

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



REGISTRATION APPLICATION

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 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 seeking to become a Texas Hold'em Poker Tournament Operator to administer a Texas Hold'em poker tournament on behalf of a qualified organization.
- 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 person 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. If the Texas Hold'em Poker Tournament Operator wishes to provide its own charitable gaming supplies, such as playing cards or poker/tournament chips to a qualified 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 gaming or 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

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.

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>4-3. 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>4-4. 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>4-5. 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>4-6. Please attach a list of all qualified organizations on whose behalf the applicant intends to administer a Texas Hold'em poker tournament and the locations where the applicant intends to administer a Texas Hold'em poker tournament.</p>	<p><input type="checkbox"/> Attachment included</p>
<p>4-7. Please provide a copy of each written contract with a qualified organization. Please note that any new contracts entered by the applicant with a qualified organization, must be forwarded to the Department</p>	<p><input type="checkbox"/> Attachment included</p>
<p>4-8. 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>4-9. Does the applicant's invoice to the qualified organization for administering the organization's Texas Hold'em poker tournament include, at a minimum, the following: (i) name, address, and the organization number (i.e. OCRP number) of the qualified organization; (ii) date and location of the poker tournament; (iii) gross receipts, net receipts, and prize disbursement; and (iv) all fees owed to the operator?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4-10. Will the applicant offer to sell, sell, or otherwise provide charitable gaming supplies, which includes playing cards, poker/tournament chips, and any other equipment or product manufactured or intended to be used in the conduct of a Texas Hold'em poker tournament?</p>	<p><input type="checkbox"/> Yes – must provide a copy of the applicant's charitable gaming supplier permit issued by the Department <input type="checkbox"/> No</p>

**SECTION 5
PERSONNEL INFORMATION**

<p>5-1. Please attach a current list of employees of the applicant.</p>	<p><input type="checkbox"/> Attachment included</p>
<p>5-2. Has any person intending to participate in the operator's administration of Texas Hold'em poker tournaments ever managed, operated, conducted, or administered charitable gaming without a valid license, permit, certificate, registration, or other similar authority related to gaming or 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 1) identifying the person and the applicable state, territory, or possession of the United States; the District of Columbia; or any political subdivision thereof; 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>5-3. Has the applicant or any of its officers, directors, employees, agents, or owners been involved with 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>5-4. Please attach a sample of the badge to be worn by the operator's tournament manager, charitable host representative, dealer, and other game workers during the administering of the qualified organization's Texas Hold'em poker tournament. The badge shall include the following: (i) a recent photo of the person; (ii) the first name and last 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>

**SECTION 6
LICENSE, PERMIT OR REGISTRATION INFORMATION**

<p>6-1. 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>6-2. Has the applicant ever had a gaming or gambling license, permit, or registration denied, limited, restricted, not renewed, revoked, suspended, or subjected 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>6-3. Has the applicant or any of its officers, directors, employees, agents, or owners administered Texas Hold'em 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>6-4. 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>

**SECTION 7
TEXAS HOLD'EM POKER TOURNAMENT INFORMATION**

<p>7-1. Will the Texas Hold'em poker tournament administered by the applicant for a qualified organization prohibit any person 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>7-2. Will the applicant require all of its tournament managers, dealers, and other game workers to wear a badge issued to them and require its 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>

7-3. Does the applicant maintain separate, independent records from any qualified organization it plans to contract with to administer Texas Hold'em poker tournaments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7-4. Please provide all training material for employees on the administration of Texas Hold'em poker tournament.	<input type="checkbox"/> Attachment included

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 understand that I must notify the Office of Charitable and Regulatory Programs of any information that has changed or is found to be inaccurate on this registration application and provide the updated or corrected information within three business days of the change or the discovery of the inaccuracy in accordance with 11VAC20-30-50 of the Texas Hold'em Poker Tournament Regulations.

I understand that, pursuant to 11VAC20-30-70 of the Texas Hold'em Poker Tournament Regulations, a qualified organization's charitable gaming permit may be suspended, revoked, or denied if any person participating in the operator's administration of a Texas Hold'em poker tournament has been (1) convicted of any felony within the preceding 10 years; or (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years.

I further understand that I must abide by the laws and regulations governing charitable gaming in the Commonwealth of Virginia. I acknowledge that I have read and understand the Charitable Gaming statutes, §18.2-340.16 et seq of the *Code of Virginia*; Charitable Gaming Regulations, 11VAC20-20; and Texas Hold'em Poker Tournament Regulations, 11VAC20-30.

Signature	Date
Print Name	Title

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 Charitable Gaming statutes, §18.2-340.16 et seq of the Code of Virginia; Charitable Gaming Regulations, 11VAC20-20; and Texas Hold'em Poker Tournament Regulations, 11VAC20-30.

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