupation:		'Phone Number: (
"TitlerPosition:				
	Last Name	First Name	Middle Name	DOB

A. User will data enter the requested information.

1. Owner Detail:

First Name Last Name Middle Name Suffix DOB Occupation

Title

Social Security Number (**Required** and may not be omitted)

2. Owner Home Address:

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

B. After each additional person has been entered, the User will select the **Save** hyperlink and enter the next person.

C. As persons are entered and saved they will appear at the bottom of the screen.

D. **User** may **Select** a person listed and correct their information, or the User may **Delete** the person from the list by selecting the corresponding hyperlink.

Screen Layout – Applicant's Business Background

Section – Applicant's Business Background

Application On Hold	
PPLICANT'S BUSINESS BACKGROUND. 6. DESCRIPTION OF THE VENDOR'S PRESENT BUSINESS, Furnish the Department with a	I'snapshol' of the Vendor Applicant's company and describe the Vendor's capacity and capabilities to provide the services declared in the application.
LLY OF THE WORK FORCE SUPPORTING THE VENDOR'S PROVISION OF GOODS AND 3 mith the Department with the total or estimated number of employees IN VIRGINA who will be consisted with providing the goods of services to the cases. "Total number of employees outside of Virgin "Total number of employees outside of Virgin ESCRIPTION OF THE VENDOR'S ABILITY TO PROVIDE GOODS OR SERVICES TO MORE Social to Verdor's ability to serve config.et, or more cases on Virgina and Prinos, the other	ERVICES TO THE CASINO. directly associated with the total or estimated number of employees OUTSIDE VIRGINIA who will be directly ita: ita: THAN ONE CASINO. Status with thirds the Vergor Internation Conduct business.
Previous Next Hold Commented	
Principal Addresses Point-Of-Centact Virginia SCC Compliance Company A	sociation Contracted Value Current Directory Owners Employees Business Background Services Provided Other Gaming Operations Served

User will data enter the following into the text blocks:

1. A snapshot description of the Vendor Applicant's Company and their capacities and capabilities to provide goods or services to Virginia casinos.

2. List the total number of employees the Vendor Applicant has employed <u>within</u> the Commonwealth of Virginia.

3. List the total number of employees the Vendor Applicant has employed <u>outside</u> the Commonwealth of Virginia.

4. Describe the Vendor Applicant's ability to provide goods or services to more than one Virginia casino AND if applicable, identify those casinos, with whom they intend to conduct future business.

Screen Layout – Applicant's Business Background

Section – Type of Goods or Services

(Inia Lot/Bry Guing Kensing System		(1 Hep 1
Application On Hold		
ease select YES if you have information to enter below and select NO if the	questions do not apply to you.	
ES NO E OF GOODS OR SERVICES ESCRIPTION OF THE SPECIFIC TYPE OF GOODS OR SERVICES TO BE PROVIDED 1 MME OF CASHOD TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED 1	TO THE CASINO BY THE VENDOR.	Save G
vice Detail		
"Name of Facility:Select	•	
Type of Goods or Services:		
Company Name	Company Type	Type of Goods or Services
records to display.		
Previous Next Hold Completed	un Association Contracted Value Current Directors Owners Frontier	Vers Busines Backround Service Provided Other Gamine Openitors Served
Principal Addresses Pointed a control Virgina SCC Compliance Compa	ny Association Contracted Villag Cortent Directory Owners Employ	vers Breamers Backgrounn Services Provided Other Comming Operations Served
7985789637 7 BOHE BOOKAR		Bandi L4.7.7 0408: 4/21/2021

A. **User** will data enter the types of goods or services that will be provided to a casino or multiple casinos. In the event the Vendor Applicant will be providing goods and services to multiple casinos, each casino must be data entered and listed on the screen.

1. Name of Facility

A Vendor Applicant providing goods or services to one casino would select from the drop down list the casino with whom they have contracted.

2. Type of Goods or Services

A complete and specific description regarding the type of products, types of goods or types of services being provided to a casino will be described and data entered in the text box.

Screen Layout – Other Licensed Casinos Served By The Vendor

Section - Other Licensed Casinos Served By The Vendor

OTHER LICENSED GAN	ING OPERATIONS SERVED BY	a la la cara da la					
and and and an elements	with a list of other jurisdictions where t	THE VENDOR the Vendor conducts business rela	ted to paming operation. (List th	e other jurisdictions by Gaming Name	e City State, Country).		Save Cancel
Jurisdiction Det	ail		and a final design of the second s				
Gaming	Operation Name:						
	State:Sninct						
	"Country: United States						
	Coming Operation Manua				Chaire	Country	
No records to display.	Garning Operation Name			City	State	Country	

A. **User** will data enter those casinos outside of Virginia with whom the Vendor Applicant conducts business.

1. In the event the **Vendor Applicant** does not conduct business with any casinos outside of Virginia, the **User** will select **No** to the question.

2. In the event the **Vendor Applicant** does conduct business with any casinos outside of Virginia, the **User** will select **Yes** to the question, and data enter information for each casino:

Casino Name

City

State

County

Screen Layout – Final Progress Screen

Section – Final Progress Screen

Once the User has completed the last section of the Vendor Application a progress screen will appear:

Gamino			A Litela Liter
Licensing System			1 and 1 and
e current progress on your Vendor Service applies d your application in for review.	ation is listed below. If you have not yo	ct started your application, click on the first section to begin. Once completed, click preview to print	a copy of your application, then click the submit butto
Section	Progress		
Name Address and Company Information	(6 of 6 Complete) 🛹		
Directors, Partners, Officers and Trustees	(1 of 1 Complete) 🛹		
Owners	(1 of 1 Complete) 🛹		
Emoloyees	(1 of 1 Complete) 🥜		
Business Background	(3 of 3 Complete) 🥜		
		Preview Application Submit Application	

- 1. This section shows that all 5 sections have been completed, with each subsection completed.
- 2. The **Preview Application** button appears and may be selected to preview the application.

i. If **Preview Application** is selected by the **User**, the application will appear in another window and the User may review, download, and/or save a copy.

ii. In the event the **User** selects **Submit Application** prior to Preview Application, the application will close and will not be able to be reviewed.

3. Once the **User** has completed the Vendor application this screen appears; the **User** selects the **Submit Application** button to submit the application.

Submit Application does not mean that the Vendor application is submitted to Lottery, it is submitted to the Vendor Admin who must prepare the application for submittal to Lottery.

Screen Layout – Application Submitted Screen

Section – Application Submitted Screen



User will receive confirmation that the application has been submitted, however that application submittal is not to Lottery, but to the **Vendor Admin** who prepared the application.

Screen Layout – Application Receipt

Section – Application Receipt

built and a set that of hour analyzing comparison city party.	Application Submitted	
	Applicant: Kara Smith Position: Type: Vendor Service Submitted: 4/22/2021 4:21 PI Control #: 40283-261-10017 Print	

By clicking the **Submit Application** button, the **User** may obtain a receipt indicating the date and time of the application submittal to the **Vendor Admin**. (As shown in previous Registered Vendor example)

Vendor Certification – Required Documents

Each **Vendor Applicant** must properly complete and provide the **Casino Vendor Admin** with the following **Required Documents**:

A. <u>Required Check List Items</u>:

1. Notarized Authorization for Release of Information Form (Entity)

The **Vendor Applicant** will ensure that the **Authorization for Release of Information** form was completed by an officer, partner, director, owner, or authorized representative and Notarized for the business entity.

2. Notarized Authorization for Release of Information Form (Individuals)

The **Vendor Applicant** will ensure that one **Authorization for Release of Information** form was completed and Notarized for each individual included in the Vendor application.

- Each officer, partner, director, owner, manager, supervisor and employee disclosed in the completion of the Vendor application will appear as a Required Check List Item for the Casino Vendor Admin.
- (b) The **Vendor Applicant** is required to provide one form for each person listed.

3. Affidavit of Representative of Applicant Form

The **Representative of the Applicant Form** must be completed and notarized. The Vendor may act as the Representative of the Applicant or may appoint a Representative of the Applicant to complete and submit the application. It is the responsibility of the Representative of the Applicant to ensure that the response to every Lottery interrogative is accurate and to ensure that the application is correctly submitted.

4. <u>Casino's Certification of Business Relationship Form</u>

The **Vendor Applicant** will ensure that a Casino Representative has signed the **Certification of Business Relationship Form**. The **Vendor Applicant** is not authorized to sign the form.

5. VA SCC Certificate of Good Standing Form, and

6. VA SCC Fictitious Name Certificate

To do business within the Commonwealth of Virginia, all Vendor applicants, including in-state (Virginia) businesses and out-of-state (Foreign) businesses, are required to verify that they have registered with the Virginia State Corporation Commission (VA SCC). If the Vendor Applicant intends to use an assumed name, trade name, or "dba" the Vendor Applicant is also required to file for a Fictitious Name Certificate. All Vendor Applicants must obtain a "Certificate of Good Standing" from VA SCC.

Vendor Applicants are required to prove they are registered with the VA SCC to do business within the Commonwealth. The Vendor Admin will confirm the Vendor Applicant's Good Standing by uploading the Vendor Applicant's SCC Certificate of Good Standing and the Trade Name Registration (Fictitious Name Certificate if applicable) ensuring that:

(a) The Vendor Applicant's Business Name is listed exactly as it is registered with VA SCC.

(b) The Vendor Applicant is in fact, registered with the VA SCC and is currently in Good Standing.

These Required Checklist Items <u>must</u> be uploaded at the time of the Vendor application submittal. Failure to provide a Vendor Applicant's VA SCC**Certificate of Good Standing** and **Trade Name Registration (Fictitious Name Certificate)** will be considered anincomplete application and may result in a denial of Vendor Applicant's submittal.

B. The **Required Documents** must be provided to the **Casino Vendor Admin** prior to the submittal of the completed Vendor application to the Lottery.