

CHANGING/ADDING/REMOVING MEMBERS-OFFICERS

_____ Call the ABCA (1-800-642-8208) and add the officers to your liquor/beer license.

_____ Call the Secretary of State (1-866-767-8683) and add the new officers to your business license.

WV Lottery will need:

_____ Page 1 & 2 of the LVL Application – List all officers.

_____ Page 3 – Individual Release

_____ The WV Lottery requires a corporate letter stating the redistribution of stock in the corporation, signed by the officers/members and notarized.

For the Lottery each new officer added must do the following:

1. Each new officer is required to complete an Individual Release (page 3).
2. Each new officer added will also need to be fingerprinted. Please contact our Security Division at 1-800-982-2274, ext. 231, to schedule an appointment at a location near you for a live scan fingerprint session. When you phone the Security Division to schedule an appointment, you may be asked to provide your “control number.” Your control number is the last 5 digits of your ABCA Class A license number. **You must be fingerprinted twice: Once for ABCA and once for the WV Lottery.**
3. Some of the qualifications to be eligible for a limited video lottery license are found in W.Va. Code §29-22B-504. If the applicant is a corporation, partnership or other business entity, the chief executive officer and/or President and the majority of the officers, directors, members and partners both in number and percentage of ownership, must be United States citizens and residents of the state of West Virginia, and the residents **must have filed their state income tax in a timely manner for the four-year period immediately preceding the application.** In other words, fifty-one percent (51%) of the ownership, including the CEO and/or President, must pass our residency requirements.

WV Lottery License Division
1-800-982-2274, ext. 278 or ext. 245
1-304-558-0500, ext. 278 or ext. 245



WEST VIRGINIA LIMITED VIDEO LOTTERY RETAILER
INITIAL APPLICATION

PLEASE PRINT OR TYPE. ATTACH ADDITIONAL SHEETS AS REQUESTED

1. **\$500 Non-refundable Application Fee – Select Method of Payment**

Business/Cashier's/Business Check # _____

Money Order # _____

Online Payment – Transaction ID # _____ (Include copy of receipt with transaction ID#)

2. Business Organization Name: _____

Doing Business as Name: _____

Location Phone No. _____ Fax No. _____

Location Address _____ City _____

County _____ State _____ Zip _____

Mailing Address _____ City _____

State _____ Zip _____

F.E.I.N (No Social Security Numbers, please) _____

Worker's Compensation or Exemption Number _____

3. List all names as required per type of business defined above and any executive employee or agent having power to significantly exercise influence in business operation. Each individual listed will also be required to complete the Individual Release (page 3).

NAME (Last name, First name, M.I.)

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4. Type of Business or Organization:

Sole Proprietorship – List owner

Partnership or Joint Venture– List each general partner, limited partner, or joint venture.

Corp. or Subsidiary, Association – List each officer and director (including those of the parent company if subsidiary.) Also list each stockholder, except of publicly owned. If publicly owned, list each stockholder who owns 5% or more stock and percentage of stock owned by each.

LLC, LLP – List each member, if member-managed; or Manager, if Manager-managed.

Fraternal - See Page 9 for additional information required for fraternal/veteran groups.

____ Sole Proprietorship ____ LLP ____ Partnership or Joint Venture
____ LLC ____ Corporation or Subsidiary ____ Fraternal/Veteran IRS Tax Exempt

5. Do any persons associated with this business presently hold a WV issued gaming or lottery license?
____ Yes ____ No If "yes" provide the license number and date issued.

6. Do any persons associated with this business presently hold a gaming or lottery license issued in another state or country? ____ Yes ____ No If "Yes" provide the type of license and where issued.

7. DISCLOSURE STATEMENT (Read Carefully)

"I, the undersigned, upon oath, do hereby declare that the foregoing information is true and complete. I authorize the Director, WEST VIRGINIA LOTTERY, to investigate any matter set forth in the lottery application including, but not limited to, financial records, financial sources, State Tax records, and criminal history as necessary for entering into an agreement as a limited video lottery retailer. I will, upon request, execute such additional documents as are required to facilitate this process, including a criminal record check agreement form."

APPLICANT/AUTHORIZED AGENT/TRUSTEE
OF BUSINESS/ORGANIZATION

Type or Print Name Title

Signature Date

UNITED STATES OF AMERICA
STATE OF WEST VIRGINIA
COUNTY OF _____, to-wit:

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, this
_____ day of _____, 20 ____.

My commission expires _____

Notary Signature

(Seal)

(Copies of this form should be made for completion by each person associated with Application)



INDIVIDUAL RELEASE
Limited Video Lottery

1. NAME _____ MAIDEN NAME _____
 HOME PHONE _____
 HOME ADDRESS _____ DATE OF BIRTH _____

 SOCIAL SECURITY NUMBER _____
 EMAIL _____

2. YOUR RELATIONSHIP TO BUSINESS _____
 JOB TITLE _____
 PERCENT OF OWNERSHIP _____ PERCENT OF STOCK OWNED _____

3. PRESENT EMPLOYER:

4. U.S. CITIZEN: YES _____ NO _____ (If No, attach details)

Disclosure of WV Lottery Employee Relationship(s):

I hereby authorize any representative of the West Virginia Lottery Commission having this release to obtain information from files or other sources pertaining to the applicant's personal background including, but not limited to, WV State Tax records, police records, credit records, or any other record applicable to the approval of this application. I hereby direct you to release such information as requested. Should there be any question as to the validity of this release, you may contact me as indicated above.

I confirm that I do not have any ownership, control interest, or serve, in the capacity of key personnel for any licensed limited video lottery operator.

Additionally, I confirm that neither I, nor any member of my immediate family, is employed by the WV Lottery. I understand that any connection to employees of the WV Lottery should be disclosed above by the name of the WV Lottery Employee, and a description of the relationship.

(Print Name, Title)

(Signature)

(Date)