

Virginia Lottery



Virginia Lottery

600 East Main Street, Richmond, VA 23219

Sports Betting Vendor Registration

IMPORTANT INFORMATION

Applicants that meet the definition of a vendor, are required to complete a vendor registration form using the Department's licensing system. This form is to be used for reference purposes only. The Department's online system will be available on October 15, 2020.

FEES

Total fees required at application.....\$500.00

Wire payment to:

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

ACH payment to:

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

Virginia Lottery

SECTION A - 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 Trading As (t/a) 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 Other _____

Address Line 1

Address Line 2

City State Zip

Mailing Address Line 1, if different from above, otherwise enter "Same"

Mailing Address Line 2, if different from above, otherwise enter "Same"

City State Zip

Vendor's website Vendor's telephone number

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 Other _____

Address Line 1

Address Line 2

City State Zip

Mailing Address Line 1, if different from above, otherwise enter "Same"

Mailing Address Line 2, if different from above, otherwise enter "Same"

City State Zip

Vendor's website Vendor's secondary location telephone number

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 Applicant.

E-mail address: _____

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

Point-of-Contact's office number: _____ Cell number: _____

H.8

APPLICANT'S BUSINESS BACKGROUND

(a) DESCRIPTION OF THE VENDOR'S PRESENT BUSINESS. Furnish the Department with a 'snapshot' of the Vendor Applicant's company and describe the Vendor's capacity and capabilities to provide the services declared in the application.

(b) DESCRIPTION OF THE SPECIFIC TYPE OF GOODS OR SERVICES TO BE PROVIDED TO THE SPORTS BETTING PERMIT HOLDER OR SUPPLIER BY THE VENDOR.

(c) NAME OF SPORTS BETTING PERMIT HOLDER OR SUPPLIER TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED. IF VENDOR IS CURRENTLY NOT UNDER CONTRACT INDICATE -N/A.

(d) LIST OTHER LICENSED GAMING OPERATORS SERVED BY THE VENDOR. Provide the Department with a list of other jurisdictions where the Vendor conducts business related to gaming operations. (List the other jurisdictions by Gaming Name, City, and State. List Country, if outside of the U.S.).

Check Here if None

(e) TALLY OF THE WORK FORCE SUPPORTING THE VENDOR'S PROVISION OF GOODS AND SERVICES TO THE SPORTS BETTING PERMIT HOLDER OR SUPPLIER . Furnish the Department with the total or estimated number of employees IN VIRGINIA who will be directly associated with providing the goods or services to the sports betting permit holder or supplier. Furnish the Department with the total or estimate number of employees OUTSIDE VIRGINIA who will be directly associated with providing the goods or services to the sports betting permit holder or supplier.

In Virginia= Estimated Actual

Outside of Virginia= Estimated Actual

(f) DESCRIPTION OF THE VENDOR'S ABILITY TO PROVIDE GOODS OR SERVICES TO MORE THAN ONE SPORTS BETTING OPERATOR OR SUPPLIER. Describe the Vendor's ability to serve one, two, or more sports betting operators and/or suppliers in Virginia and if known, the other sports betting operators and/or suppliers with which the Vendor intends to conduct business.



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____



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

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____



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:

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____