

# West Virginia Lottery Commission

900 Pennsylvania Avenue, Charleston, WV 25302



## Table Games Supplier Application

August 2018

**SUPPLIER LICENSE: GAMING RELATED**

**Please carefully read all instructions and allow sufficient time to complete this application and all related forms. If you have any questions, call the West Virginia Lottery's License Division at 304.558.0500, ext. 277 or 213.**

A "gaming-related" supplier is a person who provides a casino licensee with goods or services that are directly related to the conduct of gaming, or which otherwise directly affect the play and results of gambling games.

Examples of **gaming-related** suppliers include, but are not limited to, providers of:

- Cards or dice
- Tokens
- Computerized gaming monitoring systems
- Credit reporting services
- Surveillance and security systems

An application for a Gaming-related Supplier License must include a written agreement with, or a written statement of intent to enter into an agreement from, a casino licensee. This agreement or statement must specify the type of goods or service that the applicant will be supplying to the casino. **The Lottery will not process an application without this agreement or statement.**

**Additionally, you must contact the West Virginia Lottery at 304.558.0500 regarding approvals.**

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. However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of an applicant to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation or restriction of the license.

**Fees Associated with a Supplier License**

The applicant is responsible for the license fee of \$100 required under the Act. All payments must be by cashier's check, certified checks, company check or money order and made payable to the "West Virginia Lottery." Do not send cash.

**License Fee:**

The \$100 license fee is due upon receipt of the initial application and on an annual basis upon renewal, thereafter, to continue licensure.

**Definitions:**

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 Table Games Act for which a license is required. 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.

## GAMING-RELATED SUPPLIER LICENSE

### **Instructions:**

The Gaming-related Supplier Renewal Application is to be completed by the person (individual or business entity) seeking a gaming-related supplier license from the West Virginia Lottery. In addition to submitting this application, the applicant must include a **Personal Data Form** (p.21) for all the following individuals or entities:

1. Any individual or entity holding greater than 1% direct or indirect interest in the applicant 5% interest if the applicant is a publicly traded corporation)
2. All officers of the applicant
3. All directors or trustees of the applicant
4. All managerial employees of the applicant who perform the function of principal executive officer, principal operating officer, principal accounting officer or an equivalent officer.
5. All individuals or entities holding greater than 5% direct or indirect interest in an individual or entity who has a controlling (15%) interest in the applicant
6. All managerial employees of an individual or entity that has a controlling (15%) interest in the applicant and who exercise management, supervisory or policy making authority over the applicant's business operations in West Virginia and who is not otherwise subject to occupational licensing in West Virginia.
7. All Board of Directors, or equivalent positions, for the Applicant's ultimate parent company.
8. All Board of Directors, with membership on any Audit, Compensation, Compliance or equivalent Committees held in the ultimate parent company.
9. All Board of Directors, or equivalent positions, for each holding company including the Applicant's ultimate parent company.

The applicant should respond to the questions contained herein to the best of her/his knowledge. **Any misrepresentation or omission is grounds for license denial.**

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.

Pursuant to §179-8-3.5.b, a licensee or an applicant for a license has a continuing duty to disclose promptly any material changes in information provided to the Lottery as soon as the applicant or licensee becomes aware of the change. The duty to disclose changes in information continues throughout any period of licensure granted by the Lottery.

Completely answer all questions. If a question is not applicable, check the appropriate box or write "N/A" in the space provided.

**If using pen, use BLACK ink ONLY and print clearly.**

All required information must be provided in the format supplied in the application and disclosure forms. In addition:

Please Do Not Use Staples

Please Do Not Submit Multiple Copies

Please submit the following to the WV Lottery (in one three-ring binder):

- Gaming-Related Supplier License Application (pp.4–21)
- **\$100** License Application Fee Check, Made Payable to **WV Lottery**
- The Following Documents for Each Key Person (Officer, Director, etc.):
  - Individual Affidavit (p.17)
  - Fingerprint Information (p.20)
  - Personal Data Form (p.21)

Please Submit Financial Information, including Officer Tax documents on **Attachment A** and Financial Information on pages 13 and 14, to Brown, Edwards & Company, L.L.P., Certified Public Accountants, as Instructed on **Attachment B** (enclosed).

# GAMING-RELATED SUPPLIER LICENSE

## GAMING-RELATED SUPPLIER LICENSE APPLICATION

**NAME OF APPLICANT:** (As it appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement or other official document.)

\_\_\_\_\_

**BUSINESS ADDRESS:**

Number/Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business Website: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

WV State Tax Department Business Registration Account Number: \_\_\_\_\_

WV Secretary of State Certificate of Authorization Number: \_\_\_\_\_

Social Security Number (for individual proprietorship only): \_\_\_\_\_

§179-8-35.4.f requires identification of a liaison to provide assistance and cooperation to the Commission. This person will also accept official notices from the Commission on behalf of the applicant.

Liaison: Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PART 1 – DESCRIPTION OF BUSINESS

A. Specify the business form of this applicant:

_____ Corporation	_____ Partnership	_____ Trust
_____ Joint Venture	_____ Sole Proprietorship	_____ LLC
_____ Other: (Describe)		

B. Is the applicant a publicly traded company? \_\_\_\_\_ No \_\_\_\_\_ Yes

If you answered **yes**, please submit the following information on all institutional investors, as defined §179-8-2.38.f. that hold 5% or more interest in the applicant.

# GAMING-RELATED SUPPLIER LICENSE

**TABLE 1**

Names and Address of Institutional Investor	% of Ownership	Number of Shares Held

Check here if Table 1 continued

- C. If the applicant is not an individual, attach as **Exhibit 1 (Documents Required)** the business's state of incorporation or registration, its corporate officers and identity of shareholders (Note: If a registration statement or pending registration statement is on file with the Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more need be provided).

- D. State the type of equipment, goods, and services that will be provided in the casino:

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- E. List the casino(s) the applicant is currently conducting business with or intends to conduct business with:

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## PART 2 – OWNERSHIP INFORMATION

- A. Does the applicant have any financial or ownership interest, or other relationship with a:

<b>No</b>	<b>Yes</b>	
___	___	Casino Licensee or Applicant
___	___	Supplier Licensee or Applicant (do not include the applicant submitting this application)
___	___	Casino or Supplier Vendor

If you answered **yes** to any of the above, explain the nature of the interest or relationship:

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## GAMING-RELATED SUPPLIER LICENSE

- B. Does the applicant or applicant's spouse, parent or child have an equity interest of more than 5% in any business entity?

\_\_\_ **No** \_\_\_ **Yes**

If you answered **yes**, submit as **Exhibit 2** the name of the business and the state of incorporation or registration.

### PART 3 – GOVERNMENT REGULATION

- A. Is the applicant subject to regulation by a public agency in the state of West Virginia or any other jurisdiction?

\_\_\_ **No** \_\_\_ **Yes**

**TABLE 2**

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

Check here if Table 2 continued

- B. Has the applicant ever had a complaint or other notice of pending disciplinary action from any jurisdiction? \_\_\_ **No** \_\_\_ **Yes**

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

Has the applicant ever withdrawn its application, license or certificate in any jurisdiction? \_\_\_ **No** \_\_\_ **Yes**

Has the applicant ever appeared on the exclusion list in any jurisdiction? \_\_\_ **No** \_\_\_ **Yes**

If you answered **yes** to any of these questions, include a statement describing the facts or circumstances. Complete the following table:

**Table 3**

Name of Licensing Authority	Date of Action

Check here if Table 3 continued

# GAMING-RELATED SUPPLIER LICENSE

## PART 4 – DEBT, INSOLVENCY OR BANKRUPTCY ACTIONS

Has the applicant ever filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt? ☐ **No** ☐ **Yes**

If you answered **yes**, complete the following:

Date of filing:	Name and location of court:	Case Number:	Disposition:

## PART 5 – TAX

A. Has the applicant filed all required Federal, State and local tax returns with the appropriate agencies for itself or any business entity in which it has a financial or ownership interest for the last ten years?

☐ **No** ☐ **Yes** If you answered **no**, provide a brief explanation in the space provided below:

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B. Has a complaint, lien, judgment, or other notice been filed against the applicant, or has the applicant been served with any public body regarding the payment of any tax required under Federal, state or local law?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

**TABLE 4**

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

Check here if Table 4 continued

## PART 6 – CRIMINAL HISTORY

The questions listed below relate to criminal offenses, either felony or misdemeanor under the laws of any jurisdiction. Answer each question as it pertains to the applicant. Do not include traffic violations. Has the applicant ever:

<b>No</b>	<b>Yes</b>		<b>No</b>	<b>Yes</b>	
<input type="checkbox"/>	<input type="checkbox"/>	been convicted	<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty
<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail	<input type="checkbox"/>	<input type="checkbox"/>	been indicted
<input type="checkbox"/>	<input type="checkbox"/>	pleaded nolo contendere (no contest)			

If you answered **yes** to any of the above, complete the following table:

# GAMING-RELATED SUPPLIER LICENSE

**TABLE 5**

Nature of charge or arrest	Date of charge or arrest	Name & location of court involved	Disposition	Date	Felony or Misdemeanor

Check here if Table 5 continued

## PART 7 – ADDITIONAL CRIMINAL HISTORY

For the next question, do not include traffic violations:

Has the applicant ever been charged with a criminal offense, either felony or misdemeanor?

☐ **No**    ☐ **Yes**

If you answered **yes**, describe the nature of the charge, name and address of government agency or court involved, and disposition.

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## PART 8 – PRIOR NAMES AND ADDRESSES OF THE APPLICANT

A. List all other names under which the applicant has done business for the last five years.

☐ **N/A**

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B. List other addresses from which the applicant has done business for the last five years.

☐ **N/A**

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**TABLE 6**



## GAMING-RELATED SUPPLIER LICENSE

Number and Street	City	State	Zip	From:	To:

Check here if Table 6 continued

### PART 9 – AGREEMENTS

- A. Estimate the annual dollar amount of goods and/or services to be provided to the casino licensee(s).

\$\_\_\_\_\_ **Required**

- B. Has the applicant entered into any written agreements with a casino licensee?

\_\_\_\_ **No** \_\_\_\_ **Yes**

If **yes**, submit **Exhibit 3**, a copy of such an agreement.

If **no**, submit **Exhibit 3**, a written statement of intent to enter into an agreement from a casino licensee. **The Commission will not process an application without this agreement or statement.**

- C. Has the applicant entered into any unwritten agreements with a casino?

\_\_\_\_ **No** \_\_\_\_ **Yes**

If **yes**, submit **Exhibit 4**. Exhibit 4 shall describe the terms of each unwritten agreement, including names of persons and/or entities entering into the unwritten agreement and the expected duration and terms of compensation of such agreement.

- D. Are or were any agreements between the applicant and a casino in any way subject to or conditioned upon any other agreement between the casino and either this applicant or any other enterprise whatsoever?

\_\_\_\_ **No** \_\_\_\_ **Yes**

If **yes**, submit **Exhibit 5**. Exhibit 5 shall identify each such agreement, explain the relationship and name the enterprise.

- E. Are or were any agreements between the applicant and any casino contingent upon other agreements between the applicant and its suppliers, vendors or subcontractors?

\_\_\_\_ **No** \_\_\_\_ **Yes**

If **yes**, submit **Exhibit 6**. Exhibit 6 shall identify the said suppliers, vendors or subcontractors and identify the relationship between that agreement and any other agreement with a casino.

- F. Are any of the suppliers, vendors or subcontractors of the applicant holders of any securities of the enterprise or creditors as to any long- or short-term debt of the applicant?

\_\_\_\_ **No** \_\_\_\_ **Yes**

If **yes**, submit **Exhibit 7**. Exhibit 7 shall identify the said suppliers, vendors or subcontractors, the nature of the interest or debt, and the amount thereof.

# GAMING-RELATED SUPPLIER LICENSE

## PART 10 – FINANCIAL INSTITUTIONS

- A. Provide the following information in the table below for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution, foreign or domestic, in which the applicant has or has had an account over the last 10-year period regardless of whether such account was held in the name of the applicant, a nominee of the enterprise or was otherwise under the direct or indirect control of the applicant.

**TABLE 7**

Name and Address	Type of Account	Name of Account	Account Number(s)

Check here if Table 7 continued

- B. Submit as **Exhibit 8** a list of all debt instruments of the applicant. Exhibit 8 shall include the following information: \_\_\_\_ **N/A**
1. The full names, business addresses, and telephone numbers of all holders of each debt instrument including individuals, business entities, and investment bankers, brokerage houses or other financial institutions.
  2. The type of debt instrument, date and amount of initial and current debt, repayment terms, maturity date, interest rate and collateral used for each debt instrument.
  3. The explanation or reason for each debt instrument.

## PART 11 – LITIGATION

- A. Is your applicant currently a party to any civil lawsuits?  
\_\_\_\_ **No** \_\_\_\_ **Yes**

If you answered **yes**, submit as **Exhibit 9a**, a description of all existing civil litigation to which the applicant or any subsidiary is presently a party whether in the state of West Virginia or another jurisdiction. Exhibit 9a shall include the following:

1. Official title or caption of the case
  2. Docket or case number
  3. Name and location of the court before which the case is pending
  4. Identity of all parties to the litigation
  5. General nature of all claims being made
- B. Has the applicant been a party to any other litigation:
1. in the previous ten years in which the applicant or any of its officers, executives, or managers were accused of intentional misconduct. \_\_\_\_ **No** \_\_\_\_ **Yes**
  2. in which an ultimate decision adverse to the applicant or any of its officers, executives or managers would have or could have a current or future effect on the applicant.  
\_\_\_\_ **No** \_\_\_\_ **Yes**
  3. in which an ultimate decision adverse to the applicant or any of its officers, executives or managers could reasonably be expected to reflect upon the current or future financial

## GAMING-RELATED SUPPLIER LICENSE

responsibility or ability of the applicant or the character, reputation, or integrity, of the applicant or any of its officers, executives or managers. ☐ **No** ☐ **Yes**

If you answered **yes** to any of the above, submit the following as **Exhibit 9b**:

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

### PART 12 – MISCELLANEOUS

- A. Are there any distributors, sales representatives or other individuals or business entities that formally or informally distribute market or represent goods produced or services rendered by the applicant?  
☐ **No** ☐ **Yes**

If you answered **yes**, submit **Exhibit 10**. Exhibit 10 shall identify the full name, address and telephone number of all such distributors, sales representatives or other individuals or business entities.

- B. Has the applicant, during the last ten-year period, been a beneficiary under, settler, trustee or other fiduciary of or grantor or transferor to any trust?  
☐ **No** ☐ **Yes**

If you answered **yes**, submit as **Exhibit 11** a detailed statement describing the nature and terms of your connection with the trust, whether the trust is domestic or foreign and the location of the trust assets.

- C. Does the applicant have any direct, indirect or attributed legal or beneficial interest in any business entity outside the United States?  
☐ **No** ☐ **Yes**

If you answered **yes**, submit as **Exhibit 12** a detailed statement describing each business entity, including its location and the applicant's interest and/or affiliation with the foreign business entity.

- D. Does the applicant have any assets or liabilities outside the United States?  
☐ **No** ☐ **Yes**

If you answered **yes**, submit as **Exhibit 13** a detailed statement describing each asset and/or liability, including its type, value or amount and location.

- E. During the last ten-year period, has the applicant, any director, officer, partner or employee or any third party acting for or on behalf of the applicant made any bribes or kickbacks to any employee, company or organization to obtain favorable treatment?  
☐ **No** ☐ **Yes**

- F. During the last ten-year period, has the applicant, any director, officer, partner or employee or any third party acting for or on behalf of the applicant made any bribes, kickbacks to any government official, domestic or foreign, to obtain favorable treatment?  
☐ **No** ☐ **Yes**

- G. During the last ten-year period, has the applicant maintained any assets including bank account(s) domestic or foreign, not reflected on the applicant's books or records?  
☐ **No** ☐ **Yes**

- H. During the last ten-year period, has the applicant maintained any assets, i.e. numbered account(s) in the name of a nominee for the corporation?  
☐ **No** ☐ **Yes**

## GAMING-RELATED SUPPLIER LICENSE

- I. List the names and address of any present or former directors, officers, partners, or employees of third parties who would have knowledge or information concerning the questions affirmatively answered under this Part.

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### Part 13 – FORMER BUSINESS

Describe any former business, not listed elsewhere in this application, which the applicant or any parent, intermediary or subsidiary company engaged in during the last ten-year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted. \_\_\_\_ **N/A**

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### PART 14 – FLOW CHART - REQUIRED

Attach as **Exhibit 14** a flowchart illustrating the fully diluted ownership of the applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.

\_\_\_\_ **Attached**

### PART 15 – SECURITIES

Has the applicant had any securities or debt offerings suspended from trading or had any action taken against it by any financial regulatory agency?

\_\_\_\_ **No** \_\_\_\_ **Yes** If you answered **yes**, complete the following table:

TABLE 9

Type of Securities or Debt Offerings	Name and Location of Regulatory Agency	Date of Action	Action Taken

Check here if Table 9 continued

### PART 16 – LICENSING

## GAMING-RELATED SUPPLIER LICENSE

Has the applicant ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gaming operations (including manufacturer or distributor of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, or sports betting)?

☐ **No**    ☐ **Yes**    If you answered **yes**, complete the following table:

**TABLE 10**

<b>Name and Address of Licensing Agency</b>	<b>License No.</b>	<b>Type of Gaming Activity</b>

Check here if Table 10 continued

### **ADDITIONAL REQUIRED DOCUMENTS**

Attach as exhibits the following documents (if an exhibit does not apply, check the "N/A" block):

**Organization Documents (Exhibit 15)**                      ☐ **Attached**                      ☐ **N/A**

- Certificate of incorporation, charter, by-laws, partnership agreement, trust agreement, operating agreement, articles of organization or other basic documents of the applicant.

**Licenses and Certificates (Exhibit 16)**                      ☐ **Attached**                      ☐ **N/A**

- All licenses and certificates issued by any jurisdiction where applicant or its enterprise does business.

**Financial Statements (Exhibit 17)**                      ☐ **Attached**                      ☐ **N/A**

- Audited financial statement, which shall include, but not be limited to, an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules for the last fiscal year.
- All financial statements prepared in the last five years with respect to the applicant and any material findings and exceptions taken to such statements by any management response thereto.
- If the applicant does not normally have its financial statements audited, attach as an appendix to this form all unaudited financial statements prepared in the last five years with respect to the applicant.

**Annual Reports (Exhibit 18)**                      ☐ **Attached**                      ☐ **N/A**

- All annual reports of the applicant that were submitted to shareholders, partners, or other persons during the last five years.
- A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of all annual reports prepared on Form 10K and filed within the last five years.

**Quarterly Reports (Exhibit 19)**                      ☐ **Attached**                      ☐ **N/A**

- All quarterly financial statements prepared by or for the applicant, if any, since the last annual report noted above.

## GAMING-RELATED SUPPLIER LICENSE

- A corporation that is a registrant with the Securities Exchange Commission (SEC) may submit a copy of the Form 10Q last filed with the SEC

### Interim Reports (Exhibit 20)

\_\_\_\_ Attached

\_\_\_\_ N/A

- All reports prepared due to the occurrence of any of the following events:

Change of control of the applicant  
Acquisition or disposition of assets  
Bankruptcy or receivership proceedings  
Changes in the applicant's certifying accountant

- A corporation that is a registrant with the SEC may submit a copy of the most recent Form 8K files with the SEC

\_\_\_\_ Attached

\_\_\_\_ N/A

### Proxy and Informational Statements (Corporations only) (Exhibit 21)

\_\_\_\_ Attached

\_\_\_\_ N/A

- The last definitive Proxy or Informational Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934

### Registration Statements (Corporations only) (Exhibit 22)

\_\_\_\_ Attached

\_\_\_\_ N/A

- All Registration Statements filed in the last five years pursuant to the Securities Act of 1933

### Reports of Accountants (Exhibit 23)

\_\_\_\_ Attached

\_\_\_\_ N/A

- All reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the applicant which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations.

### Organizational Chart (Exhibit 24) – REQUIRED

\_\_\_\_ Attached

\_\_\_\_ N/A

- A chart showing the corporate structure of the applicant, and
- An organizational chart identifying all officers of the applicant and all members of the board of directors. Include position descriptions and the names of persons holding such positions.

### Tax Returns (Exhibit 25)

\_\_\_\_ Attached

\_\_\_\_ N/A

- All 1120 Forms (U.S. Corporate Income Tax Return), or all 1065 (U.S. Partnership Return), or 1040 (personal tax return), and state business or personal tax return, for the last three years. Include all amended returns and requests for filing extensions.
- Include all schedules and attachments to these returns.

### Insurance Documents (Exhibit 26) – REQUIRED

\_\_\_\_ Attached

- Certificate of Insurance for the applicant demonstrating insurance and limits for liability and casualty.

**All Financial Information on Pages 13 and 14 Is to Be Submitted Directly to Brown, Edwards & Company, L.L.P., as instructed on **Attachment B**. The Contact Persons Are:**

Vincent Centofanti  
Tim Gibbons

(304) 345-8400  
(304) 345-8400

[vcenotofanti@becpas.com](mailto:vcenotofanti@becpas.com)  
[tgibbons@becpas.com](mailto:tgibbons@becpas.com)

GAMING-RELATED SUPPLIER LICENSE

**ATTACHMENT A** (Use BLACK ink ONLY)  
**ACKNOWLEDGEMENT, AGREEMENT AND CONSENT**

I, \_\_\_\_\_ (Licensee)

hereby acknowledge that the West Virginia Lottery will require supplemental materials in order to carry out its statutory duties. The licensee:

hereby agrees to submit supplemental materials as requested by the West Virginia Lottery.

hereby acknowledge that issuance of a Table Games License is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application, or in addition to that provided in response to this application, may be requested.

hereby acknowledge that I am under a continuing duty to disclose promptly to the Lottery any changes in the information provided in the application and requested materials submitted to the Lottery. To comply with this requirement I must submit a letter to the Lottery stating the changes and reference the specific question(s) within the application to which the changes pertain.

hereby consent to inspections, searches, and seizures as provided in *Section 29-22C-25* and to disclose to the Lottery and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete to the best of my knowledge.

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

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

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

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

**IN WITNESS WHEREOF**, I have executed this release in the State of \_\_\_\_\_, County of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

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

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

Seal:

GAMING-RELATED SUPPLIER LICENSE

**ATTACHMENT B** (Use BLACK ink ONLY)

**APPLICANT'S CONSENT TO RELEASE INFORMATION**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_  
(NAME OF ENTITY)

I, \_\_\_\_\_  
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the West Virginia Lottery to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the West Virginia Lottery, provided that he or she certifies to you that said entity has an application pending before the West Virginia Lottery or that said entity is a licensee or other person required to be qualified under the provisions of the West Virginia Race Track Table Games Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Title

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

**IN WITNESS WHEREOF**, I have executed this release in the State of \_\_\_\_\_, County of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

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

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

Seal:



GAMING-RELATED SUPPLIER LICENSE

**ATTACHMENT C** (Use BLACK ink ONLY)  
**INDIVIDUAL AFFIDAVIT – RELEASE OF ALL CLAIMS**

To Whom It May Concern:

I hereby authorize any representative of the West Virginia Lottery Commission bearing this release, or transmitting a copy of same, to obtain information from files or other sources pertaining to the applicant's personal background including, but not limited to: police records, academic, employment, financial, credit, or any other records. I hereby direct you to release such information upon the request of any duly authorized representative of the West Virginia Lottery. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Lottery. I hereby release you, the institution or establishment which you represent including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to the applicant's heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

**(Circle One)** I hereby swear or affirm that I **HAVE** or **HAVE NOT** been convicted of any violation of the State Racing Act, the State Lottery Act, the Racetrack Video Lottery Act, the Limited Video Lottery Act, the Racetrack Table Games Act or the Limited Gaming Facility Act; a crime of moral turpitude, a gambling-related offense, a theft or fraud offense, a felony, or a misdemeanor for gambling or gambling related activity in this or in any other state, the United States, or a territory of the United States.

I understand that any untruthful or misleading answers are causes for the rejection of the application.

NOTARY

APPLICANT

State of \_\_\_\_\_

Name \_\_\_\_\_

County of \_\_\_\_\_

Address \_\_\_\_\_

Taken, Subscribed, and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Date of Birth \_\_\_\_\_

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

Authorized  
Signature \_\_\_\_\_

SEAL:

GAMING-RELATED SUPPLIER LICENSE

**ATTACHMENT D** (Use BLACK ink ONLY)  
**AFFIDAVIT OF FULL DISCLOSURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state,  
that, except as reported in the applicant's/my application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application,  
that, except as reported in the application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the application,  
that, except as reported in the application, I have no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the sale of any interest in the 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.

\_\_\_\_\_  
(Individual Signature)

\_\_\_\_\_  
(Title)

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

**IN WITNESS WHEREOF**, I have executed this release in the State of \_\_\_\_\_, County of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

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

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

Seal:

**ATTACHMENT E**

**FINGERPRINT INSTRUCTIONS  
REQUIREMENTS FOR FINGERPRINT CARD SUBMISSIONS**

1. Two (2) fingerprint cards completed by a law enforcement agency.
2. One (1) completed and signed 'Fingerprint Information Release Form'.
3. Legible photocopy of a valid driver's license or other form of valid government issued photo identification.

**PLEASE BE AWARE THAT FINGERPRINTS MUST BE A GOOD QUALITY OR YOU MAY HAVE TO BE REPRINTED.**

## GAMING-RELATED SUPPLIER LICENSE



### Fingerprint Information

All fields are mandatory unless otherwise noted

Name (Please Print): \_\_\_\_\_ SSN: \_\_\_\_\_  
Last Name First Name Middle Name  
Alias (Maiden name) \_\_\_\_\_ Citizenship (country): \_\_\_\_\_  
Home Address: \_\_\_\_\_ Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Finger Amputations/Bandages: \_\_\_\_\_

### **RELEASE OF INFORMATION**

**I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System.**

**I certify that this is for official business and I am authorizing the West Virginia Lottery to obtain any record found.**

***Applicant Notification and Record Challenge:*** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

**Privacy Act Notice:** Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. If you choose voluntarily to supply your social security number, it will be used to aid the West Virginia Lottery in the conduct of this criminal background inquiry.

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

*I attest that all information written on this form is true and correct*

Date: \_\_\_\_\_

ID CHECKED AND VERIFIED

INITIALS OF INVESTIGATOR \_\_\_\_\_

OCA#

**PERSONAL DATA FORM**

PLEASE SUBMIT THIS FORM FOR EACH INDIVIDUAL AS NOTED IN THE INSTRUCTIONS  
PLEASE PRINT OR TYPE – ATTACH ADDITIONAL SHEETS IF NEEDED

- Business Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_
1. Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_
2. Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_
3. Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Relationship to Business:  
Owner                  Partner                  Principal                  Officer/Director                  Other
4. If Partnership, what type: \_\_\_\_\_ Partnership                  Stockholder  
General                  Limited                  LLC                  % Owned                  % Held
5. Present Employer: \_\_\_\_\_ 6. Hours per Week  
(if different than above) \_\_\_\_\_ For Business Above \_\_\_\_\_
7. U.S. Citizen: Yes                  No                  (if no, attach details)                  WV Resident: Yes                  No
8. List all relatives employed by the WV Lottery:  
If any of the following questions are answered "yes", please attach separate sheet with complete details. Have you:                  Yes                  No
9. Ever been convicted of a felony or fraud or crime related to gambling or theft?  
Ever been sued or have outstanding claims or judgments?  
Ever filed bankruptcy in WV or the U.S.?  
Ever sustained substantial loss with a significant insurance payment?  
Ever been investigated by a state or federal investigative agency?

**10. Disclosure Statement**

I, the undersigned do hereby certify that I have not knowingly made a false statement of material fact on this application. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any Lottery license. I authorize the West Virginia Lottery and/or the West Virginia State Police to investigate any or all matters set forth in the License Application. I understand that additional information may be requested of me in regard to this application and I waive rights of causes of action that I may have against the West Virginia Lottery or the West Virginia State Police.

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

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

My commission expires: \_\_\_\_\_

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

(NOTARY SEAL)



## PRIVACY NOTICE USAGE OF SOCIAL SECURITY NUMBERS

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For persons who are neither Lottery Commissioners, Lottery officers or Lottery employees, the West Virginia Lottery will only ask you for your social security number in the following circumstances:

1. You claim a lottery prize of \$600 or more directly from the Lottery, either by mail or personally at our Charleston or Weirton office. Your social security number is also your tax identification number, and the Internal Revenue Code requires that this prize payment be reported to the IRS along with the winners tax identification number [ Form **W-2G**]<sup>1</sup> or
2. You are a sole proprietor of a business, a partner in a business, or the shareholder of an incorporated business that is a lottery retailer or sales agent, and the Lottery must prepare an IRS Form 1099 to report sales commissions received by you along with a tax identification number if that number is also a social security number [Form **1099**]; or
3. You are applying for a lottery license or permit and you must allow the Lottery to capture your fingerprint images to be transported to the FBI's National Criminal Information Center [**NCIC**] for criminal background investigation required by statutory or regulatory authority. This is an FBI requirement; or
4. You have applied for a lottery license or permit and you have been asked to send copies of one or more years of your federal income tax returns in order to determine your credit worthiness for a table games license.<sup>2</sup>

Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to a criminal or civil penalty.

When the West Virginia Lottery obtains your social security number, it will use the number for the purpose(s) cited above. The Lottery will not sell or share this number with any other person or entity, and will decline to make it available in response to any freedom of information request. Only government entities that are authorized to receive and use social security numbers by law will gain access, other than when outside access is ordered by a competent court of record.

If you have any questions or concerns about this privacy notice, or if you wish to submit a complaint regarding the Lottery's privacy policy, please contact the Legal Division at (304) 558-0500 extension 255.

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<sup>1</sup> Prize winners of more than \$600 who are unable or unwilling to submit their tax identification number are subject to federal income tax "back-up withholding" of 28% of the prize money.

<sup>2</sup> Either after the license is issued to the applicant, or else after the applicant has exhausted all appeals, the returns will be taken from the application file and shredded.