



Virginia Lottery

600 East Main Street, Richmond, VA 23219

VENDOR REGISTRATION RENEWAL APPLICATION

Vendor's Business Name (Applicant):

Enter 'D/B/A' or 'T/A' name, if applicable:

VA SCC Compliance Attached:

Date submitted to Virginia Lottery:

SECTION H - APPLICANT INFORMATION

H.1 BUSINESS NAME OF APPLICANT*

* As written in the Articles of Incorporation, By-Laws, Charter Partnership Agreement or other official documents filed with a State or Federal Government:

Doing Business As (D/B/A) or Trade Name(s):

H.2 APPLICANT'S PRINCIPAL ADDRESSES

Describe the Applicant's use of this address: (check all that apply to this address)

- Mailing
 Residential
 Corporate
 Production
 Development / Testing
 Warehouse
 Distribution
 Other (Describe)

Address Line 1 (Street Location)

Address Line 2

City	State	Zip Code
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Mailing Address Address Line 1 – if different from above

Address Line 2

City	State	Zip Code
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Vendor's website

Describe the Applicant's use of this address: (check all that apply to this address) **No Secondary Address**

- Mailing
 Residential
 Corporate
 Production
 Development / Testing
 Warehouse
 Distribution
 Other (Describe)

Address Line 1 (Street Location)

Address Line 2

City	State	Zip Code
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Mailing Address Address Line 1 – if different from above

Address Line 2

City	State	Zip Code
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Vendor's website

H.3 APPLICANT'S POINT-OF-CONTACT

*Point-of-Contact: (Name) _____ (Company title) _____

*This individual must either have the authority to make decisions on behalf of the Vendor applicant.

Email Address: _____

All notifications will be made to this e-mail address. If necessary, check the "SPAM" folder for e-mails from "...@valottery.com".

Office Telephone Number: _____ Cell Number: _____

H.4 APPLICANT'S OWNERS, OFFICERS, DIRECTORS, ETC.

Provide the names of the vendor's officers, owners, directors, etc. who will be directly/significantly involved in providing goods and services. Also, provide the names of those individuals who manage, administer or control the Applicant's activities such as CEO, CTO, President, Compliance Manager, Gaming Manager, etc.

Position/Title	Name

H.5 COMPLIANCE WITH VA SCC REGISTRATION

Virginia SCC (VA SCC). Compliance is required.

VA SCC Department ID Number (*1 letter plus 8 numbers*): _____

Check one: Certificate of 'Good Standing' or 'Fictitious Name Certificate'

H.6 COMPANY ASSOCIATION

Sports Betting Permit Holder or Supplier with which the Vendor has contracted. If the vendor has not yet contracted with a sports betting permit holder or supplier indicate N/A:

H.7 COMBINED TOTAL VALUE OF GOODS AND SERVICES

Every vendor applicant shall provide the Department with the combined total value of goods and services the vendor expects to provide, or has been contracted to provide, during a calendar year.

The contracted value of goods and services will be \$ _____ (Actual)

* Indicate whether the value is actual or estimated