Certification of Non-Charitable Gaming/Gambling



Form 304 Supplier Use Only

COMMONWEALTH OF VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

Address:		
Address:		7:
City:		Zip:
Telephone:		
I hereby certify that the above	-	-
of gaming supplies shall not l VDACS Office of Charitable a		
activity. I understand that all p		, ,
Signature:		Date:
Print Full Name:		
Title:		
Telephone:		
E-Mail Address:		
Supplier Name:		
Supplier Name: This form must be dated and kept	on file by the Supplier for three v	ears from the end of a fiscal year.

Regulations - 11 VAC 15-31-20.C.2.