West Virginia Lottery Commission

900 Pennsylvania Avenue, Charleston, WV 25302



LVL Retailer Corporate Buyout/Ownership Change Application

Corporate Buyout/Ownership Change Instructions

This application is required for **corporate buyouts** and **any changes in ownership**. Submit all required documents as listed below to the **WV Lottery Licensing Division** for review and approval.

I. Required Submission: Unexecuted Purchase Agreement/Assignment of Member Interest

Before proceeding with a corporate buyout, you must submit an **unexecuted (unsigned)** Purchase Agreement/Assignment of Member interest for **pre-approval**. The agreement must include:

1. Business Information

- o Name of business to be sold
- o Mailing address and physical address (if different)
- o All DBA (Doing Business As) names
- WV Lottery license number(s)
- o ABCA license number(s)

2. Ownership Details

- o Names, addresses, and ownership percentages of current owners
- o Names, addresses, and ownership percentages post-buyout
- o Names, addresses, and ownership percentages of current buyers

3. Transaction Information

- o Business type: Sole Proprietorship, Partnership, Corporation, or LLC
- o Proposed closing date (must fall on the 15th or 31st of the month)
- List of all real/intellectual property, tradenames, goods, services, contracts, licenses, and permits included in the sale
- List of assets being purchased
- Source and value of any debt or liabilities to be assumed (Buyer must assume liabilities of business being purchased)
- o Total purchase price and payment method (Fair and adequate consideration required)
- o Source of buyer's funding/financing
- o Proof of secured funding from a recognized financial institution
- o Notarized signature lines for both buyer(s) and seller(s)
- Final closing date

II. Required Attachments (If Applicable)

Submit the following with the Purchase Agreement/Assignment of Member Interest, if applicable:

- o Articles of Incorporation
- Corporate Letter
- o Bill of Sale
- o Board Resolutions
- Operating Agreement (if LLC)

III. Business Name Restrictions

Per Legislative Rule §179-5-33.6, Limited Video Lottery (LVL) retailers may not use words commonly associated with gambling in their corporate or DBA name. For clarification, contact Elizabeth Webb, Deputy Director of Licensing, at 304-558-0500 ext. 1934.

IV. Legal Compliance

Limited video lottery Operators and Retailers must comply with W.Va. Code §29-22B-1 et seq. and State Rules §179-5-1 et seq. Operators applying for a limited video lottery retailer's license must specifically comply with W.Va. Code §29-22B-503.

Corporate Buyout/Ownership Change Instructions - Continued

- Incomplete applications will not be processed.
- All signature forms must be signed with original blue ink (No signature stamps allowed).
- Visit <u>business.wvlottery.com</u> for laws, rules, and operator listings.

Per W. Va. Code §29-22B-503, an Operator may also be licensed as a retailer if the following conditions are met:

- The Operator owns no more than 10 LVL locations
- o The Owner(s) listed on the corporate buyout application must be the same as on the Operator license
- The Business name listed on the corporate buyout application must be the same as the name on the Operator license.

V. Application Requirements Based on Buyout Type

A. Buyer Will Operate the LVL Location

If the buyer intends to operate the business post-buyout, include the following with your application:

- Valid Class "A" Private Club License or Non-Intoxicating Beer License (from WV ABCA)
- WV Secretary of State Business License
- WV State Tax Business Registration Certificate
- Workers' Compensation Insurance or Exemption form
- Unemployment compliance proof (Workforce WV)
- Lease or rental agreement (if not property owner)
- ADA Compliance Form
- Individual Release Form and Fingerprint Information Form for all officers/members
 - Fingerprints can be completed by the WV Lottery (ABCA fingerprints are not accepted) by calling 304-558-0500 ext. 1832 to schedule

Or

o Schedule a session at www.identogo.com for your nearest fingerprinting location. Two hardcards must be obtained and submitted with the corporate buyout application.

If using a checking account for LVL transactions, include a voided check. For savings accounts, provide a voided deposit slip.

Note: If machines are leased from an operator, EFT and banking details are not required.

B. Seller's Business Will Be Dissolved

If the buyer does **not** intend to continue LVL operations, the following documents are **not required**:

- ABCA Class "A" License or Beer License
- Lease or rental agreement
- ADA documentation
- Individual Release/Fingerprint forms
- Voided Check and EFT Form

Required at or before closing:

- Completed License Surrender Form, dated with the closing date
- For the buyer:
 - o WV State Tax Business Registration Certificate
 - o Workers' Compensation Insurance or Exemption form
 - Unemployment compliance proof (Workforce WV)
- Business dissolution document for the seller's company, with effective date matching the closing date
 - To avoid delays, contact the WV Secretary of State (SOS) as soon as possible to ensure the dissolution paperwork is filed for the agreed upon closing date.

Corporate Buyout/Ownership Change Instructions - Continued

- Buyout is not final until all of the following are received:
 - o Seller's License Surrender Form
 - o Completed application, supporting documents and fee
 - o Executed purchase agreement/Assignment of Member Interest
 - o Dissolution documentation
 - o Approval from the Lottery's Licensing Department
 - Upon approval and receipt of all final documentation, the WV Lottery Finance Department will reassign permits
 - o Buyer must submit required forms to the Lottery's Security Division to schedule machine relocation
 - o Submit relocation forms in advance to avoid delays

VI. Certificates of Reservation (CORs)

If a COR is held by the seller, it will be converted to a BID permit. The permit count will be transferred to the new owner's license as BID.

VII. Payment Information

- A \$250 non-refundable application fee is required at submission.
- Accepted payment methods:
 - o Business check, certified check, cashier's check, or money order
 - Credit/debit card or ACH via business.wvlottery.com
 - Select "Resources & Payments" and select the appropriate license type under "Online Payment"
 - Each license type must be paid separately
 - Include a copy of your online payment receipt with the application

Mail Completed Applications To:

WV Lottery Licensing Division
Attn: Niki Kitchen, Licensing Specialist
P.O. Box 2067
Charleston, WV 25327-2067

ABCA License Number_____



WEST VIRGINIA LIMITED VIDEO LOTTERY RETAILER CORPORATE BUYOUT/OWNERSHIP CHANGE APPLICATION

PLEASE PRINT OR TYPE. ATTACH ADDITIONAL SHEETS AS NEEDED.

If the applicant is a corporation, partnership or other business entity, the chief executive officer and/or president, directors, members and partners must be United States citizens. Qualifications to be eligible for a limited video lottery license are found in W. Va. Code § 29-22B-504

	Money Order#	siness Check#:	
	Online Payment – Tran	sactionID#:	(Include copy of receipt with transaction ID#)
2.	Business Name:		
	Doing Business as Name:		
	Location Currently Licensed - Bu	siness Name:	
	Location Currently Licensed - D	BA:	
	Location Phone #:		Fax #:
	Location Address:		City:
	County:	State:	Zip:
			City:
		_	ers' Compensation Policy #:
3.	Type of Business or Organization		•
٥.			
	Sole Proprietorship—List owner Partnership or Joint Venture—		er, limited partner, or joint venturer.
	Partnership or Joint Venture— Corp. or Subsidiary, Association	List each general partn n—List each officer and	er, limited partner, or joint venturer. d director (including those of the parent company
	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock	List each general partn n – List each officer and kholder, except if publi	
	Partnership or Joint Venture— Corp. or Subsidiary. Association or subsidiary.) Also list each stock percentage of stock owned by each	List each general partn n—List each officer and kholder, except if publi h.	d director (including those of the parent company cly owned. If publicly owned, list all owners and
	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock	List each general partn n— List each officer and kholder, except if publi h. Member-Managed; or	d director (including those of the parent company cly owned. If publicly owned, list all owners and
	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock percentage of stock owned by each LLC. LLP- List each Member, if Fraternal- Fraternal/veteran group	List each general partn n— List each officer and kholder, except if publi h. Member-Managed; on ps.	d director (including those of the parent company cly owned. If publicly owned, list all owners and
	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock percentage of stock owned by each LLC, LLP- List each Member, if Fraternal- Fraternal/veteran group Sole Proprietorship	List each general partn n—List each officer and holder, except if publich. Member-Managed; or ups. LLP1	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed.
4	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock percentage of stock owned by each LLC. LLP- List each Member, if Fraternal- Fraternal/veteran grounds Sole Proprietorship LLC Co	List each general partn List each officer and wholder, except if publich. Member-Managed; or aps. LLP left proporation or Subsidiary	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed. Partnership or Joint Venture Fraternal/Veteran IRS Tax Exempt
4.	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock percentage of stock owned by each LLC, LLP- List each Member, if Fraternal- Fraternal/veteran ground Sole Proprietorship LLC Corp. List all names as required per type power to significantly exercise in the stock of the substitution of	List each general partn List each officer and wholder, except if publich. EMember-Managed; or ups. LLP larger are proporation or Subsidiary e of business defined a fluence in business open.	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed. Partnership or Joint Venture Fraternal/Veteran IRS Tax Exempt bove and any executive employee or agent having
4.	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock percentage of stock owned by each LLC, LLP- List each Member, if Fraternal- Fraternal/veteran ground Sole Proprietorship LLC Co	List each general partn List each officer and wholder, except if publich. EMember-Managed; or ups. LLP larger are proporation or Subsidiary e of business defined a fluence in business open.	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed. Partnership or Joint Venture Fraternal/Veteran IRS Tax Exempt bove and any executive employee or agent having
4.	Partnership or Joint Venture— Corp. or Subsidiary, Association or subsidiary.) Also list each stock percentage of stock owned by each LLC, LLP- List each Member, if Fraternal- Fraternal/veteran ground Sole Proprietorship LLC Corp. List all names as required per type power to significantly exercise in the stock of the substitution of	List each general partn List each officer and holder, except if publich. Member-Managed; or ups. LLPl orporation or Subsidiary e of business defined a fluence in business oper.	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed. Partnership or Joint Venture Fraternal/Veteran IRS Tax Exempt bove and any executive employee or agent having
4.	Partnership or Joint Venture— Corp. or Subsidiary. Association or subsidiary.) Also list each stock percentage of stock owned by each LLC. LLP- List each Member, if Fraternal- Fraternal/veteran ground Sole Proprietorship LLC Column List all names as required per type power to significantly exercise into complete the Individual Release	List each general partn List each officer and holder, except if publich. Member-Managed; or ups. LLPl orporation or Subsidiary e of business defined a fluence in business oper.	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed. Partnership or Joint Venture Fraternal/Veteran IRS Tax Exempt bove and any executive employee or agent having erations. Each individual listed will also be required
4.	Partnership or Joint Venture— Corp. or Subsidiary. Association or subsidiary.) Also list each stock percentage of stock owned by each LLC. LLP- List each Member, if Fraternal- Fraternal/veteran ground Sole Proprietorship LLC Column List all names as required per type power to significantly exercise into complete the Individual Release	List each general partn List each officer and holder, except if publich. Member-Managed; or ups. LLPl orporation or Subsidiary e of business defined a fluence in business oper.	d director (including those of the parent company cly owned. If publicly owned, list all owners and Manager, if Manager-Managed. Partnership or Joint Venture Fraternal/Veteran IRS Tax Exempt bove and any executive employee or agent having erations. Each individual listed will also be required

	D ' M /D	D A NI	т "	т.
	Business Name/D	BA Name	Location	License Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
DISCI I, the the Diapplication	est Virginia Code §29 LOSURE STATEME undersigned, upon oat rector of the WV LO ation including, but ro as necessary for enter	th, do hereby declare the DTTERY or his or her not limited to, financial ering into an agreement	of C.S.R. 5, et seq. That the foregoing information is designee, to investigate any large records, financial sources, as a limited video lottery retains.	s true and complete. I autho matter set forth in the lot state tax records, and crim iler. I will, upon request, exe
DISCI I, the to the Di applica history such a form.	est Virginia Code §29 LOSURE STATEME undersigned, upon oat rector of the WV LO ation including, but ro as necessary for enter	2-22B-1, et seq., and 17 ENT (Read Carefully) th, do hereby declare the OTTERY or his or her not limited to, financial ering into an agreement as are required to facility	9 C.S.R. 5, et seq. at the foregoing information is designee, to investigate any I records, financial sources,	s true and complete. I autho matter set forth in the lot state tax records, and crim iler. I will, upon request, exe
DISCI I, the to the Di applica history such a form. PPLICAN	est Virginia Code §29 LOSURE STATEME undersigned, upon oat rector of the WV LO ation including, but row as necessary for entered dditional documents and MT/AUTHORIZED A	2-22B-1, et seq., and 17 ENT (Read Carefully) th, do hereby declare the OTTERY or his or her not limited to, financial ering into an agreement as are required to facility	of C.S.R. 5, et seq. That the foregoing information is designee, to investigate any large records, financial sources, as a limited video lottery retains.	s true and complete. I autho matter set forth in the lot state tax records, and crim iler. I will, upon request, exe
h in Web DISCI I, the Di application history such a form. PLICAL SINES TO DUNTY bscribed	est Virginia Code §29 LOSURE STATEME undersigned, upon oat rector of the WV LO ation including, but rown as necessary for entereditional documents at MT/AUTHORIZED AS/ORGANIZATION int Name	D-22B-1, et seq., and 17 ENT (Read Carefully) th, do hereby declare the DTTERY or his or her not limited to, financia ering into an agreement as are required to facilitate ADENT/TRUSTEE Title Title	at the foregoing information in designee, to investigate any I records, financial sources, as a limited video lottery retainstent this process, including a contract of the co	Is true and complete. I author matter set forth in the lot state tax records, and crimiler. I will, upon request, exemple riminal record check agreem Date



West Virginia Lottery Limited Video Lottery ADA Compliance

Upon information or belief, WV Lottery games at this location a	re 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: Da	nte:



EFT AUTHORIZATION

__ LVL OPERATOR ____ LVL RETAILER



INFORMATION

1. Lottery ID# (to b	e assigned)			
2. Operator/Retaile	r Name			
3. Address	_			
4. City/State/Zip	_			
5. Telephone Numb	per _			
	FINANC	IAL INFORMA	ATION	
1. Name of Financi	al Institution _	· · · · · · · · · · · · · · · · · · ·		
2. Routing/ABA Nu	mber _			
3. Denote Checking	g or Savings	CHEC	KING	SAVINGS
4. Account Number	r			
entries into my (our) ac DEPOSITORY, to debit is to remain in full force	count indicated above and/or credit the amou and in effect until the	and the Financial Ir ints owed by or due STATE has received nner as to afford the	nstitution named a me (us) to/from t d WRITTEN NOT	nitiate debit and/or credit above, hereinafter called the STATE. This authority TIFICATION from me (us) POSITORY a reasonable (Date)
(Printed Name)	(Authorized Sig	nature)	(Title)	(Date)
If you have questions	about completing this	form, please	SEND COM	PLETE FORM TO:
call WV Treasurer's C	Office, EFT Division at 3	804.558.3599	West Vi	rginia Lottery
				sing Division
	concerning your Lotter			BOX 2067
WV Lottery Commission	on at 800.982.2274 or	304.558.0500 x 186	1 Charlestor	n, WV 25327-2067



Location Address:	(Physic	cal Address))	County:_					
City/State/Zip:									
Location Phone:		Location Manager Name:Business Owner Email:							
Business Owner Name:									
Business Owner Phone:									
Business Hours :	MON	TUES	WED	THUR	FRI	SAT	SUN		
OPEN:									
CLOSED:									
Operator:(Operator – Company	y that supplie	es your video	Lottery Ter	Operator Phonominals)	e:				
Dear Retailer:									
ow is a list of basic requi ask for Limited Video L			t. For more i	nformation co	ntact the W	V Lottery, 3	304-558-		
		eum products	s capable of						
A. Location must be in e place of business tha Measurement to be de		LVL Security.							
place of business that	termined by L			day care cente	r. Measureme	ent to be dete	ermined b		
place of business that Measurement to be de B. Location must be in experience.	excess of 300 for not be located a ted in a separa	eet from a chu	arch, school o	ng area. If the vi	deo lottery te	erminals are	in the mai		



*This form should only be completed when a business has no employees

If the business has zero employees, it is exempt from obtaining Workers' Compensation Coverage. All businesses must register with Workforce WV by calling 304.558.2677 to determine if they are exempt from Unemployment Compensation.

If the business is exempt from Workers' Compensation, please complete below.

Signature	Title	Date
I attesi	that all information written on this form is true and correc	c t.
to the West Virginia L	time my business acquires new employees, I must disclose attery and supply the appropriate documentation.	-
Employees:		
City, State, Zip:		
Street Address:		
DBA Name:		
Business Name:		

03/2025

ABCA License Number: _ (Copies of this form should be made for completion by each person associated with Application)



INDIVIDUAL RELEASE Limited Video Lottery

1. FULL NAME:		PRIOR LAST NAME(S)):
HOME PHONE:		EMAIL:	
HOME ADDRESS:_		DATE OF BIRTH:	
SOCIAL SECURITY	NUMBER:		
PERCENT OF OWN	ERSHIP:	PERCENT OF STOCK OWNED:	
3. PRESENT EMPLO	YER:		
4. U.S. CITIZEN:	YES	NO (If NO, attach details)	
Disclosure of WV l	Lottery Employee Relation	onship(s):	
information from limited to, WV States of this application.	files or other sources pe te Tax records, police re I hereby direct you to re	e West Virginia Lottery Commission rtaining to the applicant's personal cords, credit records, or any other reclease such information as requested contact me as indicated above.	background including, but not cord applicable to the approval
that any connection	-	my immediate family, is employed by Lottery should be disclosed above aship.	-
A copy of this rele	ase may serve as an orig	ginal.	
Print Name	Title	Signature	Date



Fingerprint Information

All fields are mandatory unless otherwise noted

Name (Please Print):					SSN:		\neg
	Last Name	First Name	Middle Name Citizenship ((country):			<u></u>
Alias (Maiden name)			Citizenship (country).			_
Home Address: -	Street Addres	SS			Business Name Street Address		
	City, State, Zip	Code		City,	State and Zip Code		\sqcup_{g}
Date of Birth:			Place	of Birth:			ос а #
Gender: Race	: Hei	ght:	Weight	Eye Color:	Hair	Color:] **
Finger Amputation	ons/Bandages:						
		RELEASE O	OF INFORMAT	ΓΙΟΝ			
individual an will be retain Identification I certify that	d by submitting ed by the West ' a System.	this request. I Virginia State I al business and	find any police of understand that Police in the Aut I am authorizin	t the submi tomated Fir	tted informat igerprint		
Applicant Notification FBI. You have the opp record. The procedure CFR, 16.34.	ortunity to comp for obtaining a c	lete or challeng change, correction	e the accuracy of on, or updating a	f the informa In FBI ident	ition containe ification reco	d in the FBI ia	lentification
Privacy Act Notice: Disclor Section 7 of the Privacy Act penalty. If you choose volun conduct of this criminal back	of 1974. Your disclosu tarily to supply your so	are is voluntary and fa	ilure to provide the nun	nber will not sub	ject you to		
Signature:							
	I attest that all	information writte	en on this form is ti	rue and corre	ect		
Date:							
ID CHECKE	D AND VERII	FIED	INITI	ALS OF IN	IVESTIGAT	OR	8



Instructions and Requirements for Operator/Owned Locations

Pursuant to West Virginia Code §29-22B-503, *et seq.*, an Operator may also be licensed as a limited video lottery retailer provided the Operator is in compliance with the following requirements:

- 1. An Operator owns no more than 10 limited video lottery locations.
- 2. The owner(s) listed on the limited video lottery retailer application must be the same owner(s) listed on the Operator license.
- 3. All transactional documentation of the purchase of the limited video lottery location(s) must be provided to the WV Lottery.
- 4. All other qualifications for licensure must be met.

FREQUENTLY ASKED QUESTIONS ABOUT ADA

- Q: Are there limitations on the ADA's barrier removal requirements for existing facilities? A: Yes. Barrier removal need be accomplished only when it is "readily achievable" to do so.
- Q: What does the term "readily achievable" mean?
- A: It means "easily accomplishable and able to be carried out without much difficulty or expense."
- Q: How do I determine what **is** readily achievable?
- A: Determining if barrier removal is readily achievable is a case-by-case judgment. Because removing common barriers can be simple and inexpensive in some cases and difficult and costly in others, the regulations for the ADA provide a flexible approach to compliance. Factors to consider include: (1) the nature and cost of the action; (2) the overall financial resources of the site involved; (3) the number of persons employed at the site; (4) the effect on expenses and resources; (5) legitimate safety requirements necessary for safe operation; and (6) if applicable, the relationship with any parent corporation.
- Q: What are examples of the types of modifications that would be readily achievable in most cases?
- A: Examples include the simple ramping of a few steps, the installation of grab bars where only routine reinforcement of the wall is required, and similar modest adjustments.
- Q: Will businesses need to rearrange furniture and display racks?
- A: Possibly. For example, bars may need to rearrange tables in order to permit access to wheelchair users.
- Q: Does the ADA require existing buildings and newly constructed facilities to meet the same standards? A: No. The ADA establishes different requirements for existing facilities and new constructions.
- Q: If an area of my store is reachable only by a flight of steps, would I be required to add an elevator?
- A: Usually, no. The readily achievable standard does not require barrier removal that requires burdensome expense, and in most cases, installing an elevator would qualify as a burdensome expense.
- Q: I have a portable ramp that we use for deliveries can't I just use that?
- A: Yes, you could, but only if the installation of a permanent ramp is not readily achievable. If you use a portable ramp, it should be properly secured and staff should be trained in its safe use.
- Q: What if I'm not able to remove barriers at this time due to my financial situation? Does that mean I'm relieved of current responsibilities?
- A: No. When you can demonstrate that the removal of barriers is not readily achievable, you must make your goods and services available through alternative methods, if such methods are available and readily achievable. Keep in mind that barrier removal is a continuing obligation that changes as your circumstances change.
- Q: When barrier removal is not readily achievable, must alternative steps be taken without regard to cost? A: No, only readily achievable alternative steps must be undertaken.
- Q: Must my business have handicapped-accessible restroom facilities?
- A: Not as far as your license with the WV Lottery is concerned. The Lottery is only interested in making sure that your lottery games are accessible to disabled persons. That does not mean that as a private citizen you do not have other obligations under the ADA, such as accessibility to your restrooms, but it does mean that the Lottery is not required to assure your compliance in regard to those other obligations in order to grant or renew a license.
- Q: I have removed all barriers that are readily achievable, but there are still barriers to my lottery games. Can I honestly say that I am in compliance with the ADA?
- A: Yes. If you have removed all barriers that are readily achievable, then you are ADA- compliant and may so answer on your license form.

		APPLI	CANT CHECKLIST					
Completed Corporate Buyout appl	ication	Must be completed in its entirety						
\$250 Corporate Buyout Fee (Non-F	Refundable)	Business Check, Money Order, Official Bank Check						
ABCA License *1		Contact the ABCA and change/add the members/officers to your ABCA license. Tell them it is a Corporate Buyout						
WV Secretary of State Business Lic	ense *2	Contact the Secretary of State and change/add the members/officers to your business license.						
Corporate Letter		Stating the minutes and re-distribution of stock in the corporation, signed by the member/officers, and notarized						
Bill of Sale		Seller and Buyer need Notary, Number of Permits, Business Entity being purchased, DBA Name, and Effective Date, including building. Bill of Sale listing all assets and all debts. (Include Rider – Will the debt and liability stay with seller?)						
ADA Compliance		Complete For	m					
Voided check or deposit slip *3		Part of the Ele	ectronic Fund Transfer (EFT)					
Building Lease Agreement		Lease/Rental	Agreement for the location (unless owned by app	licant)				
WV Tax Business Registration Cert	ficate *4	The certificate	e with the West Virginia seal in the background.					
Workers' Compensation Insurance	or Exemption Form *5	Proof of Cove	erage or Complete the Exemption Form (no emplo	yees)				
Unemployment Coverage Letter w	ith Work Force WV *6	Call the Unemployment Compensation office for this letter						
Individual Release Form and Finger (each member/officer) *7	print information Form	When you conto	Each officer/member is required to be live scanned with The WV Lottery for background check. When you contact the Security Division to schedule an appointment, you may be asked to provide a "control number is the last 5 digits of your ABCA Class A license number. You are required to be fingerprinted twi and once for the WV Lottery.					
*1 WV ABCA	*2 Secretary of	of State	*3 WV State Treasurer's Office					
900 Pennsylvania Ave	State Capitol - Suite		3 WV State Heasurer's Office	*7 WVL - Fingerprint Information				
	State capitor Saite	157-K 1900	Grace Gilmore	*7 WVL - Fingerprint Information Jonie DeBruyn, Security				
Charleston, WV 25302	Kanawha Blvd. E Charles							
Charleston, WV 25302 304-356-5500		ston, WV 25305	Grace Gilmore State Capitol Bldg. 1, Rm E-145	Jonie DeBruyn, Security 900 Pennsylvania Ave				
	Kanawha Blvd. E Charles	ston, WV 25305	Grace Gilmore State Capitol Bldg. 1, Rm E-145 1900 Kanawha Blvd, Charleston, WV 25305	Jonie DeBruyn, Security 900 Pennsylvania Ave Charleston, WV 25302 304-558-0500, Ext. 1832				
304-356-5500 1-800-642-8208	Kanawha Blvd. E Charles	5000 -8683 npensation	Grace Gilmore State Capitol Bldg. 1, Rm E-145 1900 Kanawha Blvd, Charleston, WV 25305 304-340-1569	Jonie DeBruyn, Security 900 Pennsylvania Ave Charleston, WV 25302 304-558-0500, Ext. 1832 E-Mail: jdebruyn@wvlottery.com				
304-356-5500 1-800-642-8208 Fax: 304-957-0306	304-558-6 1-866-767- *5 Workers' Com	6000 -8683 npensation	Grace Gilmore State Capitol Bldg. 1, Rm E-145 1900 Kanawha Blvd, Charleston, WV 25305 304-340-1569 Fax: 304-558-4179	Jonie DeBruyn, Security 900 Pennsylvania Ave Charleston, WV 25302 304-558-0500, Ext. 1832 E-Mail: jdebruyn@wvlottery.com *Charleston Monday through Friday, 9 am. – 4pm (no appointment necessary, it is suggested to call first.) *Northern panhandle, call Jonie DeBruyn to schedule. *Local law enforcement agency - 2 fingerprint cards requ be mailed to the address above with the Fingerprint				
304-356-5500 1-800-642-8208 Fax: 304-957-0306 *4 WV Tax Department	*5 Workers' Coverage	5000 -8683 npensation ge insurance	Grace Gilmore State Capitol Bldg. 1, Rm E-145 1900 Kanawha Blvd, Charleston, WV 25305 304-340-1569 Fax: 304-558-4179 #6 Unemployment Compensation	Jonie DeBruyn, Security 900 Pennsylvania Ave Charleston, WV 25302 304-558-0500, Ext. 1832 E-Mail: jdebruyn@wvlottery.com *Charleston Monday through Friday, 9 am. – 4pm (no appointment necessary, it is suggested to call first.) *Northern panhandle, call Jonie DeBruyn to schedule. *Local law enforcement agency - 2 fingerprint cards requ				
304-356-5500 1-800-642-8208 Fax: 304-957-0306 *4 WV Tax Department 304-558-3333	*5 Workers' Com Coverage	5000 -8683 npensation ge insurance	Grace Gilmore State Capitol Bldg. 1, Rm E-145 1900 Kanawha Blvd, Charleston, WV 25305 304-340-1569 Fax: 304-558-4179 #6 Unemployment Compensation 304-558-2451	Jonie DeBruyn, Security 900 Pennsylvania Ave Charleston, WV 25302 304-558-0500, Ext. 1832 E-Mail: jdebruyn@wvlottery.com *Charleston Monday through Friday, 9 am. – 4pm (no appointment necessary, it is suggested to call first.) *Northern panhandle, call Jonie DeBruyn to schedule. *Local law enforcement agency - 2 fingerprint cards requibe mailed to the address above with the Fingerprint Information Release form.				

For questions, please contact Niki Kitchen, Licensing Specialist at 304-558-0500, Ext. 1903.



PRIVACY NOTICE USAGE OF SOCIAL SECURITY NUMBERS

This form is included to notify you of our privacy practices and no action is required on your part.

- 1. You claim a lottery prize of \$600 or more directly from the WV Lottery, either by mail or personally at our Charleston or Weirton office. Your social security number is also your tax identification number, and the Internal Revenue Code requires that this prize payment be reported to the IRS along with the winners tax identification number [Form W-2G]¹ or
- 2. You are a sole proprietor of a business, a partner in a business, or the shareholder of an incorporated business that is a WV lottery retailer or sales agent, and the WV Lottery must prepare an IRS Form 1099 to report sales commissions received by you along with a tax identification number if that number is also a social security number [Form 1099]; or
- 3. You are applying for a WV lottery license or permit and you must allow the WV Lottery to capture your fingerprint images to be transported to the FBI's National Criminal Information Center [NCIC] for criminal background investigation required by statutory or regulatory authority. This is an FBI requirement.

Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to a criminal or civil penalty.

When the WV Lottery obtains your social security number, it will use the number for the purpose(s) cited above. The WV Lottery will not sell or share this number with any other person or entity, and will decline to make it available in response to any freedom of information request. Only government entities that are authorized to receive and use social security numbers by law will gain access, other than when outside access is ordered by a competent court of record.

If you have any questions or concerns about this privacy notice, or if you wish to submit a complaint regarding the WV Lottery's privacy policy, please contact the Legal Division at (304) 558-0500 extension 1802.

¹ Prize winners of more than \$600 who are unable or unwilling to submit their tax identification number are subject to federal income tax back-up withholding of 24% of the prize money



MACHINE ASSIGNMENT PAPERWORK

To be completed and returned to lvloffice@wvlottery.com

The following three pages; Limited Video Lottery Installation Procedure, Intrastate Transportation of Limited Video Lottery Terminals between Locations and the Floor Plan is to be completed and emailed to lvloffice@wvlottery.com.

- The Current location will be the old LR and/or name of the Retail Business.
- The New Location will be the new LR and/or name of the Retail location.
- The Current location Floor Plan will have the old information.
- The Proposed Floor Plan will have the new information.

		LIMITE	D VID	EO LOTI	TERY II	NSTA	ALLA	TIO	N PRC	CED	URE	WESTA LOTTERY	
	Initia	al Installation		Change	Of Owners	hip	Pre	vious L	ious LR #				
	Addi	tional Machir	ne(s)	Change	Of Location	1		Corp	Corporate Buy Out/DBA Name Change				
	Swa	p Out		Broker A	Agreement			Safe	Safe Cash Installation				
	Floo	r Plan Change	1	Change	Of Operato	r		Ope	Operator Owned Retail Location				
Date	Subr	nitted:		Effective Date	e For Chang	e Of O	perator:			Con	trol #:		
W۷۱	Lotter	y License #	Estal	blishment DBA	Name:							Beer	
LR:	00											Liquor	
Esta	blishn	nent Address:						Estab	lishment C	ounty:	1		
Esta	blishn	nent City:		Establis	hment Zip:			Estab	lishment P	hone:			
Mail	ing A	ddress: (City,	State & Zi _l	p)				Estab	lishment F	ax #:			
	PHO	NE # WILL ON	LY BE NEEI	DED IF THE LOC	ATION REC	UIRES	DIAL-UP	SERVI	CE; NOT R	EQUIRED	FOR C	ELLULAR.	
Ope	rator:					Opera LO 0	ntor Lice	nse #:	C	perator	Phone	#:	
			N	1ACHINE INFO:	ALL MACH	I <mark>NES W</mark>	ILL NOW	BE ON	V LINE 1				
CON	IMUN	IICATIONS:	Dial Up	IP (Assigned by	/ Lottery)	DX P	hone#	PARTNERTECH				ARTNERTECH	
Line	Poll	Serial #	N	Nodel #	VGM #	Mfg	Current C	nt Chip Set New Chip		et O/R	C	OMMENTS:	
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
					LOTTERY	ı							
Init	ial	Date		epartment	Initial		Date			-	tment		
				ecurity-Office					omputer R				
			Licens						/L Assignm /L Security	l .	ator		
			+	Contract Review					omputer R				
			Legal	Contract Neview					ompater N		iipiete		

FAX information to the West Virginia Limited Video Lottery Security office: (304) 558-6637 or email to https://limited.ncbi.nlm.new.org.ncbi.nlm.new.

INTRASTATE TRANSPORTATION of LIMITED VIDEO LOTTERY TERMINALS between LOCATIONS

YOU MUST COMPLETE THE INFORMATION ON THIS FORM FOR MACHINES BEING TRANSPORTATED BETWEEN LOCATIONS WITHIN THE BORDERS OF WEST VIRGINIA IN COMPLIANCE WITH WV CODE §29-22-B-1206. FILL OUT THIS FORM IN ITS ENTIRETY .

- 1. 24-hour notice to LVL Security to be present at time & date the terminal should be disabled.
- 2. Complete this form then fax to **304-558-6637** or e-mail to lvloffice@wvlottery.com prior to movement of terminal.
- 3. If terminal is in your warehouse, then transport the terminal and notify LVL Security once the terminal is ready to be enrolled. If terminal is in a retail location, then notify LVL Security to arrange for Security personnel to be present and time and date of removal, transport and reinstallation.

4. The Operator Will retain copies for 2 years.															
	FOR LOTTERY USE ONLY														
Departmer	nt	Initial	Date	9		Independent Owner									
LVL Securit	ty					Nur	nber	of Mac	hines R	emair	ing				
LVL Securit	y					Liqu	ıor					Ве	er		
Licensing						Assigned to:									
F&A						Disable Date: Division			ision:						
Video Ops	s					Removal Date: Investigator:									
OWNER AND/OR SHIPPER INFORMATION					RETAILER STATUS – FOR REMOVAL OF ALL MACH					ACHIN	IES				
DBA Name:				Licen	se Surrender:		No		Yes	If y	yes, Wh	nen?			
Physical Addı	ress:				Bus	iness Closing:		No		Yes	If y	yes, Wh	nen?		
City/State/	/Zip:				Change o	of Ownership:		To Wh	nom?						
Telephor	ne #:					e of Location:		To Wh	ere?		ı				
LVL Licens	se #:				End Opera	ator Contract:		No		Yes	If y	yes, Wh	nen?		
Bonding Comp	any:				Oth	er Reason for									
Vehicle Se	al #:					Removal:									
CURRE	NT LC	CATION	CONTROL	_#		N	IEW I	OCAT	ION			CONT	ROL#	!	
DBA Name:						DBA Name	e:								
Address:						Address	s:								
City/Zip:						City/Zip:									
County:						County:									
LVL License #:						LVL License #:									
Telephone #:						Telephone #:									
Check One:		Permanent Rem	noval			Check One: Initial Installation Additional Machine Installation									
		Change of Own	ership					Add	ditiona	Mach	ine I	nstallat	tion		
		Swap Out				Swap Out									
		Temporary Stor	age			Temporary S			Storage						
		Emergency Rem	ioval					Des	structio	n	sv	N Destro	yed	S۱	W Returned
				TE	RMINAL IN	FORMATION		-		_			_		
SERIAL #		MODEL#	VGM #	MFC	G (CURRENT		PROPOSED DECAL		Λι#	С	LD	NEW		
JLINIAL #		WODEL #	V GIVI #	IVII	sc sc	OFTWARE	9	OFTW	ARE		DLC	нь п	Po	oll#	Poll #
															ļ
	1												+		
	1												+		
Shinner's				<u> </u>											
Shipper's Signature:					Date	:									



FLOOR PLAN								
Current Floor Plan		Proposed Floor Plan	Daytime Telephone #:					
DBA Name:								
LVL License #:	LR 00			Control #: (all 6 digits)				
Date Submitted:				ABCA License Type:		Beer		Liquor