

# West Virginia Lottery Commission

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



## GAMING-RELATED SUPPLIER LICENSE

## **SUPPLIER LICENSE: GAMING RELATED**

**TO AVOID DELAYS IN THE ISSUANCE OF A TEMPORARY LICENSE: Please carefully read all instructions and allow sufficient time to complete this application and all related forms. If you have any questions, call the West Virginia Lottery's License Division at 304.558.0500, ext. 213.**

A "gaming-related" supplier is a person who provides a casino licensee with goods or services that are directly related to the conduct of gaming, or which otherwise directly affect the play and results of gambling games.

Examples of **gaming-related** suppliers include, but are not limited to, providers of:

- Slot machines
- Cards or dice
- Tokens
- Computerized gaming monitoring systems
- Credit reporting services
- Surveillance and security systems

An application for a Gaming-related Supplier License must include a written agreement with, or a written statement of intent to enter into an agreement from, a casino licensee. This agreement or statement must specify the type of goods or service that the applicant will be supplying to the casino. **The Lottery will not process an application without this agreement or statement.**

**Additionally, you must contact the West Virginia Lottery at 304.558.0500 regarding approvals.**

An applicant may claim any privilege afforded by the Constitution or laws of the United States or of the state of West Virginia in refusing to answer questions or provide information requested by the Lottery. However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of an applicant to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation or restriction of the license.

### **Fees Associated with a Supplier License**

The applicant is responsible for the license fee of \$100.00 required under the Act. All payments must be by cashier's check, certified checks, company check or money order and made payable to the "West Virginia Lottery". Do not send cash.

#### **License Fee:**

After the investigation is complete, if the Lottery approves a full supplier license to the applicant a \$100.00 license fee will be due at that time and on an annual basis, thereafter, to continue licensure.

### **Definitions:**

For the purposes of this application, the term "applicant" means any person who on his or her own behalf, or on behalf of another, has applied for permission to engage in any act or activity that is regulated under the provision of the West Virginia Table Games Act for which a license is required. The term "applicant" includes predecessor companies, which are entities that no longer exist in their original form but whose assets in substantial part have been acquired by another person or which have undergone certain internal changes, such as those of identity, form, or capital structure.

**Instructions:**

The Gaming-related Supplier Application is to be completed by the person (individual or business entity) seeking a gaming-related supplier license from the West Virginia Lottery. In addition to submitting this application, the applicant must include Personal Disclosure Forms and/or Business Disclosure Forms for all the following individuals or entities:

- Affiliate
- Officer
- Director
- Managerial Employees of the Applicant
- Individual or Affiliated Company holding greater than 1% (5% if the Applicant is publicly traded company) direct or indirect interest in the Applicant.

The applicant should respond to the questions contained herein to the best of her/his knowledge. **Any misrepresentation or omission is grounds for license denial.**

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. Note: The Lottery, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

Pursuant to §179-8-3.5.b, a licensee or an applicant for a license has a continuing duty to disclose promptly any material changes in information provided to the Lottery as soon as the applicant or licensee becomes aware of the change. The duty to disclose changes in information continues throughout any period of licensure granted by the Lottery.

Completely answer all questions. If a question is not applicable, check the appropriate box or write "N/A" in the space provided.

There are tables in this application. If you choose to complete this application by hand and need more space on any of the tables, attach additional pages as necessary.

**If using pen, use BLACK ink ONLY and print clearly.**

All required information must be provided in the format supplied in the application and disclosure forms.

\*\*\*Please do not use any staples. Submit all information in triplicate in a three-ring binder.\*\*

**GAMING-RELATED SUPPLIER  
LICENSE APPLICATION**

NAME OF APPLICANT (as appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement or other official document.)

\_\_\_\_\_

D/B/A (only list D/B/As used in conducting business  
(you must supply documentation of registered D/B/A or assumed name)

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

**BUSINESS ADDRESS**

Number/Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business Website: \_\_\_\_\_

Federal Identification Number (FIN): \_\_\_\_\_

WV Taxpayer Number: \_\_\_\_\_

Social Security Number (for individual proprietorship only): \_\_\_\_\_

Contact Person: Name \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PART 1 – DESCRIPTION OF BUSINESS**

A. Specify the business form of this applicant:

\_\_\_\_\_ Corporation                      \_\_\_\_\_ Partnership                      \_\_\_\_\_ Trust  
\_\_\_\_\_ Joint Venture                      \_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Limited Liability Corporation  
\_\_\_\_\_ Other: (Describe) \_\_\_\_\_

B. Is the applicant a publicly traded company? \_\_\_\_\_ No \_\_\_\_\_ Yes

If you answered **yes**, please submit the following information on all institutional investors, as defined §179-2.37.f, that hold 5% or more interest in the applicant.

**TABLE 1**

Names and Address of Institutional Investor	% of Ownership	Number of Shares Held

Check here if Table 1 continued

C. If the applicant is not an individual, attach as **Exhibit 1 (Documents Required)** the business's state of incorporation or registration, its corporate officers and identify of shareholders (Note: If a registration statement or pending registration statement is on file with the Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more need be provided).

D. State the type of equipment, goods, and services that will be provided in the casino:

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

E. List the casino(s) the applicant is currently conducting business with or intends to conduct business with:

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

**PART 2 – OWNERSHIP INFORMATION**

A. Does the applicant have any financial or ownership interest, or other relationship with a:

<b>No</b>	<b>Yes</b>	
___	___	Casino Licensee or Applicant
___	___	Supplier Licensee or Applicant (do not include the applicant submitting this application)
___	___	Casino or Supplier Vendor

If you answered **yes** to any of the above, explain the nature of the interest or relationship:

---



---



---

- B. Does the applicant or applicant's spouse, parent or child have an equity interest of more than 5% in any business entity?  
 \_\_\_ No \_\_\_ Yes

If you answered **yes**, submit as **Exhibit 2** the name of the business and the state of incorporation or registration.

**PART 3 – GOVERNMENT REGULATION**

- A. Is the applicant subject to regulation by a public agency in the state of West Virginia or any other jurisdiction?  
 \_\_\_ No \_\_\_ Yes

**TABLE 2**

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

Check here if Table 2 continued

- B. Has the applicant ever had a complaint or other notice of pending disciplinary action from any jurisdiction? \_\_\_ No \_\_\_ Yes

Has the applicant ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed? \_\_\_ No \_\_\_ Yes

Has the applicant ever withdrawn its application, license or certificate in any jurisdiction? \_\_\_ No \_\_\_ Yes

Has the applicant ever appeared on the exclusion list in any jurisdiction? \_\_\_ No \_\_\_ Yes

If you answered **yes** to any of these questions, include a statement describing the facts or circumstances. Complete the following table:

**Table 3**

Name of Licensing Authority	Date of Action

Check here if Table 3 continued

**PART 4 – DEBT, INSOLVENCY OR BANKRUPTCY ACTIONS**

Has the applicant ever filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt?  
\_\_\_ No \_\_\_ Yes If you answered **yes**, complete the following:

Date of filing:	Name and location of court:	Case Number:	Disposition:

**PART 5 – TAX**

A. Has the applicant filed all required Federal, State and local tax returns with the appropriate agencies for itself or any business entity in which it has a financial or ownership interest for the last ten years?

\_\_\_ No \_\_\_ Yes If you answered **no**, prove a brief explanation in the space provided below:

---



---



---

B. Has there been filed against the applicant or has the applicant been served with a complaint, lien, judgment, or other notice filed with any public body regarding the payment of any tax required under Federal, state or local law?

\_\_\_ No \_\_\_ Yes If you answered **yes**, complete the following table:

**TABLE 4**

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

Check here if Table 4 continued

**PART 6 – CRIMINAL HISTORY**

The questions listed below relate to criminal offenses, either felony or misdemeanor under the laws of any jurisdiction. Answer each question as it pertains to the applicant. Do not include traffic violations. Has the applicant ever:

- |           |            |                                      |           |            |                |
|-----------|------------|--------------------------------------|-----------|------------|----------------|
| <b>No</b> | <b>Yes</b> |                                      | <b>No</b> | <b>Yes</b> |                |
| ___       | ___        | been convicted                       | ___       | ___        | pleaded guilty |
| ___       | ___        | forfeited bail                       | ___       | ___        | been indicted  |
| ___       | ___        | pleaded nolo contendere (no contest) |           |            |                |

If you answered **yes** to any of the above, complete the following table:

TABLE 5

Nature of charge or arrest	Date of charge or arrest	Name & location of court involved	Disposition	Date	Felony or Misdemeanor

Check here if Table 5 continued

**PART 7 – ADDITIONAL CRIMINAL HISTORY**

For the next five questions, do not include traffic violations:

- A. Have you ever been granted immunity?  
 \_\_\_ **No** \_\_\_ **Yes**
  
- B. Have you ever been named an unindicted co-conspirator?  
 \_\_\_ **No** \_\_\_ **Yes**
  
- C. Describe all arrests, which did not result in a formal criminal charge. \_\_\_ **N/A**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- D. Describe all criminal convictions that have been expunged. \_\_\_ **N/A**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- E. Has the applicant ever been charged with a criminal offense, either felony or misdemeanor?  
 \_\_\_ **No** \_\_\_ **Yes**

If you answered **yes**, describe the nature of the charge, name and address of government agency or court involved, and disposition.

---



---



---

**PART 8 – PRIOR NAMES AND ADDRESSES OF THE APPLICANT**

A. List all other names under which the applicant has done business for the last five years.  
 \_\_\_ **N/A**

---



---



---

B. List other addresses from which the applicant has done business for the last five years.  
 \_\_\_ **N/A**

**TABLE 6**

<b>Number and Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>From:</b>	<b>To:</b>

Check here if Table 6 continued

**PART 9 – AGREEMENTS**

A. Estimate the annual dollar amount of goods and/or services to be provided to the casino licensee(s).  
 \$ \_\_\_\_\_ **Required**

B. Has the applicant entered into any written agreements with a casino licensee?  
 \_\_\_ **No** \_\_\_ **Yes**

If **yes**, submit **Exhibit 3**, a copy of such an agreement.  
 If **no**, submit **Exhibit 3**, a written statement of intent to enter into an agreement from a casino licensee. **The Commission will not process an application without this agreement or statement.**

C. Has the applicant entered into any unwritten agreements with a casino?  
 \_\_\_ **No** \_\_\_ **Yes**

If **yes**, submit **Exhibit 4**. Exhibit 4 shall describe the terms of each unwritten agreement, including names of persons and/or entities entering into the unwritten agreement and the expected duration and terms of compensation of such agreement.

D. Are or were any agreements between the applicant and a casino in any way subject to or conditioned upon any other agreement between the casino and either this applicant or any other enterprise whatsoever?

\_\_\_ **No** \_\_\_ **Yes**

If **yes**, submit **Exhibit 5**. Exhibit 5 shall identify each such agreement, explain the relationship and name the enterprise.

E. Are or were any agreements between the applicant and any casino contingent upon other agreements between the applicant and its suppliers, vendors or subcontractors?

\_\_\_ **No** \_\_\_ **Yes**

If **yes**, submit **Exhibit 6**. Exhibit 6 shall identify the said suppliers, vendors or subcontractors and identify the relationship between that agreement and any other agreement with a casino.

F. Are any of the suppliers, vendors or subcontractors of the applicant holders of any securities of the enterprise or creditors as to any long- or short-term debt of the applicant?

\_\_\_ **No** \_\_\_ **Yes**

If **yes**, submit **Exhibit 7**. Exhibit 7 shall identify the said suppliers, vendors or subcontractors, the nature of the interest or debt, and the amount thereof.

**PART 10 – FINANCIAL INSTITUTIONS**

A. Provide the following information in the table below for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution, foreign or domestic, in which the applicant has or has had an account over the last 10-year period regardless of whether such account was held in the name of the applicant, a nominee of the enterprise or was otherwise under the direct or indirect control of the applicant.

**TABLE 7**

Name and Address	Type of Account	Name of Account	Account Number(s)

Check here if Table 7 continued

B. Submit as **Exhibit 8** a list of all debt instruments of the applicant. Exhibit 8 shall include the following information: \_\_\_ **N/A**

1. The full names, business addresses, and telephone numbers of all holders of each debt instrument including individuals, business entities, and investment bankers, brokerage houses or other financial institutions.
2. The type of debt instrument, date and amount of initial and current debt, repayment terms, maturity date, interest rate and collateral used for each debt instrument.
3. The explanation or reason for each debt instrument.

**PART 11 – LITIGATION**

- A. Is your applicant currently a party to any civil lawsuits?  
 **No**     **Yes**

If you answered **yes**, submit as **Exhibit 9a**, a description of all existing civil litigation to which the applicant or any subsidiary is presently a party whether in the state of West Virginia or another jurisdiction. Exhibit 9a shall include the following:

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identify of all parties to the litigation
5. General nature of all claims being made

- B. Has the applicant been a party to any other litigation:

1. in the previous ten years in which the applicant or any of its officers, executives, or managers were accused of intentional misconduct.     **No**     **Yes**
2. in which an ultimate decision adverse to the applicant or any of its officers, executives or managers would have or could have a current or future effect on the applicant.  
 **No**     **Yes**
3. in which an ultimate decision adverse to the applicant or any of its officers, executives or managers could reasonably be expected to reflect upon the current or future financial responsibility or ability of the applicant or the character, reputation, or integrity, of the applicant or any of its officers, executives or managers.     **No**     **Yes**

If you answered **yes** to any of the above, submit the following as **Exhibit 9b**:

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

**PART 12 – KEY PERSONS ASSOCIATED WITH THE APPLICANT**

**The following individuals or entities must complete either a Personal Disclosure Form or a Business Disclosure Form, as applicable, as part of this application.**

1. Any individual or entity holding greater than 1% direct or indirect interest in the applicant 5% interest if the applicant is a publicly traded corporation)
2. All officers of the applicant
3. All directors or trustees of the applicant
4. All managerial employees of the applicant who perform the function of principal executive officer, principal operating officer, principal accounting officer or an equivalent officer.
5. All individuals or entities holding greater than 5% direct or indirect interest in an individual or entity who has a controlling (15%) interest in the applicant
6. All managerial employees of an individual or entity that has a controlling (15%) interest in the applicant and who exercise management, supervisory or policy making authority over the applicant's business operations in West Virginia and who is not otherwise subject to occupational licensing in West Virginia.

The West Virginia Lottery may require additional individuals and entities to submit disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of its background investigation.

Provide the following information of each individual or entity identified under Part 12:

Note: A Personal Disclosure Form or a Business Disclosure Form, as applicable, must accompany this Supplier License Application for each individual or entity identified in Table 8:

TABLE 8

Name	Date of Birth	Home Address	% of Direct Ownership	Title/ Position
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	

**PART 12A – ADDITIONAL APPLICANTS**

The following persons must complete a personal Disclosure Form, as applicable, as part of this application:

1. All Board of Directors, or equivalent positions, for the Applicant’s ultimate parent company.
2. All Board of Directors, with membership on any Audit, Compensation, Compliance or equivalent Committees held in the ultimate parent company.

The following persons may be required to complete a Personal Disclosure Form, as applicable, as part of this application:

1. All Board of Directors, or equivalent positions, for each holding company including the Applicant’s ultimate parent company.

The West Virginia Lottery may require additional individuals and entities to submit disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of its background investigation.

Regardless of whether persons will/will not be required to complete a Personal Disclosure Form, as indicated above, ALL persons meeting the criteria under Part 12A must be identified below:

TABLE 8A

Name	Date of Birth	Home Address	% of Direct Ownership	Title/ Position
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	
Full Name: <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: Zip: Country:	State:	

**PART 13 – MISCELLANEOUS**

A. Are there any distributors, sales representatives or other individuals or business entities that formally or informally distribute, market or represent goods produced or services rendered by the applicant?

**No**  **Yes**

If you answered **yes**, submit **Exhibit 10**. Exhibit 10 shall identify the full name, address and telephone number of all such distributors, sales representatives or other individuals or business entities.

B. Has the applicant, during the last ten-year period, been a beneficiary under, settler, trustee or other fiduciary of or grantor or transferor to any trust?

**No**  **Yes**

If you answered **yes**, submit as **Exhibit 11** a detailed statement describing the nature and terms of your connection with the trust, whether the trust is domestic or foreign and the location of the trust assets.

C. Does the applicant have any direct, indirect or attributed legal or beneficial interest in any business entity outside the United States?

**No**  **Yes**

If you answered **yes**, submit as **Exhibit 12** a detailed statement describing each business entity, including its location and the applicant's interest and/or affiliation with the foreign business entity.

D. Does the applicant have any assets or liabilities outside the United States?

**No**  **Yes**

If you answered **yes**, submit as **Exhibit 13** a detailed statement describing each asset and/or liability, including its type, value or amount and location.

E. During the last ten-year period, has the applicant, any director, officer, partner or employee or any third party acting for or on behalf of the applicant made any bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

**No**  **Yes**

F. During the last ten-year period, has the applicant, any director, officer, partner or employee or any third party acting for or on behalf of the applicant made any bribes, kickbacks to any government official, domestic or foreign, to obtain favorable treatment?

**No**  **Yes**

G. During the last ten-year period, has the applicant maintained any assets including bank account(s) domestic or foreign, not reflected on the applicant's books or records?

**No**  **Yes**

H. During the last ten-year period, has the applicant maintained any assets, i.e. numbered account(s) in the name of a nominee for the corporation?

**No**  **Yes**

I. List the names and address of any present or former directors, officers, partners, or employees of third parties who would have knowledge or information concerning the questions affirmatively answered under this Part.

---

---

---

**Part 14 – FORMER BUSINESS**

Describe any former business, not listed elsewhere in this application, which the applicant or any parent, intermediary or subsidiary company engaged in during the last ten-year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted. \_\_\_ **N/A**

---



---



---

**PART 15 – FLOW CHART - REQUIRED**

Attach as **Exhibit 14** a flowchart illustrating the fully diluted ownership of the applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart. \_\_\_ **Attached**

**PART 16 – SECURITIES**

Has the applicant had any securities or debt offerings suspended from trading or had any action taken against it by any financial regulatory agency?

\_\_\_ **No** \_\_\_ **Yes** If you answered **yes**, complete the following table:

TABLE 9

Type of Securities or Debt Offerings	Name and Location of Regulatory Agency	Date of Action	Action Taken

Check here if Table 9 continued

PART 18 – LICENSING

Has the applicant ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gaming operations (including manufacturer or distributor of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, or sports betting)?

\_\_\_\_ **No** \_\_\_\_ **Yes** If you answered **yes**, complete the following table:

TABLE 10

Name and Address of Licensing Agency	License No.	Type of Gaming Activity

Check here if Table 10 continued

PART 19 – LIAISON BETWEEN THE APPLICANT AND THE WEST VIRGINIA LOTTERY

Rule 179-8-23.31 requires identification of a liaison to provide assistance and cooperation to the Commission. This person will also accept official notices from the Commission on behalf of the applicant.

TABLE 11

LAST NAME:	BUSINESS NAME:	BUSINESS TELEPHONE:
		(     )
FIRST NAME, MI:	TITLE:	EXTENSION:
CHECK ONE:	BUSINESS ADDRESS:	BUSINESS FAX:
_____ Mr. _____ Ms.		
EMAIL ADDRESS:	CITY:	STATE:
ZIP:	COUNTRY:	PROVINCE (IF APPLICABLE):

**THE ABOVE TABLE MUST BE COMPLETED.**

## ADDITIONAL REQUIRED DOCUMENTS

Attach as exhibits the following documents (if an exhibit does not apply, check the "N/A" block):

**Organization Documents (Exhibit 15)**                       **Attached**                       **N/A**

- Certificate of incorporation, charter, by-laws, partnership agreement, trust agreement, operating agreement, articles of organization or other basic documents of the applicant.

**Licenses and Certificates (Exhibit 16)**                       **Attached**                       **N/A**

- All licenses and certificates issued by any jurisdiction where applicant or its enterprise does business.

**Financial Statements (Exhibit 17)**                       **Attached**                       **N/A**

- Audited financial statement, which shall include, but not be limited to, an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules for the last fiscal year.
- All financial statements prepared in the last five years with respect to the applicant and any material findings and exceptions taken to such statements by any management response thereto.
- If the applicant does not normally have its financial statements audited, attach as an appendix to this form all unaudited financial statements prepared in the last five years with respect to the applicant.

**Annual Reports (Exhibit 18)**                       **Attached**                       **N/A**

- All annual reports of the applicant that were submitted to shareholders, partners, or other persons during the last five years.
- A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of all annual reports prepared on Form 10K and filed within the last five years.

**Quarterly Reports (Exhibit 19)**                       **Attached**                       **N/A**

- All quarterly financial statements prepared by or for the applicant, if any, since the last annual report noted above.
- A corporation that is a registrant with the Securities Exchange Commission (SEC) may submit a copy of the Form 10Q last filed with the SEC

**Interim Reports (Exhibit 20)**                       **Attached**                       **N/A**

- All reports prepared due to the occurrence of any of the following events:  
Change of control of the applicant  
Acquisition or disposition of assets  
Bankruptcy or receivership proceedings  
Changes in the applicant's certifying accountant
- A corporation that is a registrant with the SEC may submit a copy of the most recent Form 8K files with the SEC  **N/A**

**Proxy and Informational Statements (Corporations only) (Exhibit 21) \_\_\_\_\_ Attached \_\_\_\_\_ N/A**

- The last definitive Proxy or Informational Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934

**Registration Statements (Corporations only) (Exhibit 22) \_\_\_\_\_ Attached \_\_\_\_\_ N/A**

- All Registration Statements filed in the last five years pursuant to the Securities Act of 1933

**Reports of Accountants (Exhibit 23) \_\_\_\_\_ Attached \_\_\_\_\_ N/A**

- All reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the applicant which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations.

**Organizational Chart (Exhibit 24) – REQUIRED \_\_\_\_\_ Attached \_\_\_\_\_ N/A**

- A chart showing the corporate structure of the applicant, and
- An organizational chart identifying all officers of the applicant and all members of the board of directors. Include position descriptions and the names of persons holding such positions.

**Tax Returns (Exhibit 25) \_\_\_\_\_ Attached \_\_\_\_\_ N/A**

- All 1120 Forms (U.S. Corporate Income Tax Return), or all 1065 (U.S. Partnership Return), or 1040 (personal tax return), and state business or personal tax return, for the last three years. Include all amended returns and requests for filing extensions.
- Include all schedules and attachments to these returns.

**Insurance Documents (Exhibit 26) – REQUIRED \_\_\_\_\_ Attached**

- Certificate of Insurance for the applicant demonstrating insurance and limits for liability and casualty.

**ATTACHMENT A (Use BLACK ink ONLY)**  
**LICENSEE'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT**

I, \_\_\_\_\_ (Licensee)

hereby acknowledge that the West Virginia Lottery will require supplemental materials in order to carry out its statutory duties. The licensee:

hereby agrees to submit supplemental materials as requested by the West Virginia Lottery.

hereby acknowledge that issuance of a table games 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, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application, or in addition to that provided in response to this application, may be requested.

hereby acknowledge that I am under a continuing duty to discuss promptly 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.

hereby consent to inspections, searches, and seizures as provided in *Section 29-22C-25* and to disclose to the Lottery and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act.

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.

**I have full authority to execute this affidavit of full disclosure on behalf of the licensee and otherwise bind the licensee to the above.**

\_\_\_\_\_  
Licensee Signature

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of Residence:

**ATTACHMENT B** (Use BLACK ink ONLY)

**APPLICANT'S CONSENT TO RELEASE INFORMATION**

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.

On behalf of

\_\_\_\_\_  
(NAME OF ENTITY)

I, \_\_\_\_\_  
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the West Virginia Lottery to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the West Virginia Lottery, provided that he or she certifies to you that said entity has an application pending before the West Virginia Lottery or that said entity is a licensee or other person required to be qualified under the provisions of the West Virginia Race Track Table Games Act.

This authorization shall supersede and countermand any prior request or authorization 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 release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_ day \_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Title

Before me, the undersigned, a Notary Public in and for said County and State, the above individual 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 \_\_\_\_\_, of .

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

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**ATTACHMENT C**  
(Use BLACK ink ONLY)

**RELEASE OF ALL CLAIMS**

The undersigned has filed with the West Virginia 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, the Department of Attorney General, the West Virginia State Police and their respective members, 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 ever 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.

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

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

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

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

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**ATTACHMENT D**  
(Use BLACK ink ONLY)

**APPLICANT'S VERIFICATION**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn upon oath, depose and state:

- a. I am the individual responsible for submitting this application
- b. I swear (or affirm) that the information contained in this application form is true, current, complete and accurate to the best of my knowledge and belief.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence: