



For official use only.

Applicant: _____

Applicant ID: _____

NORTH CAROLINA APPLICATION FOR AN INTERACTIVE SPORTS WAGERING OPERATOR LICENSE

GENERAL INFORMATION

This *Application for an Interactive Sports Wagering Operator License* (the form itself “Application Form,” and along with all attachments “application”) was designed by the North Carolina State Lottery Commission (“Commission”) for an applicant to demonstrate its suitability for licensure and its operational capacity to deliver compliant sports wagering operations and offerings to patrons in North Carolina. This application is also a vehicle for each applicant to demonstrate that it has thought broadly and creatively about creating a sports wagering operation that will provide a significant and lasting benefit to the state of North Carolina and will offer an exceptional sports wagering experience to consumers, including significant responsible gaming and consumer protection measures.

In order to obtain a license, the Applicant bears the burden of proving its suitability and operational capacity. It must provide a complete application and submit it in accordance with the application instructions, the North Carolina State Lottery Commission Rules Manual for Sports Wagering and Pari-Mutuel Wagering, and applicable provisions of the North Carolina General Statutes, in particular the statutes in Chapter 18C. The Commission and its staff will take into account the Applicant’s noncompliant conduct or nonconforming application materials when evaluating the application.

To the extent that the Applicant is a newly formed entity or to date has been a largely non-operational entity, any information required to be provided relative to past performance, licensure history, or general business practice shall, at a minimum, be provided in relation to the primary controlling and operating entity of the proposed sports wagering operator and its significant business units.

If the Applicant, for good cause, is unable to comply with or respond to any part of the application, it may apply for a waiver or variance from the Commission in accordance with Rule 1A-009 Request for Variance or Waiver of Requirement in advance of the filing deadline.

All communications, including general questions and application inquiries, should be directed to Commission staff. You can view frequently asked questions on our [Commission’s website](#). To submit specific questions and application inquiries please use the following email address licensing@ncgaming.gov. A Commission representative will respond to each inquiry in a timely manner. ***At no time during the application process should the Applicant, agent of the Applicant, or another associated individual contact or attempt to contact a Commissioner directly about a planned or pending application.***

This Application Form does not constitute an offer of any nature or kind to the Applicant or its agents. The Commission is under no obligation to issue a license to the Applicant. By submitting an application, the Applicant is deemed to agree to abide by the instructions contained herein, the Commission Rules, and Chapter 18C of the N.C. General Statutes.



For official use only.

Applicant: _____

Applicant ID: _____

To the extent that anything contained in this application is inconsistent with any other guidance or policy-related document issued by the Commission, this application shall control. To the extent that anything contained in this application is inconsistent with any provision of the North Carolina General Statutes, in particular Chapter 18C, the governing law shall control.

Terms used in the application shall be given their most logical, plain meaning in the context of the application. The Commission reserves the right to amend or clarify this application at any time prior to the deadline for the submission of applications.

Please be advised that any portion of this Application Form and any associated requests for information or documents may be changed at any time. The Commission will utilize its website, www.ncgaming.gov, to provide notice of amendment or clarification of the Application Form, general updates, and general information relative to the application process.

IMPORTANT NOTICES

At all times, the Applicant bears the burden of proving by clear and convincing evidence that the Applicant is qualified to hold a License and in full compliance of Commission rules and state law.

By seeking a license, the Applicant assumes and accepts all risks of adverse publicity, notoriety, embarrassment, criticism, or other action or financial loss that may occur in connection with the application process or the public disclosure of information. By submitting an application, the Applicant expressly waives any claim for damages or injunctive relief that may result from the application process.

The Director may request additional information related to this application. The Applicant shall provide all information, documents, materials, and certifications requested timely and at the Applicant's expense.

In responding to the questions in this application, the Applicant **must** make complete, accurate, and truthful statements, and include all material facts. Do not misstate or omit any material facts. All information provided is subject to verification. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirements as set out in law or rule may result in the denial of the application, suspension or revocation of any license issued, and may subject the Applicant to civil penalties.

The Applicant is under a continuing duty to disclose **immediately** any changes in the information provided in the application, as well as all changes to any of the materials submitted at the request of the Director. The duty to make such additional disclosures shall continue throughout any period of application review and licensure.

The Applicant shall **immediately** provide written notification to the Commission of any corrections or changes to this application once submitted or to any of the material submitted at the request of the Commission.

The Commission shall send all notices regarding the application to the address or email address of the Primary Contact provided by the Applicant on this form. The Applicant must immediately notify the Commission of any change of address or email address for this Primary Contact.

All disclosures and submissions with and for this application become the property of the Commission.



For official use only.

Applicant: _____

Applicant ID: _____

Application documents and records that an applicant submits to the Commission are subject to G.S. § 18C-904(j), 18C-916(b), and other applicable law. By law, the following documents or information the Applicant submits to the Commission shall be a public record:

- The name, address, and sports wagering platform.
- The names of all key persons.
- The documented history of working to prevent compulsive gambling, including training programs for its employees.
- The proposed sports wagering brand that the applicant plans to hold out to the public displaying its sports wagering platform.
- The granting or denial of the application.
- Documents or materials that form the basis for disciplinary or enforcement action.

The Applicant is responsible for conspicuously marking documents and materials as “Confidential” or “Trade Secret” before submitting them to the Commission, if it is appropriate to do so under state law. If the Applicant fails to mark documents or materials that are otherwise not subject to public disclosure, the Applicant assumes the risk that such documents may be disclosed, whether inadvertently or purposefully. Non-public documents filed in connection with an application may become public pursuant to G.S. § 18C-916(b), regardless of being marked “Confidential” or “Trade Secret.”

INSTRUCTIONS

The application contains 11 sections. The Applicant should read each question carefully and provide a complete response. If a question or portion thereof is not applicable, enter “N/A” into the appropriate space on the application. While a cross-reference to other sections within the application may be included as part of an answer to a particular question, a cross-reference may not serve as the entire answer to any particular question.

The Application Form, along with all attachments, must be submitted by the application deadline, as it is posted on the Commission website (if applicable). The Commission shall have no obligation to accept or review an application submitted after the established deadline. Any missing information in the application will delay the Commission’s evaluation and licensure determination.

This application is to be completed and submitted in full electronically, including all answers provided and all necessary boxes checked in the fillable form, and all attachments clearly titled and identified. This electronic version of the Application Form is required so that it may be searched electronically by the Commission during the evaluation process. This document must be saved in PDF format. The only exception to this requirement is pages and attachments that require a signature. These pages may be signed either using an electronic signature program that complies with the E-SIGN Act (15 U.S. Code, Chapter 96) or by printing, signing, and scanning the page. These signature pages must be saved in PDF format and be clearly titled and identified. Applications that are submitted and that include printed, scanned, or other copied versions of the Application Form that are not submitted as described above will not be considered.

All questions in this Application Form that require or allow for an attachment, have instructions regarding the label or title that should be used to clearly identify the electronic attachment file. All attachments



For official use only.

Applicant: _____

Applicant ID: _____

must be saved as separate electronic files. Do not merge the attachments with the Application Form. Each attachment should be in PDF format, unless providing an alternative file format would be helpful to the Commission's evaluation. For example, where the Applicant is required to submit tables of calculations, such as a revenue projection, it should be submitted in spreadsheet format, compatible with Microsoft Excel, so that the Commission may numerically analyze this information. The applicant may also, although is not required to, provide other documents such as videos, interactive documents, or physical models. These types of documents do not readily lend themselves to conversion into PDF format. For these documents, the applicant should provide both the document in original format, and a PDF file describing the existence of such a document within the applicant's application materials. The file name of the alternate format, if it is in fact a computer-readable file, and the filename of the PDF format of the attachment should be identical, excluding the file extension.

If the Applicant submits any attachment as confidential or as a trade secret, in whole or in part, then the filename must have the word "CONFIDENTIAL" in all capital letters placed directly before the file extension. Failure to include this label may result in the public release of the document.

Do not password protect or encrypt the Application Form or any attachments. The Commission will provide a secure method for submitting your application materials.

Retain a completed copy of this Application Form and all attachments for your own records.



For official use only.

Applicant: _____

Applicant ID: _____

APPLICATION COMPLETION CHECKLIST

Before submitting this Application Form and attachments, complete the following checklist.

- The Applicant has answered every question on this Application Form completely, truthfully, accurately, and without material omission.
- The Applicant properly named all files for submission, including the title or label identifying the Section and Question. All files are in the correct format. There is an attachment for each question requiring an attachment. Use the following chart to verify.

	File Name
Application Form	
	Application Form.pdf
Section B: Written Designation Agreement	
	B.6 Written Designation Agreement.pdf
Section C: General Information	
	C.8 Present Business Addresses.pdf
	C.9 Past Business Addresses.pdf
Section D: Applicant Formation	
	D.4 Persons that Formed Applicant.pdf
	D.5 Formation Documents.pdf
	D.6 Operating/Governing Documents.pdf
	D.7 NC Business Authorization.pdf
Section E: Key Persons	
	E. NC Multi-Jurisdictional Personal Disclosure Form – [Name of Key Person].pdf *Attach all Key Person Disclosures in this Format
	E.1 Individual Key Persons Org Chart.pdf
	E.2 Entity Org Chart.pdf.
	E.3 Key Person Information.xlsx
	E.4 Former Key Person Information.pdf
Section F: Business Plan	
	F.1 Present Business Description.pdf
	F.2(a) Brand Description.pdf
	F.2(b) Brand Logos.pdf
	F.4 Business Success Description.pdf
	F.5 Former Business Description.pdf
	F.6 Economic Investment in NC.pdf
	F.7 Capital Investment in NC.pdf



For official use only.

Applicant: _____

Applicant ID: _____

Section G: Licensure History	
<input type="checkbox"/>	G.1 Active Gaming Licenses.pdf
<input type="checkbox"/>	G.3 Inactive or Expired Gaming Licenses.pdf
<input type="checkbox"/>	G.4 Unsuccessful Licensure.pdf
<input type="checkbox"/>	G.5 Adverse Actions.pdf
<input type="checkbox"/>	G.6 Other Government Licensure Adverse Actions.pdf
Section H: IT Security & Responsible Gaming	
<input type="checkbox"/>	H.1 Age and Identity Verification.pdf
<input type="checkbox"/>	H.2 Confidential Player Information Security.pdf
<input type="checkbox"/>	H.3 Geofencing Technology.pdf
<input type="checkbox"/>	H.4 ICs for Ineligible Persons.pdf
<input type="checkbox"/>	H.5 Responsible Gaming History.pdf
<input type="checkbox"/>	H.6 Responsible Gaming Plan.pdf
<input type="checkbox"/>	H.7 Security, Sustainability, and Reliability.pdf
<input type="checkbox"/>	H.8 Written Information Security Program.pdf
Section I: Financial Viability	
<input type="checkbox"/>	I.1 NCDOR Letter of Good Standing.pdf
<input type="checkbox"/>	I.2 Reserve.pdf
<input type="checkbox"/>	I.3 Description of Long-Term Debt.pdf
<input type="checkbox"/>	I.4 Holders of Long-Term Debt.pdf
<input type="checkbox"/>	I.5 Other Indebtedness and Security Devices.pdf
<input type="checkbox"/>	I.6 Securities Options.pdf
<input type="checkbox"/>	I.7 Financial Institutions.pdf
<input type="checkbox"/>	I.8 Contracts and Suppliers.pdf
<input type="checkbox"/>	I.9 Other Ownership Interests.pdf
<input type="checkbox"/>	I.10 Insider Transactions.pdf
<input type="checkbox"/>	I.11(a) Audited Financial Statement.pdf
<input type="checkbox"/>	I.11(b) Financial Statements.pdf
<input type="checkbox"/>	I.12(a) Annual Reports.pdf
<input type="checkbox"/>	I.12(b) Form 10K Annual Reports.pdf
<input type="checkbox"/>	I.13 Quarterly Reports.pdf
<input type="checkbox"/>	I.14 Interim Reports.pdf
<input type="checkbox"/>	I.15 Proxy and Information Statement.pdf
<input type="checkbox"/>	I.16 Registration Statement.pdf
<input type="checkbox"/>	I.17 Reports of Accountants.pdf
<input type="checkbox"/>	I.18 Tax Returns.pdf
Section J: Legal	
<input type="checkbox"/>	J.1 Criminal Offenses.pdf
<input type="checkbox"/>	J.2 Investigations, Testimony, or Polygraph.pdf
<input type="checkbox"/>	J.3 Existing Litigation.pdf
<input type="checkbox"/>	J.4 Antitrust, Trade Regulation & Securities Judgments.pdf
<input type="checkbox"/>	J.5(c) Bankruptcy or Insolvency Proceedings.pdf
<input type="checkbox"/>	J.5(e) Appointed Receiver, Agent, or Trustee.pdf
<input type="checkbox"/>	J.6 Contributions and Disbursements.pdf



For official use only.

Applicant: _____

Applicant ID: _____

Section K: Signature Forms	
	K. Statement of Truth.pdf
	K. Release of Information.pdf
	K. Waiver of Liability.pdf

- The Applicant has included Key Person Disclosure Forms, as attachments, for **all** Key Persons identified in Section E. Additionally, all Key Persons have submitted a background record check request and payment to FirstPoint to begin the background check process. Finally, all Key Persons have signed the Authorization for Release of Information form.
- No files have been encrypted or password protected.
- The Applicant's duly authorized representative has signed all required signatory pages.
- The Applicant is prepared to pay the \$1,000,000 application fee upon submission of this Application Form and attachments.
- The Applicant will update the Commission immediately of any changes to the information provided in this Application Form and any of the attachments.

Sample



For official use only.

Applicant: _____

Applicant ID: _____

SECTION A: APPLICATION FEE

Upon filing this application, the Applicant shall pay by wire transfer of funds the applicable license application fee of one million dollars (\$1,000,000) for an operator license. If the application is denied or withdrawn, pursuant to Rule 2B-005, the license application fee may be refunded, minus five percent (5%) for expenses incurred by the Commission to conduct the application review.

A.1 Provide the contact information for the Applicant's finance personnel that will facilitate payment of the license application fee.

Name	Phone
Title/Position	Email

A representative from the Commission will contact the individual above to coordinate Applicant's submission of the application fee.



For official use only.

Applicant: _____

Applicant ID: _____

SECTION B: WRITTEN DESIGNATION AGREEMENT

The written designation agreement must comply with **G.S. § 18C-905** and Rule 2B-006.

Pursuant to **G.S. § 18C-905(d)**, it is the Applicant’s responsibility to *immediately* notify the Commission of any modifications, changes, alterations, breaches, discontinuance, or other cessation of the written designation agreement.

B.1 Identify the entity or individual with whom Applicant has entered into a written designation agreement in accordance with G.S. § 18C-905 .		
B.2 Identify the execution date of the written designation agreement.		
B.3 When does the executed written designation agreement expire?		
B.4 Identify the name and address of the registered agent in this state of each party to the written designation agreement. (See G.S. § 18C-904(c)(1)(b))		
B.5 Identify the name, address, and other contact information of the person listed as the authorized representative in the written designation agreement. (See G.S. § 18C- 904(c)(1)(c))		
Name		Phone
Address	City, State ZIP	Email



For official use only.

Applicant: _____

Applicant ID: _____

B.6 Attach a final executed copy of the written designation agreement, with all related and ancillary agreements, in accordance with **G.S. § 18C-905** and Rule 2B-006.
Title the attachment “B.6 Written Designation Agreement.”

SECTION C: GENERAL INFORMATION

C.1 Name of Applicant. Registered or legal name as it appears on the certificate of incorporation, charter, by-law, or other official document filed with the state or Federal Government. Do not abbreviate.

C.2 DBA(s) or trade name(s).

C.3 List all other names under which the Applicant has done business and give the approximate time periods during which these names were used. *(If more cells are needed please make it an attachment.)*

Name	From	To

C.4 Primary contact for this application. This individual will be contacted by and expected to respond to the Commission concerning all application-related matters.

Name	
Title/Position	
Phone	
Email	



For official use only.

Applicant: _____

Applicant ID: _____

C.5 Point of contact for regulatory compliance. This individual will be contacted by and expected to respond to the Commission concerning all license-related matters *after* licensure (in the event of a successful application).

If the same as the primary contact for this application please enter 'Same as C.4'

Name	
Title/Position	
Email	
Telephone Number	

C.6 Principal business address of the Applicant.

Street Location (Number/Street)		
City	State	Zip
County		
Telephone Number		

C.7 Principal billing address of the Applicant.

Enter 'Same as C.6' here if it is the same as the principal business address		
Street Location		
City	State	Zip
County		
Telephone Number		



For official use only.

Applicant: _____

Applicant ID: _____

C.8 Attach a list of all other addresses presently used by the Applicant and all addresses from which the Applicant is presently doing business. **Title the attachment “C.8 Present Business Addresses.”**

C.9 Attach a list of all addresses, other than those listed above, which the Applicant held or from which it was conducting business during the last 10-year period, and give the approximate time periods during which such addresses were held. **Title the attachment “C.9 Past Business Addresses.”**

C.10 Principal business URL of the Applicant	
C.11 Other notable business URLs, social media handles, and public-facing websites or channels.	

Sample



For official use only.

Applicant: _____

Applicant ID: _____

SECTION D: APPLICANT FORMATION

D.1 Date of formation	
D.2. State and country of formation	
D.3 Applicant's form of organization or business type	
<input type="checkbox"/>	Sole proprietorship
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Limited partnership
<input type="checkbox"/>	C-corporation
<input type="checkbox"/>	S-corporation
<input type="checkbox"/>	Limited liability company
<input type="checkbox"/>	Trust
<input type="checkbox"/>	Other (describe below)

D.4 Attach a list of persons that formed the Applicant. Provide the name, last known address, occupation(s), and date of birth for each incorporator/founder of the Applicant. **Title the attachment "D.4 Persons that Formed Applicant."**

D.5 Attach all Applicant's formation documents (i.e. articles of incorporation, articles of organization, etc.). **Title the attachment "D.5 Formation Documents."**

D.6 Attach current Applicant operating or governing documents with all amendments and proposed amendments for the past twelve (12) months. (i.e. operating agreement, by-laws, etc.). **Title the attachment "D.6 Operating/Governing Documents."**

D.7 Is the Applicant registered to do business in North Carolina? Yes No

a. If yes, provide the registration number.

b. Attach a copy of the Applicant's authorization to conduct business in the state of NC provided by the NC Secretary of State. **Title the attachment "D.7 NC Business Authorization."**

D.8 Federal Tax ID Number:



Applicant: _____

Applicant ID: _____

SECTION E: KEY PERSONS

All Key Persons identified by name in Section E must complete the NC Multi-Jurisdictional Personal Disclosure Form for submission with this application. It is the Applicant's responsibility to ensure all Key Persons complete this form and to include it with this application. The Director may find that an application is administratively insufficient under Rule 1B-009 if a NC Multi-Jurisdictional Personal Disclosure Form is missing or incomplete for any of the Applicant's Key Persons. **Attach each NC Multi-Jurisdictional Personal Disclosure Form separately and title it "E. Key Person Disclosure - [Last Name, First Name]."**

Additionally, all Key Persons must pay for and submit to a background record check conducted by FirstPoint, a Commission vendor (<https://ncslc.quickapp.pro/forms>). The Commission will receive confirmation from FirstPoint as all Key Persons complete this process. The Director may find that an application is administratively insufficient under Rule 1B-009 if a Key Person fails to timely submit to and pay for a background record check.

G.S. § 18C-901(10) defines a Key Person as an officer or director of a licensee or applicant for licensure who is directly involved in the operation, management, or control of sports wagering authorized under this Article, or who exercises substantial influence or control over the sports wagering activities. The Applicant shall include anyone who falls under this definition, including but not limited to anyone with an ownership or equity interest in the Applicant equal to or greater than 10%, the President, the Vice President, all Members of the Board, the Applicant's board appointed CEO and CFO, or equivalent to financial controller. Other individuals within or associated with Applicant's organization may be Key Persons, depending on their role and responsibilities or circumstances unique to an Applicant. The Commission may examine such individuals on a case-by-case basis and consider factors including, but not limited to, the individual's professional responsibilities in or affecting North Carolina; their total compensation (if above \$250,000); or their ability to hire and fire employees. When evaluating Applicant's Key Person disclosures, the Commission may conduct inquiries into Applicant's corporate structure, including any parent or subsidiary companies as well as equity or controlling interests in such affiliated ventures.

If a Key Person plans to submit a criminal history record check completed within the last 12 months to satisfy the criminal history record check requirement pursuant to G.S. § 18C-904(e), the Key Person must complete the [Affidavit of Criminal History Record Check](#) and provide a complete copy of the prior criminal history record check with their Disclosure Form.

Rule 1B-005 and 1B-011 require the Applicant and Key Persons to **immediately** notify the Commission of any change or inaccuracy in the information provided in this application or the NC Key Person Disclosure Form.

E.1 Attach an organizational chart showing all individual (natural person) Key Persons. **Title the attachment "E.1 Individual Key Person Org Chart."**

E.2 Attach an organizational chart showing all entities, such as parent and subsidiary companies, who have an ownership interest or influence/control over the Applicant. **Title the attachment "E.2 Entity Org Chart."**

E.3 Attach a spreadsheet providing the following information for all Key Persons, both individual and



Applicant: _____

Applicant ID: _____

entity. **Title the attachment “E.3 Key Person Information.” (See G.S. § 18C- 904(c)(7))**

- Name
- Date of Birth
- Home Address
- Business Address
- Occupation, Title, or Position Held
- Total compensation last calendar year and in what form (salary, wages, commissions, fees, stock options, bonuses or otherwise)
- Job description specifically addressing the person’s operation, management, and control of authorized sports wagering.

E.4 Attach a list of all Key Persons who worked for the Applicant within the last 10 years. Provide each Key Person’s name, last known address, occupation/title/position last held with the Applicant, and reason for leaving. **Title the attachment “E.4 Former Key Person Information.”**

SECTION F: BUSINESS PLAN

F.1 Attach a description of the business done by the Applicant and its parent, holding, subsidiary, and intermediary entities and the general development of such business during the past five years, or such shorter period as the Applicant or its parent, holding, subsidiary and intermediary entities may have been engaged in business. **Title the attachment “F.1 Present Business Description.”** Include the following information: **(See G.S. § 18C-904(c)(1))**

- a) Competitive conditions in the industry or industries involved and the competitive position of the Applicant, if known.
- b) The principal products produced and services rendered by the Applicant and its parent, intermediary, and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- c) The sources and availability of raw materials essential to the business.
- d) The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- e) In describing the developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the Applicant or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the Applicant or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

F.2 Provide the following information about the sports wagering brand that the Applicant plans to hold out to the public displaying its sports wagering platform. **(See G.S. § 18C-904(c)(6))**

- a) Attach a description of the Applicant’s brand promise, positioning, and value proposition. **Title the attachment “F.2(a) Brand Description.”**
- b) Attach images of the Applicant’s primary logo, as well as any house brands related to activities of your primary logo. **Title the attachment “F.2(b) Brand Logos.”**



For official use only.

Applicant: _____

Applicant ID: _____

F.3 Identify all contemplated types and modes of sports wagering the Applicant plans to offer. Select all that apply:

<input type="checkbox"/>	single-game wagers	<input type="checkbox"/>	teaser wagers
<input type="checkbox"/>	parlays	<input type="checkbox"/>	over-under
<input type="checkbox"/>	moneyline	<input type="checkbox"/>	pools
<input type="checkbox"/>	exchange wagering	<input type="checkbox"/>	in-game wagering
<input type="checkbox"/>	in-play wagers	<input type="checkbox"/>	proposition wagers
<input type="checkbox"/>	straight wagers		

Reminder: other types of sports wagering shall be approved by the Commission prior to being offered by the licensee. Please submit a request to offer wagering types outside of those enumerated G.S. § 18C-901(19) in writing to the Commission.

F.4 Attach a narrative description of the Applicant’s wagering operations in other jurisdictions, if applicable. Include any documentation necessary to support your description. **Title the attachment “F.4 Business Success Description.”**

F.5 Provide a description of any former business which the Applicant or any parent, holding, intermediary, or subsidiary company engaged in during the last ten-year period and the reasons for the cessation of such business. Indicate the approximate time period during which each such business was conducted. **Title the attachment “F.5 Former Business Description.”**

F.6 Attach a description of the Applicant’s history of economic investment in North Carolina. Include any documentation necessary to support your description. **Title the attachment, “F.6 Economic Investment in NC.”** Include all of the following:

- a) Describe the Applicant’s history of job creation in North Carolina and a plan for continued job creation in the State. The description of Applicant’s current and planned North Carolina operations shall provide information to address, at minimum, the following:

(See G.S. § 18C-904(c)(8)(a))

 - i. The number of current full-time and part-time employees within NC.
 - ii. The number of current work locations within NC.
 - iii. The number of proposed full-time and part-time positions that will be created within NC.
 - iv. The title, job description, salary, and benefits information for each of the proposed NC positions.
 - v. The training that will be required and made available for all proposed positions.
 - vi. The number of proposed work locations that will be created within NC.
 - vii. Description of plans for workforce development opportunities for Applicant’s staff within NC.
 - viii. Outline the strategy for focusing on job opportunities and training in areas and demographics with high unemployment or underemployment.



For official use only.

Applicant: _____

Applicant ID: _____

- b) Describe the Applicant’s commitment to improve or maintain buildings or infrastructure to further the tourism and entertainment industries in NC. (See G.S. § 18C-904(c)(8)(b))
- c) Describe the Applicant’s support of nonprofit and educational organizations in NC. (See G.S. § 18C-904(c)(8)(c))
- d) Describe the Applicant’s willingness to partner with state and local governments to achieve common goals of improving quality of life in NC through economic development. (See G.S. § 18C-904(c)(8)(d))

(F.7) Attach a description of the Applicant’s history of capital investment in NC and a plan for continued capital investment in NC. Include any documentation necessary to support your description. **Title the attachment, “F.7 Capital Investment in NC.”** (See G.S. §18C-904(c)(9))

(F.8) Does the applicant plan on operating a place of public accommodation? Yes No

SECTION G: LICENSURE HISTORY

For the purpose of this section, “lawful gaming operations” includes, but is not limited to sports wagering, pari-mutuel operations, horse racing, table gaming, video lottery terminals, and slot machines.

G.1 Active Licenses: Attach a list of all jurisdictions where the Applicant currently holds a license, permit, or other authorization to participate in lawful gaming operations. Include the jurisdiction, type of license, type of gaming activity authorized, date of licensure, and date license expires. For each license held concerning lawful gaming operations, include a dated certificate of good standing obtained from the licensing agency or a letter from the licensing agency describing Applicant’s licensure status; certificates or letters created or obtained within the preceding year of application submission are acceptable. **Title the attachment, “G.1 Active Gaming Licenses.”** (See G.S. § 18C-904(h))

Note: The Commission will only consider licensure in another state for the purpose of G.S. § 18C-904(h) if a letter or certificate of good standing is provided with this application.

G.2 Ownership Interest: Does the Applicant have any ownership interest in any other entity applying for or holding a license, permit, or other authorization to participate in lawful gaming operations? Yes No

- a) If yes, provide the name of entity, type of licensure applying for or held, date ownership acquired, and description of ownership interest.

G.3 Inactive or Expired Licenses: Attach a list of all jurisdictions where the Applicant has held a license, permit, or other authorization to participate in lawful gaming operations and that license is now expired or on inactive status. Include the jurisdiction, type of licensure, type of gaming activity authorized, date of licensure, and date license expired. **Title the attachment, “G.3 Inactive or Expired Gaming Licenses.”**



For official use only.

Applicant: _____

Applicant ID: _____

G.4 Unsuccessful Attempts at Licensure: Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any application to participate in lawful gaming operations denied or conditionally approved in the last 10 years? Yes No

- a) If yes, provide the jurisdiction, type of license sought, and either the date of denial or conditional licensure. Attach the official document from the jurisdiction denying the license or granting a conditional license, with the conditions listed. **Title the attachment, “G.4 Unsuccessful Licensure.”**

G.5 Adverse Action: Has the Applicant, or any affiliate, intermediary, subsidiary, or holding company ever had any license, permit, or other authorization to participate in lawful gaming operations be the subject of disciplinary action (including, but not limited to, reprimand, suspension, revocation, civil penalty, or other terms under a consent order or settlement agreement) in the last 10 years? Yes No (See G.S. §18C-904(k))

- a) If yes, provide the jurisdiction and type of disciplinary action. Attach the official disciplinary action record from the jurisdiction. **Title the attachment, “G.5 Adverse Actions.”**

G.6 Other Government Licensure: Has the Applicant, or any affiliate, intermediary, subsidiary, or holding company ever had any license application, license, permit, or other authorization issued by a government agency in this state or other jurisdiction denied, suspended, or revoked in the last 10 years? Yes No

- a) If yes, attach a description of the type of licensure and disciplinary action taken. **Title the attachment, “G.6 Other Government Licensure Adverse Actions.”**

SECTION H: IT SECURITY & RESPONSIBLE GAMING

Chapter 18C, Article 9 requires the Commission to review and evaluate information related to Information Technology Security and Responsible Gaming that will also be required as part of the Applicant’s Internal Controls. While this application requires the Applicant provide this information, the Commission reserves the right to review and evaluate the Applicant’s internal controls, in their entirety, at a later date.

H.1 Attach a description of the measures the Applicant will employ to address age and identity verification. **Title the attachment, “H.1 Age and Identity Verification.”** Include the following information: (See G.S. § 18C-904(c)(2))

- a) If the Applicant plans to contract or has contracted with a vendor to provide age and identity verification services, please identify the vendor, if applicable.



Applicant: _____

Applicant ID: _____

H.2 Attach a description of how the Applicant will ensure the verification and security of Confidential Player Information provided by users with interactive accounts on the platform. **Title the attachment, “H.2 Confidential Player Information Security.”** Include the following:

- a) How the Applicant will ensure the integrity of the user’s account information.
- b) How the Applicant will ensure the integrity of the user’s device if it indicates tampering or suspicious activity.
- c) How the Applicant will notify the user of potential risks or fraudulent activity in an interactive account.

H.3 Attach a description of the geofencing technology that the Applicant will use to ensure persons participating in sports wagering are located in authorized areas of North Carolina. **Title the attachment, “H.3 Geofencing Technology.”** Include the following: (See G.S. § 18C-902(c)(2))

- a) Which geolocation system(s) will be utilized to reasonably detect the physical location of an authorized user attempting to place a wager on the platform.
- b) How the system will:
 - i. Accurately detect the physical location of an authorized user attempting to access or place a wager on the platform through accurate location data sources (Wi-Fi, GSM, GPS).
 - ii. Block or deny unauthorized attempts to access the platform, or place a wager, from outside of the authorized geographic area.
 - iii. Update the IP address and physical location if they change while the user is active on the platform.
 - iv. Identify attempts to circumvent the requirement to be physically located in the authorized geographic area.
- c) How the Applicant will log information received from the system.
- d) How the Applicant will report the information received from the system to the Commission.
- e) If the Applicant plans to contract or has contracted with a vendor to provide geofencing technology services, please identify the vendor, if applicable.

H.4 Attach the Applicant’s proposed internal controls that will prevent ineligible persons, as listed in G.S. 18C-902(i), from participating in sports wagering. **Title the attachment, “H.4 ICs for Ineligible Persons.”** (See G.S. § 18C-904(c)(3))

H.5 Attach a description of the Applicant’s history of working to prevent compulsive gambling. Include documentation to support your description, specifically all training programs for employees. **Title the attachment, “H.5 Responsible Gaming History.”** (See G.S. § 18C-904(c)(4))

H.6 Attach a proposed responsible gaming plan that, at minimum, incorporates policies and tactics for the following key strategies for the State of North Carolina. **Title the attachment, “H.6 Responsible Gaming Plan.”**

- a) Commitment to corporate social responsibility.
- b) Support positive play.
- c) Promote public health and safety.
- d) Ensure the responsible advertising and marketing.
- e) Engage the community.



Applicant: _____

Applicant ID: _____

- f) Commitment to reporting.

H.7 Attach a description of how the Applicant will ensure the security, sustainability, and reliability of the following items. **Title the attachment, “H.7 Security, Sustainability, and Reliability.”**

- a) Wager acceptance.
- b) Systems for monitoring structured wagers, real-time data feeds, and any unusual or suspicious wagering activity.
- c) Description, location, and periodic testing of servers.
- d) Security of servers, applications, and communications networks.
- e) Security of patron personal and wagering information.
- f) Integrity monitoring and reporting, including any current affiliations related to integrity.

H.8 Attach a written information security program detailing information security governance and the designation of a chief security officer or equivalent. **Title the attachment, “H.8 Written Information Security Program.”** (See G.S. § 18C-904(c)(5))

SECTION I: FINANCIAL VIABILITY

I.1 Attach a Letter of Good Standing from the NC Department of Revenue. The NCDOR electronic request form can be found at this link: <https://www.ncdor.gov/taxes-forms/corporate-income-franchise-tax/letter-good-standing>. **Title the attachment, “I.1 NCDOR Letter of Good Standing.”**

I.2 Attach a description of how the Applicant will assure the financial integrity of its sports wagering operations by maintenance of a reserve to cover outstanding liabilities, in compliance with G.S. § 18C-904(m). **Title the attachment, “I.2 Reserve.”**

I.3 Description of Long-Term Debt: Attach a description of the nature, type, terms, covenants, conditions, and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the Applicant, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. **Title the attachment, “I.3 Description of Long-Term Debt.”**

I.4 Holders of Long-Term Debt: Attach the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness executed or issued by the Applicant, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. **Title the attachment, “I.4 Holders of Long-Term Debt.”**

- a) Name and Address, Date of Birth, Type and Class of Debt Instrument Held, and Dollar Amount of Debt (Both Original Amount and Current Balance).

I.5 Other Indebtedness and Security Devices: Attach a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to



Applicant: _____

Applicant ID: _____

Questions I.3 and I.4 above. Include the following information with respect to each holder of any outstanding indebtedness or security device described. **Title the attachment, “I.5 Other Indebtedness and Security Devices.”**

- a) Name and Address, Date of Birth, Type and Class of Debt Instrument Held, and Dollar Amount of Debt (Both Original Amount and Current Balance).

I.6 Securities Options: Attach a detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include but not be limited to (i) the title and amount of securities subject to option; (ii) the year or years during which the options were or will be granted; (iii) the conditions under which the options were or will be granted; (iv) the consideration for granting the option; and (v) the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. You may upload copies of any outstanding option plans or proxy statements that provide the requested information. *For the purpose of this application, option shall mean right, warrant, or option to subscribe to or purchase any securities or other form of ownership issued by the Applicant.* **Title the attachment, “I.6 Securities Options.”** Include the following information regarding all persons holding the options described above.

- a) Name, Beneficial Owner’s Address, Options Held, and Market Value at Issuance.

I.7 Financial Institutions: Attach the following information with respect to each bank, savings, and loan association or other financial institution, whether domestic or foreign, in which the Applicant has or has had an account over the last 10-year period regardless of whether such account has held the name of the Applicant, a nominee of the Applicant, or was otherwise under the direct or indirect control of the Applicant. **Title the attachment, “I.7 Financial Institutions.”**

- a) Name and Address, Type of Account(s), Account Number(s), and Time Period Account Held (From, To).

I.8 Contracts and Suppliers: Attach the following information with respect to all persons with whom the Applicant has contracts or agreements of \$250,000 or more in value or from whom the Applicant has received \$250,000 or more in goods or services in the past six months. Employment contracts need only be listed if, by their terms, they exceed one year in duration. **Title the attachment, “I.8 Contracts and Suppliers.”**

- a) Name, Address, Nature of Contract or Goods or Services Supplied.

I.9 Other Ownership Interests Held by the Applicant: Attach the following information about each entity in which the Applicant holds stock. **Title the attachment, “I.9 Other Ownership Interests.”**

- a) Name and Address of Entity, Type of Ownership Held, Purchase Price Per Interest, Number of Ownership Interests Held, and % of Ownership if more than 5%.

I.10 Insider Transactions: Attach the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than ten percent (10%) of any class of interest in the Applicant or who is or was within that period a director or officer of the Applicant. Include changes resulting from gift, purchase, sale, exercise of an option to purchase, exercise of an option to sell, grant or receipt of a put, or grant or receipt of a call. **Title the attachment, “I.10 Insider Transactions.”**



Applicant: _____

Applicant ID: _____

- a) Date of transaction, nature of transaction, parties to transaction (include positions), and number of ownership interests involved.

I.11 Financial Statements:

- a) Attach the current year's audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources, and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940. **Title the attachment, "I.11(a) Audited Financial Statement."**
- b) Provide copies of all financial statements prepared in the last five years with respect to the Applicant and any exceptions taken to such statements by the independent auditor retained by the Applicant, and the management response thereto. **Title the attachment, "I.11(b) Financial Statements."**

I.12 Annual Reports:

- a) Provide a copy of all annual reports of the Applicant that were submitted to shareholders or other persons during the last five years. **Title the attachment, "I.12(a) Annual Reports."**
- b) If the Applicant is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934, attach a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. **Title the attachment, "I.12(b) Form 10K Annual Reports."**

I.13 Quarterly Reports: Attach a copy of the last quarterly unaudited financial statements prepared by or for the Applicant. If the Applicant is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item. **Title the attachment, "I.13 Quarterly Reports."**

I.14 Interim Reports: Attach a copy of any current report prepared due to the occurrence of any of the following events: change in control of the Applicant, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the Applicant's certifying accountant, or other material events. If the Applicant is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item. **Title the attachment, "I.14 Interim Reports."**

I.15 Proxy and Information Statement: Attach a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934. **Title the attachment, "I.15 Proxy and Information Statement."**

I.16 Registration Statement: Attach a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933. **Title the attachment, "I.16 Registration Statement."**

I.17 Reports of Accountants: Attach a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the Applicant



Applicant: _____

Applicant ID: _____

which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address, and telephone number of the current outside auditor(s). **Title the attachment, “I.17 Reports of Accountants.”**

I.18 Tax Returns: Attach a copy of all federal IRS tax returns filed by the Applicant within the past five years, including but not limited to all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer’s Quarterly Federal Tax Return). **Title the attachment, “I.18 Tax Returns.”**

SECTION J: LEGAL

The Applicant must pay for and submit to a background record check conducted by FirstPoint, a Commission vendor (<https://ncslc.quickapp.pro/forms>). The Commission will receive confirmation from FirstPoint when the Applicant completes this process. The Director may find that an application is administratively insufficient under Rule 1B-009 if an Applicant fails to timely submit to and pay for a background record check.

This section asks about any charges or offenses the Applicant may have committed or had filed against it. Prior to answering this question, carefully review the following definitions and instructions.

- “Arrest” means being taken into custody by any police or other law enforcement authority.
- “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- “Conviction” includes the finding of guilty of any “offense” upon trial, plea of guilty, plea of nolo contendere, or by an Alford plea. Convictions include a prayer for judgment continued (PJC) under North Carolina law.
- “Crime” or “Offense” includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.
- “Disposition” means the way the case was resolved, such as guilty, not guilty, dismissed, conditional dismissal, prayer for judgment continued (PJC), and pending.
- Include charges and offenses that occurred in any jurisdiction, including in a military tribunal.
- Answer “yes” and provide all requested information to the best of your ability *even if*:
 - The Applicant did not commit the offense charged;
 - The Applicant completed a pretrial intervention or other rehabilitation or diversionary program;
 - The charges were dismissed;
 - The Applicant was not convicted; or
 - The charges or offenses happened a long time ago.
- Answer “no” if:
 - The Applicant was never charged with or arrested for any crime or offense; or
 - The records relating to the charges have been expunged or sealed by court order.



Applicant: _____

Applicant ID: _____

J.1 Has the Applicant, its parent, holding, or subsidiary ever been indicted, arrested, charged with, or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this state or any other jurisdiction? Yes No

a) If yes, attach a description of the offense with the following information. **Title the attachment, “J.1 Criminal Offenses.”**

- i. Jurisdiction
- ii. Name of Case
- iii. Docket Number
- iv. Nature of Charge
- v. Date of Charge
- vi. Name of Law Enforcement Agency or Court Involved
- vii. Disposition
- viii. Sentence

J.2 Has the Applicant, its parent, holding, or subsidiary ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any government agency, court, committee, grand jury, or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses? Yes No

a) If Yes, attach a description of the investigation, testimony, or polygraph. **Title the attachment, “J.2 Investigations, Testimony, or Polygraph.”**

J.3 Existing Litigation: Attach a description of all existing litigation to which the Applicant, its parent, holding, or subsidiary is presently a party whether in this state or in another U.S. jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which the damages may be expected to exceed \$100,000, but which involve claims against the Applicant which are fully and completely covered under an insurance policy held by the Applicant with a licensed insurance carrier. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, and the general nature of all claims being made. **Title the attachment, “J.3 Existing Litigation.”**

J.4 Antitrust, Trade Regulation & Securities Judgments, Statutory and Regulatory Violations:

- a) Has the Applicant ever had a judgment, order, consent decree, or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation, or securities laws, or similar laws of any state, province, or county entered against it? Yes No
- b) In the past 10 years, has the Applicant had a judgment, order, consent decree, or consent order pertaining to any state or federal statute, regulation, or code that resulted in a fine or penalty of \$50,000 or more entered against it? Yes No



Applicant: _____

Applicant ID: _____

c) If yes to either (a) or (b) above, provide the following information for each judgment, order, consent decree, or consent order. You may include additional information, such as a narrative explanation. **Title the attachment, “J.4 Antitrust, Trade Regulation & Securities Judgments.”**

- i. Date of Offense, Nature of Offense, Title of Case, Docket Number, Name and Address of Court or Agency, Nature of Judgment, Decree or Order, and Date Entered.

J.5 Bankruptcy or Insolvency Proceedings & Appointed Receiver, Agent, or Trustee

a) Has the Applicant, its parent, holding, subsidiary, or intermediary entity had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last 10-year period? Yes No

b) Has the Applicant, its parent, holding, subsidiary, or intermediary entity sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last 10-year period? Yes No

c) If yes to either (a) or (b) above, provide the following information for each bankruptcy or insolvency proceeding. **Title the attachment, “J.5(c) Bankruptcy or Insolvency Proceedings.”**

- i. Date Petition Filed or Relief, Title of Case, Docket Number, Name and Address of Court or Agency, Nature of Judgment or Relief, Date Entered

d) Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last 10-year period by a court for the business or property of the Applicant or its parent, holding, intermediary or subsidiary entities? Yes No

e) If yes to (d) above, provide the following information for each proceeding. **Title the attachment, “J.5(e) Appointed Receiver, Agent, or Trustee.”**

- i. Name of Person Appointed, Date Appointed, Court, Reason for Appointment

J.6 Contributions and Disbursements of Applicant:

a) During the last ten-year period, has the Applicant, its parent, subsidiary, Key Person, employee, or any third party acting for or on behalf of the Applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company, or organization to obtain favorable treatment? Yes No

b) During the last ten-year period, has the Applicant, its parent, subsidiary, Key Person, employee, or any third party acting for or on behalf of the Applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment? Yes No

c) During the last ten-year period, has the Applicant, its parent, or subsidiary maintained any bank account, domestic or foreign, not reflected on the Applicant’s books or records?
 Yes No



For official use only.

Applicant: _____

Applicant ID: _____

- d) During the last ten-year period, has the Applicant, its parent or subsidiary maintained any numbered account or any account in the name of a nominee for the Applicant?
 Yes No
- e) During the last ten-year period, did the Applicant, its parent, or subsidiary make any loans, donations, or other disbursements to directors, officers, or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?
 Yes No
- f) If you responded “yes” to any of the questions in J.6, attach a detailed explanation. **Title the attachment, “J.6 Contributions and Disbursements.”**

SECTION K: SIGNATURE FORMS

Signature pages and attachments that require a signature may be signed either using an electronic signature program that complies with the E-SIGN Act (15 U.S. Code, Chapter 96) or by printing, signing, and scanning the page. These signature pages must be saved in PDF format and be clearly titled and identified.



For official use only.

Applicant: _____

Applicant ID: _____

STATEMENT OF TRUTH and ACKNOWLEDGMENT

I, _____ (printed name of individual filling out this Application Form), hereby state under the pains and penalties of perjury that:

1. I am authorized to complete and execute this application on behalf of _____ (printed name of Applicant).
2. The information contained herein and that accompanies this application is true and accurate to the best of my knowledge and understanding.
3. I understand that any omission, inaccuracy, or failure to make a full disclosure in the application may be deemed sufficient reason to deny issuing a license or to suspend or revoke a license after issuance.
4. The applicant personally supplied and reviewed the information contained in this form.
5. I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on this Application Form.
6. Any document accompanying this application that is not an original document is a true copy of the original document.
7. I am aware that if any of the foregoing statements made by me or on behalf of Applicant are false or misleading, this application may be denied.
8. Applicant and I agree to fully cooperate with any Commission investigation or inquiry into the information or materials submitted in conjunction with this application.
9. Applicant and I acknowledge my continuing duty to provide updated information or immediately notify the Commission of any changes to the information or materials, of which the Applicant or I become aware or should be aware, that are provided in response to any question in this application.
10. Applicant and I acknowledge that the Director may request any other information it deems necessary to conduct its evaluation of this application and I agree to timely respond.
11. Applicant and I acknowledge that the Applicant cannot engage in sports wagering operations until such time as the Commission has granted it an operator license, finding that the Applicant meets the legal requirements for licensure.
12. Applicant and I acknowledge that the Applicant cannot engage in sports wagering operations until such time as the Commission has approved all required internal controls.
13. Applicant and I acknowledge that if the Applicant is granted an operator license prior to June 14, 2024, Applicant cannot engage in sports wagering operations until the Commission formally authorizes sports wagering activity to commence in the State.

Name of Authorized Individual

Signature of Authorized Individual

Position with Applicant

Date



For official use only.

Applicant: _____

Applicant ID: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for an interactive sports wagering operator license in the state of North Carolina.

The North Carolina State Lottery Commission (“Commission”) is required by law to conduct an investigation of a Key Person of an Applicant seeking a sports wagering license. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, and persons authorized by the Commission to: (1) verify all information provided in the license Application Form and attachments; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction while seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that it requests: local, state, tribal, or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Name of Authorized Individual

Signature of Authorized Individual

Position with Applicant

Date



For official use only.

Applicant: _____

Applicant ID: _____

WAIVER OF LIABILITY

I, _____ (printed name), hereby hold the state of North Carolina and its instrumentalities and agents, including but not limited to the North Carolina State Lottery Commission and its agents, representatives, and employees harmless, both individually and collectively, from any and all claims of liability for damages of whatever kind, resulting at any time from any disclosure or publication of information acquired during the application process or the use of any information provided in furtherance of this application.

Name of Authorized Individual

Signature of Authorized Individual

Position with Applicant

Date

Sample