

Mail completed application to: VDACS  
Office of Charitable and Regulatory  
Programs  
PO Box 526  
Richmond, Virginia 23218



FORM 301  
VDACS FINANCE CODE  
988-02199

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS  
CHARITABLE GAMING SUPPLIER PERMIT APPLICATION**

**General Instruction**

- A. Use this application when applying for either a new or renewal Charitable Gaming Supplier Permit.
- B. Complete the entire application and all attachments. DO NOT LEAVE ANY BLANKS.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.**
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure application is dated and signed by the appropriate individual(s).
- F. Enclose a non-refundable \$1,000 application fee payable to: **Treasurer of Virginia.**
- G. Retain a copy of the entire application package for your records.
- H. You must submit this completed application, application fee, and, if applicable, all relevant documents and/or explanation sheets to the mailing address above.
- I. Allow 90 days for processing a COMPLETE application. Incomplete applications and/or the omission of applicable attachments may delay the process.

**APPLICANT INFORMATION**

1. Applicant Type:  New  Renewal  OCRP No. (Renewal Only)

Type of Product:  Bingo Paper/Supplies  Electronic Devices  Texas Hold'em Poker  
 Instant Bingo/Pull Tabs  Pull Tab Dispensing Devices  Tournament Supplies

2. Full Business Name: \_\_\_\_\_  
Corporate Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax No. \_\_\_\_\_ Federal Employer ID No. \_\_\_\_\_

3. Corporation's Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Contact Person's Daytime Contact Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**STATE AND FEDERAL REGISTRATION INFORMATION**

4. Type of Business  Corporation  Limited Liability Company  
*Check One*  Sole Proprietorship  Partnership  
 Other (Explain on a separate page) *Attachment* Yes  No

5. Name of Virginia Registered Agent: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
All domestic corporations, foreign corporations, and limited liability companies must be registered with the Virginia State Corporation Commission. Attach a current copy of a certificate of good standing from the Virginia State Corporation Commission. *Attachment* Yes  No

## STATE AND FEDERAL REGISTRATION INFORMATION

6. Is the applicant in compliance with the reporting of and filing of all Virginia monthly, quarterly, and annual reports mandated by the Virginia Employment Commission and the Virginia Department of Taxation, and the applicable transmittal of funds? If no, please provide a detailed explanation of any filing matters and/or delinquencies on a separate page. Yes  No

7. Please provide the following State assigned account numbers for each entity provided below. If you do not have an assigned number, please provide a detailed explanation as to why a State number has not been assigned and the exemption that the applicant operates under.

VA Employment Commission Account No. \_\_\_\_\_ VA Department of Taxation Sales Tax No. \_\_\_\_\_

VA Department of Taxation Withholding No. \_\_\_\_\_ VA Department of Taxation Corp. ID No. \_\_\_\_\_

8. 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 Gambling Devices Act of 1962? If no, please provide a written explanation as to why the applicant is exempt from this registration requirement. Yes  No

## BUSINESS INFORMATION

9. Attach a legible list of all locations where the applicant conducts business, including full name of the business/subsidiary, contact person, telephone and facsimile number, business and mailing address, city, state, zip code, and official jurisdiction. *Attachment* Yes  No

Does the applicant have offices, warehouse, or other outlets or facilities in addition to those identified above where gaming equipment and/or supplies are stored, sold, or manufactured? If yes, please attach a list in the same manner as required above. Yes  No

10. Attach a list of at least three credit references including full business name, address, telephone number and contact person. *Attachment* Yes  No

11. Attach a copy of each and every permit and/or authorization for each state or province in which the applicant provides charitable gaming supplies. *Attachment* Yes  No

12. 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? Yes  No   
If yes, provide all supporting documentation of the suspension, revocation, or administrative proceeding, the current status of the subject permit, and any agreement entered into in resolution of the matter.

13. Attach a list of the complete full names and titles of the persons involved with the charitable gaming supplier applicant as requested below. Please complete a Personnel Information Form for each individual designated in this section. *Attachment* Yes  No

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|--|--|
| a. Sole Proprietor - Provide information for individual owner. | c. Limited Liability Company - Provide information for each member.  |
| b. Partnership - Provide information for each partner.         | d. Corporation - Each officer, director, person, owner, or entity having a 10% or greater interest (debt or equity) in the applicant. If an entity, provide a list of the individual officers, directors, persons, owners and/or entities having a 10% or greater interest, and the address and contact information. |

14. Attach a list of all agents/employees/independent contractors who will, in Virginia, provide supplies or market products designated in Item No. 1. Include the full name, home and mailing address, city, state, zip code, telephone number, and email address. *Attachment* Yes  No

15. Has the applicant, a related business entity, or person identified in Item Nos. 13 and 14 ever been the subject of an administrative or legal action associated with charitable gaming? If yes, provide complete details on a separate page. Yes  No

16. Has the applicant, a related business entity, or person identified in Item Nos. 13 and 14 ever been indicted, convicted, or arrested for any criminal offense? If yes, provide complete details on a separate page. Yes  No

## BUSINESS INFORMATION

17. Has the applicant, a related business entity, or person identified in Item Nos. 13 and 14 ever been involved in a civil action that allegedly constituted a crime(s)? If yes, provide complete details on a separate page. Yes  No
18. Has the applicant, a related business entity, or person identified in Item Nos. 13 and 14 ever been delinquent on any payment owed to a governmental entity or creditor, or ever been sued for a debt? If yes, provide complete details on a separate page. Yes  No
19. Is the applicant, a related business entity, or person identified in Item Nos. 13 and 14 currently a known party to any criminal and/or civil complaint or investigation? If yes, provide complete details on a separate page. Yes  No
20. Attach a list of all banks and/or financial institutions utilized by the applicant organization, including name of bank, account number(s), mailing and street address, city, state, zip code, contact person, and telephone number. *Attachment* Yes  No
21. Attach a list of the individual(s) and/or companies who prepare OCRP financial reports including full name of the person, business name, telephone and facsimile numbers, mailing and street address, city, state, zip code, and email address. *Attachment* Yes  No
22. Provide the complete physical address of where the applicant's records of charitable gaming sales and transactions are stored including full name of contact person, physical and mailing address, city, state, zip code, telephone number, and email address. *Attachment* Yes  No

**PLEASE CONTINUE TO NEXT PAGE**

**PERSONNEL INFORMATION**

11 VAC 15-31-20 of the Supplier Regulations provides that no Charitable Gaming Supplier Permit can be issued prior to a reasonable investigation conducted by the OCRP. The following information is required to conduct a background investigation. Individuals designated below hereby authorize the OCRP to investigate all matters related to this application, and hereby waives 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 Item No. 13. Please provide complete information and FULL PROPER NAMES. Do not leave any blanks. Please make copies of this page for each person identified in Item No. 13 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 Charitable Gaming Statute, Supplier Regulations, and any and all laws and regulations of the Commonwealth of Virginia.

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

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Home Address: \_\_\_\_\_  
  Street Address - No Post Office Boxes                      City                      State                      Zip Code

Mailing Address, If Different \_\_\_\_\_  
  Mail Address                      City                      State                      Zip Code

E-Mail Address: \_\_\_\_\_

Web Page Address: \_\_\_\_\_

Percentage of Ownership, If Applicable: \_\_\_\_\_ %

Contact Numbers: Telephone: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Other Number: \_\_\_\_\_

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