
VIRGINIA LOTTERY

600 East Main Street, Richmond, Virginia 23219



SPORTS BETTING PERMIT HOLDER LICENSE APPLICATION

TABLE OF CONTENTS

	<u>Page #</u>
Section A IMPORTANT NOTICES.....	4
Section B INSTRUCTIONS.....	5
Section C DEFINITIONS.....	7
Section D APPLICANT INFORMATION.....	7
D.1 Applicant’s Form of Organization.....	7
D.2 Name of Applicant.....	7
D.3 Contact Name For the Applicant.....	7
D.4 Applicant’s Principal Address.....	7
D.5 Incorporation.....	8
D.6 Directors, Partners, Officers and Trustees.....	11
D.7 Former Directors, Partners, Officers and Trustees.....	11
D.8 Compensation of Directors, Partners, Officers and Directors...	11
D.9 Bonus, Profit Sharing, Pension, Retirement, Deferred Compensation and Similar Plans.....	11
D.10 Stock Description.....	11
D.11 Voting Shareholders/Members and Non-Voting Shareholders Members (Corporation – C or S, LLC’s).....	10
D.12 Interest of Current/Former Partners (Partnerships, LLP’s, and Limited Partnerships).....	10
D.13 Holder(s) and extent of Long Term Debt.....	10
D.14 Holder(s) & Type of Other Indebtedness & Security Devices...	11
D.15 Security Options.....	11
D.16 Beneficial Owners of Options.....	11
D.17 Principals Not Yet Disclosed.....	11
D.18 Financial Institutions.....	11
D.19 Contracts.....	12
D.20 Applicant Stock Holdings.....	12
D.21 Insider Transactions.....	12
D.22 Criminal History.....	12
D.23 Investigation, Testimony or Polygraphs.....	13
D.24 Existing and Past Litigation.....	14
D.25 Anti-Trust, Trade Regulation & Securities Judgments; Statutory and Regulatory Violations.....	14
D.26 Bankruptcy or Insolvency Proceedings.....	14
D.27 Licenses.....	15
D.28 Contributions and Disbursements.....	15
D.29 Request to Release Information.....	16
D.30 Applicant’s Consent, Authorization & Acknowledgement & Waiver.....	16

Section E Exhibits..... 17
Exhibit Checklist..... 18

Section F Appendices..... 54

SECTION A**IMPORTANT NOTICES**

- A.1** This form is an **OFFICIAL DOCUMENT** of the Virginia Lottery. This document is to be used for reference purposes only. All applications must be submitted online through the Department's automated licensing system. The Virginia Lottery will not begin accepting online applications for sports betting until October 15, 2020 and will continue accepting applications for an initial application period of October 15, 2020 through October 31, 2020. Submission of paper applications will be returned and not accepted. Online applications received after October 31, 2020 will not be considered and applicants will need to reapply during the annual application period which runs from May 15th through May 31st of each year.
- A.2** The Sports betting permit 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 is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's own 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 background 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.
- A.5** The Applicant is under a continuing duty to promptly disclose any changes in the information provided in the application and request materials submitted to the Department. The duty to make such additional disclosures shall continue throughout any period of any license that may be granted by the Department.
- A.6** All notices regarding your application will be sent to the address and/or email that you provide as part of this application. You must immediately notify the Department if you change your address or email.
- A.7** The Applicant ***shall promptly*** provide written notification to the Department of any corrections or changes to this application after it is submitted.
- A.8** Failure to answer any question completely and truthfully may result in denial of your application and/or revocation of your license and subject you to civil and/or criminal penalties.

- A.9** After the application has been submitted, the Applicant **MAY NOT** withdraw its application without the permission of the Department.
- A.10** All submissions with and for this application become the property of the Department and will not be returned.

SECTION B

INSTRUCTIONS

These instructions are applicable to an Applicant seeking a Sports Betting Permit License (“License”). If a business entity that applies for a license is a subsidiary or if a business entity holding a license is to become a subsidiary, each holding company and each intermediary company with respect to the applicant shall provide all the information requested.

B.1 Read each question carefully. Answer each and every question completely. If a question does not apply, click “NO”. Do not misstate or omit any material fact(s). All information is subject to verification.

B.2 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, ***must*** be submitted at the time of filing this form. Further, the applicant is under a continuing duty to promptly notify the Department if there is a change in the information provided to the Department. 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 State pursuant to the 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.

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 Department from releasing records it wants kept confidential.

- B.3** The Department may request additional financial and other information as needed.
- B.4** All exhibits must be submitted with appropriate information or noted “not applicable.”

SECTION C**DEFINITIONS**

Please refer to the list of Consolidated Definitions applicable to all license applications, which is available on the Department's website at <http://www.vagamingregulations.com>

**SECTION D
APPLICANT INFORMATION**
D.1 APPLICANT'S FORM OF ORGANIZATION**CHECK ONE:**

- Sole Proprietorship
 Partnership
 Limited Partnership
 C-Corporation
 Limited Liability Company
 S-Corporation
 Trust
 Other (Describe) _____
 ,

D.2 NAME OF APPLICANT*

*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

D/B/A or trade names(s)

D.3 CONTACT NAME FOR THIS APPLICATION

Name		Title	
Email Address		Telephone Number	Fax Number
@		()	()

D.4 APPLICANT'S PRINCIPAL ADDRESS

Address Line 1 (Street Location)		
Address Line 2		
City	State	Zip
Country	Telephone Number ()	Fax Number ()
Address Line 1 (Mailing Address – if different from above)		

Address Line 2

City

State

Zip

Web Site Address (es):

D.5 INCORPORATION (If a Sole Proprietorship, provide an answer to the appropriate questions)**a. APPLICANT'S INCORPORATION DOCUMENTS**

- 1) Business name as it appears on formation documents: _____
- 2) Place of incorporation or other type of formation: _____
- 3) Date of formation: _____
- 4) List all states in which the Applicant is currently registered or authorized to do business:

- 5) Is the Applicant registered to do business in Virginia?: Yes No
- 6) If yes, please provide registration number: _____
- 7) Complete **Exhibit 1(a)** providing Applicant's incorporators/founders. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

b. OTHER NAMES AND ADDRESSES OF APPLICANT

- 1) Use **Exhibit 1(b)** to list all other names in which Applicant has done business and give the approximate time periods during which these names were being used. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)
- 2) Use **Exhibit 1(c)** to provide all the current addresses of Applicant and all current addresses from which the Applicant is doing business. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)
- 3) Use **Exhibit 1(d)** to provide all addresses, other than those listed in Exhibit 1c, which Applicant has used or from which it was conducting business during the last ten (10) year period, and list the approximate dates during which said addresses were held. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.**)

c. ALL BUSINESSES OPERATED BY THE APPLICANT

- 1) Use **Exhibit 1(e)** to provide a description of all businesses presently operated or intended to be operated by the by the Applicant, including any foreign jurisdictions in which the

applicant operates or intends to operate, and all former businesses operated by the Applicant in the past ten (10) years.

d. **ALL HOLDING, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER BUSINESS TYPE ENTITIES**

- 1) Use **Exhibit 1(f)** to list the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in Exhibit 1(e).

D.6 DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

- a. Use **Exhibit 2** to provide information for each director, partner, officer and trustee of the applicant. Include any grantors or beneficiaries of a trust who are required to be licensed as a Principal as defined in this application. As part of this application each director, partner, officer and trustee that meets the definition of a Principal must complete a **Principal Employee Form (Form 1002)**.

D.7 FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

- a. Use **Exhibit 3** to provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

D.8 COMPENSATION OF DIRECTORS, PARTNERS, OFFICERS & TRUSTEES

- a. Use **Exhibit 2** to provide information regarding the amount of total compensation earned/received during the *last* calendar year and the amount to be earned during the *present* calendar year by *each* director, partner, officer and trustee of the Applicant. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, and bonuses.
- b. Use **Exhibit 4** to provide the information for *all employees* who earn *over \$250,000* in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, and bonuses.

D.9 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

- a. Use **Exhibit 5** to provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created.

D.10 STOCK DESCRIPTION

- a. Use **Exhibit 6** to provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicant. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

D.11 VOTING SHAREHOLDERS/MEMBERS AND NON-VOTING SHAREHOLDERS/MEMBERS (CORPORATION - C OR S; LLC'S)

- a. Use **Exhibit 7a** – Voting shareholders/member and **Exhibit 7b** – Non-voting shareholder/members to provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting or non-voting stock issued by the Applicant or other ownership interest as of the date of filing the Application. As part of this application, you must complete Principal Employee Form (Form 1002) or Principal Entity Disclosure form (Form 1003), which ever applies. The form must be submitted for each individual, person or entity holding or having a beneficial interest in the voting or non-voting stock of the Applicant. This requirement includes non-public holding entities.

D.12 INTEREST OF CURRENT/FORMER PARTNERS (PARTNERSHIPS, LLPs, AND LIMITED PARTNERSHIPS)

- a. Use **Exhibit 8a** to list the Applicant's Current Partners and **Exhibit 8b** for Former Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years. List and identify all current Partners first and list and identify all former Partners second. It is a requirement, as part of this application, that each current Partner that meets the definition of a Principal complete a Principal Employee Form (Form 1002).

D.13 HOLDER(S) AND EXTENT OF LONG TERM DEBT

- a. Use **Exhibit 9** to list the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance. As part of this application, anyone/entity meeting the definition of a Principal a complete Principal Employee (Form 1002) or Principal Entity Disclosure Form (Form 1003) .

**D.14 HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS
AND SECURITY DEVICES**

- a. Use **Exhibit 10** to identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants. It is a requirement, as part of this application that a complete Principal Employee Form (Form 1002) or Principal Entity Disclosure Form (Form 1003) should be submitted, if required by the Department.
- b. Upload Description and Documentation as part of Exhibit 10.

D.15 SECURITY OPTIONS

- a. Use **Exhibit 11** to provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited, to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. Include with Exhibit 11 copies of any outstanding option plans or proxy statements that correspond to the requested information.

NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.

D.16 BENEFICIAL OWNERS OF OPTIONS

- a. Use **Exhibit 12** to provide information regarding all persons holding the options described in number 15.

D.17 PRINCIPALS NOT YET DISCLOSED

- a. Use **Exhibit 13** to provide all Principals not yet disclosed in this Application. Such Principals shall include both individuals and entities that have a five (5%) percent direct or indirect ownership interest in the Applicant.

D.18 FINANCIAL INSTITUTIONS

- a. Use **Exhibit 14** to provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the Applicant has or has had an

account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

D.19 CONTRACTS

- a. Use **Exhibit 15** to provide information with respect to all contracts or agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

D.20 APPLICANT STOCK HOLDINGS

- a. Use **Exhibit 16** to provide information about each company in which the Applicant holds stock.

D.21 INSIDER TRANSACTIONS

- a. Use **Exhibit 17** to provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of an option or (g) grant or receipt of a call.

D.22 CRIMINAL HISTORY

THIS SECTION ASKS ABOUT ANY OFFENSES OR CHARGES AGAINST THE APPLICANT OR ANY OF ITS SUBSIDIARIES OR ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES OR PARTNERS. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.

- a. **DEFINITIONS – For purpose of this section ONLY:**

- 1) **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 “offense” as defined in subsection a.3.
- 2) **CHARGE:** Includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph a.3.

- 3) **OFFENSE:** Includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, federal or municipal grand jury, court or any other judicial tribunal except juvenile court. "Offense" also includes all driving-related charges or offenses which carry *any* period of incarceration.

b. **INSTRUCTIONS** for question c. below

- 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 arrest, charge or offense happened a long time ago;
- c) You were not convicted;
- d) The charge was dismissed;
- e) The charge was dismissed or downgraded to a lesser charge;
- f) You pleaded nolo contendere to the charge;
- g) You completed a pretrial intervention or other rehabilitation or diversionary program;
- h) You were not found guilty; or
- i) You served no time in any type of correctional facility.

- 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.

- c. **QUESTION:** Has the Applicant or any of its subsidiaries, principals, directors, partners, trustees or officers ever been indicted, charged with or convicted of a criminal offense, been a party to, or named as an unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes No

- d. If "yes", use **Exhibit 18** to provide information concerning criminal history.

D.23

INVESTIGATION, TESTIMONY OR POLYGRAPHS

- a. Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental entity, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

Yes No

- b. If “yes”, use **Exhibit 19** to provide the following information about any such testimony, investigation or polygraph exam.

D.24 LITIGATION

- a. Use **Exhibit 20** to describe all open and closed civil litigation over the past three (3) years to which the Applicant, its parent, affiliate, holding company or any subsidiary is or was a party, in any jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is, or was, pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgment or settlement. List most recent litigation first.

D.25 ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

- a. Has the Applicant ever been the subject of a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country?
- Yes No
- b. In the past ten years, has the Applicant been the subject of a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more?
- Yes No
- c. If “yes” to either question, use **Exhibit 21** to provide the following information for each judgment, order, consent decree or consent order.

D.26 BANKRUPTCY OR INSOLVENCY PROCEEDINGS

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?
- Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten-year period?
- Yes No
- c. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?

Yes No

- d. If yes to either question, use **Exhibit 22** to provide the following information for each bankruptcy or insolvency proceeding.

D.27**LICENSES**

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company every applied in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful gambling operations (including slot machines, video lottery terminals, table gaming, sports betting, horse racing, dog racing, pari-mutuel operation etc.)?

Yes No

- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license, permit or other authorization issued by a government agency in this state or any other jurisdiction, denied, suspended or revoked in last ten year period?

Yes No

- c. If “yes”, use **Exhibit 23** to provide the following information for each license, permit or other authorization applied for and license or certificate denied, suspended or revoked.

D.28**CONTRIBUTIONS AND DISBURSEMENTS**

- a. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the Applicant made any bribes or kickbacks, or made any payments that were alleged to have been bribes or kickbacks, to or for any individual or person to obtain favorable treatment?

Yes No

- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments that were alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?

Yes No

- c. In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant’s books or records?

Yes No

- d. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?

Yes No

- e. If “yes”, use **Exhibit 24** to provide the following information for any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions above for any of the referenced questions answered affirmatively under this item.

D.29 AUTHORIZATION FOR RELEASE OF INFORMATION

- a. Use **Exhibit 25** to authorize the Department to obtain information about the Applicant in order to investigate the Sports Betting Application.

D.30 AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

- a. Use **Exhibit 26** to execute an affidavit that includes the authority of the individual who completes this application to provide the requested information, and acknowledgement of the Department’s acquisition and use of this information.

SECTION E

EXHIBITS

Sports Betting Permit Application Form

EXHIBIT CHECKLIST

Use this checklist to indicate with an “X” that the exhibit has been uploaded with this application. All attachments are **mandatory**. If a question, exhibit or addendum is not applicable, state “**Not Applicable**” and **explain why it is not applicable in the exhibit**. 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
1(a)	Incorporators/Founders	
1(b)	Other names and addresses of the applicant	
1(c)	Current Addresses of Applicant and where doing business	
1(d)	Other names and addresses of the corporation (Past 10 years)	
1(e)	All businesses operated by the Applicant	
1(f)	All holding, intermediary, subsidiary, affiliate or other business type entity	
2	Current Directors, Partners, Officers, Trustees and Compensation	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$250,000	
5	Bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
6	Stock Description	
7(a)	Voting shareholders	
7(b)	Non-voting shareholders	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
9	Extent and Holders of Long Term Debt	
10	Holder and Type of Other indebtedness and security instrument	
11	Securities options – description	
12	Beneficial Owners of securities options	
13	Principals not yet disclosed	
14	Financial institutions	
15	Contracts	
16	Applicant Stock Holdings	
17	Insider Transactions	
18	Criminal History	
19	Investigations, Testimony, or Polygraphs	
20	Litigation	
21	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
22	Bankruptcy or insolvency proceedings	
23	Licenses (Gaming and Non-Gaming)	
24	Contribution and Disbursements	
25	Authorization for Release of Information	
26	Affidavit of Representative of Applicant	

EXHIBIT 1(a)**INCORPORATORS/FOUNDERS**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	Email Address	Phone Number	

Principal Employee (Form 1002) Submitted

 Yes No

Principal Entity Disclosure Form (Form 1003) Submitted

 Yes No

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	Email Address	Phone Number	

Principal Employee (Form 1002) Submitted

 Yes No

Principal Entity Disclosure Form (Form 1003) Submitted

 Yes No

EXHIBIT 1(b): OTHER NAMES AND ADDRESSES OF APPLICANT (Presently Used)

NAME AND STREET	CITY	STATE	ZIP

EXHIBIT 1(c):**CURRENT ADDRESSES OF APPLICANT**

Address		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Address		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

Address		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	Email Address	Phone Number

EXHIBIT 1(d): OTHER NAMES AND ADDRESSES OF CORPORATION (Past 10 years)

Other Name (if applicable)		
Address		
Address Line 1	Address Line 2	Date at Address
City	State/Province	Postal Code
Country	Phone Number	

Other Name (if applicable)		
Address specific use		
Address Line 1	Address Line 2	Date at Address
City	State/Province	Postal Code
Country	Phone Number	

EXHIBIT 1(e)**ALL BUSINESSES OPERATED BY THE APPLICANT**

Name of Business		Operated From Date/To Date	Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1			Address Line 2	
City			State/Province	City
Country	Email Address		Contact Person	Contact Number
Description of the business and its activities				

EXHIBIT 1(f) ALL HOLDING, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR OTHER BUSINESS TYPE ENTITY

Name of Business	Operated From Date/To Date
State if Holding, Intermediary, Subsidiary, Affiliate or other (if other, state type of business)	Federal Identification Number/Social Security Number/Tax Identification Number

Address last 10 years

Address	City	State	Postal Code	Contact Number

Description and Activities of Business

Forms of Organization (Check One)

Sole Proprietorship
 Partnership
 Limited Partnership
 C-Corporation
 Limited Liability Company
 S-Corporation
 Trust
 Other (Describe) _____

EXHIBIT 2:**CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES****Name, Home Address & Business Address of Director, Partner, Officer or Trustee**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email Address	Business Contact number		

Title/Position Held, Dates, Compensation (List current position first, then work backward)

Title/Position	From Date/To Date	Annual Compensation	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

EXHIBIT 3: FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Name, Home & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Title/Position Held, Dates, Compensation (List current position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation & Value	Reason for Leaving

Exhibit 4:**COMPENSATION OVER \$250,000****Name, Home Address & Business Address of Employees**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email address	Business Contact Number		

Title/Position Held, Dates, Compensation (List current position first, then work backward)

Title/Position	From Date/To Date	Annual Compensation & Value	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission)

Exhibit 5: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Plan		
Name of Plan		
Trustee Name		
Address Line 1		Address Line 2
City	State	Postal Code
Country	Email Address	Contact Number
Plan Specifications		
Material Specifications of Plan		
Method of Financing Plan		
Class of Employee in Plan	Number of Individuals in each Class	Amount Distributed to Each Class during the Last Fiscal Year Plan was in Effect

EXHIBIT 6: STOCK DESCRIPTION (Corporations - (C & S), LLC's)

Provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants.

This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

Stock Types/Classes

Stock Type/Class	Number of shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Voting/Non-voting? (list all voting stocks first and then non-voting stock)	Term, Conditions, Rights, etc. of Stock

Is any right of a shareholder able to be modified by less than a majority vote of a particular class? If so, explain in the space below.

EXHIBIT 7(a):

VOTING SHAREHOLDERS

Name, Home Address & Business Address

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Stock Types/Classes

Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights, etc. of Stock
------------------	-----------------------	------------------	------------------------------	---

Principal Employee (Form 1002) Submitted
Principle Entity Form (Form 1003) Submitted

Yes No
 Yes No

EXHIBIT 7(b): NON-VOTING SHAREHOLDERS

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	Email Address	Contact Number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business Email Address	Business Contact Number		

Stock Types/Classes				
Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights etc. of Stock

Principal Employee (Form 1002) Submitted
Principle Entity Form (Form 1003) Submitted

Yes No
 Yes No

EXHIBIT 8(a): INTEREST OF CURRENT PARTNERS

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Date Acquired interest	Please explain participation in Applicant's business, if any
--	-----------------------------	------------------------	--

<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Nominal Partner ___ other: _____			
--	--	--	--

Principal Employee (Form 1002) Submitted
 Principle Entity Form (Form 1003) Submitted

Yes No
 Yes No

EXHIBIT 8(b): INTEREST OF FORMER PARTNERS

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Held interest To/From	Please explain participation in Applicant's business, if any	Reason for Leaving
<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Nominal Partner <input type="checkbox"/> other: _____				

EXHIBIT 9: EXTENT AND HOLDER OF LONG TERM DEBT

Type of instrument (Place X next to type)	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable (state one)
<input type="checkbox"/> Bond <input type="checkbox"/> Note <input type="checkbox"/> Loan <input type="checkbox"/> Credit line <input type="checkbox"/> Mortgage <input type="checkbox"/> Trust Deed <input type="checkbox"/> Debenture <input type="checkbox"/> Shareholder/Partner Loan <input type="checkbox"/> other _____					

Explain type, class, terms, conditions and priorities etc. for the debt instrument

Name and Address of Person Holding Debt

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	Email Address	Contact Number		
Current balance of this debt				

Principal Employee (Form 1002) Submitted
 Principle Entity Form (Form 1003) Submitted

Yes No
 Yes No

EXHIBIT 10: HOLDER AND TYPE OF OTHER INDEBTEDNESS AND SECURITY INSTRUMENT

Type of Instrument	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable(State One)

Explain type, class, terms, conditions and priorities, etc., for the debt instrument

Name and Address of Person Holding Debt

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address	Contact number		
Current balance of this debt				

Principal Employee (Form 1002) Submitted
Principle Entity Form (Form 1003) Submitted

Yes No
 Yes No

EXHIBIT 11:**SECURITIES OPTIONS - DESCRIPTION**

Option Name	Security Type	Option Grant Years	Option Expiration Date
-------------	---------------	--------------------	------------------------

Explain how the option holder will, or may become, entitled to exercise option

Option Name	Security Type	Option Grant Years	Option Expiration Date
-------------	---------------	--------------------	------------------------

Explain how the option holder will, or may become, entitled to exercise option

EXHIBIT 12:**BENEFICIAL OWNERS OF SECURITY OPTIONS****Name, Home Address & Business Address**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business Email Address	Business Contact Number	

Beneficial Owner List of Options

Security Option Name	Security Type	Option Grant Years	Option Expiration Date	Number of Voting Shares Granted	Number of Non-voting Shares Granted	Value at Issuance

EXHIBIT 13:**PRINCIPALS NOT YET DISCLOSED****Principal Employees or Entities not yet disclosed**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Principal Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	

Describe Interest and Type of Interest or Control over Applicant

Principal Employee (Form 1002) Submitted
Principal Entity Disclosure Form (Form 1003) Submitted

Yes No
 Yes No

EXHIBIT 14: FINANCIAL INSTITUTIONS

Name of Institution		Federal Identification Number	
Address Line 1		Address Line 2	
City	State/Province	City	
Country	Email Address	Contact Number	

Accounts at the Financial Institution

Account Number	Account Type	Purpose of Account	Purpose of Closing	Date Opened and Closed

--	--	--	--	--

EXHIBIT 15: **CONTRACTS**

Name of Business or Vendor		Federal Identification Number/Social Security Number/Tax Identification Number		
Address Line 1		Address Line 2		
City		State/Province	City	
Country	Email Address	Contact Person		Contact Number
Description of Contract and Goods and Services to be provided			Compensation and Method of Payment	

EXHIBIT 16:**APPLICANT STOCK HOLDINGS**

NAME AND ADDRESS OF COMPANY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP 5% OR MORE THAN	VOTING OR NON-VOTING STOCK (List Voting Stock First)

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

EXHIBIT 17: INSIDER TRANSACTIONS

Name, Home Address & Business Address*			
First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	Email Address	Contact Number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business Email Address	Business Contact Number	

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (include name & positions)	NUMBER OF SECURITIES INVOLVED	DOLLAR VALUE OF TRANSACTION

EXHIBIT 18: **CRIMINAL HISTORY**

NAME OF CASE AND DOCKET NUMBER	NATURE OF ARREST OR CHARGE	DATE OF ARREST OR CHARGE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE	NAME OF DIRECTOR, PARTNER, OFFICER OR TRUSTEE
--------------------------------	----------------------------	--------------------------	--	---	----------	---

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

EXHIBIT 19: INVESTIGATIONS, TESTIMONY OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE

Type of Proceeding or Investigation

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN? (Yes or No)	DATES ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION	DIRECTOR, PARTNER, OFFICER OR TRUSTEE

Type of Proceeding or Investigation

EXHIBIT 20:

LITIGATION

Name of case and docket number	Name and address of court involved in litigation	Name of all parties involved in litigation	Nature of claim(s), and judgment/settlement (if case is closed)

EXHIBIT 21: ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY

AND REGULATORY VIOLATIONS

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Charge
Nature Of Charge		
Disposition of Action		
Nature Of Judgment, Decree Or Order		

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Charge
Nature Of Charge		
Disposition		
Nature Of Judgment, Decree Or Order		

EXHIBIT 22:**BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

Date Petition Filed Or Relief Sought	Title Of Case And Docket Number	Name And Address Of Court Or Agency
Date Judgment Entered		Name And Date Appointed Of Court Appointed Receiver, Agent Or Trustee
Nature Of Judgment Or Relief		

EXHIBIT 23: LICENSES - Gaming and Non-gaming. Please list Gaming licenses first and Non-gaming Licenses second.

Type Of License Or Permit	Name And Location Of Governmental Agency	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked Withdrawn)	Disposition Date	If Issued, Give Appropriate License, Permit Or Other Such Number And Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Explain Why

EXHIBIT 24:**CONTRIBUTIONS AND DISBURSEMENTS**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City		State/Province	Postal Code	
Country		Email Address	Contact Number	

EXHIBIT 25
AUTHORIZATION FOR RELEASE OF
INFORMATION

TO: _____

FROM: _____
(Applicant's Printed Name)

I am an applicant for a sports betting permit 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 permit. That investigation requires the Department to collect and evaluate information about me. 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 me; and (3) to have access to any and all information that I have 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 me.

By executing this Authorization, I authorize any of the following entities to release to the Department any and all information about me that it 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, 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.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Applicant

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.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____

EXHIBIT 26
Affidavit of Representative of Applicant

Please read this document carefully, then sign and date it in ink. Please print the following information:

Applicant's Full Business Name

Street Address

City

State

Zip

I, _____ (printed name), am authorized to complete and execute this Sports Betting Permit License Application on behalf of _____ (printed name of Applicant). 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 sports betting permit license and may subject me to civil or criminal liability. I understand that providing false or misleading information is grounds for the Department to reject this Application, or to suspend or revoke a license.

By a separate Authorization for Release of Information, I am authorizing any individual or person that has information about the Applicant to release that information to the Department for purposes of its investigation of the application for a sports betting license.

On behalf of the Applicant 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 Applicant and the use of that information in connection with investigating the Applicant's qualifications for a sports betting permit.

A photo, facsimile, or electronic copy of this signed and dated Affidavit shall be equally effective as an original.

Signature of Applicant

Date

Print Name of Applicant

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.

Stamp or Seal

Notary Public

Printed Name

My commission expires _____, 20____

SECTION E

APPENDICES

Sports Betting Permit License Application

APPENDICES

Appendices are attachments you are to provide or create and do not contain corresponding questions, exhibits or charts. Each document provided as an appendix shall be uploaded into the online licensing system. If an appendix is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. All information shall be provided *in addition* to the exhibits that are to be provided.

Appendix	Appendix Description	X IF ATTACHED (ALL FORMS ARE MANDATORY)
1	Narrative of Project Plan	
2	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
3	Description of long-term debt for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 9 & 10.	
4	Description of other indebtedness and security devices for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 11 & 12.	
5	Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 13 & 14.	
6	Description of Existing Litigation. Description of any settled or closed litigation against the Applicant for the past five (5) years. Also describe any existing or settled or closed litigation for the past five (5) years for any holding, intermediary, subsidiary or affiliate. A description of any judgments against Applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgments were covered by insurance and if so the insurance company. Provide this information in addition to both Exhibit 20 & 22.	
7	Audited financial statements for the last five years for Applicant and Applicant’s holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statement do not exist, then provide unaudited financial statements.	
8	Annual reports for the last five years for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
9	Annual reports prepared on the SEC’s form 10K for the last 5 years.	
10	Complete copies of 2020 year to date internal financial statements for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Include a list of all external accountants and provide a contact person and contact information.	
11	Copy (ies) of any interim reports for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants, including an index of all compliance, due diligence and audit investigations conducted during the past three years	
12	Minutes of Board of Directors meetings for the past five calendar years.	
13	Minutes of Compliance, Audit, Executive and Compensation and Stock Option Committee meetings for the past five calendar years.	

14	A copy of the last definitive proxy or information statement (SEC).	
15	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	
16	Copies of all other reports prepared in the last five years by independent auditors for the Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
17	Certified copies of the Articles of Incorporation, Charter and By-laws, Partnership agreements and all amendments and proposed amendments for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
18	Current ownership table of organization for the Applicant.	
19	Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the Applicant.	
20	Functional table of organization for the Applicant filing this form, job descriptions and names of employees earning in excess of \$250,000.	
21	Copies of 1120 forms and 941 forms filed with the IRS in the last five years.	
22	Copies of IRS 5500 form filed in the last 5 years.	
23	Provide a chart of all gaming jurisdictions where the entities conduct gaming business, including the date of initial licensing, subsequent renewal dates and current license status.	
24	Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of good and/or services provided by the vendor, total amount of business with vendor in the past twenty four (24) months.	
25	Details of planned, committed and un-committed future capital expenditures. Also include any documents relating to securing funding to the project in Virginia.	
26	Schedule of insurance policies currently in effect, including deductibles and policy limits, and any self-insurance retentions.	
27	Along with the description provided in Exhibit 22, provide the nature and results of any other material reorganization, readjustment or success of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise than in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such a proceeding.	
28	A copy of any agreement or agreements that the applicant had entered into or a detailed description of the terms and conditions of any planned agreement with a facility to operate or conduct sports wagering.	
29	A copy of any agreement or agreements that applicant has entered into or a detailed description of the terms and conditions of any planned agreement with a third-party integrity and risk monitoring provider and/or sports wagering data provider.	
30	Any Power Point presentations, slide shows and or charts or graphs used for presentations before gaming regulatory agencies or for securing financing, relating to sports betting operations in the past two years.	

31	If available, a copy of the business strategy/plan for the next three years as it relates to investment in Virginia.	
32	For the Internal Audit Department, identify structure of the Department and provide index of reviews conducted and copies of all reports for the past three years. Provide further access as needed.	
33	Provide tax compliance history, including details of any audits or investigations into the entity's tax affairs which have been conducted by the relevant authorities during the past 3 years. List the conclusion of the investigations and provide any related correspondence.	
34	A letter from the bank listing all bank accounts, indicating the balance for each account with a list of authorized signatures.	
35	Provide information as to any material lease agreement entered into by any entity on the Ownership/Org Chart. Provide documents to verify real estate ownership or leases, including related documents.	

Appendices are attachments you are to provide or create and do not contain corresponding questions, exhibits or charts. Each document provided as an appendix shall be uploaded into the online licensing system. If an appendix is not applicable, indicate “**Not Applicable**” and **state why it is not applicable**. All information shall be provided *in addition* to the exhibits that are to be provided.