GENERAL INFORMATION

This procedures manual is a reference tool for principal employees of a prospective sports betting permit holder or supplier. The Virginia Lottery’s intention is to provide applicants with guidance when using the automated licensing system to complete your online application prior to submitting it to the Virginia Lottery’s Gaming Licensing and Investigations Division for the appropriate due diligence.

Your application must be submitted online through this automated system beginning October 15, 2020. A sample of this application can be found at [www.vagamingregulations.com](http://www.vagamingregulations.com). You will be required to contact your sports betting employer’s account representatives in order to obtain access to the system prior to initiating the application process. Once an application and all required supporting documents have been submitted, these items will become the property of the Virginia Lottery and will not be returned to you. Applicants will not be able to make any changes to their applications within the automated system once your application has been submitted.

Your employer’s account representative will provide you with the following documents that are required to be notarized and returned to your account representative for upload into the automated system: Authorization for Release of Information, Affidavit of Individual Applicant and Certification of Business Relationship. These documents can also be found on pages 5 to 7 of this manual. You will also be required to give your account representative several other documents to be uploaded into the automated system. These documents can be found in the sample application at [www.vagamingregulations.com](http://www.vagamingregulations.com). The account representative will also provide you with the URL to access the Licensing website as well as a temporary password and username that you will use to sign into the automated system and begin the application process.

THE APPLICATION PROCESS

1. After accessing the Licensing website, sign into the system using the username and temporary password provided by your employer’s account representative.

2. You will be prompted to change your password. Your new password must be 12 or more characters containing all the following: special character(s), alphabetical character(s), numerical character(s), uppercase letter(s), and lowercase letter(s):

   ![Change Password](image)
3. Read the “Acknowledgement and Disclosure” and click the button to “acknowledge” that you understand agree to the terms within. If you aren’t clear on these terms, contact your account representative. You will not be able to proceed without acknowledging that you understand.

4. You will then be able to start entering information into your application. You must complete **every** section of the application prior to being able to submit it:

5. Simply follow the instructions when entering your information for each section. Make sure you click “Save” before moving forward to the next section:
6. When you get to the “criminal” section of the application, click the instructions link and read the “Civil, Criminal, and Investigatory Proceedings” document prior to answering the questions in this section. You must acknowledge that you’ve read and understand the definitions in these instructions. If you do not understand, contact your account representative before proceeding:
7. Once you’ve completed each section you will be able to preview your application prior to submitting it. Be sure your information is accurate and complete as you will not be able to make changes within the automated system once you submit it. You will be able to print a copy of your application for your records.

8. Your account representative will obtain all required supporting documents from you to submit to Virginia Lottery as part of the application process. Your account representative will also provide you with instructions to get Live Scan fingerprinting completed for a criminal background check to be done.
AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ____________________________________________________________

(To be completed by the Department)

FROM: __________________________________________________________

(Printed Name of Applicant)

I, ________________________________________________ (printed name), am an applicant for a Principal license in the Commonwealth of Virginia.

The Virginia Lottery, and its employees, agents, and vendors (collectively, "the Department"), is required by law to conduct an investigation of an applicant for any 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                                        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 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 Department changes.

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 license.

________________________________________  _______________________________________
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____