

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



REGISTRATION APPLICATION  
 --  
 FORM 307

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 OFFICE OF CHARITABLE AND REGULATORY PROGRAMS  
 TEXAS HOLD'EM POKER TOURNAMENT OPERATOR REGISTRATION APPLICATION**

**GENERAL INSTRUCTIONS**

- A. Use this application if you are a Texas Hold'em Poker Tournament Operator seeking registration.
- 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, application fee, and, if applicable, all relevant documents and/or explanation sheets to the mailing address above.
- G. If the Texas Hold'em Poker Tournament Operator wishes to provide its own charitable gaming supplies, such as playing cards or poker chips to an organization in the administration of the organization's Texas Hold'em poker tournament, then the operator must obtain a charitable gaming supplier permit to do so.

**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)

<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) _____		

**3-2.** Federal Employer Identification Number or Social Security Number (if a sole proprietorship)

**3-3.** Has the applicant managed, operated, conducted, or administered charitable gaming 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 yes, please attach an explanation sheet detailing the reason.

Yes - attachment included  
 No - explanation sheet included  
 N/A

**3-4.** 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 yes, please attach a copy of the certificate of authority to transact business in Virginia, issued by the SCC. If no, please proceed to answer question 3-5.

Yes  
 No  
 N/A

**3-5.** 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 (     )	

**SECTION 4  
BUSINESS INFORMATION**

**4-1.** Where are the business and financial records maintained?

Physical Address		
City	State	Zip Code
Physical Address		
City	State	Zip Code

**4-2.** 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
<p><b>4-3.</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.</p>	<p><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> No</p>		
<p><b>4-4.</b> 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>		
<p><b>4-5.</b> Does the applicant have written internal control policies and procedures that includes segregation of duties, cash security, and cash controls based on generally accepted standards?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>		
<p><b>4-6.</b> Please attach a list of all qualified organizations on whose behalf the applicant intends to administer a poker tournament, the locations at which the applicant intends to administer a poker tournament;</p>	<p><input type="checkbox"/> Attachment included</p>		
<p><b>4-7.</b> Please provide a copy of each written contract with a qualified organization. .</p>	<p><input type="checkbox"/> Attachment included</p>		
<p><b>4-8.</b> Did the applicant or any of its officers, directors, employees, agents, or owners receive a judgment or decision by a court of competent jurisdiction, or enter into any settlement or another agreement pertaining to allegations it breached its contract to administer Texas Hold'em poker tournament on behalf of an organization? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning this matter?</p>	<p><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> No</p>		
<p><b>4-9.</b> Does the applicant's invoice to the qualified organization for the administering the organization's Texas Hold'em poker tournament contain, at a minimum, (i) Name, address, and the organization number of the qualified organization (i.e. OCRP number); (ii) date and location of the poker tournament; (iii) gross receipts, net receipts, and prize disbursement; and (iii) all fees owed to the operator?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>		
<p><b>4-10.</b> Will the applicant offer to sell, sell, or otherwise provide charitable gaming supplies, which includes playing cards, poker chips, and any other equipment or product manufactured or intended to bus used in the conduct of a poker tournament?</p>	<p><input type="checkbox"/> Yes – must provide a copy of the applicants charitable gaming supplier permit issued by the department.  <input type="checkbox"/> No</p>		
<p><b>SECTION 5 PERSONNEL INFORMATION</b></p>			
<p><b>5-1.</b> Please attach a current list of employees for the applicant.</p>	<p><input type="checkbox"/> 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, tournament manager 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> </ol> <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><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><input type="checkbox"/> Yes - explanation sheet included  <input type="checkbox"/> 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><input type="checkbox"/> 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 operator, 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>

<p><b>5-6.</b> Please attach a sample of the badge to be worn by the operator’s poker tournament manager, charitable host representative, dealer, and other game workers during the administering of the qualified organization’s poker tournament. The badge shall include the following: (i) a recent photo of the person; (ii) the first name name of the person; (iii) the name of the operator; and (iv) the date the badge was issued to the person.</p>	<p><input type="checkbox"/> Attachment included</p>
--	---

<p><b>SECTION 6</b> <b>LICENSE, PERMIT OR REGISTRATION INFORMATION</b></p>	
--	--

<p><b>6-1.</b> Does the applicant possess a gaming or gambling 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><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 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 or any of its officers, directors, employees, agents, or owners administered poker tournaments for unauthorized persons or entities, such as organizations not permitted by the department pursuant to the Charitable Gaming Regulations and Texas Hold’em Poker Tournament Regulations, or otherwise exempted from obtaining or possessing a permit pursuant to § 18.2-340.23 of the <i>Code of Virginia</i>?</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?</p>	<p><input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No</p>

<p><b>SECTION 7</b> <b>TEXAS HOLD’EM POKER TOURNAMENT INFORMATION</b></p>	
---	--

<p><b>7-1.</b> Will the Texas Hold’em poker tournament administered by the applicant prohibit any individual under the age of 18 from playing or being involved in the tournament?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-2.</b> Will the applicant require all of its Tournament Mangers, Dealers, other game workers to wear a badge and the qualified organization’s Charitable Host Representative, a badge it issued to them and require them, in the case of the applicant’s employees, independent contractors, or agents to carry a current photo identification, such as a driver’s license or other government issued identification?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-3.</b> Does the applicant maintain separate, independent records from any qualified organization it plans to contract with to administer poker tournaments?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7-4.</b> Please provide all training material for employees on the administration of the Texas Hold’em poker tournament.</p>	<p><input type="checkbox"/> Attachment included</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 5-5 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 Texas Hold'em poker tournament operator 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