

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



REGISTRATION APPLICATION

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 FORM 501

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 OFFICE OF CHARITABLE AND REGULATORY PROGRAMS  
 LANDLORD REGISTRATION APPLICATION**

**GENERAL INSTRUCTIONS**

- A. Use this application if you are a landlord seeking registration to allow a qualified organization to operate and conduct its Texas Hold'em poker tournament, or to have an operator administer its Texas Hold'em poker tournament on the landlord's premises.
- 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. You must submit this completed application and, if applicable, all relevant documents and/or explanation sheets to the mailing address above.
- G. In accordance with 11VAC20-13-130 of the Texas Hold'em Poker Tournament Regulations, a landlord, its agent or employees, or the immediate family members of such landlord, agent, or employee shall not participate in the management, operation, conduct, or administration of any poker tournament operated, conducted, or administered on the landlord's premises.
- H. In accordance with 11VAC20-30-130 of the Texas Hold'em Poker Tournament Regulations, a charitable gaming supplier is ineligible for a landlord registration.
- I. In accordance with 11VAC20-30-130 of the Texas Hold'em Poker Tournament Regulations, a landlord, owner, lessor, or lessee of a premises where a poker tournament is being played is prohibited from serving in any capacity with any qualified organization that is leasing from such landlord, owner, lessor, or lessee.

**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	
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<b>3-1.</b>	Type of Applicant's Business Entity (check one) <table style="width:100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> General Partnership</td> <td><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) _____		
<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) _____										

<b>3-2.</b>	Federal Employer Identification Number or Social Security Number (if a sole proprietorship)
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<b>3-3.</b> Is the applicant in 'good standing' with the state, territory, or possession of the United States; the District of Columbia; or any political subdivision thereof of its incorporation or organization? If <u>yes</u> , please attach a copy of the (i) certificate of good standing, issued by the jurisdiction from which the applicant is incorporated or organized in; and (ii) articles of incorporation, bylaws, charter, constitution and other governing/organizing documents. 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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<b>3-4.</b> If the applicant is not incorporated or organized under Virginia law, then is it registered with the Virginia State Corporation Commission (SCC) indicating its qualification to do business in Virginia? If <u>yes</u> , please attach a copy of the certificate of authority to transact business in Virginia, issued by the SCC. If <u>no</u> , please proceed to answer question 3-5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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<b>3-5.</b> If the applicant is not incorporated, organized or registered under Virginia law, then please attach an explanation sheet identifying the reason and qualification to do business in Virginia.	<input type="checkbox"/> Explanation sheet included <input type="checkbox"/> N/A
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<b>3-6.</b> Identify the applicant's registered agent in Virginia:			
Name of Registered Agent			
Mailing Address			
City	State	Zip Code	
Telephone Number, including area code (    )		Fax Number, including area code (    )	

<b>3-7.</b> Please provide the following assigned account numbers with both the Virginia Employment Commission and Virginia Department of Taxation (TAX). <u>If the applicant does not have an assigned account number in Virginia, please attach an explanation sheet detailing the reason.</u>	Corporate Identification Number (TAX)
	Sales Tax Number (TAX)
	Withholding Number (TAX)
	Virginia Employment Commission Number

**SECTION 4  
BUSINESS INFORMATION**

<b>4-1.</b> Please attach a list of all physical locations within 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.	<input type="checkbox"/> Attachment included <input type="checkbox"/> N/A
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<b>4-2.</b> Where are the business and financial records maintained?			
Physical Address			
City	State	Zip Code	
Physical Address			
City	State	Zip Code	
<b>4-3.</b> 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, territory, or possession of the United States; District of Columbia; or any political subdivision 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	
<b>4-4.</b> 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	
<b>4-5.</b> 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	
<b>4-6.</b> Please attach a list identifying the applicant's major funding, financial sources, and major financial liabilities.		<input type="checkbox"/> Attachment included <input type="checkbox"/> N/A	
<b>4-7.</b> Is the applicant compliant with the Commonwealth's tax laws?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>4-8.</b> 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	
<b>4-9.</b> 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	
<b>4-10.</b> Please attach a list of all qualified organizations on intending to lease the applicant's premises.		<input type="checkbox"/> Attachment included	
<b>4-11.</b> Please provide a copy of each written contract with a qualified organization. Please note that any new contracts entered into by the applicant with a qualified organization, must be forwarded to the department within three (3) business days.		<input type="checkbox"/> Attachment included	

**SECTION 5  
PERSONNEL INFORMATION**

<p><b>5-1.</b> Please attach a current organizational chart for the applicant.</p>	<p align="right">[ ] Attachment included</p>
<p><b>5-2.</b> Has the applicant, or any of the applicant's owners, partners, president or chief executive officer, treasurer or chief financial officer, or equivalent positions:</p> <ol style="list-style-type: none"> <li>1. Subjected to any administrative proceeding or investigation by any gaming or tax-related regulatory agency?</li> <li>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)?</li> <li>3. Delinquent or in dispute with a government agency over the payment of any debt or tax within the past ten years?</li> <li>4. Party to any lawsuit (other than divorce proceedings)?</li> <li>5. Currently, a known party to any administrative proceeding, criminal case, investigation or lawsuit (other than divorce proceedings)?</li> </ol> <p>If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning any of the above matters.</p>	<p align="right">[ ] Yes - explanation sheet included [ ] No</p> <p align="right">[ ] Yes - explanation sheet included [ ] No</p> <p align="right">[ ] Yes - explanation sheet included [ ] No</p> <p align="right">[ ] Yes - explanation sheet included [ ] No</p> <p align="right">[ ] Yes - explanation sheet included [ ] No</p>
<p><b>5-3.</b> Has the applicant or any of its officers, directors, employees, agents, owners, or equivalent positions ever operated without a valid license, permit, certificate, registration, or other similar authority related to gambling in any state, territory, or possession of the United States; the District of Columbia; or any political subdivision thereof? If <u>yes</u>, please attach an explanation sheet 1) identifying the individual and the applicable state, territory, or possession of the United States; the District of Columbia; or any political subdivision; and 2) detailing the facts and circumstances pertaining to this matter?</p>	<p align="right">[ ] Yes - explanation sheet included [ ] No</p>
<p><b>5-4.</b> 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"> <li>1. If the applicant is a <u>Sole Proprietor</u>, please provide information on the individual owner.</li> <li>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.</li> <li>3. If the applicant is a <u>Limited Liability Company</u>, please provide information on each member.</li> <li>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.</li> <li>5. Any other individual, including the applicant's owners, partners, president or chief executive officer, treasurer or chief financial officer, tournament manager or equivalent positions.</li> </ol>	<p align="right">[ ] Attachment included</p>

<p><b>5-5.</b> Has the applicant or any of its officers, directors, employees, agents, or owners been involved in another landlord, which violated any provision of the charitable gaming statutes, Charitable Gaming Regulations, or Texas Hold'em Poker Tournament Regulations?</p>	<p><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> No</p>
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**SECTION 6  
LICENSE, PERMIT OR REGISTRATION INFORMATION**

<p><b>6-1.</b> Does the applicant possess a gaming or gambling license, permit, or registration; or landlord license, permit, or registration related to gaming or gambling 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><input type="checkbox"/> Yes - attachment included  <input type="checkbox"/> No</p>
<p><b>6-2.</b> Has the applicant ever had a gaming or gambling license, permit, or registration, or landlord license, permit, or registration related to gaming or gambling 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><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> No</p>
<p><b>6-3.</b> Has the applicant ever allowed any entity to use its premises to conduct or administer any poker game or tournament in any state, territory, or possession of the United States; the District of Columbia; or any political subdivision thereof? If <u>yes</u>, please attach a sheet identifying the state, territory, or possession of the United States; the District of Columbia; or any political subdivision thereof and whether the applicant was required to obtain a license, permit, or registration to do so?</p>	<p><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> No</p>
<p><b>6-4.</b> Has the applicant or any of its officers, directors, employees, agents or owners engaged or participated in illegal gaming or gambling, or allowed its premises to be used for illegal gaming or gambling?</p>	<p><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> No</p>

**SECTION 7  
LANDLORD INFORMATION**

<p><b>7-1.</b> Has the applicant, its agents, or its employees, or an immediate family member or person residing in the household of such the applicant, agent, or employee directly or indirectly made a loan to a qualified organization, a member of a qualified organization, a person affiliated or associated with a qualified organization, an operator, a charitable gaming supplier, or an immediate family member or person residing in the household of a member of a qualified organization, a person affiliated or associated with a qualified organization, an operator, or a charitable gaming supplier?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>7-2.</b> Has a member of a qualified organization, who participates in the management, operation, or conduct of a poker tournament provided services to the applicant or was remunerated in any manner by the applicant of the premises that the qualified organization uses to manage, operate, or conduct its poker tournament?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>

<p><b>7-3.</b> Has the applicant leased its premises to a qualified organization by means of a fixed rental payment; and the fixed rental payment reflects the current fair market rental value of the property, and it was not based upon or determined by a percentage of the proceeds derived from the operation of the poker tournament or to the number of people in attendance at such tournament?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-4.</b> Has any of the rental or leasing of a premises for a poker tournament contingent upon the qualified organization's agreement that it will contract with a particular business for a particular premises, equipment, or service?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-5.</b> Is the landlord, owner, lessor, or lessee of a premises where a poker tournament is being played is serving in any capacity with any qualified organization that is leasing from such landlord, owner, lessor, or lessee?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-6.</b> Has the applicant, its agents, its employees, or the immediate family members or persons residing in the household of such landlord, agent, or employee directly or indirectly made any payment to a qualified organization, a member of a qualified organization, a person affiliated or associated with a qualified organization, an operator, a charitable gaming supplier, or an immediate family member or person residing in the household of a member of a qualified organization, a person affiliated or associated with a qualified organization, an operator, or a charitable gaming supplier?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-7.</b> Has the applicant sold, leased, or otherwise provided any charitable gaming supplies, including playing cards, poker chips, or other game pieces for use during a poker tournament operated, conducted, or administered on the landlord's premises?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-8.</b> Has the applicant require as a condition of the lease that a qualified organization use a particular charitable gaming supplier or operator?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-9.</b> Has the applicant provided, advised or directed a qualified organization or operator to use a particular person to manage, operate, conduct, or administer a poker tournament that is to be held in the landlord's premises?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> 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 registration.

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 5-4 of this application.

I agree that I will abide by the laws and regulations governing charitable gaming in the Commonwealth of Virginia. I acknowledge that I have read and understood the Charitable Gaming statutes, Charitable Gaming Regulations, and Texas Hold'em Poker Tournament Regulations.

Signature	Date
Print Name	Title

Draft

**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 register as a landlord issued under the authority of the Virginia Charitable Gaming statutes and regulations.

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

Draft