VIRGINIA LOTTERY GAMING LICENSING and INVESTIGATIONS DIVISION



PROCEDURES MANUAL for SPORTS BETTING ACCOUNT REPRESENTATIVES

This procedures manual is a reference manual for account representatives of Sports Betting Permit Applicants, Suppliers, and Vendors. Each of these applicants will be required to designate a representative responsible for coordinating with the Virginia Lottery's Gaming Licensing and Investigations Division to process all required applications through our online licensing system. This person should serve in a role of Compliance Officer or equivalent as the person will be responsible for handling confidential sensitive information. This manual is intended to provide guidance to representatives on completing the required procedures to establish user accounts within our automated system and initiate the application process for prospective permit holders, principals, principal entities, vendors and employees to obtain a sports betting license or registration.

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GENERAL INFORMATION

The account representative will be responsible for working with the Lottery to identify all application types that are required to be completed and for ensuring all required supporting documents are provided by the applicant. The account representative will also be required to upload these documents into the automated system as the applicants will not have this capability. There are checklists available for each applicant type that are embedded within the automated system as part of the application submission process and are also included with this manual to assist account representatives with ensuring all required documents are received by the account representative prior to an application being forwarded to Virginia Lottery for the appropriate due diligence. The required documents will vary based on the license type and are included on pages 31 through 38 of this manual. The account representative will also be responsible for ensuring the proper application fees are wired to the Virginia Lottery. An application will not be considered until all fees are remitted. Once an application and all supporting documents have been submitted, it becomes the property of the Virginia Lottery and will not be returned.

DEFINITIONS:

License: The authority granted by the Virginia Lottery Director to a person to perform the functions and responsibilities of a sports betting permit holder, principal, sports betting supplier, or sports betting employee.

<u>Permit Holder</u>: A person who has been issued a permit by the Director of Virginia Lottery to operate a sports betting platform.

Principal: An individual who, solely or together with the individual's immediate family members, (i) owns or controls, directly or indirectly, five percent or more of the pecuniary interest in any entity that is a permit holder, or (ii) has the power to vote or cause the vote of five percent or more of the voting securities or other ownership interests of such entity. "Principal" includes an individual who is employed in a managerial capacity for a sports betting platform on behalf of a permit holder, and for purposes of this definition, "employed in a managerial capacity" means the Chief Executive Officer of the permit holder and, if applicable, its sports betting platform supplier and any individual who has ultimate responsibility for the operation of the sports betting platform in Virginia.

<u>Principal Entity</u>: A company who, (i) owns or controls, directly or indirectly, five percent or more of the pecuniary interest in any entity that is a permit holder, or (ii) has the power to vote or cause the vote of five percent or more of the voting securities of such entity.

<u>Registration</u>: The authority granted by the Virginia Lottery Director to a person to perform the functions and responsibilities of a sports betting vendor.

Sports Betting "Employee": An individual who does not meet the definition of a principal and works within the borders of the Commonwealth of Virginia for a permit holder, sports betting supplier, or vendor on non-management support services such as software or hardware maintenance, provision of products, services, information or assets, directly or indirectly, to the permit holder.

Sports Betting "Supplier": A person who: (a) manages, administers, or controls wagers initiated, received or made on a sports betting platform; (b) manages, administers, or controls the games on which wagers are initiated, received, or made on a sports betting platform; or (c) maintains or operates the software or hardware of a sports betting platform, including geolocation services, customer integration, and customer account management.

Sports Betting "Vendor": A person within the Commonwealth of Virginia who is engaged by, under contract to, or acting on behalf of a permit holder to provide sports betting-related goods or services that directly affect sports betting in Virginia and does not meet the criteria for licensing as a principal or a supplier.

ESTABLISHING SYSTEM ACCESS for APPLICANT REPRESENTATIVE

To establish an account within the Virginia Lottery's automated system as an account representative, you must contact our Gaming Licensing and Investigations Division at (804) 692-7165 during normal business hours to speak with a system administrator who will need the name of the company you will be submitting applications on behalf of, your full name, and email address.

Once your user account has been set up, you will be provided with the URL to access the website to apply, your username, and a temporary password. After accessing the website, you will need to:

- Enter your username in the appropriate field;
- Enter the temporary password provided to you;

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• You will then be prompted to change your password by first entering the temporary password before entering your new password. Your new password must be 12 or more characters containing all the following: special character(s), alphabetical character(s), numerical character(s), upper case letter(s), and lowercase letter(s):

| Change I | Taxowend | 6 (me) - |
|--|---|---|
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| Account information | | |
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| Account Information On Parameter | | |

• You are now set up and will be able to access and use the system as an Account Representative.

THE APPLICATION PROCESS

1. Access the landing page and select "click here" to obtain fingerprinting instructions to provide to individuals:

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You will need to enter in the applicants Name, Date of Birth and Sex. Then hit Submit. Instructions will appear that will include information on how to set up an appointment with Fieldprint and will include the Department's Fieldprint Code that must be entered when setting up the appointment. *Keep a copy of the instructions as it will contain a registration number that you will need when entering in the applicant information*.

- 2. Sign into the Gaming Licensing system using your used ID and password;
- **3.** Select "Create New Applicant" from the "Applicant" tab drop down:



- 4. On the applicant screen you will need to:
 - Select the employee's application type from the drop down;
 - Select the employee's position from the drop down;
 - Select "Click here to load from Live Scan". Enter in the registration number obtained above. This will populate the employee's personal information; and
 - Take and upload a color photo taken within the last six months of the employee which must be in full-facing view directly facing the camera and with the head centered (as with a passport photo). The photo should be 2x2

inches in size. The image size measured from the bottom of the applicants chin to the top of their head should not be less than 1 inch and not more than 1-3/8 inches. The photographs must be taken in proper attire, without a hat, head covering or dark glasses.

| Application | · · · · · · · · · · · · · · · · · · · | | |
|-------------------------|--|---|--|
| Facility (Lotting lates | "Application Type -Smith- | Practice Search- Load from LiveScan Registration | |
| testicant information | Clock here in level from Lavellican Herschatten Lavel: Seven First: Oos Maane | Enter the liveScan Registration # below. LiveScan Registration#: 40004 | |
| / | And allow | Paras de 1000011 - | |

- 5. Click the Save Button.
- 6. Fill in the employment information by first selecting the employee's status from the "status" drop down field. As a reminder, prior to submitting the application for Virginia Lottery to begin its due diligence the account representative will need to upload all required documents based on the applicant type. Use the checklists included on pages 31 through 38 of this manual to assist you with ensuring all required documents are obtained from the applicant and uploaded as part of the completed application.

| | '9986 (000-00-0027) (7) No. 5200 Averagine | Contact Information ADDRESS 5 Not # 2 |
|---------------------------|--|--|
| | | Contact Information |
| | | |
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| | | |
| | | |
| | | License # License Date Expiration Date Created Or 08/29/2020 here to |
| | | |

• The automated system will generate a user name and a temporary password for you to provide to the applicant who will be prompted to create a new password when he/she initially signs into the system to complete an application. You can obtain this password by clicking the "Print Password in the Login Information box ;

- The applicant will also need to have certain documents signed and notarized that are not included in the online licensing system. You will need to provide the applicant with copies of these forms for the applicant to have notarized and returned to the you along with the other required documents to be uploaded. The notarized forms for each license type can be found in Appendix A starting on page 12.
- The applicant will be responsible for completing and submitting his/her own application after signing into the system. Once the application has been submitted by the applicant, he/she will not be able to make any changes to it.
- Once the applicant has informed you that he/she has submitted their application, you can sign into the system and select the "Applicant Finished" number to begin the batching process.

| Facility Manager | Renewal |
|--------------------------|---------|
| Application Created: | |
| Application In Progress: | |
| Application Finished: | |
| Ready For Batch: | |
| Total: | 2 1 |

THE BATCHING PROCESS

• Under the "Un-Batched Applications" tab click on the applicant's Case ID number:

| Un-Batche | d Applications | | - | | |
|------------|----------------------|--------|------------|------|------------|
| 2010-001-0 | Application Finished | + Ored | let Suive: | -Al- | |
| Case I | D Application | Date | Last Ner | ne | First Name |
| 100022 | 08/11/2020 | | vick | | mike |

• At this time you will upload *all* the required supporting documents pertaining to the applicant as he/she will not have the ability to upload documents when completing the application. As a reminder you can refer to the checklists in Appendix B beginning on 31 to what documents are required based on license type. You may save the completed uploads at any time and resume uploading by logging in and selecting the applicant. Indicate the date that the specific document type was uploaded and select that it was completed. Click "Save" after completing the uploads and once the documents have all been uploaded, click the "Approve Submission" button.

| Applicant Case | onuer Cas | - | | | | | | | | | đ |
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| et Batch | | | | | | | | | | | |
| Analog and Information Applicant Name: Nor Silo: 105 Apr 10: 113 | Not 1978 | | | c Information Case 60-1000119 Version: 1 Application Type: Non-Casering Case Batter: Application Finished License Date Batter Humber | | nt 1 State | Contact Information ADDRESS ::: Roc # :: PHORME ::: :: Roc # :: EMMAR. ::: :: Roc # :: | | | - | |
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| Sportsons Due Oligence | Tes | | 18,78,702 | 10 | hoty the | VestAmet Adda | - 1 | Fee Type | Fee 1 | Same | |
| Notarized Authorization For Release of Information | 786 | | 18/26/2528 | 1.0 | help the | Yes Adult Adu | | Application Field | \$70.00 | | |
| Farm 2002 - Non Gaming Employee License Form | 194 | | 16/29/2028 | 122 | harp the | Yes-Urbat Atte | | Finger Print Fee | -837.25 | | |
| Notarized Allidavit of Individual Applicant | 744 | | 06/04/0028 | 110 | kery the | YestAdat.Adda | a (| Literne Fee | \$100.00 | | |
| Certification of Sponsared Liloenses | Van | | 10/01/000 | 12 | harp Ma | Meximum Atta | a [| | \$107.25 | | |
| Permanent Resident Card I-551 | 794 | | 18,05-3129 | 128 | hotp Ha | Verd/Attach Action | | | | | |
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| | | | 10/29/0528 | 122 | larg the | Venthinst Atta | _ | | | | |

• You will know that you have successfully approved the submission when you get the message indicating, "Case is Read Only". If you need to rescind the submission to make corrections or modifications, you can click the "unapproved submission" button. After you submit the case, it is ready for batch processing.

| System : | Applicant Case | pliari Case | | | | | | | 6 (test) te |
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| | Assisant Information Applicant Name: 11/1 | kuli none | | Gase ID: 120218 Werea | - 4 | etact tolormation DDRESS 5 Rec # 2 | | 6 m | |
| | 35AC 500- | 00-8888 | | in Type: New Gaming Status: Frends For Da | | IONE I BHORE | | | |
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| Naturalization Certification | ine | 764 | 18/21/2020 | hatty ha | Ves-Uokiat Att | 10 M | | | |

• Click on "Lottery Home" and then click the "Ready to Batch" number:

| g System Lobery Home ant Batch | | |
|--|---|--|
| Welcome lucy liu | Caseload Status | |
| Iv Contact Information Serts: New, (0) Coen, (0) Spen Batch Print: (0) Release Notes: (0) | Eacility Manager Application Created: Application In Progress: Application Finished: Ready For Batch: Total: | Ponewal 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

• Click on the "Ready for Batch" sub-tab and then select the applicant. Then add notes before clicking the "Create Batch" button:

| Notes: | | | | | | Batch To | tat: \$197.25 | Cre | ele Batch | |
|--------|--------------|---------|------------------|-----------|------------|----------|---------------|------|-------------|------------------|
| None | | | | | | | | | | |
| | | | | | | | | | | |
| Select | Applicant ID | Case ID | Application Date | Last Name | First Name | Address | App Type | Fees | Case Status | Checklist Status |

• From the "Batch" tab select "Facility Batch Release" from the dropdown.



• Then select the Batch number for the application(s) to be released, enter the date of the release, and complete the "authorization" field by typing in your initials before clicking the "Release" button: Wire the funds to the Virginia Lottery.

| Saming Joensing Syste | em | | Facility Batch Release Lottery Home > Batch > Facility Batch Release | | | | | | | |
|--------------------------|----------------|------------------|---|---------|--|--|--|--|--|--|
| Applicant | Batch | | | | | | | | | |
| Batch | Release | | | | | | | | | |
| Facility | r: Poker Gurus | | Date: 08/04/202 | | | | | | | |
| Sear | ch Cle | ar Authorization | Enter your initials here | Release | | | | | | |
| Search Re | isults (1) | | | | | | | | | |
| | Batch # | Batch Date | Facility | 10 | | | | | | |
| 2 | 1004 | 08/30/2020 | Poker | Gurus | | | | | | |
| | | | | | | | | | | |

• At this time all required fees will need to be remitted and to Virginia Lottery's Accounting Department who will receive and confirm payment. At that time the application will be forwarded to Virginia Lottery's Gaming Licensing and Investigations Division for the vetting process.

FEES AND TERMS

- The application, backgrounding, and license fee for a sports betting *employee* license or renewal is a non-refundable **\$500**.
- The application for a sports betting *vendor* registration or renewal is a nonrefundable **\$500** registration fee.
- The application for each *principal license* shall be accompanied by a wire transfer of **\$50,000**, \$1,000 of which shall be considered a license fee, with the remainder constituting a non-refundable initial deposit toward the Department's administrative costs to conduct the background investigation of the applicant. Additional fees may be required based on the total cost of the investigation.
- The application for a *supplier license to operate a permit holder's sports betting platform* shall be accompanied by a wire transfer of **\$125,000**, \$10,000 of which shall be considered a license fee with the remainder constituting a refundable initial deposit toward the Department's administrative costs to conduct the background investigation of the applicant and its employees and directors. Additional fees may be required based on the total cost of the investigation.
- The application for a *supplier license other than to operate a permit holder's sports betting platform* shall be accompanied by a wire transfer of **\$50,000**, \$5,000 of which shall be considered a license fee, with the remainder constituting a refundable initial deposit toward the Department's administrative costs to conduct the background investigation of the applicant and its employees and directors. Additional fees may be required based on the total cost of the investigation.

NOTE: Fees are due at the time of application. Your fee shall be sent by wire or ACH as follows:

Wire payment to:

- 1. Virginia Lottery Account Number: 435029087446
- 2. Name of the Account: Gaming License Fees
- 3. Transit Routing Number: 026009593 ACH Instructions:
- 1. Virginia Lottery Account Number: 435029087446
- 2. Name of the Account: Gaming License Fees
- 3. Transit Routing Number: 051000017

LICENSURE and REGISTRATION TERMS

- 1. The initial term of Sports Betting permits, and licenses, and vendor registrations is 3 years.
- 2. The renewal Term of Sports Betting permits, licenses, and vendor registration is 3 years.

APPENDIX A – NOTARY FORMS BY LICENSE TYPE

PERMIT HOLDER



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

FROM: ______(Applicant's Printed Name)

I am an applicant for a sports betting permit license in the Commonwealth of Virginia.

The Virginia Lottery "Department" is required by law to conduct an investigation of an applicant for a sports betting permit. That investigation requires the Department to collect and evaluate information about me. I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of 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 Department 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 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

Printed Name

NOTARY PUBLIC

| The | undersigned, | a | Notary | Public | in | and | for | the | County | of_ | f, in the State of |
|--------|-----------------|--------|------------|-----------|-------|---------|--------|-------|-------------|-------|---|
| | | | | , cert | ifies | that th | e abo | ve-n | amed ind | ividu | dual appeared in person, and before me, either known to me of |
| satisf | actorily proven | ı to ł | be the ind | ividual w | vhose | e name | e subs | cribe | ed to the v | vithi | hin instrument and signed the Authorization and Notification. |
| This | da | y of | | | | , 2 | 0 | _, an | d to whic | h wi | vitness my hand and seal. |

Stamp or Seal

Notary Public

Printed Name

My commission expires _____ 20____

Date

Title



AFFIDAVIT for APPLICANT'S REPRESENTATIVE

Please read this document carefully, then sign and date it in ink. Please print the following information:

Applicant's Full Business Name

| Street Address | City | State | Zip | | | | | |
|--|--|---|-----------------|--|--|--|--|--|
| I, | (printed name), am a | uthorized to complete and execute this Sports | Betting | | | | | |
| Permit License Application on behalf of | | (printed name of Applicant). I am als | o authorized to | | | | | |
| rovide all of the information requested in this application to the Virginia Lottery, its employees, agents, and vendors (collectively, | | | | | | | | |
| "the Department"), and to make the representa | the Department"), and to make the representations set forth in this Affidavit. | | | | | | | |

I have read, and understand, every page of this application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a sports betting permit license and may subject me to civil or criminal liability. I understand that providing false or misleading information is grounds for the Department to reject this Application, or to suspend or revoke a license.

By a separate Authorization for Release of Information, I am authorizing any individual or person that has information about the Applicant to release that information to the Department for purposes of its investigation of the application for a sports betting license.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Applicant and the use of that information in connection with investigating the Applicant's qualifications for a sports betting permit.

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

Signature of Applicant

Print Name of Applicant

NOTARY PUBLIC

| The | undersigned, | a | Notary | Public | in | and | for | the | County | of | , in the State of |
|--------|-------------------|-------|-----------|-------------|-------|--------|-----|-------|----------|----------|---|
| | | | , cert | tifies that | the | above | nam | ed in | dividual | appeare | ed in person, and before me, either known to me |
| or sat | tisfactorily prov | ven t | to be the | individua | al wł | iose n | ame | subsc | ribed to | the with | hin instrument and signed the Authorization and |
| Notif | fication. | | | | | | | | | | |
| This | dav | of | | | | | 20 |) | and to | which | witness my hand and seal |

Notary Public

Date

Title

Stamp or Seal

Printed Name

My commission expires_____, 20____

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

SUPPLIER



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

FROM: ________ (Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a gaming-related license in the Commonwealth of Virginia.

The Virginia Lottery ("Department") is required by law to conduct an investigation of an applicant for a sports betting license. That investigation requires the Department to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about the entity that the Department requests: local, State or federal government unit; commercial or business enterprise; nonprofit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form

Printed Name

Title

Date

NOTARY PUBLIC

____, in the State of The undersigned, a Notary Public in and for the County 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.

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

Notary Public

Stamp or Seal

Printed Name

My commission expires , 20



AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

I._____(printed name), am authorized to complete and execute this Gaming Supplier License Application on behalf of ______(printed name of Supplier). I am also authorized to provide all of the information requested as part of this application to the Virginia Lottery, its employees, agents, and vendors (collectively, "the Department"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a license, or may result in the Department imposing sanctions against the Applicant, up to and including revocation of its license if it has been awarded or issued a license. I understand that any misrepresentation or omission on this Application may also subject me, or the manufacturer that I represent, to civil or criminal liability. I understand and acknowledge that the manufacturer has an ongoing duty to promptly notify the Department if any information it provides the Department changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Supplier that I represent, to release that information to the Department for purposes of its investigation of an applicant for a Gaming Supplier license.

On behalf of the Supplier and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Supplier and the use of that information in connection with investigating a Supplier.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC

| The | undersigned, | a | Notary | Public | in | and | for | the | County | of | , in the State of |
|-------|------------------|--------|--------|-------------|-------|-------|-------|-------|----------|----------|---|
| | | | , cer | tifies that | the a | above | name | ed in | dividual | appeare | ed in person, and before me, either known to me |
| or sa | tisfactorily pro | ven to | be the | individua | al wh | ose n | ame s | subsc | ribed to | the with | hin instrument and signed the Authorization and |
| Notif | ication. | | | | | | | | | | |
| This | day | v of | | | | | , 20 |) | , and to | which | witness my hand and seal. |

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

PRINCIPAL



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

(To be completed by the Department)

FROM:

(Printed Name of Applicant)

I am an applicant for a sports betting principal license in the Commonwealth of Virginia.

The Department is required by law to conduct an investigation of an applicant for a sports betting license. That investigation requires the Department to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about the entity that the Department requests: local, State or federal government unit; commercial or business enterprise; nonprofit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form Date Printed Name Title **NOTARY PUBLIC** The undersigned, a Notary Public in and for the County of_____ _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification. This ______ day of ______, 20 , and to which witness my hand and seal. Notary Public **Stamp or Seal** Printed Name

My commission expires , 20



AFFIDAVIT OF INDIVIDUAL

I,_____(printed name) am an applicant for a Principal license in the Commonwealth of Virginia. I have read, and understand, every page of this Application.

To the best of my knowledge, information, and belief, the information that I have provided as part of this application 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 Principal Gaming Employee license and may subject me to civil or criminal liability. I also understand that providing the Department with false or misleading information is grounds for the Department to reject the application, or to suspend or revoke a license. I also understand that if I am issued a license, I have an ongoing obligation to comply with all licensing requirements and to promptly notify the Department if any information that I provided to the Departmentchanges.

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 Department, 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 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 and processing the application for a Principal Gaming Employee license.

Signature of Individual Completing Form

Printed Name

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.
This _______, 20 , and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____

Date

Title

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

PRINCIPAL ENTITY



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:____

FROM:

(Printed Name of Principal Entity Entity)

I am, or represent, a principal entity of an applicant for a sports betting license in the Commonwealth of Virginia.

The Department is required by law to conduct an investigation of an applicant for a sports betting license. That investigation requires the Department to collect and evaluate information about the applicant's principal entities. I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the Disclosure Form; (2) conduct a background investigation of me, or the principal entity that I represent; and (3) have access to any and all information that I, or the principal entity that I represent, have provided to any other jurisdiction in the context of a gaming license investigation 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 or the principal entity that I represent.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about me, or the principal entity that I represent, that the Department requests: local, state or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, 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 Individual Completing F | orm | Date | | | | | |
|--|----------------------|---------------------------------|-----------------------------|--|--|--|--|
| Printed Name | | | | | | | |
| | NOTARY PUBLIC | 2 | | | | | |
| The undersigned, a Notary Public in, certifies that th or satisfactorily proven to be the individual v Notification. | e above-named indivi | dual appeared in person, and be | fore me, either known to me | | | | |
| Thisday of | , 20, a | nd to which witness my hand ar | nd seal. | | | | |
| | _ | Notary Public | | | | | |
| Stamp or Seal | _ | Printed Name | | | | | |
| | My con | mission expires | , 20 | | | | |



AFFIDAVIT OF REPRESENTATIVE OF PRINCIPAL ENTITY

I,_____(printed name), am authorized to complete and execute this Principal Entity Disclosure Form on behalf of______(printed name of Principal Entity). I am also authorized to provide all of the information requested on this Form to the Department, its employees, agents, and vendors (collectively, "the Department"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this 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 an application for a sports betting license, or may result in the Department imposing sanctions against the applicant, up to and including revocation of its license if it has been issued a license. I understand that any misrepresentation or omission on this Disclosure Form may also subject me, or the principal entity that I represent, to civil or criminal liability.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Principal Entity to release that information to the Department for purposes of its investigation of an applicant for a principal entity license.

On behalf of the Principal Entity and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Principal Entity and the use of that information in connection with investigating an Principal Entity.

| SIGNATURE OF | AUTHORIZED | REPRESENTATIVE |
|--------------|------------|----------------|

DATE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC

| The | undersigned, | a | | | | | • | | | | | in the State of either known to me |
|-----|-------------------------------|-------|--|--|-------|---|-----------|-------|-----------|------------|---------|---------------------------------------|
| | tisfactorily prov ication. | ven t | | | | | | | | | | e Authorization and |
| | day | of_ | | | _, 20 |) | _, and to | which | witness m | ny hand an | d seal. | |
| | | | | | | - | | | Notary Pu | ıblic | | _ |

Stamp or Seal

Printed Name

My commission expires______, 20_____

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

EMPLOYEE



AUTHORIZATION FOR RELEASE OF INFORMATION

| TO: | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|
| (To be filled-in by Lottery) | (To be filled-in by Lottery) | | | | | | | |
| FROM: | | | | | | | | |
| (Applicant's Printed Name) | | | | | | | | |
| I, (printed name), am an applicant for a sports betting employe in the Commonwealth of Virginia. | e license | | | | | | | |
| The Virginia Lottery, and its employees, agents, and vendors (collectively, "the Department"), is required by conduct an investigation of an applicant for a sports betting license. | law to | | | | | | | |
| 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; commerce 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. | or | | | | | | | |
| With respect to any claims or liability arising from the release of the requested information to the Departmeter expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or indet 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 or | riginal. | | | | | | | |
| Signature of Applicant Date | | | | | | | | |
| Print Name of Applicant | | | | | | | | |
| NOTARY PUBLIC | | | | | | | | |
| The undersigned, a Notary Public in and for the County of, in the State of, certifies that the above-named individual appeared in person, and before me, either known | to mo | | | | | | | |
| , certifies that the above-named individual appeared in person, and before me, either known or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization. Notification. Thisday of, 20 , and to which witness my hand and seal. | | | | | | | | |

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____



Virginia Lottery | 600 East Main Street | Richmond, VA 23219 | ph:804.692.7165 | gaminglicense@valottery.com |

AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _______ (printed name) am an applicant for a sports betting employee license in the Commonwealth of Virginia. I have read, and understand, every page of this application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my aplication 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

Print Name of Applicant

NOTARY PUBLIC

| The | undersigned, a | • | | | | • | | | |
|-------|---|------|-------------|-----------|--------|--------------|---------|---|--|
| | | , co | ertifies th | at the ab | ove-na | med individu | ıal app | peared in person, and before me, either known to me | |
| or sa | or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and | | | | | | | | |
| Notif | ication. | | | | | | | | |
| This | dav o | of | | | | 20 . an | to w | hich witness my hand and seal. | |

Notary Public

Date

Stamp or Seal

Printed Name

My commission expires_____, 20____



CERTIFICATION OF BUSINESS RELATIONSHIP

| CENSEE: | |
|--|--|
| PLICANT: | |
| | (Applicant's Printed Name) |
| I, Business Agreements on behalf of | (printed name), am authorized to complete and execute (Licensee Name). The applicant of employment from the Licensee. The Applicant will have the following |
| listed above has received at least a conditional offer job description: | of employment from the Licensee. The Applicant will have the following |
| | |
| | |
| | |
| | |
| Signature of Licensee Representative | Date |
| Printed Name | Title |
| | |
| NO | OTARY PUBLIC |
| , certifies that the above-na satisfactorily proven to be the individual whose nam | the County of, in the State of, in the st |
| otification. isday of, | 20, and to which witness my hand and seal. |
| | Notary Public |
| Stamp or Seal | Printed Name |
| | My commission expires, 20 |

APPENDIX A – NOTARIZED FORMS BY LICENSE TYPE

VENDOR



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:_____

FROM:

(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a sports betting vendor registration in the Commonwealth of Virginia.

The Virginia Lottery ("Department") is required by law to conduct an investigation of an applicant for a sports betting vendor registration. That investigation requires the Department to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Department, and persons authorized by the Department, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar registration or license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about the entity that the Department requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Department, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Department under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

| Signature of Individual Completing Form | Date | |
|---|--|--|
| Printed Name | Title | |
| NOTARY PUBLIC | | |
| , certifies that the above-na | the County of, in the State of the within instrument and before me, either known to me e subscribed to the within instrument and signed the Authorization and 20, and to which witness my hand and seal. | |
| | Notary Public | |
| Stamp or Seal | Printed Name | |
| | My commission expires, 20 | |



AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

I,______(printed name), am authorized to complete and execute this Sports Betting Vendor Registration Application on behalf of______(printed name of Vendor). I am also authorized to provide all of the information requested as part of this application to the Virginia Lottery, its employees, agents, and vendors (collectively, "the Department"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided as part of this application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a license, or may result in the Department imposing sanctions against the Applicant, up to and including revocation of its license if it has been awarded or issued a license. I understand that any misrepresentation or omission on this Application may also subject me, or the manufacturer that I represent, to civil or criminal liability. I understand and acknowledge that the manufacturer has an ongoing duty to promptly notify the Department if any information it provides the Department changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Vendor that I represent, to release that information to the Department for purposes of its investigation of an applicant for a Sports Betting Vendor registration.

On behalf of the Vendor and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Department, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Department or the Commonwealth of Virginia may take related to the collection of information from the Vendor and the use of that information in connection with investigating a Vendor.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification. This day of ______, 20 ___, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires_____, 20____



CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE:

APPLICANT:

| (Ар | oplicant's Printed Name) |
|---|---|
| I, | (printed name), am authorized to complete and execute |
| Business Agreements on behalf of | (Licensee Name) The annlicant |
| listed above has been contracted by the Licensee. The Application | nt will provide the following goods and services per the contract: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Signature of Licensee Representative | Date |
| | |
| Printed Name | |
| Printed Name | Title |
| | |
| | |
| ΝΟΤΑ | RY PUBLIC |
| The undersigned a Notary Public in and for th | e County of, in the State of |
| , certifies that the above-name | d individual appeared in person, and before me, either known to me |
| | ubscribed to the within instrument and signed the Authorization and |
| Notification. Thisday of, 20_ | and to which witness my hand and seal |
| , 20 | , and to which whices my hand and seal. |
| | |
| | Notary Public |
| | |
| Stamp or Seal | Printed Name |

My commission expires_____, 20____

PERMIT HOLDER APPLICANTS

- Narrative of the project plan;
- Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans;
- Description of long-term debt for Applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of other indebtedness and security devices for applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;
- Description of Existing Litigation. Description of any settled or closed litigation against the applicant for the past five (5) years. Description of any existing or settled or closed litigation for the past five (5) years for any holding, intermediary, subsidiary or affiliate. A description of any judgements against the applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgements were covered by insurance and if so the insurance company;
- Audited financial statements for the last five years for applicant and applicant holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statements do not exist, then provide unaudited financial statements;
- Annual reports for the last five years for applicant and holding intermediary, subsidiary, affiliate and any other type of business entity of applicants
- Annual reports prepared on SECs form 10K for the last five (5) years
- Complete copies of 2020 year to date internal financial statements for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicant. Include a list of all external accountants and provide a contact person and contact information;
- Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicants, including an index of all companies, due diligence and audit investigations conducted during the past three years;
- Minutes of the Board of Directors meetings for the past five calendar years;
- Minutes of Compliance, Audit, Executive Compensation and Stock Option Committee meetings for the past five calendar years;
- Copy of the last definitive proxy or information statement (SEC);
- Copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933;
- Copy of all other reports prepared in the last five (5) years by independent auditors for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;

PERMIT HOLDER APPLICANTS (CONT'D)

- Certified copies of the Articles of Incorporation, Charter and By-Laws and all amendments for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicants;
- Current ownership table of organization for the applicant;
- Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the applicant;
- Functional table of organization for the applicant filing this form, job description and names of employees earning in excess of \$250,000;
- Copies of 1120 forms and 941 Forms filed with the IRS in the last five (5) years;
- Copies of IRS 5500 forms filed in the last five (5) years;
- 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;
- Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of goods and/or services provided by the vendor, total amount of business with the vendor in the past twenty-four (24) months;
- Details of planned, committed and un-committed future capital expenditures for the next three years. Also include any documents relating to securing funding to the project in Virginia;
- Schedule of insurance policies currently in effect, including deductibles and policy limits and any self-insurance retentions;
- 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 then 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 proceeding;
- Copy of any agreement or agreements that the applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a facility to operate or conduct sports wagering; and
- A copy of any agreement or agreements that the 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 data wagering provider;
- Any Power Point presentations, slide shows and/or charts or graphs used for presentations before gaming regulatory agencies or for securing financing relating to sports betting operations in the past two years;
- If available, a copy of the business/strategy plan for the next three years as it relates to investment in Virginia;

PERMIT HOLDER APPLICANTS (CONT'D)

- For the Internal Audit Department, identify the structure of the Department and provide an index of reviews conducted and copies of all reports for the past three years;
- 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 three years. List the conclusion of the investigations and provide any related correspondence;
- A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures;
- Provide information as to any material lease agreements entered into by any entity on the Ownership/Org Chart. Provide documentation to verify real estate ownership or leases, including related documents.

SUPPLIER APPLICANTS

- Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans;
- Description of long-term debt for Applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of other indebtedness and security devices for applicant and for the holding, intermediary, subsidiary, affiliate or any other type of business entity of applicant;
- Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;
- Description of Existing Litigation. Description of any settled or closed litigation against the applicant for the past five (5) years. Description of any existing or settled or closed litigation for the past five (5) years for any holding, intermediary, subsidiary or affiliate. A description of any judgements against the applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgements were covered by insurance and if so the insurance company;
- Audited financial statements for the last five years for applicant and applicant holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statements do not exist, then provide unaudited financial statements;
- Annual reports for the last five years for applicant and holding intermediary, subsidiary, affiliate and any other type of business entity of applicants;
- Annual reports prepared on SECs form 10K for the last five (5) years;
- Complete copies of 2020 year to date internal financial statements for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicant. Include a list of all external accountants and provide a contact person and contact information;
- Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of applicants, including an index of all compliance, due diligence and audit investigations conducted during the past three years;
- Minutes of the Board of Directors meetings for the past five calendar years;
- Minutes of Compliance, Audit, Executive Compensation and Stock Option Committee meetings for the past five calendar years;
- Copy of the last definitive proxy or information statement (SEC);

SUPPLIER APPLICANTS – (CONT'D)

- Copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933;
- Copy of all other reports prepared in the last five (5) years by independent auditors for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicant;
- Certified copies of the Articles of Incorporation, Charter and By-Laws and all amendments for the applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of the applicants;
- Current ownership table of organization for the applicant;
- Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the applicant;
- Functional table of organization for the applicant filing this form, job description and names of employees earning in excess of \$250,000;
- Copies of 1120 forms and 941 Forms filed with the IRS in the last five (5) years;
- Copies of IRS 5500 forms filed in the last five (5) years;
- Provide a chart of all gaming jurisdictions where the entities conduct gaming business, including the initial licensing, subsequent renewal dates and current license status;
- Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of goods and/or services provided by the vendor, total amount of business with the vendor in the past twenty-four (24) months;
- Details of planned, committed and un-committed future capital expenditures. Also include any documents relating to securing funding to the project in Virginia;
- Schedule of insurance policies currently in effect, including deductibles and policy limits and any self-insurance retentions; and
- 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 then 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 proceeding.
- Any Power Point presentations, slide shows and/or charts or graphs used for presentations before gaming regulatory agencies or for securing financing relating to sports betting operations in the past two years;
- If available, a copy of the business/strategy plan for the next three years as it relates to investment in Virginia;

SUPPLIER APPLICANTS – (CONT'D)

- For the Internal Audit Department, identify the structure of the Department and provide an index of reviews conducted and copies of all reports for the past three years;
- 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 three years. List the conclusion of the investigations and provide any related correspondence;
- A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures;
- Provide information as to any material lease agreements entered into by any entity on the Ownership/Org Chart. Provide documentation to verify real estate ownership or leases, including related documents.

PRINCIPAL APPLICANTS

- Copy of Birth Certificate;
- Copy of Social Security Card;
- Copy of Naturalization Certificate, if applicable;
- Copy of front and back of Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.), if applicable;
- Copy of Passport, if applicable;
- Copy of front and back of Driver's License or State ID Card;
- Copy of Driving Records from any State in which the applicant is licensed;
- Copy of High School Diploma, an official high school transcript, or a copy of a G.E.D certificate;
- Unofficial college transcripts are acceptable and should be uploaded with the other required artifacts to be submitted with the application:
- Copy of applicant's military DD214 OR National Guard NGB 22, if applicable;
- Request for military records, Form 180 (https://www.archives.gov/veterans/military-service-records/standard-form-180.html), completed and signed, if applicable, (Original documents, mail only);
- Copy of any professional license(s) held and documents related to any sanctions;
- Copy of any gaming licenses the applicant holds or has held in the and documents related to any sanctions, fines or penalties;
- Copy of registration for any vehicles, aircrafts or boats;
- Copy of each tax return (Federal, State and Local), each Internal Revenue Service forms filed with or concerning that tax return and all Internal Revenue Service schedules filed by the applicant in the last five (5) years. If applicant and spouse did not file joint returns at any time in the last five (5) years, provide a copy of the spouse's tax return;
- Letter from each bank on their stationary relative to attesting to all accounts the applicants have signatory authority;
- Copy of the last bank statement on all bank accounts which you have signatory authority listed on the net worth statement, schedule (A), and the last brokerage statement for all securities listed on the net worth statement, schedule (C);
- Copy of any Notes Receivable (including receivables in the name of a corporation in which the applicant has over a 5% interest listed on net worth statement, schedule (B);

PRINCIPAL APPLICANTS (CONT'D)

- Copies of mortgage statements for the last three (3) months, documents and settlement sheets for all real estate properties in which you have an interest. Documentation supporting the fair market value of all real estate listed on the net worth statement, schedule (D), and outstanding amounts owed on mortgages and lien amounts on real estate listed on the new worth statement, schedule (L);
- Copy of any Life Insurance Policies that have a cash value and the name(s) of all beneficiaries, reference schedule (E) on the net worth statement;
- Copy of the last statement relative to all retirement/investment/pension funds, including, but not limited to, 401K retirement programs listed on the net worth statement, schedule (F);
- Copy of any documents indicating ownership of any assets not listed above, such as ownership documents for aircraft, vehicles or boats listed on the net worth statement, schedule (G) and (H);
- Copy of any Notes, Loans or Taxes Payable (including payables in the name of a corporation in which the applicant has over a 5% interest) listed on your net worth statement, schedules (I), (J), (K), (M), or (N);
- Copy of any documents relative to any Contingent Liabilities listed on the net worth statement, schedule (O);
- Copy of last three (3) months credit card statements;
- Documentation (i.e., partnership papers, stock registry, stock certificates) of any company the applicant holds 5%;
- Copy of any documents including any indebtedness not listed above;
- Copy of any liens, judgements or taxes payable under the applicant's name; and
- One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status, if pending.

PRINCIPAL ENTITY APPLICANTS

- Virginia State Corporation Commission Certificate of Good Standing;
- Description of Existing Litigation;
- Audited financial statements for the last five years, including the Principal Entity's last fiscal year. If audit financial statements do not exist, then provide unaudited financial statements;
- Annual reports for the last five years;
- Description of Security Options;
- Description of any settled or closed litigation against the Principal Entity for the past five (5) years. Also describe any existing or settled or closed litigation for the past five (5) years for any holding company, intermediary subsidiary or affiliate for the past five (5) years. Describe if any judgements were covered by insurance and if so, provide the name of the insurance company;
- Annual reports for the last five (5) years;
- Annual reports prepared on the SEC's Form 10K for the last five (5) years;
- A copy of the last quarterly unaudited financial statements;
- Copy(ies) of any interim reports including an index of all compliance, due diligence and audit investigations conducted during the past three years;
- A copy of the last definitive Proxy or information statement (SEC);
- A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933;
- Copies of all reports prepared in the last five years by independent auditors of the corporation;
- Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments;
- Current ownership table of organization;
- Copies of 1120 forms and 941 forms filed with the IRS in the last five years;
- Copies of IRS 5500 form filed in the last 5 years;
- If Principal Entity has held a gaming license in another jurisdiction provide a letter of reference from the gaming enforcement or regulatory agency that specifies the experience of the agency with the Principle Entity and its associates and gaming operation;
- 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 the vendor in the past twenty-four (24) months; and
- Provide the nature and results of any other material reorganization, readjustment or success of the Principal Entity, holding, intermediary, subsidiary or affiliate. Describe the acquisition or disposition of any material amount of assets otherwise in the normal course of business and any material change in the way business was conducted by the Principal Entity, holding company, intermediary, subsidiary or affiliate because of such event.

EMPLOYEE APPLICANTS

- If the applicant is not a citizen of the United States or a Naturalized United States Citizen, a color copy, front and back of the applicant's naturalization or authorization to be employed in the United States.
- The sponsored due diligence uploads should include copies of the required documents to verify the applicant's identity and eligibility to be employed. Copies of acceptable I9 documents are acceptable to include driver's license, passports, and social security cards.

VENDOR APPLICANTS

• A representative for the sports betting permit holder engaged in Virginia should complete the Certification of Business Relationship form to be uploaded with the application. A copy of the Virginia State Corporation Commission certificate of good standing must also be uploaded. If the vendor applicant intends to use a DBA or trade name in Virginia , a fictitious name certificate of approval from VA-SCC must also be uploaded.