

**VIRGINIA LOTTERY**  
**GAMING LICENSING and INVESTIGATIONS DIVISION**



**PROCEDURES MANUAL for SPORTS BETTING**  
**VENDOR REGISTRATION APPLICANTS**

## GENERAL INFORMATION

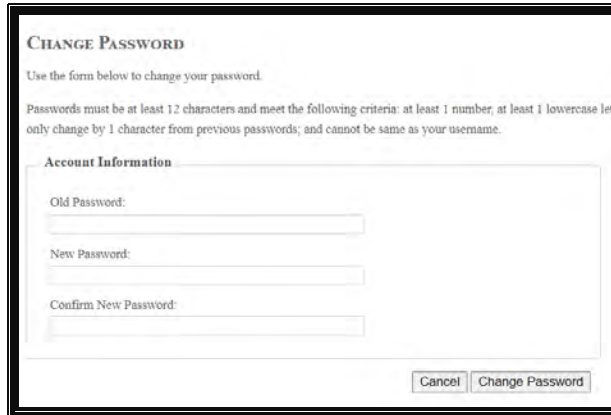
This procedures manual is a reference guide for prospective sports betting vendors within the Commonwealth of Virginia who are applying for a vendor registration. The Virginia Lottery's intention is to provide applicants with guidance when using the automated system to complete the online application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

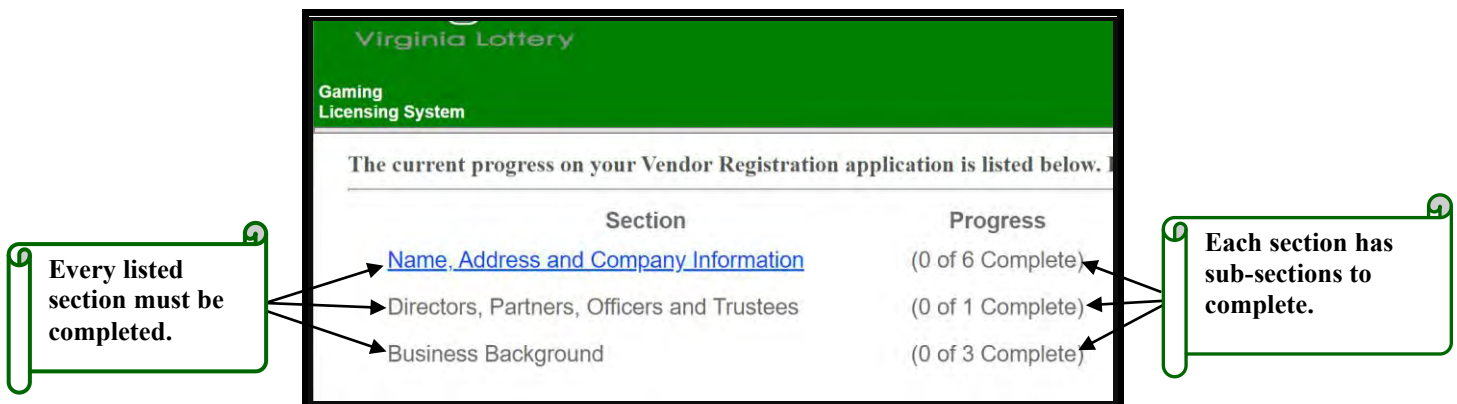
The vendor's representative will be required to contact the Virginia Lottery's Gaming Licensing and Investigations Division at (804) 692-7165 to obtain access to the automated system prior to initiating the application process. An Investigator will provide you with the URL to access the automated system 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:



Section	Progress
<a href="#">Name, Address and Company Information</a>	(0 of 6 Complete)
Directors, Partners, Officers and Trustees	(0 of 1 Complete)
Business Background	(0 of 3 Complete)

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

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 entered data.

Virginia Lottery  
Gaming Licensing System

Application On Hold

**NAME OF APPLICANT**

1. \* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed with a State or Federal Government.

\*Name:

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

Previous Next Hold Completed

Each sub-section is listed in the yellow field at the bottom of the page and will be underlined once successfully completed.

Previous Next Hold Completed

[Name](#) [Principal Addresses](#) [Point-Of-Contact](#) [Current Directors](#) [M](#)

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:

Virginia Lottery  
Gaming Licensing System

Application On Hold

**POINT-OF-CONTACT FOR APPLICANT**

3. This individual must have the authority to make decisions on behalf of the Applicant.  
All notifications will be made to this e-mail address. If necessary, check the "SPAM" folder for e-mails from "...@valottery.com".

\*Last Name:

\*First Name:

\*Middle Name:

\*Suffix:

\*Company Title:

\*Email:

US Phone Format

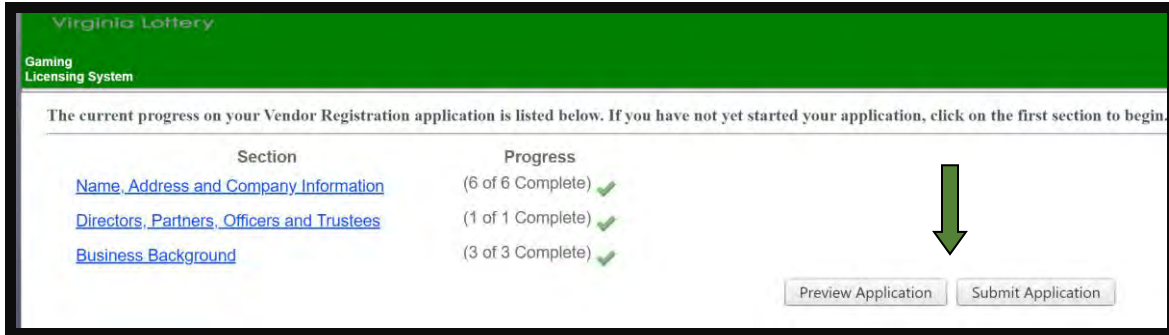
\*Office Telephone Number:

Cell Number:

Save

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.



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.



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 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\_\_\_\_



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**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

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**NOTARY PUBLIC**

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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\_\_\_\_



Virginia Lottery | 600 East Main Street | Richmond, VA 23219 | ph:804.692.7165 | gaminglicense@valottery.com |

## **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:

\_\_\_\_\_  
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\_\_\_\_\_  
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

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_