

## CHANGING DBA

- \_\_\_\_\_ Call the ABCA (1-800-642-8208 or 304-558-2481) and change your DBA liquor/beer license.
- \_\_\_\_\_ Call the Secretary of State (1-866-767-8683) and change your DBA.
- \_\_\_\_\_ Page 1 & 2 – LVL Application, using the new *Doing Business As* Name.
- \_\_\_\_\_ Page 3 – ADA Compliance

WV Lottery License Division  
1-800-982-2274, ext. 278 or ext. 245  
1-304-558-0500, ext. 278 or ext. 245



WEST VIRGINIA LIMITED VIDEO LOTTERY RETAILER  
INITIAL APPLICATION

**PLEASE PRINT OR TYPE. ATTACH ADDITIONAL SHEETS AS REQUESTED**

1. **\$500 Non-refundable Application Fee – Select Method of Payment**

Business/Cashier's/Business Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Online Payment – Transaction ID # \_\_\_\_\_ (Include copy of receipt with transaction ID#)

2. 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 \_\_\_\_\_

3. List all names as required per type of business defined above and 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 3).

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Type of Business or Organization:

**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 Page 9 for additional information required for fraternal/veteran groups.

\_\_\_\_ Sole Proprietorship      \_\_\_\_ LLP      \_\_\_\_ Partnership or Joint Venture  
\_\_\_\_ LLC      \_\_\_\_ Corporation or Subsidiary      \_\_\_\_ Fraternal/Veteran IRS Tax Exempt

5. Do any persons associated with this business presently hold a WV issued gaming or lottery license?  
\_\_\_\_ Yes \_\_\_\_ No If “yes” provide the license number and date issued.

\_\_\_\_\_

6. Do any persons associated with this business presently hold a gaming or lottery license issued in another state or country? \_\_\_\_ Yes \_\_\_\_ No If “Yes” provide the type of license and where issued.

\_\_\_\_\_

7. DISCLOSURE STATEMENT (Read Carefully)

“I, the undersigned, upon oath, do hereby declare that the foregoing information is true and complete. I authorize the Director, WEST VIRGINIA LOTTERY, to investigate any matter set forth in the lottery application including, but not limited to, financial records, financial sources, State Tax records, and criminal history as necessary for entering into an agreement as a limited video lottery retailer. I will, upon request, execute such additional documents as are required to facilitate this process, including a criminal record check agreement form.”

APPLICANT/AUTHORIZED AGENT/TRUSTEE  
OF BUSINESS/ORGANIZATION

\_\_\_\_\_ Title  
Type or Print Name

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

**UNITED STATES OF AMERICA**  
**STATE OF WEST VIRGINIA**  
**COUNTY OF \_\_\_\_\_, to-wit:**

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

(Seal)



**West Virginia Lottery Limited Video Lottery ADA Compliance**

**Upon information or belief, WV Lottery games at this location are accessible to customers with disabilities as required by the Americans with Disabilities Act. \_\_\_ Yes \_\_\_ No**

**Name of Location** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**ABCA Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_