

Mail completed application to:
 VDACS
 Office of Charitable &
 Regulatory Programs
 Post Office Box 1163
 Richmond, VA 23218



PERSONAL
 INFORMATION
 FORM
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 FORM 502A

**COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 OFFICE OF CHARITABLE & REGULATORY PROGRAMS
 FANTASY CONTEST OPERATOR RENEWAL APPLICATION
 PERSONAL INFORMATION FORM**

GENERAL INSTRUCTIONS

- A. This form is a component of the application for renewal of registration as a Fantasy Contest Operator.
- B. This form must be completed by each officer, partner, director, trustee, principal salaried executive staff officer, individual or owner having a 15% or greater financial interest (debt or equity), member, or partner in the applicant.
- C. Complete this form in its entirety. If a response field or question is not applicable, please indicate "N/A".
- D. Please print legibly in black ink or type all responses.
- E. If necessary, please attach relevant documents and/or explanation sheets. In doing so, please identify the corresponding question on each document/sheet.
- F. Ensure the form is dated and signed.
- G. You must submit the completed application, application fee, and, if applicable, all relevant documents and/or explanation sheets to the mailing address above.

PERSONAL INFORMATION FORM

The Fantasy Contests Act (§59.1-556 *et seq.* of the Code of Virginia) requires the Department of Agriculture and Consumer Services (VDACS) to obtain and investigate the information requested on this form from each officer, partner, director, trustee, principal salaried executive staff officer, individual or owner having a 15% or greater financial interest (debt or equity), member, or partner in the Fantasy Contest Operator registration applicant. The individual designated below hereby authorizes VDACS to investigate all matters related to this application and hereby waives any rights or causes of action he/she may have based upon the disclosure of otherwise confidential information.

Legal First Name	Legal Middle Name	Legal Last Name	Suffix (if applicable)
Citizenship	Social Security Number	Gender	Date of Birth (month, day, year)

**SECTION A
 CONTACT INFORMATION**

Physical Address			
City	State	Zip Code	Country
Telephone Number, including area code ()	Email Address		
Mailing Address (if different from physical address)			
City	State	Zip Code	Country

**SECTION B
RESIDENTIAL HISTORY**

Please provide the physical address, including city, state and approximate time period where you resided during the previous ten years.

B-1. Physical Address

City	State	Time Period (month, year)
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B-2. Physical Address

City	State	Time Period (month, year)
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B-3. Physical Address

City	State	Time Period (month, year)
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B-4. Physical Address

City	State	Time Period (month, year)
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**SECTION C
EMPLOYMENT HISTORY**

Beginning with your current employment, please list your employment history for the previous ten years.

C-1. Time Period (month, year) Full Corporate Name of Entity

Physical Address	City	State
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Title	Description of Duties
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C-2. Time Period (month, year) Full Corporate Name of Entity

Physical Address	City	State
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Title	Description of Duties
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C-3. Time Period (month, year) Full Corporate Name of Entity

Physical Address	City	State
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Title	Description of Duties
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**SECTION D
PERSONAL BACKGROUND**

D-1. Have you ever been subject to any administrative proceeding or investigation by any gaming or tax-related regulatory agency? If <u>yes</u> , please attach an explanation sheet detailing the facts and circumstances concerning the matter.	[] Yes - explanation sheet included [] No
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D-2. Have you ever been arrested, detained, charged, indicted, convicted, pleaded guilty or <i>nolo contendere</i> , or forfeited bail concerning any misdemeanor involving gambling, financial crimes, or any felony? If <u>yes</u> , please attach an explanation sheet detailing the facts and circumstances concerning the matter.	[] Yes - explanation sheet included [] No
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<p>D-3. Have you ever been delinquent or in dispute with a government agency over the payment of any debt or tax in the past ten years? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
<p>D-4. Have you ever been party to any lawsuit (other than divorce proceedings)? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
<p>D-5. Currently, are you a known party to any administrative proceeding, criminal case, investigation or lawsuit (other than divorce proceedings)? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
<p>D-6. Are you currently or have you ever knowingly been associated professionally with persons known to be convicted of a felony involving fantasy contest operation , financial crime, crime of moral turpitude, or any criminal offense involving dishonesty or breach of trust? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>
<p>D-7. Have you requested that a criminal history search be conducted by the appropriate authority in each jurisdiction you have resided during the previous ten years? Please request that the jurisdiction send the results of the criminal history search directly to the following address: Office of Charitable & Regulatory Programs Attn: Registrations Team Leader Post Office Box 1163 Richmond, VA 23218 If <u>no</u>, please attach an explanation sheet detailing the reason.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – explanation sheet included</p>
<p>D-8. Please attach a signed copy of the ‘Authority to Release Information Form,’ which is located at the end of this application.</p>	<p><input type="checkbox"/> Attachment included</p>

**SECTION E
FINANCIAL INTEREST**

<p>E-1. Do you or in concert with your spouse or immediate family members beneficially own or control 15% or more of the equity ownership of the fantasy contest operator applicant or have the power to vote or cause the vote of 15% or more of the fantasy contest operator applicant?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the following:</p>
	<p>Amount of the Interest</p>
	<p>Percentage of Interest</p>
	<p>Nature of the Interest Instrument</p>
<p>E-2. During the previous ten years, have you had a business relationship with or financial interest in any fantasy contest related activity, business, or facility, other than the applicant or otherwise disclosed in section C of this form? If <u>yes</u>, please attach an explanation sheet identifying the business relationship, or the amount of the financial interest, percentage of it, and the nature of the instrument.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>

DISCLAIMERS AND AFFIDAVITS

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 misrepresentation or failure to disclose. I am aware that later discovery of an omission or misrepresentation made in this form, or made on any statement, document, or information may be grounds for denial of the applicant's application or revocation of the applicant's permit, or subject the applicant or personnel to criminal penalties in the Commonwealth of Virginia. I submit myself to the jurisdiction of Virginia's courts for the purposes of the Virginia Fantasy Contests Act (§59.1-556 *et seq.* of the Code of Virginia) and if I am not a Virginia resident, then I designate the Commissioner of the Department of Agriculture and Consumer Services as my agent of receipt of process.

I agree that I will notify the Office of Charitable and Regulatory Programs of any circumstance that necessitates amending any response provided in this form.

I agree that I will abide by the laws and regulations governing fantasy contest operation in the Commonwealth of Virginia.

Signature

Date

AUTHORITY TO RELEASE INFORMATION FORM

I, _____ authorize and grant my consent to permit any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified official from the Virginia Department of Agriculture and Consumer Services.

This information is for the express purpose of determining my eligibility to become registered as a fantasy contest operator under the authority of the Virginia Fantasy Contests Act.

Full Corporate Name of Entity

Doing Business As/Trading As Name

Signature

Title

Date

NOTARY STATEMENT

Sworn and subscribed before me this _____ day of _____, 20____ in the (county / city) _____ in the state of _____.

Notary's Signature

Notary's Printed Name

Notary's Commission Number

Notary's Commission Expiration Date