

Pari-Mutuel Wagering Business Relationship Certification
(Vendor Certification Form)

This certification is required pursuant to *Va. Code § 59.1-387* and *11VAC10-60-190*. It verifies that a Vendor Applicant has an established or proposed business relationship with a Licensed Pari-Mutuel Wagering Facility or Applicant authorized by the Virginia Racing Commission (VRC). This form should be completed by the Licensed Facility of Applicant and must accompany the Vendor Service Permit Application.

Licensed Pari-Mutuel Wagering Facility or Applicant: _____

Vendor Applicant's Business Name: _____
(Include D/B/A or T/A Name, if applicable)

The Vendor Applicant listed above has entered into a written agreement or contract to provide the following goods and/or services:

The undersigned representative hereby certifies that:

1. The above-named Vendor Applicant is presently engaged in, or has entered into an agreement, contract, or understanding to conduct business with, the Licensed Pari-Mutuel Wagering Facility or Applicant named above;
2. The goods and/or services to be provided are directly related to pari-mutuel wagering, racing operations, construction, hospitality, or other Commission-regulated activity;
3. I understand that the Vendor must obtain and maintain a valid Vendor Service Permit issued by the Virginia Racing Commission before conducting any business activities regulated under Chapter 29 (§ 59.1-375 et seq.) of the *Code of Virginia*; and
4. The information provided in this certification is true, complete, and accurate to the best of my knowledge.

I certify that the above-named vendor has a valid or proposed business relationship with this pari-mutual wagering facility and that I am authorized to complete and execute this Business Relationship Certification.

Printed Name

Title

Signature

Date

NOTARY

The undersigned, a Notary Public in and for the City/County of _____ in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Business Relationship Certification.

This _____ day of _____, 20____, and to which witness my hand and seal.

Stamp or Seal

Notary Public

Printed Name

My commission expires _____, 20_____