VIRGINIA LOTTERY
GAMING LICENSING and INVESTIGATIONS DIVISION

PROCEDURES MANUAL for SPORTS BETTING VENDOR REGISTRATION APPLICANTS
GENERAL INFORMATION

This procedures manual is a reference guide for prospective sports betting vendors within the Commonwealth of Virginia who are applying for a vendor registration. The Virginia Lottery’s intention is to provide applicants with guidance when using the automated system to complete the online application process.

Only individuals who have been engaged by, are under contract to, or acting on behalf of a sports betting permit operator or supplier who is either licensed or who has applied for a license with the Commonwealth of Virginia should apply through the automated system. Applicants cannot conduct business with a sports betting applicant or licensee unless the Department finds that the vendor applicant meets the legal requirement for approval. The vendor will need to designate a representative to complete and submit the online application. The representative will be the Virginia Lottery’s point-of-contact and must have the authority to make decisions on behalf of the vendor applicant. The application must be submitted online through this automated system beginning October 15, 2020.

The vendor’s representative will be required to contact the Virginia Lottery’s Gaming Licensing and Investigations Division at (804) 692-7165 to obtain access to the automated system prior to initiating the application process. An Investigator will provide you with the URL to access the automated system online. You will be given a username and temporary password that you will use to sign in. After completing the online application and remitting the required fee, the vendor’s representative will need to follow-up with an Investigator from Virginia Lottery to provide the required supporting documents in order to complete the application submission process. The following documents are required to be notarized and provided to the Investigator for upload into the automated system: Authorization for Release of Information, Affidavit of Representative of Applicant, and Certification of Business Relationship. These documents can also be found on pages 7 through 9 of this manual. 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.
THE APPLICATION PROCESS

1. After accessing the URL for the automated system, sign into the system using the username and temporary password provided by the Investigator.

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), upper case letter(s), and lowercase letter(s):

3. Read the “Acknowledgement and Disclosure” form and click the button to acknowledge that you understand and agree to the terms within. If you aren’t clear on these terms, re-contact the Virginia Lottery in order to proceed.

4. You will then be able to start entering information into your application by clicking on each section’s hyperlink. You must complete every section of the application before submitting it:
5. Simply follow the instructions when entering your information for each section:

6. Each section will have instructions at the top of the page. Be sure to use the save button after entering data in each section before proceeding to another section or exiting the system:
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. Once you have submitted the application, contact the Virginia Lottery’s Gaming Licensing and Investigation Division to provide all required supporting documents to complete the application process.
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

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 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

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

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 ____
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 has been contracted by the Licensee. The Applicant will provide the following goods and services per the contract:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Licensee Representative _______________________________ 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___