

Mail completed application to:
 VDACS
 Office of Charitable &
 Regulatory Programs
 Post Office Box 526
 Richmond, VA 23218



FORM 307
 VDACS FINANCE CODE
 988-02199

**COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 OFFICE OF CHARITABLE & REGULATORY PROGRAMS
 TEXAS HOLD'EM GAME OPERATOR REGISTRATION**

GENERAL INSTRUCTIONS

- A. Use this application if you are a Texas Hold'em Game Operator seeking registration
- B. Complete this application in its entirety. If a response field or question is not applicable, please indicate "N/A".
- C. Please print legibly in black ink or type all responses.
- D. If necessary, please attach relevant documents and/or explanation sheets. In doing so, please identify the corresponding question on each document/sheet.
- E. Ensure the application is dated and signed by an authorized individual of the applicant.
- F. Enclose a \$1,000 application fee payable to: **Treasurer of Virginia**.
- G. You must submit this completed application, application fee, and, if applicable, all relevant documents and/or explanation sheets to the mailing address above. You may also email a PDF of the completed application and relevant documents and/or explanation sheets to michael.menefee@vdacs.virginia.gov.

**SECTION 1
 APPLICANT INFORMATION**

Full Corporate Name of Entity			
Doing Business As/Trading As Name			
Physical Address			
City	State	Zip Code	Country
Telephone Number, including area code ()		Fax Number, including area code ()	
Website Address			
Mailing Address (if different from physical address)			
City	State	Zip Code	Country

**SECTION 2
 PRIMARY CONTACT INFORMATION**

Primary Contact Person			Title
Physical Address			
City	State	Zip Code	Country
Telephone Number, including area code ()		Email Address	

SECTION 3 FEDERAL & STATE REGISTRATION INFORMATION													
3-1.	Type of Applicant's Business Entity (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Corporation</td> <td style="width: 33%;"><input type="checkbox"/> General Partnership</td> <td style="width: 33%;"><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Holding Company</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Holding Company	<input type="checkbox"/> Other (please specify) _____					
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3-2.	Federal Employer Identification Number or Social Security Number (if a sole proprietorship)												
3-3.	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">Is the applicant in 'good standing' with the state of its incorporation or organization? If <u>yes</u>, please attach a copy of the certificate of good standing and a copy of the articles of incorporation or other appropriate organizing document. If <u>no</u>, please attach an explanation sheet detailing the reason.</td> <td style="width: 35%; vertical-align: top;"> <input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No - explanation sheet included <input type="checkbox"/> N/A </td> </tr> </table>	Is the applicant in 'good standing' with the state of its incorporation or organization? If <u>yes</u> , please attach a copy of the certificate of good standing and a copy of the articles of incorporation or other appropriate organizing document. If <u>no</u> , please attach an explanation sheet detailing the reason.	<input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No - explanation sheet included <input type="checkbox"/> N/A										
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3-6. Identify the applicant's registered agent in Virginia:													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">Name of Registered Agent</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">Mailing Address</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 40%;">City</td> <td style="border: 1px solid black; padding: 2px; width: 20%;">State</td> <td style="border: 1px solid black; padding: 2px; width: 40%;">Zip Code</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Telephone Number, including area code ()</td> <td colspan="2" style="border: 1px solid black; padding: 2px;">Fax Number, including area code ()</td> </tr> </table>		Name of Registered Agent			Mailing Address			City	State	Zip Code	Telephone Number, including area code ()	Fax Number, including area code ()	
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**SECTION 4
BUSINESS INFORMATION**

4-1 Please attach a list of all physical locations outside of Virginia that are owned or leased by the applicant and from which the applicant conducts business. For each location, please include the full corporate/subsidiary name, physical address, city, state, zip code, country and a detailed explanation of what takes place at each of these locations.

Attachment included
 N/A

Where are the business and financial records maintained?

Physical Address

City

State

Zip Code

Physical Address

City

State

Zip Code

4-2 Please provide all aliases/business names used by the applicant to conduct business, provide approximate time periods during which the aliases/business names were used by the applicant and if applicable, the state of incorporation.

Name

Time Period (month, year)

State of
Incorporation

Name

Time Period (month, year)

State of
Incorporation

Name

Time Period (month, year)

State of
Incorporation

4-3 In the past ten years, has the applicant been party to any bankruptcy, receivership or similar proceeding affecting its business? If yes, please attach an explanation sheet detailing the facts and circumstances concerning this matter.

Yes - explanation sheet included
 No

4-4 In the past ten years, has the applicant been party to any material acquisition, reorganization, merger, consolidation, readjustment or succession of its business? If yes, please attach an explanation sheet detailing the facts and circumstances concerning this matter.

Yes - explanation sheet included
 No

4-5 Please attach a list identifying the applicant's major funding, financial sources and major financial liabilities of \$50,000 or more.

Attachment included
 N/A

4-6 Please attach a signed copy of the applicant's state and federal tax returns for the previous three years.

Attachment included
 N/A

4-7 Please attach a signed copy of the 'Authority to Release Information Form,' which is located at the end of this application.

Attachment included

4-8 Please attached a copy of written internal control policies and procedures that includes segregation of duties, cash security, and cash controls based on generally accepted standards.

Attachment included

4-9 Please attach a list of all qualified organizations on whose behalf the applicant intends to administer a poker tournament, the locations at which the applicant intends to administer a poker tournament; and any other information deemed necessary by the department.

Attachment included

4-10 A copy of each written contract with a qualified organization.

Attachment included

**SECTION 5
PERSONNEL INFORMATION**

5-1 Please attach a current organizational chart for the applicant.	[] Attachment included
5-2 Does the applicant have a contract or agreement (formal or informal) with any external organization or individual concerning the managing, conducting, operating or administering poker games or tournaments? If <u>yes</u> , please attach an explanation sheet identifying the organization and/or individual and the nature of its role along with copies of any contract, agreement, or understanding.	<input type="checkbox"/> Yes - explanation sheet and attachment included <input type="checkbox"/> No
5-3 Has the applicant, or any individual or entity identified in 11VAC15-50-40.B.3 of the Texas Hold'em Poker Tournament Regulations ever been: <ol style="list-style-type: none"> 1. Subjected to any administrative proceeding or investigation by any gaming or tax-related regulatory agency? 2. Arrested, detained, charged, indicted, convicted, pleaded guilty or <i>nolo contendere</i>, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony, or misdemeanor involving gambling or financial crime (except traffic infractions)? 3. Delinquent or in dispute with a government agency over the payment of any debt or tax within the past ten years? 4. Party to any lawsuit (other than divorce proceedings)? 5. Currently, a known party to any administrative proceeding, criminal case, investigation or lawsuit (other than divorce proceedings)? If <u>yes</u> , please attach an explanation sheet detailing the facts and circumstances concerning any of the above matters.	<input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No <input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No <input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No <input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No <input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No
5-4 Attach a completed Personal Information Form for each of the individuals indicated below who are involved with the applicant. <ol style="list-style-type: none"> 1. If the applicant is a <u>Sole Proprietor</u>, please provide information on the individual owner. 2. If the applicant is a <u>General Partnership</u> or <u>Limited Partnership</u>, please provide information on each partner and/or principal as well as a copy of the partnership agreement. 3. If the applicant is a <u>Limited Liability Company</u>, please provide information on each member. 4. If the applicant is a <u>Corporation</u> or <u>Holding Company</u>, please provide information on each individual or owner having a 10% or greater financial interest (debt or equity), officer or director in the applicant, including the nature of the financial interest instrument, the amount of the interest and the percentage of the interest. 5. Any individual listed in 11VAC15-50-40.B.3. 	[] Attachment included
5-5 Please attach a list of the identity of the operator's tournament managers, dealers, and other game workers along with copy of a current identification, such as a driver's license or other government issued identification of each.	[] Attachment included
5-6 Please attach a sample of the badge to be worn by the operator's poker tournament manager, charitable host representative, dealer, and other game workers during the administering of the qualified organization's poker tournament.	[] Attachment included

<p>5-7 Is the applicant or any members, directors, officers, owners, partners, employees, independent contractors, agents, their immediate family, or persons residing in their household affiliated or associated with any qualified organization that is authorized pursuant to § 18.2-340.23 and § 18.2-340.24 of the Code of Virginia to manage, operate, and conduct a poker tournament or to contract with an operator to administer its poker tournament? If yes, please provide a list of those individuals and their relationship to the qualified organization.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
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**SECTION 6
LICENSE, PERMIT OR REGISTRATION INFORMATION**

<p>6-1 Does the applicant possess a gaming license, permit, or registration issued by a licensing authority? If <u>yes</u>, please attach a list including the type of license, the licensing authority, the license number, and the name and telephone number of the appropriate contact person at the issuing authority.</p>	<p><input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No</p>
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<p>6-2 Has the applicant ever had a gaming license, permit, or registration denied, limited, restricted, not renewed, revoked, suspended, or subject to an administrative proceeding? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter, including the name of the licensing authority, the date of each action taken and the reason for the action.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
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<p>6-3 Has the applicant ever operated as a poker game or tournament operator in any jurisdiction within the United States? If <u>yes</u>, please attach a sheet identifying the jurisdiction and whether the applicant was required to obtain a license, permit, or registration to do so.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
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DISCLAIMERS AND AFFIDAVITS

By completing this section and affixing my signature, I hereby state that I am authorized to sign this application on behalf of the applicant, and, to the best of my knowledge, information and belief, there has been no misrepresentation or failure to disclose. 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 denial of the applicant's registration.

I agree that I will notify the Office of Charitable and Regulatory Programs of any circumstance that necessitates amending any response provided in this application, including, but not limited to, any changes in the applicant's officers, directors, partners, principals, investors or others who would be required to provide information under question 6-4 of this application.

I agree that I will abide by the laws and regulations governing charitable gaming in the Commonwealth of Virginia. I acknowledge that I have read and understood the Texas Hold'em Poker Tournament Regulations, 11VAC15-50.

Signature	Date
Print Name	Title

AUTHORITY TO RELEASE INFORMATION FORM

I, _____ authorize and grant my consent to permit any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified official from the Virginia Department of Agriculture and Consumer Services.

This information is for the express purpose of determining my eligibility to register as a poker tournament operator issued under the authority of the Virginia Charitable Gaming statutes and regulations.

Full Corporate Name of Entity

Doing Business As/Trading As Name

Signature

Title

Date

NOTARY STATEMENT

Sworn and subscribed before me this _____ day of _____, 20____ in the (county / city)
_____ in the state of _____.

Notary's Signature

Notary's Printed Name

Notary's Commission Number

Notary's Commission Expiration Date