

# West Virginia Lottery

## Vendor Disclosure Form

Please use this format to disclose all information your company must disclose to the West Virginia Lottery under WV code §29-22-23 and to the Secretary of State under WV code §29-22-24.

- (1) If the vendor is a corporation, list the officers, directors and each stockholder in such corporation; except that, in the case of stockholders of publicly held equity securities of a publicly traded corporation, only the names and addresses of those known to the corporation to own beneficially five percent or more of such securities need be disclosed.
  
- (2) If the vendor is a partnership or joint venture, list all of the general and limited partners or joint venturers; if such general and limited partners or joint venturers are themselves a partnership, joint venture, trust, association, corporation, subsidiary or intermediary corporation, the same information required by this section shall be supplied for such entities.
  
- (3) If the vendor is a trust, list the name of the trustees.
  
- (4) If the vendor is an association, list the members, officers and directors.
  
- 5) If the vendor intends to or does subcontract to another person or entity any integral or substantial portion of the work to be performed in supplying such materials or equipment, then the vendor shall supply the above-mentioned information for all such persons or entities.
  
- 6) The following information shall also be submitted;
  - (A) List all jurisdictions in which the vendor has contracts to supply gaming materials or equipment and the types of gaming materials or equipment involved therewith.

- (B) List the details of any felony conviction of a criminal offense, state or federal, of the vendor or any person whose name and address are required by this section.
  
- (C) List all details of any disciplinary action of a judicial nature relating to gaming taken by any state or person against the vendor or any person whose name and address are required by this section.
  
- (D) List the number of years the vendor has been in the business of supplying gaming materials or equipment.
  
- (E) List a disclosure of each state and jurisdiction in which the vendor has been denied, or has had revoked a gaming license of any kind, and the disposition of such in each state or jurisdiction. If any gaming license has been revoked or has not been renewed or any gaming license application has been either denied or is pending for more than six months, all of the facts and circumstances underlying such failure to receive such license must be disclosed.
  
- (F) List a disclosure of the details of any bankruptcy, insolvency, reorganization or any pending litigation relating to gaming of each vendor.
  
- (G) Complete a signed authorization by each vendor and officer thereof allowing the deputy director for security to conduct a background investigation of such person. (Attached)
  
- (H) Complete such other information, accompanied by such documents, as the commission, by rule or contract procurement documents, may require as being necessary or appropriate in the public interest to accomplish the purposes of this section. (Attached)



# Fingerprint Information

All fields are mandatory unless otherwise noted

Name (Please Print):  SSN:   
Last Name First Name Middle Name

Alias (Maiden name)  Citizenship (country):

Home Address:   
Street Address  
  
City, State, Zip Code

Business Name  
  
Street Address  
  
City, State and Zip Code

Date of Birth:   
YYYY/MM/DD

Place of Birth:

Race:  Gender:  Hair Color:  Eye Color:  Height:  Weight:

Fingers Amputated or Bandaged:   
(list type and which finger)

## RELEASE OF INFORMATION

I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System.

I certify that this is for official business and I am authorizing the West Virginia Lottery to obtain any record found.

**Privacy Act Notice:** Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. If you choose voluntarily to supply your social security number, it will be used to aid the West Virginia Lottery in the conduct of this criminal background inquiry.

Signature:

*I attest that all information written on this form is true and correct*

Date:

ID CHECKED AND VERIFIED

INITIALS OF INVESTIGATOR \_\_\_\_\_

OCA #



FEIN No. \_\_\_\_\_

### West Virginia Lottery Individual Affidavit

To Whom It May Concern:

I hereby authorize any representative of the West Virginia Lottery Commission bearing this release, or transmitting a copy same, to obtain information from files or other sources pertaining to the applicant's personal background including, but not limited to: police records, academic, athletic, medical, credit, or any other records. I hereby direct you to release such information upon the request of any duly authorized representative of the West Virginia Lottery. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Lottery. I hereby release you, the institution or establishment which you represent including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to the applicant's heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

(Circle One) I hereby swear or affirm that I **HAVE** or **HAVE NOT** been convicted of any violation of the State Racing Act, the State Lottery Act, the Racetrack Video Lottery Act, the Limited Video Lottery Act or the Limited Gaming Facility (Casino) Act, or of any felony related to theft, bribery, gambling, or involving moral turpitude in this or in any other state or foreign country. (Please attach any explanation if necessary.)

I understand that any untruthful or misleading answers are causes for the rejection of the application.

NOTARY

APPLICANT

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

Name \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Taken, Subscribed, and Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

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

Authorized  
Signature \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
(Notary Seal)

\*Revised 4/20/05

# West Virginia Lottery

## CORPORATE AFFIDAVIT

To whom it may concern:

I hereby authorize any representative of the West Virginia Lottery Commission bearing this release or transmitting a copy of same to obtain information from you or your files or other sources pertaining to my personal background including, but not limited to, police records, academic, athletic, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of any duly authorized representative of the West Virginia Lottery. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Lottery. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

I hereby swear or affirm that the corporation, firm or association listed below, or any of its officers or directors, owners or members *have*  / *have not*  been convicted of any violation under Chapter 29, Article 22, of the code of West Virginia or of any felony or crime related to theft, gambling or involving moral turpitude. (Explanation attached)

I understand that any untruthful or misleading answers are causes for the rejection of the application and/or termination of any lottery license so granted, and may subject me to prosecution under the State Lottery Act, Chapter 29, Article 22, West Virginia Code as amended.

### Notary Statement

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

Taken, Subscribed and Sworn to  
before me this \_\_\_\_\_ day of \_\_\_\_\_

My Commission expires:  
\_\_\_\_\_

*This form may be copied as necessary*

\_\_\_\_\_  
(Corporate, Firm, Association Name)

Current Address \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

F.E.I.N. \_\_\_\_\_

Today's Date \_\_\_\_\_

Signature \_\_\_\_\_



# PERSONAL DATA AND FINANCIAL DISCLOSURE FORM

NOTE: PLEASE PRINT OR TYPE. This form is to be completed by all individuals listed in Item 3 on page 1 of the application.

1. NAME \_\_\_\_\_ Maiden Name, Nickname, aka \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 DRIVER'S LICENSE NO. \_\_\_\_\_ STATE ISSUED \_\_\_\_\_  
*(Attach legible photocopy)*

2. YOUR RELATIONSHIP TO BUSINESS OWNER \_\_\_\_\_ PRINCIPAL- \_\_\_\_\_ OTHER \_\_\_\_\_  
 (Please identify)  
 PARTNER \_\_\_\_\_ OFFICER/DIRECTOR \_\_\_\_\_  
 DATE OF INCORPORATION \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_  
 IF PARTNERSHIP, WHAT TYPE: LIMITED \_\_\_\_\_ GENERAL \_\_\_\_\_  
 IF PARTNERSHIP, WHAT % OWNED \_\_\_\_\_ IF STOCKHOLDER, WHAT % HELD \_\_\_\_\_

3. PRESENT EMPLOYER:

4. U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_ (If No, attach details)  
 WV RESIDENT PAST 4 YRS. YES \_\_\_\_\_ NO \_\_\_\_\_

LIST NAMES OF ANY RELATIVES EMPLOYED BY THE WV LOTTERY:

5. BUSINESS CREDIT REFERENCES (List Name, Address, Phone and Fax Numbers)

- 1.
- 2.
- 3.

THIS FORM CAN BE COPIED AS NECESSARY

### NOTARY STATEMENT

State Of \_\_\_\_\_  
 County Of \_\_\_\_\_

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

Taken, Subscribed, and Sworn to before this  
 \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Signature)

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

FORM F

WEST VIRGINIA LOTTERY  
INDIVIDUAL DISCLOSURE  
REGARDING POLITICAL CONTRIBUTIONS

I hereby certify that:

\_\_\_\_\_ I have made no political contribution to West Virginia federal candidates or to West Virginia local/state candidates or political committees in the preceding three years.

\_\_\_\_\_ I have made the following political contributions:

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

County \_\_\_\_\_

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

Taken, subscribed and  
sworn to me this \_\_\_\_\_ day  
of \_\_\_\_\_, 19\_\_

\_\_\_\_\_  
(Name)

My commission expires:

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

**WEST VIRGINIA LOTTERY**  
**CORPORATE DISCLOSURE**  
**REGARDING POLITICAL CONTRIBUTIONS**

I hereby certify that:

\_\_\_\_\_ I have made no political contribution to West Virginia federal candidates or to West Virginia local/state candidates or political committees in the preceding three years.

\_\_\_\_\_ I have made the following political contributions:

(Notary Statement)

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

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

Taken, subscribed and sworn  
to me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

(Name)

My Commission Expires:

\_\_\_\_\_

(Applicant)

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEIN No. \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

A copy of this form will be sent  
to the Office of the West Virginia  
Secretary of State.