

Mail completed application to:
 VDACS
 Office of Charitable &
 Regulatory Programs
 Post Office Box 526
 Richmond, VA 23218



FORM 306
 VDACS FINANCE CODE
 988-02199

**COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 OFFICE OF CHARITABLE & REGULATORY PROGRAMS
 MANUFACTURER OF ELECTRONIC PULL-TAB SYSTEM PERMIT RENEWAL APPLICATION**

GENERAL INSTRUCTIONS

- A. Use this application to apply for a renewal Manufacturer of Electronic Pull-Tab System permit.
- B. Complete this application in its entirety. If a response field or question is not applicable, please indicate "N/A".
- C. Please print legibly in black ink or type all responses.
- D. If necessary, please attach relevant documents and/or explanation sheets. In doing so, please identify the corresponding question on each document/sheet.
- E. Ensure the application is dated and signed by an authorized individual of the applicant.
- F. Enclose a \$1,000 application fee payable to: **Treasurer of Virginia**.
- G. You must submit this completed application, application fee, and, if applicable, all relevant documents and/or explanation sheets to the mailing address above. You may also email a PDF of the completed application and relevant documents and/or explanation sheets to michael.menefee@vdacs.virginia.gov.

**SECTION 1
 APPLICANT INFORMATION**

Full Corporate Name of Entity			
Doing Business As/Trading As Name			
Physical Address			
City	State	Zip Code	Country
Telephone Number, including area code ()		Fax Number, including area code ()	
Website Address			
Mailing Address (if different from physical address)			
City	State	Zip Code	Country

**SECTION 2
 PRIMARY CONTACT INFORMATION**

Primary Contact Person		Title	
Physical Address			
City	State	Zip Code	Country
Telephone Number, including area code ()		Email Address	

SECTION 3 FEDERAL & STATE REGISTRATION INFORMATION													
3-1.	Type of Applicant's Business Entity (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Corporation</td> <td style="width: 33%;"><input type="checkbox"/> General Partnership</td> <td style="width: 33%;"><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Holding Company</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Holding Company	<input type="checkbox"/> Other (please specify) _____					
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<input type="checkbox"/> Other (please specify) _____													
3-2.	Federal Employer Identification Number or Social Security Number (if a sole proprietorship)												
3-3.	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">Is the applicant in 'good standing' with the state of its incorporation or organization? If <u>yes</u>, please attach a copy of the certificate of good standing and a copy of the articles of incorporation or organization. If <u>no</u>, please attach an explanation sheet detailing the reason.</td> <td style="width: 35%; vertical-align: top;"> <input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No - explanation sheet included <input type="checkbox"/> N/A </td> </tr> </table>	Is the applicant in 'good standing' with the state of its incorporation or organization? If <u>yes</u> , please attach a copy of the certificate of good standing and a copy of the articles of incorporation or organization. If <u>no</u> , please attach an explanation sheet detailing the reason.	<input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No - explanation sheet included <input type="checkbox"/> N/A										
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3-4.	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">If the applicant is not incorporated or organized under Virginia law, then is it registered with the Virginia State Corporation Commission indicating its qualification to do business in Virginia?</td> <td style="width: 35%; vertical-align: top;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	If the applicant is not incorporated or organized under Virginia law, then is it registered with the Virginia State Corporation Commission indicating its qualification to do business in Virginia?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
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3-6. Identify the applicant's registered agent in Virginia:													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">Name of Registered Agent</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">Mailing Address</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 33%;">City</td> <td style="border: 1px solid black; padding: 2px; width: 17%;">State</td> <td style="border: 1px solid black; padding: 2px; width: 50%;">Zip Code</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%;">Telephone Number, including area code ()</td> <td colspan="2" style="border: 1px solid black; padding: 2px;">Fax Number, including area code ()</td> </tr> </table>		Name of Registered Agent			Mailing Address			City	State	Zip Code	Telephone Number, including area code ()	Fax Number, including area code ()	
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**SECTION 4
BUSINESS/BANK REFERENCES**

Please provide three (3) current business references, plus at least one (1) current bank reference with which the applicant has regularly done business.

4-1. Full Corporate Name			
Physical Address			
City	State	Zip Code	Country
Primary Contact Person			Title
Telephone Number, including area code ()		Email Address	

4-2. Full Corporate Name			
Physical Address			
City	State	Zip Code	Country
Primary Contact Person			Title
Telephone Number, including area code ()		Email Address	

4-3. Full Corporate Name			
Physical Address			
City	State	Zip Code	Country
Primary Contact Person			Title
Telephone Number, including area code ()		Email Address	

4-4. Full Corporate Name			
Physical Address			
City	State	Zip Code	Country
Primary Contact Person			Title
Telephone Number, including area code ()		Email Address	

**SECTION 5
BUSINESS INFORMATION**

<p>5-1. Please attach a list of all physical locations outside of Virginia that are owned or leased by the applicant and from which the applicant conducts business. For each location, please include the full corporate/subsidiary name, physical address, city, state, zip code, country and a detailed explanation of what takes place at each of these locations.</p>	<p>[] Attachment included [] N/A</p>
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Where are the business and financial records maintained?		
Physical Address		
City	State	Zip Code
Physical Address		
City	State	Zip Code
5-2. Please provide the physical address in Virginia of all offices, warehouses, or other facilities where the distribution system for the applicant's electronic pull-tab system will be located in Virginia. If the applicant has more than one location, then please attach a listing of the physical addresses for those locations.		
Physical Address		
City	State	Zip Code
5-3. Please provide all aliases/business names used by the applicant to conduct business, provide approximate time periods during which the aliases/business names were used by the applicant and if applicable, the state of incorporation.		
Name	Time Period (month, year)	State of Incorporation
Name	Time Period (month, year)	State of Incorporation
Name	Time Period (month, year)	State of Incorporation
5-4. In the past ten years, has the applicant been party to any bankruptcy, receivership or similar proceeding affecting its business? If <u>yes</u> , please attach an explanation sheet detailing the facts and circumstances concerning this matter.		<input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No
5-5. In the past ten years, has the applicant been party to any material acquisition, reorganization, merger, consolidation, readjustment or succession of its business? If <u>yes</u> , please attach an explanation sheet detailing the facts and circumstances concerning this matter.		<input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No
5-6. Please attach a list identifying the applicant's major funding, financial sources and major financial liabilities of \$50,000 or more.		<input type="checkbox"/> Attachment included <input type="checkbox"/> N/A
5-7. Please attach a signed copy of the applicant's state and federal tax returns for the previous year.		<input type="checkbox"/> Attachment included <input type="checkbox"/> N/A
5-8. Please attach a signed copy of the 'Authority to Release Information Form,' which is located at the end of this application.		<input type="checkbox"/> Attachment included
SECTION 6 PERSONNEL INFORMATION		
6-1. Please attach a current organizational chart for the applicant.		<input type="checkbox"/> Attachment included
6-2. Does the applicant have a contract or agreement (formal or informal) with any external business or individual with regards to the developing, financing, or manufacturing of any of its electronic pull-tab system, including any software development? If <u>yes</u> , please attach an explanation sheet identifying the business and/or individual and the nature of its role along with copies of any contract, agreement, or understanding.		<input type="checkbox"/> Yes - explanation sheet and attachment included <input type="checkbox"/> No

<p>6-3. Does the applicant have or intend to have agents, employees or independent contractors, who will give, provide, sell, rent, lease, market, or solicit customers for the electronic pull-tab systems in Virginia? If <u>yes</u>, please attach a list including the full name of the agent, employee or independent contractor, physical address, city, state, zip code, telephone number, email address and a general description of their activities in Virginia. Please advise the Office of Charitable & Regulatory Programs of any changes to this information in a timely manner.</p>	<p><input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No</p>																				
<p>6-4. Has the applicant, or any individual or entity identified in either question 6-2 or 6-3 ever been:</p> <ol style="list-style-type: none"> 1. Subjected to any administrative proceeding or investigation by any gaming or tax-related regulatory agency? 2. Arrested, detained, charged, indicted, convicted, pleaded guilty or <i>nolo contendere</i>, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony, or misdemeanor involving gambling or financial crime (except traffic infractions)? 3. Delinquent or in dispute with a government agency over the payment of any debt or tax within the past ten years? 4. Party to any lawsuit (other than divorce proceedings)? 5. Currently, a known party to any administrative proceeding, criminal case, investigation or lawsuit (other than divorce proceedings)? <p>If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning any of the above matters.</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>																				
<p>6-5. Attach a completed Personal Information Form for each of the individuals indicated below who are involved with the applicant.</p> <ol style="list-style-type: none"> 1. If the applicant is a <u>Sole Proprietor</u>, please provide information on the individual owner. 2. If the applicant is a <u>General Partnership</u> or <u>Limited Partnership</u>, please provide information on each partner and/or principal as well as a copy of the partnership agreement. 3. If the applicant is a <u>Limited Liability Company</u>, please provide information on each member. 4. If the applicant is a <u>Corporation</u> or <u>Holding Company</u>, please provide information on each individual or owner having a 10% or greater financial interest (debt or equity), officer or director in the applicant, including the nature of the financial interest instrument, the amount of the interest and the percentage of the interest. 	<p><input type="checkbox"/> Attachment included</p>																				
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**SECTION 7
LICENSE, PERMIT OR REGISTRATION INFORMATION**

<p>7-1. Does the applicant possess a gaming license, permit, or registration issued by a licensing authority? If <u>yes</u>, please attach a list including the type of license, the licensing authority, the license number, and the name and telephone number of the appropriate contact person at the issuing authority.</p>	<p>[] Yes - attachment included [] No</p>
<p>7-2. Has the applicant ever had a gaming license, permit, or registration denied, limited, restricted, not renewed, revoked, suspended, or subject to an administrative proceeding? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter, including the name of the licensing authority, the date of each action taken and the reason for the action.</p>	<p>[] Yes - explanation sheet included [] No</p>
<p>7-3. Has the applicant ever operated as a manufacturer, supplier, or provider of any electronic gaming equipment or electronic non-gaming equipment in any jurisdiction within the United States? If <u>yes</u>, please attach a sheet identifying the jurisdiction and whether the applicant was required to obtain a license, permit, or registration to do so.</p>	<p>[] Yes - explanation sheet included [] No</p>

DISCLAIMERS AND AFFIDAVITS

By completing this section and affixing my signature, I hereby state that I am authorized to sign this application on behalf of the applicant, and, to the best of my knowledge, information and belief, there has been no misrepresentation or failure to disclose. I am aware that later discovery of an omission or misrepresentation made in this application, 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 agree that I will notify the Office of Charitable and Regulatory Programs of any circumstance that necessitates amending any response provided in this application, including, but not limited to, any changes in the applicant's officers, directors, partners, principals, investors or others who would be required to provide information under question 6-5 of this application.

I agree that I will abide by the laws and regulations governing charitable gaming in the Commonwealth of Virginia.

Signature	Date
Print Name	Title

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 obtain a permit as a manufacturer of electronic pull-tab systems issued under the authority of the Virginia Charitable Gaming Statutes.

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