

# West Virginia Lottery Commission

312 MacCorkle Avenue, S.E., Charleston, WV 25314



LEVEL 2  
OCCUPATIONAL LICENSE

**APPLICATION**

## INSTRUCTIONS

This form is authorized under Article 22C of the 2007 West Virginia Lottery Racetrack Table Games Act. Failure to provide information could result in rejection of or delay in the processing of this application.

The Commission will not process an application for an occupational license unless the application includes **a written statement from a casino or supplier licensee that the applicant has been hired, or will be hired upon receiving the appropriate occupational license.**

Respond to all the questions to the best of your knowledge. **Any misrepresentation or omission is grounds for license denial.**

### A. APPLICATION FEE

The applicant is responsible for the payment of all fees required under the Act. These fees only apply to Occupational License Level 2 applicants. The applicant must file this application with the West Virginia Lottery, License Division, PO Box 2067, Charleston, WV 25327 and submit a \$100.00 non-refundable fee with the application. All payments must be by cashier's check, certified check, company check or money order and made payable to the "West Virginia Lottery". DO NOT SEND CASH.

### B. FORMS AND DOCUMENTS

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The applicant shall submit an **original** of the application and all required attachments.

Submit COPIES of the following documents with your application:

- (1) Submit a copy of one of the following: birth certificate, passport, naturalization papers or alien registration card;
- (2) Picture identification (driver's license, state or military ID);
- (3) Supply a passport quality photo or have employer submit by email in jpeg format a passport quality photo; and
- (4) Endorsement letter from authorized representative of the casino in which you are/will be employed.
- (5) Certificates of completion for all training received.

The West Virginia Lottery will take your fingerprints by live scan during the application process.

Note: The Commission, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

Failure to provide documents or information required by the West Virginia Lottery in connection with this application within 60 days of the date this application is received by the West Virginia Lottery, will, without further notice, result in your application being considered as having been voluntarily withdrawn and no further action will be taken in connection with the application.

**C. APPLICATION WITHDRAWAL**

In the event the applicant fails to provide the information, forms, and documents required by the Commission in connection with this application within 60 days of the date this application is received by the Commission, the application shall, without further notice, be deemed to have been voluntarily withdrawn as of that date and no further action will be taken in connection with the application. However, if the applicant's employer is licensed or registered under the West Virginia Lottery Racetrack Table Games Act, the Commission will notify the applicant's employers of the application withdrawal, its effective date, and the expiration of any temporary license that may have been issued pending provision of the information forms, or documents required. The Commission, in its discretion, may reinstate the application upon good cause shown.

When completing this application, you may require additional space. Please use a separate 8 ½ x 11 sheet of paper to complete your answer. Be sure to indicate which question you are answering.



**OCCUPATIONAL LICENSE  
LEVEL 2**

Date Received \_\_\_\_\_

Position Applied for: \_\_\_\_\_

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC. IF APPLICABLE) FIRST MIDDLE

MAIDEN NAME, ALIAS (ES), OTHER NAME CHANGES – Legal or Otherwise OCCUPATION

MAILING ADDRESS:  
(NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)  
(NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP)

HOME TELEPHONE NUMBER: TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT  
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (EXTENSION)

DATE OF BIRTH: (MO) (DAY) (YEAR) PLACE OF BIRTH (CITY, STATE, COUNTRY) COUNTRY OF CITIZENSHIP

**Current Marital Information:** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Current Spouse's Name (Include Maiden Name):  
Last Name First Name MI Maiden Name

QUESTION 1 – RESIDENCE DATA

List all residences for the past ten (10) years beginning with your current address.

From: (MO/YR)	TO: (MO/YR)	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	TELEPHONE NUMBER

QUESTION 2 – EMPLOYMENT DATA

List all employment during the past ten (10) years beginning with your current position. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (\*) any gaming-related employment (such as casino gaming, horse racing, dog racing, pari-mutuel cooperation, lottery, sports betting, etc.).

DATES FROM: (MO/YR) TO: (MO/YR)	NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING

QUESTION 3 – LICENSING DATA

Have you ever applied in West Virginia or any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? YES  NO

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

**CRIMINAL HISTORY**

Questions 4-10 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. Do not include civil traffic violations.

Nature of Offense	Date of charge or incident m/d/yyyy	Name and address of court or police agency	Disposition	Date m/d/yyyy	Felony (F) or Misdemeanor (M)

- 4. Have you ever been granted immunity?  No  Yes
- 5. Have you ever been named an un-indicted co-conspirator?  No  Yes
- 6. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction?  No  Yes

If you answered **yes**, please describe the nature and date of the charge, name and address of government agency or court involved and final disposition. **(Include court or police agency documentation)**

- 7. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction?  No  Yes

If you answered yes, please describe the circumstances, outcome, and efforts being made to pay back any debt incurred. **(Include court or repayment documentation)**

8. Describe any arrests, which did not result in a formal criminal charge. **(Include court or police documentation)**  **Not Applicable**

9. Describe all criminal convictions that have been expunged or otherwise removed from your criminal record. **(Include court or police agency documentation)**  **Not Applicable**

10. Have you ever been bonded?  Yes  No  Denied  N/A

If you answered **yes** or **denied**, please describe the circumstances.

11. Are you delinquent in the payment of any federal or West Virginia taxes?  **No**  **Yes**

If you answered yes, please complete the following table:

Taxing Agency	Type of Tax	Dates Involved (mm/dd/yyyy)	Amount

12. a. Are you current in filing federal tax returns?  **No**  **Yes**

Submit as **Exhibit (1)**, true and accurate copies of your federal income tax returns for the last three years.

- b. If you are a West Virginia resident, are you current in filing West Virginia personal income tax returns?  **No**  **Yes**

13. Have you ever applied for a license, permit or other authorization to participate in a Gaming Operation in West Virginia or any other jurisdiction?  **No**  **Yes**

If you answered **yes**, please complete the following table:

Type of gambling operation	Date of application (m/yyyy)	Licensing agency's name and address	Status of application i.e.: granted, pending, denied, revoked	License number

14. Have you filed any type of bankruptcy within the last seven years?  **No**  **Yes**

If you answered yes, please submit as **Exhibit (2)** a complete copy of the bankruptcy petition and discharge.

15. During the past ten-year period, have you held a ten percent (10%) or greater ownership interest in or been a director, officer, or principal employee, of any corporation, partnership, sole proprietorship or other business entity that has made (either itself or through third parties) bribes or kickbacks to any employee, company or organization to obtain a competitive advantage, or to any government official, domestic or foreign, to obtain favorable treatment?  **No**  **Yes**

If you answered **yes**, please submit as **Exhibit (3)** a complete explanation of the circumstances.

## ATTACHMENT A

### APPLICANT'S ACKNOWLEDGMENT, AGREEMENT AND CONSENT

I, \_\_\_\_\_  
(Applicant)

Hereby acknowledge that the West Virginia Lottery may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit supplemental materials as requested by the Lottery. I further agree that the West Virginia Lottery may consider my application withdrawn in the event that I do not provide materials required by the Lottery, within **60** days from the date the Lottery receives this application;

Hereby acknowledge that issuance of a gaming license is a privilege. I have the responsibility to prove that I am eligible, suitable and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to an application or the public disclosure of information not called for in this application or in addition to that provided in response to this application may be requested. (179-8-18.4)

Hereby acknowledge that I am under a continuing duty to promptly disclose to the Lottery any changes in the information provided in the application and requested materials submitted to the Lottery. To comply with this requirement I must submit a letter to the Lottery stating the changes and reference the specific question(s) within the application to which the changes pertain. (179-8-18.6a).

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_, State of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Before me, the undersigned, a Notary Public in and for said County (Parish) and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature)

\_\_\_\_\_  
Notary Public (Printed Name)

My commission expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

**ATTACHMENT B**

**VOLUNTARY CONSENT TO RELEASE INFORMATION, MATERIALS & DOCUMENTS**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and all Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, \_\_\_\_\_,  
(Applicant)

have authorized the West Virginia Lottery and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the West Virginia Lottery regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the West Virginia Lottery properly identifies himself or herself as an agent or employee of the West Virginia Lottery.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_, State of \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Before me, the undersigned, a Notary Public in and for said County or Parish and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature)

\_\_\_\_\_  
Notary Public (Printed Name)

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

County of Residence: \_\_\_\_\_

**ATTACHMENT C**

**RELEASE OF ALL CLAIMS**

The undersigned has filed with the West Virginia Lottery (Lottery) certain forms and documents relative to a written application request for licensing by the Lottery. In consideration of the assurance by the Lottery that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the West Virginia Lottery, the State of West Virginia, and their officers, agents and employees, from any and all manner of actions causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Before me, the undersigned, a Notary Public in and for said County (or Parish) and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature)

\_\_\_\_\_  
Notary Public (Printed Name)

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

County of Residence: \_\_\_\_\_

**ATTACHMENT D**

**APPLICANT'S VERIFICATION**

I, \_\_\_\_\_  
(Applicant)

being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this occupational license application form and its attachments are true, complete and accurate to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_, State of \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Before me, the undersigned, a Notary Public in and for said County (or Parish) and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature)

\_\_\_\_\_  
Notary Public (Printed Name)

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

County of Residence: \_\_\_\_\_

**ATTACHMENT E**

**OCCUPATIONAL LICENSE APPLICANT VERIFICATION FORM**

I, \_\_\_\_\_  
(Applicant)

being first duly sworn upon oath or affirmation, depose and state:

1. I have not been convicted of a crime of moral turpitude, a gambling-related offense, a theft or fraud offense, or have not otherwise demonstrated, either by a police record or other satisfactory evidence, a lack of respect for law and order.
2. I am at least 21 years of age.
3. I authorize and consent that the West Virginia Lottery for purposes of identification, licensing, or license renewal will take my fingerprints. These fingerprints will be forwarded to a retained by the West Virginia Lottery for any lawful investigative and identification purposes.

I understand that a false statement in my application or on this form may result in the withdrawal, suspension, or revocation of my temporary license and could lead to the denial of my occupational license application. I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_,  
State of \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Before me, the undersigned, a Notary Public in and for said County (or Parish) and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature)

\_\_\_\_\_  
Notary Public (Printed Name)

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

County of Residence: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
TO PROSPECTIVE EMPLOYER**

TO: The Director of the State Lottery Office -

I, \_\_\_\_\_, have applied for a Level 1 or a Level 2 Racetrack Table Games license at \_\_\_\_\_ (list name of racetrack) in the State of West Virginia. I am aware that my entire background, both criminal and financial, will be thoroughly investigated by the State Lottery Commission. Because my employment by a racetrack is a condition of licensure by the State Lottery Commission, I hereby authorize the State Lottery Office to release to my potential employer racetrack the following information about me and my application for licensure:

- The notification of the issuance and forwarding of a copy of the permanent or temporary Level 1 or Level 2 employee license issued to me by the State Lottery Office to my prospective employer racetrack; or
- The notification to my prospective employer racetrack by the State Lottery Office that a temporary or permanent Level 1 or Level 2 license has been denied by the State Lottery Commission, whether an appeal of the denial has been filed, and the status of the appeal process.
- The notification to my prospective employer racetrack by the State Lottery Office of the status of my pending application for a Level 1 or Level 2 license, if requested by my prospective employer racetrack, with the understanding that no personal or private information will be disclosed to the racetrack.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC