



Virginia Lottery

600 East Main Street, Richmond, VA 23219

PRINCIPAL LICENSE RENEWAL APPLICATION

Applicant: _____

Name of Company: _____

RENEWAL REQUIREMENTS

1. The term of a principal license is three years from the date of issuance. At least 60 days before the end of the term of a principal license, a principal shall submit a:
 - a) Renewal application using the electronic form required by the Department, and
 - b) Non-refundable wire transfer of \$50,000 as an application/license and background investigation fee.
2. All current licensees who are awarded a principal renewal license will continue to conform to all the information contained in their initial principal license applications and shall immediately submit to the Director notice in writing of any changes.

FEES AND COST

Renewal

Non-refundable Background Investigation Deposit.....\$50,000.00*

*Background investigation cost:

The above non-refundable background investigation deposit is required at the time an applicant files a Principal license renewal application. Should the deposit be exhausted prior to the completion of the background investigation, the Applicant will be billed for any additional investigative costs incurred by the Department.

TERM OF LICENSE, RENEWALS

Term:

A Virginia principal renewal license is valid for three years.

Renewal Process:

The Department may renew the Principal Employee license if the licensee:

- a. Submits an application for renewal to the Department at least 60 days before the employee's license expires;
- b. Continues to comply with all licensing requirements;
- c. Submits to a background investigation; and
- d. Pays the license renewal costs.

REMITTANCE OF FEES AND COST

License and application fees, should be wired to:

Wire Payment to:

1. **Virginia Lottery Account Number:** 435029087446
2. **Name of the Account:** Gaming License Fees
3. **Transit Routing:** 026009593

ACH Payment to:

1. **Virginia Lottery Account Number:** 435029087446
2. **Name of the Account:** Gaming License Fees
3. **Transit Routing:** 051000017

TABLE OF CONTENTS**Section A IMPORTANT NOTICES****Section B INSTRUCTIONS****Section C DEFINITIONS****Section D EXHIBITS****Application Checklist****Exhibit 1 Applicant Information****Exhibit 2 Photograph****Exhibit 3(a) Family/Social Data – Marriages(s)****Exhibit 3(b) Family/Social Data – Domestic Partner(s)****Exhibit 3(c) Family/Social Data – Civil Union(s)****Exhibit 3(d) Family/Social Data – Dependent(s)****Exhibit 4 Offices and Positions****Exhibit 5 Business Entity Information****Exhibit 6 Employment and Licensing Data****Exhibit 7 Civil, Criminal and Investigatory Proceedings****Exhibit 8 Financial Data****Exhibit 9 Miscellaneous Questions****Exhibit 10 Illegal Use of Controlled Dangerous Substances; Problem Gambling****Exhibit 11 Authorization for Release of Information****Exhibit 12 Affidavit of Individual Applicant****Exhibit 13 Acknowledgement and Disclosure****Exhibit 14 List of Required Documents**

SECTION A
IMPORTANT NOTICES

- A.1 This form is an official document of the Department. Failure to complete the application in its entirety may cause this application or your license to be delayed or denied**
- A.2** A Virginia Principal Employee license is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's expense.
- A.3** You ***must*** make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties.
- A.4** The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the law and regulations and the posting of a bond that may be required by the Department. The application will not be processed until the fees have been submitted.
- A.5** The Applicant is under a continuing duty to ***promptly*** disclose any changes in the information provided in the application, as well as all changes to any of the materials submitted at the request of the Department. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the Department.
- A.6** The Applicant shall ***promptly*** provide written notification to the Department of any corrections or changes to this application once submitted or to any of the materials submitted at the request of the Department.
- A.7** All notices regarding the application will be sent to the email address provided by the Applicant on this form. The Applicant must immediately notify the Department of any change of address.
- A.8** Any Applicant who applies for and obtains a license from the Department may be required to submit to warrantless searches as stated in the law or regulation.
- A.9** All submissions with and for this application become the property of the Department and ***will not*** be returned.
- A.10** Once the application has been submitted to the Department, the Applicant ***may not*** withdraw its application without permission of the Department.
- A.11** The Virginia Lottery's Licensing and Investigation Division is referred to, throughout this application, as the "Licensing Division".
- A.12** All notifications of any information changes to your application after it has been submitted must be sent via email to gaminglicense@valottery.com

SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Virginia Principal license ("license") renewal.

- B.1** **Read each question carefully.** Answer each and every question completely. If a question does not apply, select or enter "N/A." If the correct answer to a particular question is "None", indicate so.
- B.2** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Department to deny the application, or to suspend or revoke a license.
- B.3** All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a license, as listed above, **must be submitted at the time of filing this form.**
- B.4** An applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the Commonwealth of Virginia Freedom of Information Act ("FOIA") (Va. Code § 2.2-3700 *et seq.*) and the Virginia Public Procurement Act (Va. Code § 2.2-4300 *et seq.*). Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the FOIA. Applicant is advised that, upon request for this information from a third party, the Department will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the Commonwealth of Virginia, and its employees and agents, the Board, and the Virginia Lottery for any damages resulting from any disclosure or publication in any manner.
- When the Department receives a FOIA request, Staff retrieves and compiles all public records that are responsive to the request. "Public records" means all writings, recordings or other form of data compilation, prepared or owned by, or in the possession of a public body or its officers, employees or agents in the transaction of public business. After Staff compiles all responsive records, Department counsel reviews the request and the records, and makes a legal determination as to whether the records may be released
- B.5** Additionally, when the Department receives a request for records of an entity that holds a gaming-related license, or a vendor registration or certification, Department Staff or Department counsel typically advise the entity of the request and our anticipated response. The entity may seek a court order preventing the Agency from releasing records it wants kept confidential.
- B.6** The Department may request additional financial and other information as needed.
- B.7** The license and application fees described in the "Fees and Costs" section on Page 2 of this form are non-refundable. Additional costs and expenses may be incurred by the Department in its investigation of the Applicant. Background investigation costs will be assessed by the Department and shall be reimbursed to the Department promptly upon receipt of an invoice. The failure to reimburse the Department for background investigation costs is a basis for disqualification of the Applicant.

SECTION D - DEFINITIONS

Please refer to the list of Consolidated Definitions applicable to all sports betting license applications, which is available on the website of the Virginia Lottery : <https://www.valottery.com>

SECTION D

EXHIBITS

Principal License Renewal Application and Personal History Disclosure Form

APPLICATION CHECKLIST

Use the following list to indicate with an “X” the exhibits that are attached with this application. All attachments are **Mandatory** and need to be submitted. If a question, exhibit or addendum is not applicable, indicate “**Not Applicable**” and **attach an explanation why it is not applicable**. If any item is missing or not filed according to these directions, the application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE “X” WHEN COMPLETED
1	Applicant Information	
2	Photograph	
3(a)	Family/Social Data – Marriage(s)	
3(b)	Family/Social Data – Domestic Partner(s)	
3(c)	Family/Social Data – Civil Union(s)	
3(d)	Family/Social Data – Dependent(s)	
4	Offices and Positions	
5	Business Entity Information	
6	Employment and Licensing Data	
7	Civil, Criminal and Investigatory Proceedings	
8	Financial Data	
9	Miscellaneous Questions	
10	Illegal Use of Controlled Dangerous Substances; Problem Gambling	
11	Authorization for Release of Information	
12	Affidavit of Individual Applicant	
13	Acknowledgement and Disclosure	
14	List of Required Documents	

Note: Please upload all required documents in the designated section.

**Exhibit 1
Applicant Information**

1. Last Name	First Name	Middle Name	Suffix(Jr., Sr., etc.)
Mailing Address Line 1		Mailing Address Line 2	
City	State/Province	Postal Code	
Home Address Line 1 (If Different than Mailing)		Home Address Line 2	
City	State/Province	Postal Code	
Home Phone	Business Phone	Email Address	
(

Date of Birth	Social Security Number*	U.S. Citizen YES <input type="checkbox"/> NO	If "NO", attach details and indicate Alien Registration Number here:
----------------------	--------------------------------	--	---

List Other Name(s)

Have you been known by any other name(s) if yes list all other names below and state date of use for each . Include Maiden Names Nicknames, Aliasses and other name changes, legal or otherwise YES NO

Last Name Nickname	First Name	Middle Name	Suffix (Jr. Sr. etc)	From Date/ To Date
---------------------------	-------------------	--------------------	-----------------------------	---------------------------

List all addresses where you have lived during the last 15 years. (Attach separate sheet if necessary)

Street and Number	City/State/Zip	From: Mo/Yr	To: Mo/Yr

Applicant Descriptive Information

Sex	Color of Eyes	Color of Hair	Height Feet(Inches)	Weight (lbs)
Driver License Number		State Issued	Marital Status (Single, Married, Separated, Divorced, Widowed)	
Tattoos, Scars and Distinguishing Marks (Please Describe):		Race* Are you of Hispanic/Latino origin? Yes No <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other:		
		*Multiracial respondents may select all applicable racial categories.		

Have you ever been issued a passport?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If, yes please complete the following:
---------------------------------------	------------------------------	-----------------------------	--

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date
------------------------	-------------------------	---------------------	--------------------	------------------------

**Exhibit 2
Photograph**

Please upload a Passport quality color photograph of you alone that is recent (taken within the last six months), presents a good likeness of you, and is in JPEG format. The photograph must be color, clear, with full front view of your face. It must also be taken in street attire, without a hat, or dark glasses. Photographs retouched so that your appearance is changed are unacceptable.

**Exhibit 3(a)
Family/Social Data – Marriage(s)**

What's your current marital status? Single Married Separate Divorced Widow/ Widower

How many times have you been marr

CURRENT MARRIAGE

Name(Last, First, Middle)	Date of Birth	Date of Marriage
---------------------------	---------------	------------------

PREVIOUS MARRIAGE (S)

Name of Former Spouse (include Maiden name)	Date & Place of Marriage	Date of Birth	Jurisdiction of Marriage and Divorce/Annulment	Present address of former spouse
---	--------------------------	---------------	--	----------------------------------

Exhibit 3(b)
Family/Social Data – Domestic Partner(s)

Present and former domestic partner(s) – Provide names, date of birth, phone number and occupation of each domestic partner, beginning with the most recent.

Exhibit 3(c)
Family/Social Data – Civil Union(s)

Present and former civil union(s) – Provide civil union date, jurisdiction where civil union occurred, and partner’s name, date of birth, place of birth, home address, phone number and occupation

Exhibit 3(d)
Family/Social Data – Dependent(s)

List the names of all dependent children or other persons who you are supporting or contributing to the support of, and provide the amount of support.

Name	Date of Birth	Birth Place	Address (No., Street, Apt., City, State, Country, Zip Code)	Amt. of Support (If a Dependent)
------	---------------	-------------	---	-------------------------------------

Please mark the appropriate response regarding your child support obligations:

I am not subject to a court order for the support of a child

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in section above); or

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order (if applicable):

Name	Address	Contact Person and Phone
------	---------	--------------------------

**Exhibit 4
Offices and Positions**

1. List all offices, trusteeships, directorships or fiduciary position (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last three year period. Begin with the most recent and work backward.

From Date (Mo/Yr)	To Date (Mo/Yr)	Title of Office or Position Held	Name and Address of Firm, Corporation, Association, Partnership or Other Business Entity	Compensation Received
----------------------	--------------------	----------------------------------	---	--------------------------

2. List all government positions and offices, whether salaried or unsalaried, held by you during the last three year period. Begin with the most recent and work backward.

From Date (Mo/Yr)	To Date (Mo/Yr)	Title of Office or Position Held	Name and Address of Government Agency/Organization
----------------------	--------------------	----------------------------------	---

**Exhibit 5
Business Entity Information**

(Information concerning the Business Entity with which you are a Principal)

Business Name - As it is written on the Article of Incorporation, by-laws or other official documents filed with the state or federal government. Supply all names such as "Trade Names" and "Doing Business As" ("DBA")

Principal Address of Business

Address line 1:

Address line 2:

City:	State:	Postal Code:
-------	--------	--------------

Mailing Address line 3 (if different from above):

Address line 4:

City:	State:	Postal Code:
-------	--------	--------------

Applicant's Association With Business Entity

Name of Business in which I am a Principal:

Explain Role within Business Entity: Job title and description of duties.

Exhibit 6 Employment and Licensing Data

1. Have you ever been employed by a casino or gaming/gambling related company in any jurisdiction? YES NO

*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

Name of Gaming/Gambling Related Company and Country/State Where You Were Employed	Name, Mailing Address and Telephone Number of Employer(s)	From Date (Mo/Yr)	To Date (Mo/Yr)	Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving
---	---	-------------------	-----------------	---	--------------------	--------------------

2. Provide the information regarding your employment for the past three (3) years. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

From Date (Mo/Yr)	To Date (Mo/Yr)	Name, Mailing Address and Telephone Number of Employer(s)	Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving/Compensation at Departure
-------------------	-----------------	---	---	--------------------	--

3. With regard to the employment listed in #2:

- a. Were you ever discharged, suspended or asked to resign from employment? YES NO
- b. During the last three year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? YES NO

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action
---	------------------------------	--------------------	--

4. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past twelve (12) month period. Begin with the current employer.

From Date (Mo/Yr)	To Date (Mo/Yr)	Name, Address and Telephone Number of Employer	Title/Position Held
-------------------	-----------------	--	---------------------

5. To the best of your knowledge, have you or has your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last twelve (12) month period? YES NO
If yes, complete the following chart:

From Date (Mo/Yr)	To Date (Mo/Yr)	Capacity	Nature Of Trust Or Other Fund	Income Received	For Whom Held
-------------------	-----------------	----------	-------------------------------	-----------------	---------------

6a. Have you, or your spouse or domestic partner, ever sought and been denied a position as a trustee or other fiduciary officer ? YES NO

6b. Have you, or your spouse or domestic partner, ever been suspended or removed from a position as a trustee or other fiduciary officer? YES NO

If yes to either question, complete the following chart:

Date	Capacity	Nature of Trust or Other Office	Reason for Denial, Suspension or Removal
------	----------	---------------------------------	--

7. Have you, or your spouse or domestic partner, submitted an application for, or held, any NON-GAMING professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance or any other type of professional license in the past three years? (Do not include alcoholic beverage or driver’s license). You must answer “YES” to this question if you or your domestic partner ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending. YES NO

If yes, complete the following chart:

Name on License	Type of License	From Date (Mo/Yr)	To Date (Mo/Yr)	Name and Address of Licensing Agency/Organization	Disposition of the Application
-----------------	-----------------	-------------------	-----------------	---	--------------------------------

8. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdictions?

If yes, complete the following chart as to each denial, suspension, revocation or conditions: YES NO

Type of License, Permit or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation
--	--	---	---

9. Has any entity in which you, your spouse, or your domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest ever had a license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions in the past three years?

If yes, complete the following chart as to each denial, suspension or revocation: YES NO

Name of Entity	Position Held by You, Spouse, domestic partner	Type of License, Permit or Certificate	Type of Action Taken	Name and Address of Government Agency/Organization Taking Action	Date of Action	Reason(s) for Action
----------------	--	--	----------------------	--	----------------	----------------------

10. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past three (3) years. (Do not include publicly traded corporations in which you owned stock.)

Date From (Mo/Yr)	Date To (Mo/Yr)	Name(s) & Address(es) of Business(es)	Current Status of Business(es)	% Interest Held by You	Name(s), Address(es) of Other Owners	State/Province and Country of Organization or Incorporation
-------------------	-----------------	---------------------------------------	--------------------------------	------------------------	--------------------------------------	---

11. Have you, your spouse, or domestic partner ever made application for, or held, a license, permit, registration, finding or suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction in the past three (3) years? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending. YES NO

If yes, complete the following chart:

Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, Pending, etc.)	License, Permit, Approval or Registration Number
--	---	---------------------	--	--

12. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding or suitability, qualification or other authorization identified in the previous question, were you, your spouse, or domestic partner ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying in the past three (3) years? YES NO

If yes, complete the following chart:

Name and Address of Licensing Agency or Commission	Date of Appearance (s)	Nature of Hearing	Was Testimony Given?
--	------------------------	-------------------	----------------------

13. In the past three (3) years, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding or suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.) YES NO

If yes, complete the following chart:

Name and Address of Business Entity	Nature of Your Interest	Date of Application	Name & Address of Licensing Agency to which Application was Made	Type of License Applied For	Disposition Of Application
-------------------------------------	-------------------------	---------------------	--	-----------------------------	----------------------------

14. Are any members of your family (spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in the previous question in any jurisdiction? YES NO

If yes, complete the following chart:

Family Member	Relationship	Name of Gaming/Gambling or Alcoholic Beverage Business and Address	Business Telephone
---------------	--------------	--	--------------------

Exhibit 7
Civil, Criminal and Investigatory Proceedings

Information about any offenses that you, your spouse, your domestic partner or your children may have committed

Prior to answering this question, carefully review the definitions 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 officer to come to a law enforcement office or facility and answer 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.

Have you read and understood the definitions and instructions? Yes

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

IMPORTANT

Virginia *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.

1. Have you ever been arrested or charged with any offense in any jurisdiction?

If yes, complete the following chart:

YES NO

Nature of Charge or Offense/Location of Where Incident Occurred	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)
---	---------------------------	--	--	-------------------

2. 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 proceeding in any jurisdiction?

If yes, complete the following chart:

YES NO

Name and Address of Governmental Agency/Organization Involved	Nature of Proceeding	Outcome/Disposition	Date
---	----------------------	---------------------	------

3. 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 in connection with a traffic summons?

If yes, complete the following chart:

YES NO

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
---	---------------------------------------	----------------------	-----------------------------------	--

4a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam, by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in connection with a traffic summons?

YES NO

4b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other civil or criminal investigatory agency, body, board or commission, at any civil, criminal or administrative proceeding or hearing?

If yes to either question, complete the following chart: YES NO

Name and Address of Agency/Organization	Nature of Proceeding or Investigation	Was Testimony Given?	Date on which Testimony was Given	Approximate Time Period of Investigation
---	---------------------------------------	----------------------	-----------------------------------	--

5. Have you ever received a pardon, or has any government agency/organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense?

YES NO

If yes, complete the following chart:

Date of Pardon, Dismissal, Suspension or Deferral	Type of Action Taken	Name and Address of Government Agency/Organization Granting Pardon, Dismissal, Suspension or Deferral
---	----------------------	---

6. Has your spouse, domestic partner, children, step-children or adopted children been arrested or charged with any offense in any jurisdiction in the past three (3) years? If yes, complete the following chart: YES NO

Name of Person	Relationship	Nature of Charge or Offense	Date of Charge or Offense	Name & Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)
----------------	--------------	-----------------------------	---------------------------	--	--	-------------------

7. In the past three (3) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial, negligence, auto accident, contract, collection, debt, and bankruptcy matters)

YES NO

If yes, complete the following chart:

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition
------------	-------------------------	--------------------	-----------------------	----------------	-------------	---------------------

8. In the past three (3) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

YES NO

If yes, complete the following chart:

Name of Entity	Type of Entity	Approximate Date (s) of Lawsuit/Arbitration/Bankruptcy	Where Action Filed (City/Town, State/Province, Country)
----------------	----------------	--	---

9. In the past three (3) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense?

YES NO

If yes, complete the following chart:

Governmental Agency/Organization	Nature of Charge	Date	Disposition
----------------------------------	------------------	------	-------------

10. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction in the past three (3) years? (Check "YES" even if you are no longer barred or excluded)

YES NO

If yes, complete the following chart:

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion
------------------------	-------------------	----------------------

**Exhibit 8
Financial Data**

Applicant Ownership Interest

1. . Do you have an ownership interest, financial interest or financial investment in the business entity for which you are a Principal employee? YES NO

If "Yes", list all debt and equity holdings in the business entity. (If necessary, copy exhibit and attach to application.)

List Number of Shares or Units held and Holding/Investment/Interest	Percentage of Interest in all Outstanding Shares in Business Entity
---	---

2. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? YES NO
If yes, complete the following chart:

Nature of Lien/Debt	When Filed	Where Filed	Current Status
---------------------	------------	-------------	----------------

3. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction in the past three (3) years? YES NO

If yes, complete the following chart:

Date Adjudicated/Filed	Docket/Case Number	Name and Address of Court	Name and Address of Trustee
------------------------	--------------------	---------------------------	-----------------------------

4. In the past three (3) years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? YES NO

If yes, complete the following chart:

Date Adjudicated/Filed	Docket/Case Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee
------------------------	--------------------	---------------------------	----------------------------------	-----------------------------

5. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring? YES NO

If yes, complete the following chart:

Name and Address of Business Entity	Your Relationship to Business Entity	Date Placed Under Liquidation, Receivership, etc.	Reason Placed Under Liquidation, Receivership, etc.	Present Status
-------------------------------------	--------------------------------------	---	---	----------------

6. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past three (3) year period? YES NO

If yes, complete the following chart:

Date of order	Docket/Case Number	Name and Address of Court	Nature of Obligation	Amount of Obligation	Name and Address of Holder of Obligation
---------------	--------------------	---------------------------	----------------------	----------------------	--

7. In the past three (3) years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction? YES NO

If yes, complete the following chart:

Type of Property	Date Repossessed	Name and Address of Company Repossessing Property	Reason for Repossession
------------------	------------------	---	-------------------------

8. During the last three (3) year period, have you been:
 a. An executor(trix), administrator or other fiduciary of any estate;
 b. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
 c. A settler/grantor, beneficiary or trustee of any trust? YES NO

If yes, complete the following chart as to each estate and trust:

Name and Location of Estate/Trust	Position/Interest Held	Date(s) on which Positions were Held or Interest was Received	Amount of Compensation or Nature and Value of Benefit Granted/Received
-----------------------------------	------------------------	---	--

9. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to the previous question.) YES NO

If yes, complete the following chart:

Description of Trust	Location of Trust	Name of Trustee(s)	Names of Other (s) with Interests in Your Trust
----------------------	-------------------	--------------------	---

10. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in the previous questions.) YES NO

If yes, complete the following chart:

Description of Trust	Location of Trust	Names of Other (s) with Interest in Trust
----------------------	-------------------	---

11a. Please state your country of residence:

11b. During the last three (3) year period, have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in 11a. above?

YES NO

If yes, complete the following chart:

From Date (Mo/Yr)	To Date (Mo/Yr)	Name and Address of Institution Holding Account	Account Number	Name and Address of Each Person/Entity Appearing on the Account	Present Amount Held/Amount Held Before Closing Acct
-------------------	-----------------	---	----------------	---	---

12. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in 11a. above (excluding foreign bank accounts identified in b. above)?

YES NO

If yes, complete the following chart:

Description of Asset/Liability	Location of Asset/Liability
--------------------------------	-----------------------------

13. During the last three (3) year period, have you or has your spouse, domestic partner, or any of your children, while dependent, received a loan in excess of \$25,000?

YES NO

If yes, complete the following chart:

Date Received Loan	Name and Address of Lender	Name of Borrower and all Co-Signers	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan
--------------------	----------------------------	-------------------------------------	-------------------------	-------------------	--------------------------

14. . During the last three (3) year period, have you or has your spouse, domestic partner, or any of your children, while dependent, made any loan in excess of \$10,000?

YES NO

If yes, complete the following chart:

Date of Loan	Name and Address of Borrower	All Co-Parties to Loan	Name of Lender	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan	Security Pledged
--------------	------------------------------	------------------------	----------------	-------------------------	-------------------	--------------------------	------------------

15. Have you individually ever exchanged currency in an amount of more than \$10,000 within the past three (3) years? If yes, complete the following chart: YES NO

Date and Amount of Exchange	Location Where Exchange Made	Reason for Exchange	Did You Fill Out or File Any Governmental Reporting Document
-----------------------------	------------------------------	---------------------	--

16. Do you maintain a brokerage or margin account with any securities or commodities dealer? If yes, complete the following chart: YES NO

Type of Account	Name and Address of Dealer	Amount of Margin
-----------------	----------------------------	------------------

17. Have you, your spouse, domestic partner, or dependent children filed any claims in excess of \$100,000 under any fire, theft, automobile or insurance policy within the past three (3) year period? If yes, complete the following chart: YES NO

Date of Claim	Nature of Claim	Name and Address of Insurance Carrier	Disposition
---------------	-----------------	---------------------------------------	-------------

18. During the last three (3) year period, have you, your spouse, domestic partner or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value in any one year period? If yes, complete the following chart as to each gift: YES NO

Name of the Donor or Donee	Date Gift Given/Received	Description of Gift	Approximate Value
----------------------------	--------------------------	---------------------	-------------------

19a. Do you have any safe deposit boxes in your name in any jurisdiction? YES NO
19b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? YES NO

If yes to either question, complete the following chart:

Name and Address of Bank or Other Institution/Business Where Located	Name(s) in which Account(s) or Safe Deposit Box(es) Held	Type of Account (Savings, Checking, Safe Deposit, etc.)	Account No. or Safe Deposit Box No.
--	--	---	-------------------------------------

20. In the past three (3) years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000? YES NO

If yes, complete the following chart:

Name and Address of All Parties Involved	Nature of Goods or Services Provided	Amount Received	Date Received
--	--------------------------------------	-----------------	---------------

21. Have you, in the past three (3) years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction? YES NO

If yes, complete the following chart:

Nature of Obligation (Personal Guarantee, etc.)	Date Obligation Made	Name(s) of Person Responsible for Obligation	Status of Underlying Obligation
---	----------------------	--	---------------------------------

**Exhibit 9
Miscellaneous Questions**

1. Is Applicant currently in default on the payment of any student loan? YES NO

If yes, complete the following chart:

2. Is Applicant currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal?

YES NO

If yes, complete the following chart:

3. Has your gaming/gambling related operation license, permit, certification, registration, finding of suitability, qualification or other authorization ever been subject to any specific regulatory enforcement action in any jurisdiction?

YES NO

If yes, complete the following chart:

4. Does the Applicant have any personal or business relationship with any member, agent or employee of the Virginia Lottery, the Virginia State Police or Office of the Virginia Attorney General?

YES NO

If yes, provide the following information about the individual with whom you have a personal or business relationship.

5. Has the Applicant ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino or gaming/gambling related operation, including any referral, finder's or

consulting fee? (Exclude employment) YES NO **If yes, complete the following chart:**

Exhibit 10
**Illegal Use of Controlled Dangerous Substances;
Problem Gambling**
(Answer all questions and provide information to any question you answer "yes.")

1. Do you currently engage in the illegal use of drugs, or have you ever been arrested for such use?

YES NO

If yes, please explain below.

2. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility or activity?

YES NO

If yes, please explain listing the jurisdiction, if applicable.

Item#	Detailed Explanation (dates, jurisdictions, etc., as applicable for full explanation)
-------	---

Exhibit 11
Authorization for Release of Information

TO: _____
(Leave blank - to be completed by the Department)

FROM: _____
(Printed Name of Applicant)

I am an applicant for a principal license renewal 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; 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 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

Printed Name

My commission expires _____, 20____

Exhibit 12
Affidavit of Individual Applicant

I, _____ (printed name) am an applicant for a Principal license renewal 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 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 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 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 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 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

Date

Printed Name

Title

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____

Exhibit 13
Acknowledgement and Disclosure

I understand and acknowledge with my initials and signature the following:

The Department, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a principal license renewal. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the license renewal.

I am applying for a Virginia Principal license renewal. I cannot be employed in a job that requires this license unless the Department finds that I meet the legal requirements for licensure. I am required to submit correct and accurate information, and I am prohibited from submitting false or misleading information, to the Department. Failure to disclose any required information will be considered when assessing my character, honesty and integrity, and may disqualify me.

During the investigation, the Department is required to collect and evaluate various kinds of information or reports to determine if an applicant meets the eligibility requirements for licensure. The background investigation will include, but not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness; criminal record, record of involvement with law enforcement agencies, as specified in the application, or record of involvement with civil litigation. 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 have a continuing obligation for the entire period I am licensed to inform the Department if any information I submit on my initial application changes, to include, but not limited to, contact information (physical/email addresses and phone numbers); name changes; arrests, charges, or convictions for any offense; or the inability to maintain my credit stability.

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

Signature of Individual Completing Form

Date

Printed Name

Title

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____

Exhibit 14
REQUIRED DOCUMENTS

All documentation / information provided is confidential and will become the property of the Virginia Lottery. No document will be returned so please make certain you retain the original document unless otherwise specified.

1. Copy of your Naturalization Certificate (if applicable):
 Uploaded Not Applicable
2. Copy (front & back) of your Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.) (if applicable):
 Uploaded Not Applicable
3. Copy of your Passport (if applicable):
 Uploaded Not Applicable
4. Copy (front & back) of your Driver's License or State ID card:
 Uploaded Not Applicable
5. Copy of any professional license(s) held and documents relative to any sanctions:
 Uploaded Not Applicable
6. Copy of any gaming licenses you hold now or have held in the past three years and documents relative to any sanctions, fines or suspension:
 Uploaded Not Applicable
7. Copy of registration for any vehicles, aircraft, or boats:
 Uploaded Not Applicable
8. Copy of each tax return (Federal, State & Local), each Internal Revenue Service form filed with or concerning that tax return and all Internal Revenue Service schedules filed by you in the last three (3) years. If you and your spouse did not file joint returns at any time in the last three (3) years, **please provide and attach your spouses' tax returns:**
 Uploaded Not Applicable
9. Copy of the last three month's bank statements on all bank accounts for 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). (We reserve the right to examine all cancelled checks for an approximate two (2) year period for a selected time frame, if necessary):
 Uploaded Not Applicable
10. Copy of any Notes Receivable (including receivables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, schedule (B):
 Uploaded Not Applicable
11. 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 net worth statement, schedule (L):

Uploaded Not Applicable

12. 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:

Uploaded Not Applicable

13. 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):

Uploaded Not Applicable

14. 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 & H):

Uploaded Not Applicable

15. Copy of any Notes, Loans, or Taxes Payable (including payables in the name of a corporation in which you have over a 5% interest) listed on your net worth statement, schedules (I), (J), (K), (M) or (N):

Uploaded Not Applicable

16. Copy of any documents relative to any Contingent Liabilities listed on the net worth statement, schedule (O):

Uploaded Not Applicable

17. Copy of last three (3) months Credit Card Statement(s):

Uploaded Not Applicable

18. Documentation (i.e. partnership papers, stock registry-stock certificates) of any company you currently hold 5%:

Uploaded Not Applicable

19. Copy of any documents indicating any other indebtedness not listed above:

Uploaded Not Applicable

20. Copy of any liens, judgments or taxes payable under your name:

Uploaded Not Applicable

21. 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:

Uploaded Not Applicable