

# i-Gaming



## ***REGISTRANT APPLICATION FORM***

**West Virginia Lottery Commission  
900 Pennsylvania Avenue  
Charleston, WV 25302  
304-558-0500**



# ***i-GAMING Registrant Application***

## ***Instructions***

Certain affiliate companies that are not involved in the offering or placement of the wager may be deemed to be a registrant rather than a licensee.

An applicant may claim any privilege afforded by the Constitution or laws of the United States or of the State of West Virginia in refusing to answer questions or provide information requested by the Lottery. For the purposes of this application, the term "applicant" means any person who, on his or her own behalf, or on behalf of another, has applied for permission to engage in any act or activity that is regulated under the provision of the West Virginia i-Gaming Act. The term "applicant" includes predecessor companies, which are entities that no longer exist in their original form but whose assets in substantial part have been acquired by another person or which have undergone certain internal changes, such as those of identity, form or capital structure.

A registrant certificate is effective upon issuance and will remain in effect unless lapsed, revoked or suspended. If a registrant has not conducted business with a casino/operator or a management services provider for a period of two years, its registration will lapse. On June 30<sup>th</sup> biannually a registrant will be required to renew its certification.

### **Please submit the following to the WV Lottery:**

- Registrant Application
- WV State Tax Department Business Registration (*Copy of Certificate or approval letter required*)
- WV Secretary of State Certificate of Authorization (*Copy of Certificate or approval letter required*)
- A copy of the Company's Corporate Structure and Organizational Chart listing all Officers and/or Directors with decision-making authority and/or 5% or more ownership
- Description of all services to be provided
- List of licensed jurisdictions and copies of licenses or registrations
- **\$100 Registrant Application Fee – Payment Options:**
  - Check made Payable to WV Lottery
  - Payment by Wire Transfer
  - Online payment at [www.wvlottery.com/Customer Service/Licensing](http://www.wvlottery.com/Customer_Service/Licensing) and select Online Payment Options

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. Note: The Lottery, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

An applicant has a continuing duty to disclose promptly any material changes in information provided to the Lottery as soon as the applicant becomes aware of the change. The duty to disclose changes in information continues throughout the certification period granted by the Lottery.

Please carefully read all instructions and complete this application and all related forms. The applicant should respond to the questions contained herein to the best of her/his knowledge.

If you have any questions, you may contact the WV Lottery Licensing:

Madeline Register, Licensing Business Support Specialist  
304-558-0500 ext. 238 / [mregister@wvlottery.com](mailto:mregister@wvlottery.com)

Elizabeth Webb, Licensing Deputy Director  
304-558-0500 ext. 213 / [ewebb@wvlottery.com](mailto:ewebb@wvlottery.com)



# i-GAMING REGISTRANT INITIAL APPLICATION

|                                          |                     |                                              |            |
|------------------------------------------|---------------------|----------------------------------------------|------------|
| <b>1. NAME OF BUSINESS:</b>              |                     |                                              |            |
| <b>2. DOING BUSINESS AS NAME:</b>        |                     |                                              |            |
| <input type="checkbox"/> Publicly Traded |                     | <input type="checkbox"/> Non Publicly Traded |            |
| <b>3. LOCATION ADDRESS:</b>              |                     |                                              |            |
| <b>STREET</b>                            | <b>CITY</b>         | <b>STATE</b>                                 | <b>ZIP</b> |
| <b>4. MAILING ADDRESS:</b>               |                     |                                              |            |
| <b>STREET</b>                            | <b>CITY</b>         | <b>STATE</b>                                 | <b>ZIP</b> |
| <b>5. WEBSITE ADDRESS</b>                |                     |                                              |            |
| <b>6. AFFILIATED WEBSITE(S)</b>          |                     |                                              |            |
| <b>7. FEIN</b>                           | <b>8. TELEPHONE</b> | <b>9. FAX</b>                                |            |
| <b>10. CONTACT/LIASION:</b>              |                     |                                              |            |
| <b>LAST NAME</b>                         | <b>FIRST NAME</b>   | <b>TITLE</b>                                 |            |
| <b>11. EMAIL ADDRESS</b>                 |                     | <b>12. TELEPHONE</b>                         |            |

*\*Attach Additional Sheets, if necessary*

13. Has the applicant ever held any license, permit, approval, or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval, or registration number or identifier:

| <b>Business/Individual</b> | <b>Jurisdiction</b> | <b>Attach as an Exhibit</b> |
|----------------------------|---------------------|-----------------------------|
|                            |                     |                             |
|                            |                     |                             |
|                            |                     |                             |
|                            |                     |                             |



***i-GAMING***  
**REGISTRANT INITIAL APPLICATION - *Continued***

14. Has the applicant ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed?      Yes       No

*If yes, please explain and include in the box below:*

| Business/Individual | Explanation | Jurisdiction | Attach as an Exhibit |
|---------------------|-------------|--------------|----------------------|
|                     |             |              |                      |
|                     |             |              |                      |

15. Is the company a marketing affiliate?      Yes       No

*Provide a detailed description of the services provided:* \_\_\_\_\_

\_\_\_\_\_

16. Is the company Revenue Sharing?      Yes       No

*If yes, please complete the i-Gaming Supplier application.*

17. Name, position/title, and e-mail address of person supplying the information on and or/completing this form:

\_\_\_\_\_

Phone/Cell Number      E-Mail Address      Fax Number (if available)

Who certifies that he/she is authorized to act on behalf of the above-named business and that the foregoing statements made by him/her, on behalf of the business, are true, and if any of the foregoing statements made by him/her are willfully false, he/she is subject to W.Va. Code §29-22E-1 *et seq.* and W.Va. Code of State Rules §179-10-1 *et seq.*

\_\_\_\_\_  
(Print Name, Title)      (Signature)      (Date)

**NOTARY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_,

Taken, subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL:**

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



# FORM A

## AFFIDAVIT OF FULL DISCLOSURE

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state  
*(First Name, Last Name)*

that:

the applicant \_\_\_\_\_ or any key persons employed by the applicant have never been convicted of a criminal offense, either felony or misdemeanor, including, but not limited to, a gambling related offense, a theft or fraud;

the applicant has not been suspended from operating a gambling game, gaming device, or gaming operator, or had a license revoked by any governmental authority responsible for regulation of gaming activities;

the applicant or any individual employed by the company have not been directly employed by any illegal or offshore book that serviced the United States or otherwise accepted black market wagers from individuals in the United States;

the applicant registering as a "Registrant" is contracting with the actual interactive wagering operator, management services provider or supplier licensed with the West Virginia Secretary of State to do business in the State of West Virginia; [Contracting with the parent company of a controlled subsidiary is not sufficient.]

the applicant does not share in revenue under a revenue share agreement with the interactive wagering operator, management services provider or supplier;

a copy of any future contracts executed hereinafter shall be provided to the West Virginia Lottery upon request; and

the applicant has not knowingly made a false statement of a material fact on this application.

I have full authority to execute this affidavit of full disclosure on behalf of the applicant and otherwise bind the applicant to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NOTARY

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

IN WITNESS WHEREOF, \_\_\_\_\_, has executed this instrument in the County of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

County of Residence: \_\_\_\_\_

Seal: