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

FORM 501
VDACS FINANCE CODE
992-02199

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE & REGULATORY PROGRAMS
FANTASY CONTEST OPERATOR INITIAL REGISTRATION APPLICATION

GENERAL INSTRUCTIONS
A. Use this application for an initial registration as a Fantasy Contest Operator.
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 operator.
F. Enclose an $8,300 fee payable to: **Treasurer of Virginia**. (Cost Code: 992-02199)
G. You must submit this completed application, application fee, and all relevant documents and/or explanation sheets to the mailing address above.

SECTION 1 **OPERATOR INFORMATION**			
Full Corporate Name of Entity			
Doing Business As/Trading As Name			
Physical Address			
City	State	Zip Code	Country
Telephone Number		Fax Number	
Website Address			
Mailing Address (if different from physical address)			
City	State	Zip Code	Country
Date Entity Established		Place Entity Established	
Entity's Fiscal Year			
Was a financial audit completed for or during your company's last fiscal year?		☐ Yes - audit included ☐ Incomplete - audit will be sent within 30 days of completion	

SECTION 2
PRIMARY CONTACT INFORMATION

The primary contact will be point of contact for the Virginia Department of Agriculture and Consumer Services on all matters pertaining to the Fantasy Contest Operator.

Primary Contact Person			Title
Physical Address			
City	State	Zip Code	Country
Telephone Number	Email Address		

SECTION 3
FEDERAL & STATE REGISTRATION INFORMATION

3-1. Type of Operator's Business Entity (check one)

☐ Stock Corporation ☐ General Partnership ☐ Limited Liability Company
☐ Holding Company ☐ Limited Partnership ☐ Nonstock Corporation
☐ Other (please specify)_____

3-2.	If the operator is a stock corporation, is such stock fully paid and non-assessable and has been subscribed and paid for only in cash or property to the exclusion of past services?	☐ Yes ☐ No
3-3.	If the operator is a nonstock corporation, please attach a copy of the names of the members of the nonstock corporation. The nonstock corporation must have at least five members.	☐ Yes - attachment included ☐ No
3-4.	Federal Employer Identification Number	
3-5.	If the operator is a foreign corporation or not incorporated or organized under Virginia law, is the operator registered with the Virginia State Corporation Commission indicating the qualification to do business in Virginia?	☐ Yes ☐ No
3-6.	Please attach the Articles of Incorporation and bylaws of the operator.	☐ Yes - attachment included
3-7.	Is the operator in 'good standing' with the state of its incorporation or current operation? If yes, please attach a copy of the certificate of good standing. If no, please attach an explanation sheet detailing the reason.	☐ Yes - attachment included ☐ No - explanation sheet included ☐ N/A
3-8.	Please provide the assigned account numbers issued by Virginia Department of Taxation. If the operator does not have an assigned account number assigned to your company by the Virginia Department of Taxation, please attach an explanation sheet detailing the reason.	Virginia Department of Taxation account numbers:

3-9. Identify the operator's designated agent in Virginia: *If no such agent is designated, the operator shall be deemed to have designated the Commissioner, Virginia Department of Agriculture and Consumer Services.

Name of Registered Agent		
Mailing Address		
City	State	Zip Code
Telephone Number	Fax Number	

SECTION 4
BUSINESS/BANK REFERENCES

Please provide three (3) current business references, plus at least one (1) current bank reference with which the operator has regularly done business.

4-1. Full Corporate Name

Physical Address			
City	State	Zip Code	Country
Primary Contact Person		Title	
Telephone Number	Email Address		

4-2. Full Corporate Name

Physical Address			
City	State	Zip Code	Country
Primary Contact Person		Title	
Telephone Number	Email Address		

4-3. Full Corporate Name

Physical Address			
City	State	Zip Code	Country
Primary Contact Person		Title	
Telephone Number	Email Address		

4-4. Full Corporate Name

Physical Address			
City	State	Zip Code	Country
Primary Contact Person		Title	
Telephone Number	Email Address		

SECTION 5
BUSINESS INFORMATION

5-1. Please attach a list of all physical locations that are owned or leased by the operator and from which the operator 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 business is conducted at each of these locations.	☐ Attachment included ☐ N/A

5-2. Where are the business and financial records maintained?

Physical Address		
City	State	Zip Code
Physical Address		
City	State	Zip Code

5-3. Please provide all aliases/business names used by the operator to conduct business, provide time periods during which the aliases/business names were used by the operator 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

5-4. In the past ten years, has the operator 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
5-5. In the past ten years, has the operator 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
5-6. Please attach a signed copy of the 'Authority to Release Information Form,' which is located at the end of this application.	☐ Attachment included
5-7. At the time of this application, are the operator's systems in compliance with §59.1-557 (D) of the Code of Virginia? If no, please attach an explanation sheet detailing the facts and circumstances concerning this matter. Attach a copy of the operator's annual report from a testing laboratory recognized by the Department. If annual report is not yet available, it must be submitted to the Department within 30 days of its completion.	☐ Yes ☐ No - explanation sheet included and ☐ Attachment included ☐ Incomplete - report will be sent within 30 days of completion
5-8. In the last twelve months, has the operator detected any instances of non-compliance with §59.1-557 (D) of the Code of Virginia? If yes, please attach an explanation sheet detailing the facts and circumstances concerning this matter.	☐ Yes – explanation sheet included ☐ No

SECTION 6
PERSONNEL INFORMATION

6-1. Please attach a current organizational chart for the operator including the name and position of each officer, director, trustee, and principal salaried executive staff officer.	☐ Attachment included

6-2. Is the operator, or any individual or entity identified in either question 6-1 or 6-2: 1. Currently or has been arrested, detained, charged, indicted, convicted, pleaded guilty or *nolo contendere*, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony, or misdemeanor involving fantasy contest operation , financial crime, crime of moral turpitude, or any criminal offense involving dishonesty or breach of trust? 2. Currently or has been delinquent or in dispute with a government agency over the payment of any debt or tax within the past ten years? 3. Currently or has been party to any lawsuit related to the operation of a fantasy contest? 4. Currently or had a fantasy contest related 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. **If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning any of the above matters.**	☐ Yes - explanation sheet included ☐ No ☐ Yes - explanation sheet included ☐ No ☐ Yes - explanation sheet included ☐ No ☐ Yes - explanation sheet included ☐ No
6-3. Attach a completed Personal Information Form for each individual categorized in the list below: • Any principal stockholder or member having a 15% or greater financial interest (debt or equity) • Any officer, partner, director, trustee, and principal salaried executive staff officer. Note: A completed criminal history report <u>must</u> be attached to each personal information form. Failure to do so will prevent the registration from being processed.	☐ Attachments included ☐ No – explanation sheet included
SECTION 7 **LICENSE, PERMIT OR REGISTRATION INFORMATION**	
7-1. Does the operator possess a fantasy contest license, permit, or registration issued by any other state or licensing authority? If <u>yes</u>, please attach a list including the type of license, the state or licensing authority, the license number, and the name and telephone number of the appropriate contact person at the issuing authority.	☐ Yes - attachment included ☐ No
7-2. Has the operator ever had a fantasy contest 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.	☐ Yes - explanation sheet included ☐ No
7-3. Has the operator ever been delinquent in the payment of any debt or tax owed to a government agency within the past ten years? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.	☐ Yes - explanation sheet included ☐ No

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 Fantasy Contest Operator as defined under the authority of the Virginia Fantasy Contests Act.

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

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 operator, 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 operator's application or revocation of the operator's registration, or subject the operator 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 application, including, but not limited to, any changes in the operator's officers, partners, directors, partners, principals, investors or others who would be required to provide information under question 6-3 of this application.

I agree that I will abide by the laws governing fantasy contests in the Commonwealth of Virginia.

Signature	Date
Print Name	Title