

Mail To:  
 VDACS, Office of Charitable Gaming  
 P. O. Box 526  
 Richmond, VA 23218



FORM 301  
 VDACS FINANCE CODE:  
 988-02199

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 OFFICE OF CHARITABLE GAMING  
 MANUFACTURER OF ELECTRONIC GAMES OF CHANCE SYSTEMS &  
 CHARITABLE GAMING SUPPLIER PERMIT APPLICATION**

**GENERAL INSTRUCTIONS**

- A. Use this application to apply for a new or renewal Manufacturer of Electronic Games of Chance Systems (*i.e.* electronic pull-tabs) and/or Charitable Gaming Supplier permit.
- B. Complete the application in its entirety and please do not leave any response field and/or question blank. If a response field and/or question is not applicable, please indicate "N/A".
- C. Please type or print legibly all responses.
- D. If necessary, please attach relevant document(s) and/or explanation sheet(s). In doing so, please identify the corresponding response field or question number on each document/sheet.
- E. Ensure the application is dated and signed by the appropriate individual(s).
- F. Enclose a non-refundable \$1,000 application fee payable to: **Treasurer of Virginia** for each permit.
- G. Mail a completed application, non-refundable fee, and if applicable, attach all relevant document(s) and/or explanation sheet(s) to the mailing address above.

**APPLICANT INFORMATION**

1. Permit Type: \_\_\_\_\_ Charitable Gaming Supplier (\$1,000 application fee)  
 \_\_\_\_\_ Manufacturer of Electronic Games of Chance Systems (\$1,000 application fee)  
 \_\_\_\_\_ Both (\$2,000 application fee)

2. Application Type: \_\_\_\_\_ New Permit \_\_\_\_\_ Renewal Permit  
 \_\_\_\_\_ OCG Number (Renewal Permit Only)

3. Product Type: \_\_\_\_\_ Bingo Paper & Supplies \_\_\_\_\_ Paper Instant Bingo/Seal Card/Pull-Tabs  
 \_\_\_\_\_ Electronic Bingo Devices \_\_\_\_\_ Electronic Pull-Tabs  
 \_\_\_\_\_ Pull-Tab Dispensing Devices

4. Full Corporate Name: \_\_\_\_\_  
 DBA/Trading As Name: \_\_\_\_\_  
 Corporate Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

5. Corporate Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Primary Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Daytime Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FEDERAL & STATE REGISTRATION INFORMATION**

7. Business Type: \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Company

(Check One)

Sole Proprietorship  Partnership  
 Other (Please attach an explanation sheet)

8. Federal Employer ID Number: \_\_\_\_\_

9. Name of Virginia Registered Agent: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

10. All domestic corporations, foreign corporations and limited liability companies must be registered with the Virginia State Corporation Commission (SCC). Please attach a copy of a certificate of good standing from the SCC.

Attachment Included? (Y/N): \_\_\_\_\_

11. Is the applicant in compliance with all reporting, filing and payment requirements mandated by the Virginia Employment Commission and the Virginia Department of Taxation? If no, please attach an explanation sheet detailing any filing matters and/or delinquencies.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Attachment Included? (Y/N): \_\_\_\_\_

12. Please provide the following account numbers for each entity listed below. If the applicant does not have an assigned account number, please attach an explanation sheet detailing as to the reason.

Virginia Department of Taxation: Corporate ID Number: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Withholding Number: \_\_\_\_\_

Virginia Employment Commission: \_\_\_\_\_

13. Does the applicant have a current "Letter for Company Registration" on file with the U. S. Department of Justice - Gambling Devices Registration Unit in accordance with the federal *Gambling Devices Act of 1962*? If no, attach an explanation sheet detailing the reason.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Attachment Included? (Y/N): \_\_\_\_\_

**BUSINESS INFORMATION**

14. Attach a list of all locations where the applicant conducts business, including the full name of the business/subsidiary, primary contact person, telephone and fax number, complete corporate and mailing address and an official jurisdiction.

Attachment Included? (Y/N): \_\_\_\_\_

15. Does the applicant have offices, warehouses, or other outlets/facilities in addition to those identified in question 14 where charitable gaming supplies and/or electronic games of chance systems, including servers are maintained, stored, sold or manufactured? If yes, please attach a list with the same detail identified in question 14.

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Attachment Included? (Y/N): \_\_\_\_\_

16. Attach a list of at least three credit references including full corporate name, address, telephone and fax number, email address and primary contact person.

Attachment Included? (Y/N): \_\_\_\_\_

17. Attach a copy of each current permit and/or authorization for each state or province in which the applicant gives, provides, sells or rents charitable gaming supplies and/or electronic games of chance systems.

Attachment Included? (Y/N): \_\_\_\_\_

18. If previously permitted in Virginia or in any other state or province, has a permit and/or authorization ever been suspended, revoked or subject to an administrative proceeding? If yes, please attach all supporting documentation of the suspension, revocation or administrative proceeding, including the current status of the subject permit and any agreement entered into in resolution of the matter.

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Attachment Included? (Y/N): \_\_\_\_\_

19. Attach a list of the full name, title, address and contact information of those persons, as indicated below who are involved with the applicant. Also, please complete a "Personnel Information Form" for each person identified in this section.

- a. If the applicant is a Sole Proprietor, please provide information on the individual owner.
- b. If the applicant is a Partnership, please provide information on each partner.
- c. If the applicant is Limited Liability Company, please provide information on each member.
- d. If the applicant is Corporation, please provide information on each officer, director, person, owner or entity having a 10% or greater interest (debt or equity) in the applicant.

20. Attach a list of all agents/employees/independent contractors who will, in Virginia, provide supplies or market products designated in question 3. Please include the full name, physical and mailing address, city, state, zip code, telephone number and email address.

Attachment Included? (Y/N): \_\_\_\_\_

21. Has the applicant, a related business entity, or person identified in question 19 and 20 have ever been:

- a. The subject of an administrative or legal action associated with gambling? (Y/N) \_\_\_\_\_
- b. Indicted, convicted, or arrested for an criminal offense? (Y/N) \_\_\_\_\_
- c. Involved in a civil action that allegedly constituted a crime(s)? (Y/N) \_\_\_\_\_
- d. Delinquent on any payment owed to a governmental entity or creditor or sued for a debt? (Y/N) \_\_\_\_\_
- e. Currently, a known party to any criminal and/or civil complaint or investigation? (Y/N) \_\_\_\_\_

If "yes" to any of the above questions, please attach an explanation sheet detailing the reason.

22. Attach a list of all bank and/or financial institutions utilized by the applicant, including name of bank(s), account number(s), full name of the primary contact person, telephone and fax numbers, email address, physical and mailing address, city, state and zip code.

Attachment Included? (Y/N): \_\_\_\_\_

23. Attach a list of the individual(s) and/or companies who prepare Office of Charitable Gaming financial reports, including full name of the person, business name, telephone and fax numbers, email address, physical and mailing address, city, state and zip code.

Attachment Included? (Y/N): \_\_\_\_\_

24. Attach information pertaining to where the applicant is storing its sales and transaction records for charitable gaming supplies and electronic games of chance systems, please include the full name of the primary contact person, telephone and fax numbers, email address, physical and mailing address, city, state and zip code.

Attachment Included? (Y/N): \_\_\_\_\_

**PERSONNEL INFORMATION FORM**

Charitable Gaming Regulations (11 VAC 15-40-120 and 11 VAC 15-40-147) provide that no Charitable Gaming Supplier/Manufacturer Permit can be issued prior to a reasonable investigation conducted by the Office of Charitable Gaming. The following information is required to conduct a background investigation. Individuals designated below hereby authorize the Office of Charitable Gaming to investigate all matters related to this application, and hereby waive any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

This form must be completed for each officer, director, person, owner or entity having a 10% or greater interest (debt or equity), and/or each person identified in question 19. Make copies of this page for each person identified in question 19 of this application.

By completing this form and affixing my signature, I hereby state that to the best of my knowledge, information, and belief that there has been no failure to disclose, and I am aware that later discovery of an omission or misrepresentation made in this application, or made on any statement, document, or information may be grounds for revocation of the applicant's application or subject the applicant or personnel to criminal penalties in the Commonwealth of Virginia.

I also agree that I will abide by the laws and regulations governing charitable gaming in the Commonwealth of Virginia.

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Date Year

Physical Home Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Percentage of Ownership (If applicable): \_\_\_\_\_

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