



Over \$2 Billion and Counting for our Schools

## FANTASY SPORTS CONTEST OPERATOR REGISTRATION APPLICATION

1. TYPE OF APPLICATION	
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application (Current Registration# _____)	
2. CONTACT INFORMATION	
Name of Operator:	
Name and Contact Information of Primary Contact (where official correspondence will be sent):	
Name	Title
Phone Number	E-mail Address
Street Address	City/Town
State	Zip
Principal Place of Business (PO Box not acceptable):	
Street Address	City/Town
State	Zip
Phone/Fax Number(s):	Fax Number:
3. OPERATIONAL INFORMATION	
The Place and Date Where the Applicant was Legally Established:	
Form of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	
Will consumer funds will be held in segregated accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will consumer funds will be held in special purpose accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will highly experienced players be identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will some fantasy sports contests be open exclusively to beginner players?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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#### 3. EXECUTIVE OFFICERS

Provide contact information for all principal salaried executive officers of the applicant

_____	_____	_____	_____
Name	Title	Phone Number	E-mail Address
_____			
_____	_____	_____	_____
Street Address	City/Town	State	Zip

_____	_____	_____	_____
Name	Title	Phone Number	E-mail Address
_____			
_____	_____	_____	_____
Street Address	City/Town	State	Zip

_____	_____	_____	_____
Name	Title	Phone Number	E-mail Address
_____			
_____	_____	_____	_____
Street Address	City/Town	State	Zip

_____	_____	_____	_____
Name	Title	Phone Number	E-mail Address
_____			
_____	_____	_____	_____
Street Address	City/Town	State	Zip

_____	_____	_____	_____
Name	Title	Phone Number	E-mail Address
_____			
_____	_____	_____	_____
Street Address	City/Town	State	Zip

_____	_____	_____	_____
Name	Title	Phone Number	E-mail Address
_____			
_____	_____	_____	_____
Street Address	City/Town	State	



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#### 4. SHAREHOLDERS

Provide contact information of any shareholder holding 5% or more of the equity interests of the applicant

Name				% Owned				Phone Number				E-mail Address			
Street Address				City/Town				State				Zip			
Name				% Owned				Phone Number				E-mail Address			
Street Address				City/Town				State				Zip			
Name				% Owned				Phone Number				E-mail Address			
Street Address				City/Town				State				Zip			
Name				% Owned				Phone Number				E-mail Address			
Street Address				City/Town				State				Zip			
Name				% Owned				Phone Number				E-mail Address			
Street Address				City/Town				State				Zip			
Name				% Owned				Phone Number				E-mail Address			
Street Address				City/Town				State				Zip			

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### 5. ATTESTATION

I certify under penalty of unsworn falsification pursuant to RSA 641:3 that the information provided on this application and on any supporting documentation is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

\_\_\_\_\_  
Signature of Authorized Official\*

\_\_\_\_\_  
Date

*\*Proof of authority to submit this application on behalf of the charitable organization may be required*

### 6. INSTRUCTIONS

#### A. Supporting Documentation

Submit the following supporting Documentation with the application:

- (1) Documentation from the secretary of state demonstrating that the applicant is authorized to transact business in the state of New Hampshire;
- (2) Documentation from the New Hampshire department of revenue administration demonstrating that the applicant is in good standing with the department;
- (3) The following documentation necessary for the commission to obtain the criminal convictions record of the applicant, or, if the applicant is a business entity, the criminal convictions records of all principal salaried executive officers:
  - a. A completed and notarized NH State Police Criminal Records Release Authorization Form obtained from the commission authorizing the release of the applicant's criminal history record; and
  - b. Payment of the criminal history record, payable to the "State of NH – Criminal Records" and in the amount established by the NH state police;
- (4) Results of a third party audit, prepared by a certified public accountant, confirming that the applicant's financial operations comply with the standards established by the American Institute of Certified Public Accountants; and
- (5) Copies of all procedures that have been implemented to:
  - a. Prevent the sharing of confidential information that could affect such fantasy sports contest play with third parties until the information is made publicly available;
  - b. Provide that no winning outcome is based on the score, point spread, or any performance of any single actual sports team or combination of such teams or solely on any single performance of the individual athlete or participant in any single actual spring event;

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- c. Prohibit and prevent the following people from participating in any fantasy sports contest offered by the applicant:
  - 1. Athletes and individuals who participate or officiate in a game or competition that is the subject of the fantasy sports contest;
  - 2. Any sports agent, team employee, referee, or league official associated with the sports or athletic event that is the subject of the fantasy sports contest;
  - 3. The fantasy sports contest operator, employees of the fantasy sports contest operator, and relatives living in the same household as such employees; and
  - 4. Individuals under the age of 18 years of age.
- d. Verify the age and identity of players seeking to establish accounts;
- e. Provide fantasy sports contest players with access to information relative to:
  - 1. The player’s play history and account details; and
  - 2. Information on reasonable play, and assistance for compulsive behavior;
- f. Allow individuals to restrict themselves from entering such contests upon request and provide reasonable steps to prevent the individual from entering such contests offered by the fantasy sports contest operator;
- g. Disclose the number of entries that a fantasy sports contest player may submit to each such fantasy sports contest, and provide reasonable steps to prevent players from submitting more than the allowable number;
- h. Prohibit advertising or run promotional activities at elementary, secondary schools or college campuses, and the targeting of minors or individuals who have requested a restriction per f. above; and
- i. Monitor for and prohibit the use of unauthorized scripts, in accordance with RSA 287-H:3,VII.

### **B. Submit the Application**

Submit the completed application, all required documentation to:

NH Lottery Commission, 14 Integra Drive, Concord, NH 03301

### **C. Call If There Are Any Questions**

Questions? Call the NH Lottery Commission at 603-271-2158. Ask for Licensing.

### **D. Keep All Information Up-To-Date**

If any of the information provided on or with the application changes or is found to be inaccurate, the organization must submit updated or corrected information to the Racing and Charitable Gaming Division within 15 days of the event that resulted in the change, or discovery of the inaccuracy.