

## CHANGING OF OWNERSHIP or CORP BUYOUT

\_\_\_\_\_ Call the ABCA (1-800-642-8208) and change/add the members/officers to your liquor/beer license. **Tell them it is a Corp Buyout.**

\_\_\_\_\_ Call the Secretary of State (1-866-767-8683 or 304-558-6000) and change/add the members/officers to your business license.

### **WV Lottery will need:**

\_\_\_\_\_ Fee is \$250 (Non-refundable)

\_\_\_\_\_ The WV Lottery requires a corporate letter stating the minutes and the redistribution of stock in the corporation, signed by the members/officers and notarized.

\_\_\_\_\_ Page 1&2 of the LVL Application

\_\_\_\_\_ Page 3 – Individual Release (See Below)

\_\_\_\_\_ Page 4 – ADA Compliance Form

\_\_\_\_\_ Page 5 – EFT Form (Attach a voided check or deposit slip for type account used)

\_\_\_\_\_ Bill of Sale

### **For the WV Lottery, each new officer added must do the following:**

\_\_\_\_\_ Each new officer is required to complete an Individual Release – Page 3

\_\_\_\_\_ Each new officer added will also need to be fingerprinted. Please contact our Security Division at 1-800-982-2274, Ext. 231, to schedule an appointment at a location near you for a fingerprint session. When you phone the Security Division to schedule an appointment, you may be asked to provide your “control number.” Your control number is the last 5 digits of your ABCA Class A license number. **You have to be fingerprinted twice—once for ABCA and once for the WV Lottery.**

Some of the qualifications to be eligible for a limited video lottery license are found in W.Va. Code §29-22B-504. If the applicant is a corporation, partnership or other business entity, the chief executive officer and/or President and the majority of the officers, directors, members and partners both in number and percentage of ownership, must be United States citizens and residents of the state of West Virginia, and the residents **must have filed their state income tax in a timely manner for the four-year period immediately preceding the application.** In other words, fifty-one percent (51%) of the ownership, including the CEO and/or President, must pass our residency requirements.

WV Lottery License Division  
1-800-982-2274, Ext. 278 or ext. 245  
1-304-558-0500, Ext. 278 or ext. 245



## WEST VIRGINIA LIMITED VIDEO LOTTERY RETAILER INITIAL APPLICATION

**PLEASE PRINT OR TYPE. ATTACH ADDITIONAL SHEETS AS REQUESTED**

1. **\$500 Non-refundable Application Fee – Select Method of Payment**

Business/Cashier's/Business Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Online Payment – Transaction ID # \_\_\_\_\_ (Include copy of receipt with transaction ID#)

2. Business Organization Name: \_\_\_\_\_

Doing Business as Name: \_\_\_\_\_

Location Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

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

F.E.I.N (No Social Security Numbers, please) \_\_\_\_\_

Worker's Compensation or Exemption Number \_\_\_\_\_

3. List all names as required per type of business defined above and any executive employee or agent having power to significantly exercise influence in business operation. Each individual listed will also be required to complete the Individual Release (page 3).

NAME (Last name, First name, M.I.)

NAME (Last name, First name, M.I.)

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

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

4. Type of Business or Organization:

**Sole Proprietorship** – List owner

**Partnership or Joint Venture**– List each general partner, limited partner, or joint venture.

**Corp. or Subsidiary, Association** – List each officer and director (including those of the parent company if subsidiary.) Also list each stockholder, except of publicly owned. If publicly owned, list each stockholder who owns 5% or more stock and percentage of stock owned by each.

**LLC, LLP** – List each member, if member-managed; or Manager, if Manager-managed.

**Fraternal** - See Page 9 for additional information required for fraternal/veteran groups.

\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ LLP      \_\_\_\_\_ Partnership or Joint Venture  
 \_\_\_\_\_ LLC      \_\_\_\_\_ Corporation or Subsidiary      \_\_\_\_\_ Fraternal/Veteran IRS Tax Exempt

5. Do any persons associated with this business presently hold a WV issued gaming or lottery license?  
 \_\_\_ Yes \_\_\_ No If “yes” provide the license number and date issued.

\_\_\_\_\_

6. Do any persons associated with this business presently hold a gaming or lottery license issued in another state or country? \_\_\_ Yes \_\_\_ No If “Yes” provide the type of license and where issued.

\_\_\_\_\_

7. DISCLOSURE STATEMENT (Read Carefully)

“I, the undersigned, upon oath, do hereby declare that the foregoing information is true and complete. I authorize the Director, WEST VIRGINIA LOTTERY, to investigate any matter set forth in the lottery application including, but not limited to, financial records, financial sources, State Tax records, and criminal history as necessary for entering into an agreement as a limited video lottery retailer. I will, upon request, execute such additional documents as are required to facilitate this process, including a criminal record check agreement form.”

APPLICANT/AUTHORIZED AGENT/TRUSTEE  
 OF BUSINESS/ORGANIZATION

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

\_\_\_\_\_ Date  
 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 \_\_\_\_\_

\_\_\_\_\_  
 Notary Signature

(Seal)

(Copies of this form should be made for completion by each person associated with Application)



**INDIVIDUAL RELEASE**  
Limited Video Lottery

1. NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

2. YOUR RELATIONSHIP TO BUSINESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

PERCENT OF OWNERSHIP \_\_\_\_\_ PERCENT OF STOCK OWNED \_\_\_\_\_

3. PRESENT EMPLOYER:

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

**Disclosure of WV Lottery Employee Relationship(s):**

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

I hereby authorize any representative of the West Virginia Lottery Commission having this release to obtain information from files or other sources pertaining to the applicant's personal background including, but not limited to, WV State Tax records, police records, credit records, or any other record applicable to the approval of this application. I hereby direct you to release such information as requested. Should there be any question as to the validity of this release, you may contact me as indicated above.

I confirm that I do not have any ownership, control interest, or serve, in the capacity of key personnel for any licensed limited video lottery operator.

Additionally, I confirm that neither I, nor any member of my immediate family, is employed by the WV Lottery. I understand that any connection to employees of the WV Lottery should be disclosed above by the name of the WV Lottery Employee, and a description of the relationship.

\_\_\_\_\_  
(Print Name, Title)

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

\_\_\_\_\_  
(Date)



**West Virginia Lottery Limited Video Lottery ADA Compliance**

**Upon information or belief, WV Lottery games at this location are accessible to customers with disabilities as required by the Americans with Disabilities Act. \_\_\_ Yes \_\_\_ No**

**Name of Location** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**ABCA Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# EFT AUTHORIZATION

## LVL RETAILER INFORMATION

- 1. Lottery ID # (to be assigned) \_\_\_\_\_
- 2. Retailer Name \_\_\_\_\_
- 3. Address \_\_\_\_\_
- 4. City/State/Zip \_\_\_\_\_
- 5. Telephone Number \_\_\_\_\_

## FINANCIAL INFORMATION

- 1. Name of Financial Institution \_\_\_\_\_
- 2. Routing/ ABA Number \_\_\_\_\_
- 3. Denote Checking or Savings  CHECKING  SAVINGS
- 4. Account Number \_\_\_\_\_

**Must attach a voided check (checking) or deposit slip (savings) from account noted above.**

I (We) hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit and/or credit entries into my (our) account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit and/or credit the same any amounts owed by or due me (us) to/from STATE. This authority is to remain in full force and effect until the STATE has received WRITTEN NOTIFICATION from me (us) to its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

_____	_____	_____	_____
(Printed Name)	(Authorized Signature)	(Title)	(Date)
_____	_____	_____	_____
(Printed Name)	(Authorized Signature)	(Title)	(Date)

If you have questions about completing this form, please call the WV State Treasurer's Office EFT Division at 304.340.5032

If you have questions concerning your Lottery account, please call the WV Lottery Commission at 800.982.2274 or 304.558.0500 x220

**SEND COMPLETED FORM TO:**

West Virginia Lottery  
Licensing Division  
P.O. BOX 2067  
CHARLESTON WV 25327-2067

**\*THIS FORM IS NOT REQUIRED IF YOU LEASE YOUR MACHINES FROM AN OPERATOR\***