



For official use only.

Applicant: \_\_\_\_\_

Applicant ID: \_\_\_\_\_

## NORTH CAROLINA SPORTS WAGERING SUPPLIER LICENSE APPLICATION

### GENERAL INFORMATION

This *Application for a Sports Wagering Supplier License* (the form itself “Application Form,” and along with all attachments “application”) was designed by the North Carolina State Lottery Commission (“Commission”) for each applicant to demonstrate their suitability for licensure.

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](mailto: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.

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.



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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](http://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.

Applicant documents and records that an applicant submits to the Commission are subject to G.S. § 18C-907(1), 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.



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- 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

**This application should be completed only after you have entered into a business relationship with a licensed North Carolina Interactive Sports Wagering Operator.**

The application contains 9 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 ESIGN 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 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



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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 believes any attachment to be confidential or 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.

**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.

	<b>File Name</b>
	Application Form
	Application Form.pdf
	Section C: Applicant Formation
	C.4 Persons that Formed Applicant.pdf
	C.5 Formation Documents.pdf
	C.6 Operating/Governing Documents.pdf
	C.7 NC Business Authorization.pdf
	Section D: Key Persons
	D. NC Multi-Jurisdictional Disclosure Form– <i>[Name of Key Person].pdf</i> *Attach all Key Person Disclosures in this Format
	D.1 Individual Key Persons Org Chart.pdf
	D.2 Entity Key Persons Org Chart.pdf
	D.3 Key Person Information.xlsx
	D.4 Former Key Person Information.pdf



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	D.5 Sales Representatives.pdf
	D.6 Anticipated Subcontractors.pdf
Section E: Business Plan	
	E.1 Business Description.pdf
	E.2 Services.pdf
Section F: Licensure History	
	F.1 Active Gaming Licenses.pdf
	F.3 Inactive or Expired Gaming Licenses.pdf
	F.4 Unsuccessful Licensure.pdf
	F.5 Adverse Actions.pdf
	F.6 Other Government Licensure Adverse Actions.pdf
Section G: Financial Viability	
	G.1 NCDOR Letter of Good Standing.pdf
	G.2 Certified Financials.pdf
Section H: Legal	
	H.1 Criminal Offenses.pdf
	H.2 Investigations, Testimony, or Polygraph.pdf
	H.3 Existing Litigation.pdf
	H.4 Antitrust, Trade Regulation & Securities Judgments.pdf
	H.5(c) Bankruptcy or Insolvency Proceedings.pdf
	H.5(e) Appointed Receiver, Agent, or Trustee.pdf
	H.6 Contributions and Disbursements.pdf
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 D. 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 \$30,000 application fee upon submission of this Application Form and attachments.



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- The Applicant will update the Commission immediately of any changes to the information provided in this Application Form and any of the attachments.

**SECTION A: APPLICATION FEE**

Upon filing this application, the Applicant shall pay by wire transfer of funds the applicable license application fee of thirty thousand dollars (\$30,000) 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.

<b>Name</b>	<b>Phone</b>
<b>Title/Position</b>	<b>Email</b>

A representative from the Commission will contact the individual above to coordinate Applicant’s submission of the Application Fee.

**SECTION B: GENERAL INFORMATION**

B.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.

--

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

B.3 List all other names under which the Applicant has done business and give the approximate time periods during which these names were used.

Name	From	To



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

<b>Name</b>	
<b>Title/Position</b>	
<b>Phone</b>	
<b>Email</b>	

B.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).

<b>If the same as the primary contact for this application please enter 'Same as B.4'</b>	
<b>Name</b>	
<b>Title/Position</b>	
<b>Email</b>	
<b>Telephone Number</b>	

B.6 Principal business address of the Applicant.

<b>Street Location (Number/Street)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>County</b>		
<b>Telephone Number</b>		

B.7 Principal mailing address of the Applicant if different from above.

<b>Enter 'Same as B.6' here if it is the same as the principal business address</b>		
<b>Street Location</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>County</b>		



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<b>Telephone Number</b>	
B.8 Principal business URL of the Applicant.	
B.9 Other notable business URLs, social media handles, and public-facing websites or channels.	

**SECTION C: APPLICANT FORMATION**

C.1 Date of formation	
C.2 State and country of formation	
C.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)

C.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 "C.4 Persons that Formed Applicant."**

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





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C.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 “C.6 Operating/Governing Documents.”**

C.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 “C.7 NC Business Authorization.”**

C.8 Federal Tax ID Number: \_\_\_\_\_

C.9 If sole proprietor, provide your Social Security Number (SSN).  
\_\_\_\_\_

**SECTION D: KEY PERSONS**

All Key Persons identified by name in Section D must complete the NC Multi-Jurisdictional 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 Disclosure Form is missing or incomplete for any of the Applicant’s Key Persons. **Attach each NC Multi-Jurisdictional 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, 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-907(e), the Key Person must complete the [Affidavit of Criminal History Record Check](#) and provide a complete copy of the prior



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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.

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

D.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 “D.2 Entity Org Chart.”**

D.3 Attach a spreadsheet providing the following information for all Key Persons, both individual and entity. **Title the attachment “D.3 Key Person Information.” (See G.S. § 18C-907(d)(1) – (4))**

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

D.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 “D.4 Former Key Person Information.”**

D.5 Attach a list of any sales representatives or other persons who solicit business from a gaming licensee or Applicant or is that person’s immediate supervisor. Include any person authorized to sign any agreement with the gaming licensee or Applicant on behalf of the Applicant. **Title the attachment “D.5 Sales Representatives.”** Include the following information:

- a) Name, residential address, social security number, and date of birth.

D.6 Identify all known and anticipated subcontractors that you will be contracting with to provide goods or services necessary to fulfill your contract with a gaming license. **Title the attachment “D.6 Anticipated Subcontractors.”** Include the following information:

- a) Name of subcontractor, address, types of goods and services, contract amount, subcontractor contact person in reference to this information, and telephone number.

## **SECTION E: BUSINESS PLAN**

E.1 Attach a description of the current business conducted by the Applicant. **Title the attachment “E.1 Business Description.”**

E.2 Attach a description of the type of goods or services you plan to provide to the licensed interactive sports wagering operator. **Title the attachment “E.2 Services.”**



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**SECTION F: 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.

F.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 of good standing obtained within the preceding year of application submission are acceptable.

**Title the attachment, “F.1 Active Gaming Licenses.”** (See G.S. § 18C-907(j)) *Note: The Commission will only consider licensure in another state for the purpose of G.S. § 18C-907(j) if a letter or certificate of good standing is provided with this application.*

F.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.

F.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, “F.3 Inactive or Expired Gaming Licenses.”**

F.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, “F.4 Unsuccessful Licensure.”**

F.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-907(k))

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

F.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, “F.6 Other Government Licensure Adverse Actions.”**



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## **SECTION G: FINANCIAL VIABILITY**

G.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, “G.1 NCDOR Letter of Good Standing.”**

G.2 Attach a copy of the current years certified financials. **Title the attachment, “G.2 Certified Financials.”**

## **SECTION H: 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.



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H.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, "H.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

H.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, "H.2 Investigations, Testimony, or Polygraph."**

H.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 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, "H.3 Existing Litigation."**

H.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

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, "H.4 Antitrust, Trade Regulation & Securities Judgments."**



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- 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.

H.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, "H.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, and 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, "H.5(e) Appointed Receiver, Agent, or Trustee."**

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

H.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, 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

d) 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

e) 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

f) If you responded "yes" to any of the questions in H.6, attach a detailed explanation. **Title the attachment, "H.6 Contributions and Disbursements."**



For official use only.

Applicant: \_\_\_\_\_

Applicant ID: \_\_\_\_\_

**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 ESIGN 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.

Sample



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. I 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 are false or misleading, this application may be denied.
8. I agree to fully cooperate with any Commission investigation or inquiry into the information or materials submitted in conjunction with this application.
9. I acknowledge my continuing duty to provide updated information or immediately notify the Commission of any changes to the information or materials, of which I become aware or should be aware, that are provided in response to any question in this application.
10. 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. 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.

\_\_\_\_\_  
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 supplier license in the state of North Carolina.

The North Carolina State Lottery Commission (“Commission”) is required by law to conduct an investigation of an applicant for an interactive sports wagering supplier 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