

Email to:
VRCLicense@vrc.virginia.gov or

11/6/2025

Mail to:
Virginia Racing Commission
10700 Horsemens Road
New Kent, Virginia 23124

VENDOR SERVICE PERMIT APPLICATION

Complete all sections of the application form. Applications that are incomplete or missing required attachments will delay processing. Attach additional sheets if necessary. Clearly label each attachment with the corresponding section number from the application. Submit all required materials to the VRC before doing business with a licensee or permit-holder. This includes: (i) the signed application form; (ii) required documentation (e.g., company officers, ownership details); (iii) photographs and fingerprints (if applicable, per Commission rules); and (iv) any additional exhibits requested by the Commission.

As required under *Va. Code* § 59.1-387 and 11VAC10-60-190, a vendor must hold an approved permit from the VRC before engaging in business with any licensed pari-mutuel wagering facility in Virginia. Failure to hold a permit will render the vendor's participation unauthorized.

The applicant must provide accurate and complete statements. Omissions, misrepresentations, or failure to meet the statutory/regulatory requirements may result in denial of the application, or suspension/revocation of a permit. (See *Va. Code* § 59.1-389 and 11VAC10-60-10(F) regarding denial criteria.) False or misleading statements may lead to civil and/or criminal penalties.

The vendor is under a continuing duty, from the date of submission of the application and throughout the period the permit is in effect, to promptly notify the VRC in writing of any changes to the information originally submitted. This includes changes to: (i) the legal name of the vendor company; (ii) business address, email address, phone number; (iii) ownership or control (officers, partners, directors); and (iv) any other material changes in facts originally provided. Written notification must be submitted to the VRC within 30 days of any change.

If the vendor company changes its business name (or conducts business under a new name) with a licensed pari-mutuel facility, the vendor must submit a new Vendor Service Permit Application. The new application must list the new name, address, contact information, and all officers, partners or directors under the new name. Note: Changing your vendor name, ownership structure or business form (e.g., from LLC to corporation) is treated as a new application under Commission rules.

Applicants must disclose all individuals who will have direct/supervisory responsibility for providing goods or services to a licensed pari-mutuel facility (for example: site superintendents, project managers, sales supervisors, account representatives). Each such individual must submit a Vendor Employee Disclosure and a notarized Authorization of Release form, as required by the VRC regulations. List names, titles, business addresses, and roles/responsibilities of each disclosed individual.

Once approved, the vendor permit authorizes the vendor to conduct business with all Virginia pari-mutuel wagering facilities licensed by the VRC. A separate application is not required for each facility. However, applications are not transferable: the permit remains with the entity and under the supervision of the VRC per Chapter 29 and 11VAC10-60.

The permit issued by the Commission is non-transferable. If the vendor ceases doing business, changes materially the business structure, or is subject to adverse action, the Commission may suspend, revoke or deny renewal of the permit. (Reflecting the permit provisions of *Va. Code* § 59.1-390 and 11VAC10-60-10(E)-(F).) Further, the Commission reserves the right to conduct background investigations, including fingerprint-based criminal history checks, at any time in accordance with 11VAC10-60-10(D).

FOR PERMIT YEAR ENDING _____

VENDOR PERMIT NUMBER _____
(if currently permitted)**1. APPLICATION TYPE**

This is:	<input type="checkbox"/> An Initial Application <input type="checkbox"/> A Change (Please complete the application's first page and include a written explanation to the VRC)	<input type="checkbox"/> A Renewal Application (<i>required every year</i>)
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2. APPLICANT INFORMATION**Applicant's Form of Organization (Check One)**

<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation	<input type="checkbox"/> Trust <input type="checkbox"/> Other (Describe) _____ Attach copies the articles of incorporation or of any agreements creating or governing the Applicant's organization _____
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Name of Applicant (As it is written on the articles of incorporation, by-laws, charter, partnership agreement, or other official document filed with a state or federal government).

Any aliases and business or trade names currently or previously used and give the approximate time periods during which these names were being used.

Applicant's Principal Address

Business Street Address Line 1 (do not provide a P.O. Box)

Address Line 2

City

State

Zip

County/City

Telephone Number

Fax Number

()

()

Address Line 1 (Mailing Address – if different from above)

Address Line 2

City

State

Zip

County/City

Telephone Number

Fax Number

()

()

Vendor's website:

Authorized Contact for the Applicant: this person must have the authority to make decisions on behalf of the Vendor applicant.

Name: _____	Title: _____	
Email Address: All notifications will be mailed to this email address _____	Office Telephone Number: ()	Cell Phone Number: ()

3. BUSINESS ENTITY INFORMATION

State of incorporation or other type of formation _____	Date of formation _____
List all states in which the Applicant is currently registered or authorized to do business: _____	
Is the Applicant registered to do business in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the VA SCC Entity ID number: _____	
Attach a copy of the Certificate of Good Standing _____	
Date began conducting business in Virginia: _____	

4. PARI-MUTUEL WAGERING ASSOCIATION

Pari-mutuel wagering facility with which the Vendor has contracted: _____
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5. DISCLOSURE OF OFFICER(S), PARTNER(S), AND DIRECTOR(S)

Attach a list of the names, occupation, title, home address, phone number, date of birth, and email address for each officer, partner, and director, and any other persons who have or share policymaking authority for the Applicant. *Applicants listed on this attachment must submit a completed, signed, and notarized Authorization for Release of Information.

6. DISCLOSURE OF OWNERSHIP

Attach a list of the names, occupation, title, home address, phone number, date of birth, and email address for each person or entity who owns more than five percent (5%) of the Vendor or its business, to include Vendors operating as a General Partnership. *Applicants listed on this attachment must submit a completed, signed, and notarized Authorization for Release of Information.

7. DISCLOSURE OF MANAGEMENT

Attach a list of the names, occupation, title, home address, phone number, date of birth, and email address for individuals holding positions of supervision or management who are responsible for directly/significantly overseeing the provision of goods and/or services to a Virginia pari-mutuel wagering facility. The Applicant shall divulge those individuals who are assigned to manage, administer or control the Vendor's activities within the pari-mutuel wagering facility, such as project managers, site superintendents, account representatives, field supervisors, distribution managers, sales supervisors, etc. *Applicants listed on this attachment must submit a completed, signed and notarized Authorization for Release of Information.

8. VENDOR TYPE AND SCOPE OF ACTIVITIES

Describe the specific type of goods or services to be provided to pari-mutuel wagering facility by the Vendor:

List other pari-mutuel wagering facilities served by the Vendor. Provide the Commission with a list of other jurisdictions where the Vendor conducts business related to a pari-mutuel wagering operation. (List the jurisdictions by facility name, city, and state. List country, if outside of the U.S.)

Provide the total number of employees in Virginia who will be directly associated with providing the goods or services to the pari-mutuel wagering facility. Also, provide the total number of employees outside Virginia who will be directly associated with providing the goods or services to the pari-mutuel wagering facility.

IN Virginia: _____

OUTSIDE Virginia: _____

Names of subcontractors (if any): _____

AFFIDAVIT OF REPRESENTATIVE OF APPLICANT

I, _____ (printed name), am authorized to complete and execute this Vendor Service Permit Application on behalf of the Vendor Applicant ("Applicant") _____ (printed name of the Applicant's business entity). I am also authorized to provide all the information requested on this Form to the Virginia Racing Commission, its employees, agents, and vendors (collectively, the "VRC"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a Vendor Service Permit or may result in the VRC imposing fines. Further, any misrepresentation or omission on this Application may also subject me, or the Applicant that I represent, to civil or criminal liability. I understand and acknowledge that the Applicant has an ongoing duty to promptly notify the VRC if any information it provides the VRC changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the VRC for purposes of its investigation of an Applicant for a Vendor Service Permit.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the VRC, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the VRC or the Commonwealth of Virginia may take related to the collection of information from the Applicant and the use of that information in connection with investigating a Vendor Service Permit.

Signature of Affiant/Authorized Representative

Date

Printed Name of Affiant/Authorized Representative

Title

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 Authorization.

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

Stamp or Seal

Notary Public

Printed Name

My commission expires _____, 20____

ACKNOWLEDGMENT AND DISCLOSURE (Vendor Applicant)

I, the Representative of an Applicant for a Vendor Service Permit, understand and acknowledge the following:

I, _____ (printed name of the Representative of an Applicant), am applying for a Vendor Service Permit on behalf of the Vendor Applicant ("Applicant") _____ (printed name of the Applicant's business entity). The Applicant cannot conduct business with a Virginia pari-mutuel wagering facility unless the VRC finds that the Applicant meets the legal requirements for approval. The VRC, through its employees, agents and vendors, is required by law to investigate the suitability of an Applicant for a Vendor Service Permit.

During the investigation, the VRC is required to collect and evaluate various kinds of information or reports to determine if Applicants meet the eligibility requirements. The background investigation will include, but not be limited to, information or reports about the Applicant's: character; general reputation; personal characteristics, including honesty and integrity; financial stability; criminal records, records of involvement with federal, state or other law enforcement agencies as specified in the application, or record of involvement with any litigation. As a representative, I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of the Applicant's rights under federal credit reporting law.

I am requesting that the VRC, through its employees, agents or vendors, obtain this information about the Applicant to evaluate its eligibility for approval. I acknowledge that this disclosure and authorization will remain in effect during the time the application is pending and during the time the Vendor Service Permit may be granted. By separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the VRC for purposes of its investigation of an Applicant for a Vendor Service Permit.

Signature of Applicant

Date

Printed Name

Title

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 Authorization.

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

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____

AUTHORIZATION FOR RELEASE OF INFORMATION
(for Authorized Representative)

TO: _____
 (Leave blank - to be filled in by the VRC)

FROM: _____ (Business Name of Applicant)

The above listed entity ("Applicant") is applying for a Vendor Service Permit in the Commonwealth of Virginia. I am an authorized representative of the above listed Applicant.

I understand that the Virginia Racing Commission is required to investigate an applicant for a Vendor Service Permit. That investigation requires the VRC to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the VRC, and persons authorized by the VRC, to: (1) verify all information provided in the vendor application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar certification or vendor approval 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 the entity.

That investigation requires the VRC to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the VRC all information about me that the VRC requests. 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 VRC, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the VRC under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

 Signature of Individual Completing Form

 Date

 Printed Name

 Title

My affiliation with the Applicant is: ☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Other _____

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 Authorization.

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

Stamp or Seal

 Notary Public

 Printed Name

My commission expires _____, 20____

AUTHORIZATION FOR RELEASE OF INFORMATION (Individuals)

I am affiliated with an Applicant who is applying to the Virginia Racing Commission "the Commission" for a Vendor Service Permit.
I am affiliated with the Applicant as an:

☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Manager/Supervisor/Employee ☐ Other _____

The Virginia Racing Commission (VRC) is required by law to investigate an Applicant and the Applicant's officers; partners; directors; proprietors; owners; certain employees; and certain other individuals affiliated with the Applicant as deemed necessary. That investigation requires the VRC to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the VRC all information about me that the VRC requests. 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 VRC, I expressly waive, release, discharge and forever hold harmless and agree to indemnify the unit, entity, or individual that releases information to the VRC, 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.

Signature of Applicant

Date

Printed Name

Title

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 Authorization.

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

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____