PERSONAL DATA FORM

Virginia Lottery
Licensing Department
600 East Main Street
Richmond, Virginia 23219

NOTE: Please print or type. A Personal Data Form must be submitted for each individual listed in Question 2b of the Retailer License Application. This form may be copied. Proof of identity must be attached (see Checklist).

1. Legal Business Name: _____ Business Phone Number: ( )_____
   (As listed on Retailer License Application)

2. Applicant Information:

_____ _____
Last Name First Name Middle Name Social Security Number

_____ _____ _____ _____
Date of Birth Sex Maiden Name Place of Birth (City, State, Country)

_____ ( )_____
Home Address City/County State Zip Home Phone Number

3. Have you been a resident of Virginia continuously for the past twelve months? _____ Yes
   If "**No**", attach a list of other states in which you have resided. Include dates. _____ No

4. Your Relationship to Business (Check One):
   _____ Sole Proprietor _____ Stockholder (Percentage owned_____%) _____ LLC Member
   _____ Partner (_____ %) _____ Officer/ Board Member _____ Other (please specify): _____

5. Have you ever applied for or been granted a Virginia Lottery License ("License")? _____ Yes _____ No
   If so, under what business name: _____ Retailer #: _____

6. Are you a relative of a Virginia Lottery employee or board member, do you reside in the same household as a Virginia Lottery employee or board member, or are you affiliated with a vendor of Virginia Lottery game products?
   _____ Yes _____ No If "yes" please identify the Virginia Lottery employee, board member, or vendor:

_____

DISCLOSURE STATEMENT (Read Carefully)

I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact on this application and that I have read and understand the License Terms and Conditions as stated in the Retailer Contract. If the Virginia Lottery issues a License pursuant to this application, the Virginia Lottery and I will be bound by all the requirements contained in the Retailer Contract. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any License. I further understand that whoever knowingly and willfully falsifies, conceals, or misrepresents a material fact or who knowingly or willfully makes a false, fictitious or fraudulent statement or representation in any application for licensure to the Virginia Lottery as sales agent shall be guilty of a Class 1 misdemeanor. I authorize the Virginia Lottery and/or the Department of State Police to investigate any and all matters pursuant to section 58.1-4009 of the Code of Virginia including but not limited to financial records, financial sources, state tax records and criminal history until the License is terminated. I understand that further information may be requested of me for this investigation and as part of any periodic reviews as deemed necessary by the Virginia Lottery. I waive any rights or causes of action, based upon disclosure of otherwise confidential information that I may have against the Virginia Lottery, the Department of State Police and/or any other individual or agency disclosing or releasing such information to the Virginia Lottery or the Department of State Police.

_____ _____
TYPE OR PRINT NAME TITLE

_____ _____
SIGNATURE DATE