



Virginia Lottery

600 East Main Street, Richmond, VA 23219

Applicant: _____

Sports Betting Employee Renewal Application

VIRGINIA LOTTERY
SPORTS BETTING EMPLOYEE RENEWAL APPLICATION

I. REQUIREMENTS TO COMPLETE A RENEWAL APPLICATION:

- a. All applications must be submitted online through the Department's automated licensing system. The term of a sports betting employee license is three years from the date of initial licensure. The Virginia Lottery may renew the sports betting license if, 60 days before the term of the license expires, the licensee:
 - 1. Submits a completed application for renewal via our online system;
 - 2. Continues to demonstrate compliance with all licensing requirements;
 - 3. Maintains employment as a sports betting employee;
 - 4. Submits to a background investigation; and
 - 5. Pays the required fees.

- b. The Virginia Lottery is referred to, throughout this application, as the Department.

II. COMPLETING THIS FORM:**Applicant Employee's Responsibilities**

- a. You are to complete this form online via the Department's online gaming licensing system and submit it to your account representative for submission to the Department .

- b. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.

- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate "**NO**" in response to that question. Failure to provide a response to every question could result in the denial of your application.

III. BE SURE:

- a . You sign the *Statement and Authorization* at the end of this form in the presence of a notary public or other person authorized to authenticate your signature.

- b. You retain a completed copy of your application for your own records.

IV. PHOTOGRAPH AND FINGERPRINTS

When you submit your application, you will be required to provide a new passport style photo and submit new fingerprints. Applicants residing outside of the United States must also provide a recent criminal history report from the appropriate authority in the jurisdiction of residency.

NOTE: A Sports betting Gaming Employee Renewal application that has been submitted and accepted for filing and all related materials submitted to the Department shall become property of the Department and will not be returned to the applicant.

FEES

Total fee required at application.....\$500.00

Note: Fees are due at the time of application. They are non-refundable. Your fee shall be wired as follows

1. Virginia Lottery Account Number: 435029087446

Wire Payment to: 2. Name of the Account: Gaming License Fees

3. Transit Routing: 026009593

1. Virginia Lottery Account Number: 435029087446

ACH Payment to: 2. Name of the Account: Gaming License Fees

3. Transit Routing: 051000017

LICENSURE TERMS

1. Initial term of Sports Betting Gaming Employee License: 3 Years

2. Renewal Term of Sports Betting Gaming Employee License: 3 Years

ACKNOWLEDGEMENT AND DISCLOSURE

I understand and acknowledge the following:

I am applying to renew my Virginia sports betting employee license. I cannot be employed in a job that requires a license unless the Department finds that I meet the legal requirements for licensure. The Department, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license. Within the past 365 days, I have not served as a Board member for the Department or have been employed by the Department.

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 for licensure. I understand that the Department and/or its employees, agents or vendors will conduct an investigation of my personal information (the "Background Investigation"). The Background Investigation may include, but will not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit stability; criminal history (from state, federal and other agencies) or record of involvement with other litigation.

I understand that all applicants are required to be fingerprinted. These fingerprints will be submitted to the Virginia State Police (VSP) and the Federal Bureau of Investigation (FBI) where criminal background checks will be conducted. The use of the VSP and FBI criminal history record information will be used to assist in the determination of suitability for the issuance of a Virginia sports betting employee license.

I understand that 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 my rights under federal credit reporting law.

I understand that I have the right to complete or challenge the accuracy of the information contained in either the VSP or the FBI identification record. Further, I have the right to be advised of the procedures for obtaining a change, correction, or updating a VSP or FBI identification record.

I am requesting that the Department, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility to renew my sports betting employee license. I acknowledge that this disclosure and authorization remain in effect during the time my application is pending and during the time of any sports betting employee license that I may be granted.

Signature

Date:

Printed Name

Name of Gaming Licensee	
Type of Licensee	<input type="checkbox"/> Permit Holder <input type="checkbox"/> Supplier <input type="checkbox"/> Vendor
Current Position	

NAME AND ADDRESS

1. Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	
2. Maiden Name			3. Date of Birth	
4. Address Line1			Address Line 2	
Address Line3	City	County	State/Province	
Zip Code	Country	5. Email Address	6. Home Phone	Cell Phone

Mailing Address (If different from above)

8. Address Line 1		Address Line 2		
Address Line 3	City	County	State/Province	
Zip Code	Country	Email Address	Home Phone	Cell Phone

DESCRIPTIVE INFORMATION

9. Height FT IN	10. Weight lbs	11. Social Security Number	12. Drivers License State Issued: _____
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13. Do you have any Tattoos, scars or distinguishing marks? If yes, describe in detail: None	14. MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DOMESTIC PARTNERSHIP
15. PLACE OF BIRTH: City/Town State/Province Country	

16. Name of Spouse/Partner	17. Spouses Maiden Name (AKA)	18. DOB	19. Spouse's/Partner Social Security Number ###-##-
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20. HAIR COLOR <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (BD) Blonde <input type="checkbox"/> (RD) Red <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (WH) White <input type="checkbox"/> (BA) Bald	21. EYE COLOR <input type="checkbox"/> (BK) Black <input checked="" type="checkbox"/> (BR) Brown <input type="checkbox"/> (HZ) Hazel <input type="checkbox"/> (BL) Blue <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (GR) Green	22. SEX <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	23. Race* Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> other: <small>*Multiracial respondents may select all applicable racial categories.</small>
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LIST ANY NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)

24. Have you been known by any other name or names? YES NO If YES, list the additional names below and specify dates for use for each. Include maiden name, aliases, nicknames or any other names used.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	FROM DATE	TO DATE
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25. Are you a United States citizen? YES NO If NO, complete the following:

a. Country of Citizenship: _____

Name and Address of sponsor upon your arrival: _____

b. If a naturalized citizen complete:

- 1. C.T.S. Registration Number: _____
- 2. Date Granted: _____
- 3. Court: _____
- 4. City/State of Court: _____
- 5. Certificate Number: _____

c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Permanemt Resident Card:

Card Number: _____ (Attach a color copy front and back)

d. If you do not possess a Permanent Resident Card but are authorized to work in the United States, please describe the U.S. Work Visa that you possess and provide the Visa Number:

Description of Authorization: _____

VISA #: _____

26. Have you ever been issued a passport? YES NO If, yes please complete the following:

Passport Number	Country of issue	Place Issued	Date Issued	Expiration Date

RESIDENCE

27. Beginning with your current residence(s) and working backwards complete the following information for each place where you have lived (including residences while attending college or while in the military service) during the past three (3) years or since the age of 18, whichever is less. .

Dates		Address (no, street, apt. #, City/town, state/province, zipcode)	Own OR Rent	Name, address & telephone no. of Landlord or Mortgage Company, If any.
From : (Mo/Yr)	To: (Mo/Yr)			

CIVIL, CRIMINAL & INVESTIGATORY PROCEEDINGS

Prior to answering this question, carefully review the definition and instructions which follow.

DEFINITIONS: For purposes of this question:

A. **"Arrest"** includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement office or facility and answering questions. "Arrest" also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a "crime or offense" as defined in subsection C.

B. **"Charge"** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense".

C. **"Offense"** includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. "Offense" also includes all driving-related charges or offense which carry any period of incarceration.

INSTRUCTIONS:

1. **Answer "YES"** and provide all information to the best of your ability EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or downgraded to a lesser charge;
- C. You completed a pretrial intervention or other rehabilitation or diversionary program;
- D. You were not convicted;
- E. You did not serve any time in a correctional facility;
- F. The charges or offenses happened a long time ago; or
- G. You were not arrested for the charge.

2. **Answer "NO"** if:

- a) You have never been charged with or arrested for any crime or offense;
- b) You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
- c) The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

I have read and understand the definitions and instructions

IMPORTANT

The Department ***will make*** inquiries to establish whether the identified individuals have had any involvement with law

enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing the Applicant's character, honesty and integrity. Do you understand? YES NO

28. Have you ever been arrested or charged with any offense in any jurisdiction? YES NO If yes, complete the following chart:

Nature of Charge or Offense/Location of Where Incident Occured	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted,Acquitted,Dismissed, Pending,Pardoned,etc.)	Sentence(if any)
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29. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, or named you as an unindicted party or unindicted co-conspirator in any criminal proceedings in any jurisdiction? YES NO

If yes, complete the following chart:

Name and Address of Governmental Agency/Organization Involved	Nature of Proceedings	Outcome/Disposition	Date
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30. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than a connection with a traffic summons? YES NO

If yes, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given?	Date on which Testimony was Given	Approximate Time Period of Investigation
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PERMITS, LICENCES, CERTIFICATES & REGISTRATION

31. Have you, or any business entity with which you are or were associated, ever applied for any Permit, License, Certificate or Registration in connection with gaming in any jurisdiction? YES NO

If yes, complete below.

Name & Address of Applicant	Name & Address of Licensing Body	Type of Permit, License, Certificate or Registration	Date of Application	Disposition: Granted, Denied, Pending, Withdrawn

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

(To be filled-in by Commission)

FROM: _____

(Applicant's Printed Name)

I, _____ (printed name) am a renewal applicant for the sport betting employee license in the Commonwealth of Virginia.

The Department, and its employees, agents, and vendors (collectively, "the Lottery"), is required by law to conduct an investigation of an applicant for a sports betting license.

That investigation requires the Department to collect and evaluate information about me. By executing this Authorization, I irrevocably give consent and authorize any: local, State or federal government unit; commercial or business enterprise, including a consumer reporting agency; non-profit entity; individual or any other public or private entity to release to the Department any and all information about me that the Department requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization.

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

Signature of Applicant

Date

Print Name of Applicant

NOTARY

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

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

Stamp or Seal

Notary Public

My commission expires _____, 20_____

Printed Name

AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _____ (printed name) am a renewal applicant for the sport betting employee license in the Commonwealth of Virginia. I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a sports betting employee license, and may subject me to civil or criminal liability.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Virginia Lottery, its employees, agents, and vendors (collectively, "the Department"), for purposes of its investigation of the application for a sports betting license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the any individual or person and the use of that information in connection with investigating the application for a sports betting employee license.

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF APPLICANT

NOTARY

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

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

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20 _____

CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: _____

APPLICANT: _____

(Applicant's Printed Name)

I, _____ (printed name), am authorized to complete and execute Business Agreements on behalf of _____ (Licensee Name). The applicant listed above is currently employed with the above Licensee. The Applicant will have the following job description:

Signature of Licensee Representative

Date

Printed Name

Title