CHANGING/ADDING/REMOVING MEMBERS-OFFICERS

_____ Call the ABCA (1-800-642-8208) and add the officers to your liquor/beer license.

_____ Call the Secretary of State (1-866-767-8683) and add the new officers to your business license.

WV Lottery will need:

_____ Complete the Revised Page 1 of the LVL Application – List all officers.

_____ The WV Lottery requires a corporate letter stating the redistribution of stock in the corporation, signed by the officers/members and notarized.

For the Lottery each new officer added must do the following:

1. Each new officer is required to complete an Individual Release (page 3).

2. Each new officer added will also need to be fingerprinted. Please contact our Security Division at 1-800-982-2274, ext. 231, to schedule an appointment at a location near you for a live scan fingerprint session. When you phone the Security Division to schedule an appointment, you may be asked to provide your "control number." Your control number is the last 5 digits of your ABCA Class A license number. **You must be fingerprinted twice: Once for ABCA and once for the WV Lottery.**

3. Some of the qualifications to be eligible for a limited video lottery license are found in W.Va. Code §29-22B-504. If the applicant is a corporation, partnership or other business entity, the chief executive officer and/or President and the majority of the officers, directors, members and partners both in number and percentage of ownership, must be United States citizens and residents of the state of West Virginia, and the residents **must have filed their state income tax in a timely manner for the four-year period immediately preceding the application.** In other words, fifty-one percent (51%) of the ownership, including the CEO and/or President, must pass our residency requirements.

Kitty Lamb
WV Lottery License Division
1-800-982-2274, ext. 278
1-304-558-0500, ext. 278

WEST VIRGINIA LIMITED VIDEO LOTTERY RETAILER INITIAL APPLICATION

PLEASE PRINT OR TYPE. ATTACH ADDITIONAL SHEETS AS REQUESTED

1. Business Organization Name: _____
   Doing Business as Name: _____
   Location Phone No._____ Fax No._____
   Location Address _____ City _____,
   County_____, State _____, Zip_____
   Mailing Address_____City/State/Zip_____
   F.E.I.N (No Social Security Numbers, please) _____
   Worker's Compensation or Exemption Number_____

2. Type of Business or Organization:

   _____Sole Proprietorship _____LLP _____Partnership or Joint Venture

   _____LLC _____Corporation or Subsidiary _____ Fraternal/Veteran IRS Tax Exempt**

3. List all names as required per type of business defined below and also any executive employee or agent having power to significantly exercise influence in business operation. Each individual listed will also be required to complete the Individual Release (page 2).

   Sole Proprietorship – List owner
   Partnership or Joint Venture– List each general partner, limited partner, or joint venture.
   Corp. or Subsidiary, Association – List each officer and director (including those of the parent company if subsidiary.) Also list each stockholder, except of publicly owned. If publicly owned, list each stockholder who owns 5% or more stock and percentage of stock owned by each.
   LLC, LLP – List each member, if member-managed; or Manager, if Manager-managed.
   Fraternal **–** See Number 5 below for additional information required for fraternal/veteran groups.

NAME (Last name, First name, M.I.)	NAME (Last name, First name, M.I.)
_____	_____
_____	_____
_____	_____
_____	_____

(Copies of this form should be made for completion by each person associated with Application)

INDIVIDUAL RELEASE
Limited Video Lottery

1. NAME_____ MAIDEN NAME _____

   HOME PHONE_____

   HOME ADDRESS_____ DATE OF BIRTH_____

   _____

   SOCIAL SECURITY NUMBER _____

   EMAIL _____

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2. YOUR RELATIONSHIP TO BUSINESS_____

   JOB TITLE_____

   PERCENT OF OWNERSHIP_____ PERCENT OF STOCK OWNED_____

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3. PRESENT EMPLOYER:

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4. U.S. CITIZEN: YES_____ NO_____ (If No, attach details)

Disclosure of WV Lottery Employee Relationship(s):

_____

_____

_____

_____

I hereby authorize any representative of the West Virginia Lottery Commission having this release to obtain information from files or other sources pertaining to the applicant's personal background including, but not limited to, WV State Tax records, police records, credit records, or any other record applicable to the approval of this application. I hereby direct you to release such information as requested. Should there be any question as to the validity of this release, you may contact me as indicated below.

I confirm that I do not have any ownership, control interest, or serve, in the capacity of key personnel for any licensed limited video lottery operator.

Additionally, I confirm that neither I, nor any member of my immediate family, is employed by the WV Lottery. I understand that any connection to employees of the WV Lottery should be disclosed below by the name of the WV Lottery Employee, and a description of the relationship.

_____ _____

(Print Name, Title) (Signature)