

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



PERSONAL
 INFORMATION
 FORM
 --
 FORM 306A

**COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 OFFICE OF CHARITABLE & REGULATORY PROGRAMS
 MANUFACTURER OF ELECTRONIC PULL-TAB SYSTEM PERMIT RENEWAL APPLICATION
 PERSONAL INFORMATION FORM**

GENERAL INSTRUCTIONS

- A. This form is a component of the application for a Manufacturer of Electronic Pull-Tab System permit.
- B. This form must be completed by each individual or owner having a 10% or greater financial interest (debt or equity), officer, director, member or partner in the applicant. If necessary, please make copies of this section for each person.
- C. Complete this form in its entirety. If a response field or question is not applicable, please indicate "N/A".
- D. Please print legibly in black ink or type all responses.
- E. If necessary, please attach relevant documents and/or explanation sheets. In doing so, please identify the corresponding question on each document/sheet.
- F. Ensure the form is dated and signed.
- G. You must submit the 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.

PERSONAL INFORMATION FORM

Charitable Gaming Regulations requires the Department of Agriculture and Consumer Services (VDACS) to conduct a background investigation on an applicant prior to the issuance of a Manufacturer of Electronic Pull-Tab System permit. The investigation may include, but shall not be limited to, a criminal history search and verification of current compliance with the Commonwealth of Virginia's tax laws. The individual designated below hereby authorizes VDACS to investigate all matters related to this application and hereby waives any rights or causes of action he/she may have based upon the disclosure of otherwise confidential information.

If any individual or owner having a 10% or greater financial interest (debt or equity), officer, director, member or partner in the applicant is domiciled outside of Commonwealth of Virginia or has resided in the Commonwealth of Virginia for fewer than five years, then a criminal history search must be conducted by the appropriate authority in any jurisdiction he/she has resided during the previous five (5) years.

| | | | |
|------------------|------------------------|-----------------|----------------------------------|
| Legal First Name | Legal Middle Name | Legal Last Name | Suffix (if applicable) |
| Citizenship | Social Security Number | Gender | Date of Birth (month, day, year) |

**SECTION A
 CONTACT INFORMATION**

| | | | |
|--|-------|---------------|---------|
| Physical Address | | | |
| City | State | Zip Code | Country |
| Telephone Number, including area code () | | Email Address | |
| Mailing Address (if different from physical address) | | | |
| City | State | Zip Code | Country |

**SECTION B
RESIDENTIAL HISTORY**

Please provide the physical address, including city, state and approximate time period where you resided during the previous five (5) years.

B-1. Physical Address

| | | |
|------|-------|---------------------------|
| City | State | Time Period (month, year) |
|------|-------|---------------------------|

B-2. Physical Address

| | | |
|------|-------|---------------------------|
| City | State | Time Period (month, year) |
|------|-------|---------------------------|

B-3. Physical Address

| | | |
|------|-------|---------------------------|
| City | State | Time Period (month, year) |
|------|-------|---------------------------|

B-4. Physical Address

| | | |
|------|-------|---------------------------|
| City | State | Time Period (month, year) |
|------|-------|---------------------------|

**SECTION C
EMPLOYMENT HISTORY**

Beginning with your current employment, please list your employment history for the previous five (5) years.

C-1. Time Period (month, year) Full Corporate Name of Entity

| | | |
|------------------|------|-------|
| Physical Address | City | State |
|------------------|------|-------|

| | |
|-------|-----------------------|
| Title | Description of Duties |
|-------|-----------------------|

C-2. Time Period (month, year) Full Corporate Name of Entity

| | | |
|------------------|------|-------|
| Physical Address | City | State |
|------------------|------|-------|

| | |
|-------|-----------------------|
| Title | Description of Duties |
|-------|-----------------------|

C-3. Time Period (month, year) Full Corporate Name of Entity

| | | |
|------------------|------|-------|
| Physical Address | City | State |
|------------------|------|-------|

| | |
|-------|-----------------------|
| Title | Description of Duties |
|-------|-----------------------|

**SECTION D
LICENSE, PERMIT OR REGISTRATION INFORMATION**

D-1. Do you possess a gaming license, permit, or registration issued by a licensing authority? If yes, 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.

Yes - attachment included
 No

D-2. Have you ever had a gaming license, permit, or registration denied, limited, restricted, not renewed, revoked, suspended, or subject to an administrative proceeding? If yes, 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.

Yes - attachment included
 No

| | |
|---|--|
| <p>D-3. Have you ever been employed by a company that operated as a manufacturer, supplier, or provider of any electronic gaming equipment or electronic non-gaming equipment in any jurisdiction within the United States? If <u>yes</u>, please attach a sheet identifying the company and jurisdiction, and state whether the company had a license, permit, or registration to manufacturer, supply, or provide the equipment?</p> | <p><input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No</p> |
|---|--|

| |
|---|
| <p>SECTION E PERSONAL BACKGROUND</p> |
|---|

| | |
|---|---|
| <p>E-1. Have you ever been subject to any administrative proceeding or investigation by any gaming or tax-related regulatory agency? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p> | <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> |
| <p>E-2. Have you ever been arrested, detained, charged, indicted, convicted, pleaded guilty or <i>nolo contendere</i>, or forfeited bail concerning any misdemeanor involving gambling, financial crimes, or any felony? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p> | <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> |
| <p>E-3. Have you ever been delinquent or in dispute with a government agency over the payment of any debt or tax in the past ten years? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p> | <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> |
| <p>E-4. Have you ever been party to any lawsuit (other than divorce proceedings)? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p> | <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> |
| <p>E-5. Currently, are you 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 the matter.</p> | <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> |
| <p>E-6. Are you currently or have you ever knowingly been associated professionally with persons known to be convicted of a felony involving gambling or financial crime? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p> | <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> |
| <p>E-7. Have you requested that a criminal history search be conducted by the appropriate authority in each jurisdiction you have resided during the previous five (5) years? Please request that the jurisdiction send the results of the criminal history search directly to the following address: Office of Charitable & Regulatory Programs Attn: Program Manager Post Office Box 1163 Richmond, VA 23218 If <u>no</u>, please attach an explanation sheet detailing the reason.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No – explanation sheet included</p> |
| <p>E-8. Please attach a signed copy of the 'Authority to Release Information Form,' which is located at the end of this application.</p> | <p><input type="checkbox"/> Attachment included</p> |

**SECTION F
FINANCIAL INTEREST**

F-1. During the previous five years, have you had a business relationship with or financial interest (debt or equity) in any gaming-related activity, business, equipment or facility, other than the applicant or otherwise disclosed in section C of this form? If yes, please attach an explanation sheet identifying the business relationship, or the amount of the financial interest, percentage of it, and the nature of the instrument.

- Yes - explanation sheet included
- No

DISCLAIMERS AND AFFIDAVITS

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 misrepresentation or failure to disclose. I am aware that later discovery of an omission or misrepresentation made in this form, or made on any statement, document, or information may be grounds for denial of the applicant's application or revocation of the applicant's permit, or subject the applicant or personnel to criminal penalties in the Commonwealth of Virginia.

I agree that I will notify the Office of Charitable and Regulatory Programs of any circumstance that necessitates amending any response provided in this form.

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

Signature

Date

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 obtain a permit as a manufacturer of electronic pull-tab systems issued under the authority of the Virginia Charitable Gaming Statutes.

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