

VIRGINIA LOTTERY

GAMING LICENSING and INVESTIGATIONS DIVISION



PROCEDURES MANUAL for SPORTS BETTING SUPPLIER LICENSE APPLICANTS

GENERAL INFORMATION

This procedures manual is a reference guide for sports betting supplier applicants seeking licensure within the Commonwealth of Virginia. The Virginia Lottery (the “Department”) intends to provide applicants with guidance on using the Department’s automated system to complete your online application prior to submitting it to the Department for the appropriate due diligence. The applicant must designate a representative to complete the online application who will also be the point-of-contact for the Department. This person should serve in a role of a Compliance Office or similar as they will be handling confidential sensitive information for the supplier application as well as the associated principal applications.

An applicant for a supplier license to operate a sports betting platform shall, in conjunction with the Department, identify those individuals who meet the definition of a principal. These individuals will be required to complete a principal application. The account representative will be responsible for establishing accounts for the principals in the licensing system and submitting the required documentation on behalf of the principal. Applications must be submitted online through the Department’s automated system beginning October 15, 2020. The account representative should refer to the procedure manual for “Account Representatives” before contacting the Virginia Lottery’s Gaming Licensing and Investigations Division at (804) 692-7165 to complete the account representative designation process. The applicant’s representative will then coordinate with the Department to obtain access to the automated system prior to initiating the application process.

The account representative will also 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 Representative of Applicant, and Acknowledgement and Disclosure. These documents can also be found on pages 7 through 9 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 application at www.vagamingregulations.com.

Once an application and all required supporting documents have been submitted, these items will become the property of the Department and will not be returned to the applicant. Applicants will not be able to make any changes to their applications within the automated system once the application has been submitted. The account representative will provide you with the URL to access the automated system as well as a temporary password and username that you will use to sign in and begin the application process.

FEES

- 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:

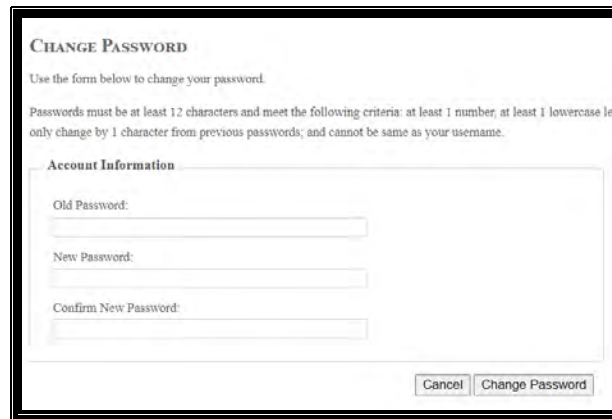
1. **Virginia Lottery Account Number: 435029087446**
2. **Name of the Account: Gaming License Fees**
3. **Transit Routing Number: 051000017**

TERMS

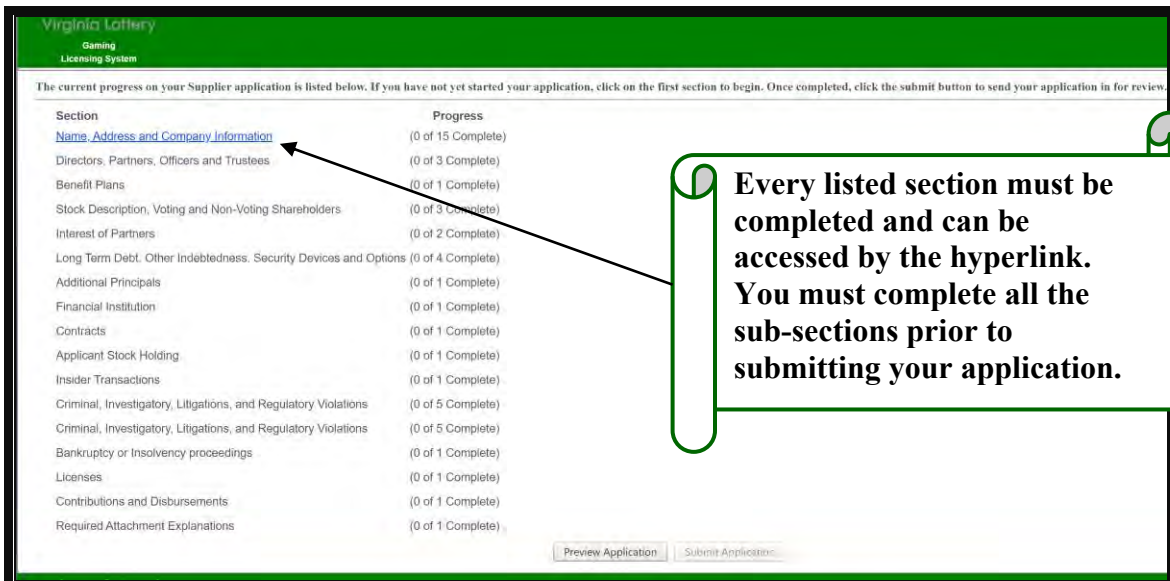
1. **The initial term of Sports Betting Supplier licenses is 3 years.**
2. **The renewal term of Sports Betting Supplier license is 3 years.**

THE APPLICATION PROCESS

1. After accessing the automated system online, sign in using the username and temporary password provided by the 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), 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, 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 be able to submit it:



Section	Progress
Name, Address and Company Information	(0 of 15 Complete)
Directors, Partners, Officers and Trustees	(0 of 3 Complete)
Benefit Plans	(0 of 1 Complete)
Stock Description, Voting and Non-Voting Shareholders	(0 of 3 Complete)
Interest of Partners	(0 of 2 Complete)
Long Term Debt, Other Indebtedness, Security Devices and Options	(0 of 4 Complete)
Additional Principals	(0 of 1 Complete)
Financial Institution	(0 of 1 Complete)
Contracts	(0 of 1 Complete)
Applicant Stock Holding	(0 of 1 Complete)
Insider Transactions	(0 of 1 Complete)
Criminal, Investigatory, Litigations, and Regulatory Violations	(0 of 5 Complete)
Criminal, Investigatory, Litigations, and Regulatory Violations	(0 of 5 Complete)
Bankruptcy or Insolvency proceedings	(0 of 1 Complete)
Licenses	(0 of 1 Complete)
Contributions and Disbursements	(0 of 1 Complete)
Required Attachment Explanations	(0 of 1 Complete)

5. Simply follow the instructions when entering your information for each section:

Class of Person in Plan
No records to display.

Plan Name
No records to display.

Previous Next Hold Completed

[Name](#) [Business](#) [Licensee Association](#) [Form of Organization](#) [Point-Of-Contact](#)
[Previous Addresses](#) [Businesses Operated](#) [Businesses of Other Types](#) [Current Dis](#)
[Interest of Former Partner](#) [Long Term Debt](#) [Other Indebtedness](#) [Security Option](#)
[Investigations](#) [Litigation](#) [Violations](#) [Bankruptcy](#) [Licenses](#) [Contributions](#) [A](#)

Use the “hold” button if you wish to complete the section later and you’ll be able to proceed to another section to complete. Be sure to save any data you enter first.

Each required section to complete is listed in the yellow field at the bottom of the page.

6. When you get to the “Criminal Instructions” 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:

Gaming Licensing System

Application On Hold

CRIMINAL HISTORY (Directors, Partners, Officers, Trustees and Owners)

Prior to answering these questions, carefully review the definitions and instructions: [Click Here for Instructions](#)

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

Previous Next Hold Completed

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.

Section	Progress
Name, Address and Company Information	(15 of 15 Complete) ✓
Directors, Partners, Officers and Trustees	(3 of 3 Complete) ✓
Benefit Plans	(1 of 1 Complete) ✓
Stock Description, Voting and Non-Voting Shareholders	(3 of 3 Complete) ✓
Interest of Partners	(2 of 2 Complete) ✓
Long Term Debt, Other Indebtedness, Security Devices and Options	(4 of 4 Complete) ✓
Additional Principals	(1 of 1 Complete) ✓
Financial Institution	(1 of 1 Complete) ✓
Contracts	(1 of 1 Complete) ✓
Applicant Stock Holding	(1 of 1 Complete) ✓
Insider Transactions	(1 of 1 Complete) ✓
Criminal, Investigatory, Litigations, and Regulatory Violations	(5 of 5 Complete) ✓
Criminal, Investigatory, Litigations, and Regulatory Violations	(5 of 5 Complete) ✓
Bankruptcy or Insolvency proceedings	(1 of 1 Complete) ✓
Licenses	(1 of 1 Complete) ✓
Contributions and Disbursements	(1 of 1 Complete) ✓
Required Attachment Explanations	(1 of 1 Complete) ✓

Preview Application Submit Application

Each section will have a check mark indicator once all subsections are completed.

You can preview and print your application before submitting it.

8. Your account representative will obtain all required supporting documents from you to submit to Virginia Lottery as part of the application process.



Virginia Lottery | 600 E Main St. Richmond, VA 23219 | 804-692-7165 | gaminglicensing@valottery.com

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

FROM: _____
(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a supplier 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; 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____



Virginia Lottery | 600 E Main St. Richmond, VA 23219 | 804-692-7165 | gaminglicensing@valottery.com

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 Supplier that I represent, to civil or criminal liability. I understand and acknowledge that the Supplier 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

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

Printed Name

Stamp or Seal

My commission expires _____, 20____