



FANTASY CONTEST OPERATOR REGISTRATION

CONSUMER INTEREST DIVISION

501 Washington Avenue
Post Office Box 300152
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335
Fax: (334) 353-8400
www.alabamaag.gov

I. Operator Information

Name of Operator: _____

Doing Business As/Trade Name: _____

Fiscal Year End Date (MM/DD)

Date of Formation

Principal Physical Address: _____
Street City State, Zip

Primary Telephone Number

Primary E-Mail Address

Primary Website URL

Mailing Address: _____
(If different than principal address) Street City State, Zip

Fee Determination:

A fantasy contest operator that has national gross fantasy contest revenues in excess of ten million dollars (\$10,000,000) shall pay an initial registration fee of eighty-five thousand dollars (\$85,000). All other fantasy contest operators shall pay an initial registration fee of one thousand dollars (\$1,000).

During the 12-month period immediately preceding the date of this application, were the operator's Yes No national gross fantasy contest revenues in excess of \$10,000,000?

II. Responsible Party Contact Information

The responsible party will be the point of contact for the Alabama Attorney General's Office on all matters pertaining to this application.

Last Name (include Jr., III, Sr., etc. if applicable) First Name Middle Initial

Title Direct Telephone Number E-Mail Address

Office Address: _____
Street City State, Zip

Indicate whether the Responsible Party, applicants, principals, managers or employees has previously been convicted of, or is under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property.

Yes No

If so, provide appropriate information. Conviction includes a finding of guilt where adjudication has been withheld.

Attach documentation to designate additional persons authorized to act on the applicant's behalf. Add as attachment A

III. Operator Enterprise Information

**Operator’s business information and documents to be attached to application.
(If document requested does not apply indicate N/A)**

- 1. Certificate of Good Standing from state where incorporated? Yes-Attachment Included No N/A
- 2. Documents establishing existence of enterprise as a business entity, such as a partnership or trust agreement? Yes-Attachment Included No N/A
- 3. Articles of Incorporation? Yes-Attachment Included No N/A
- 4. By-laws or other documentation establishing the day to day operating rules of enterprise? Yes-Attachment Included No N/A
- 5. Evidence of registration with Alabama Secretary of State? Yes-Attachment Included No N/A

IV. Regulatory Questions

- a) In the past ten years, has the operator been party to any material acquisition, reorganization, merger, consolidation, readjustment or succession of its business? If yes, please include as **Attachment B** an explanation detailing the facts and circumstances concerning this matter. Yes No
- b) Has the operator ever been party to an order, consent decree, assurance of voluntary compliance (AVC), assurance of discontinuance (AOD), or other similar in- or out-of-court agreement and/or judgment pertaining to a violation or alleged violation of federal antitrust, trade regulation, deceptive trade violation, securities laws or similar laws of any statute, province or country? If yes, please include as **Attachment C** an explanation detailing the facts and circumstances concerning this matter. Yes No
- c) A fantasy contest operator offering fantasy contests with an entry fee in this state shall contract with a third party to annually perform an independent audit, consistent with the standards established by the American Institute of Certified Public Accountants, to ensure compliance with this act and shall submit the results of the audit to the Office of the Attorney General within 270 days of the end of the operator's fiscal year. What third party has the operator contracted with to perform its independent audit as required?

Firm Name: _____

Firm Address: _____
Street City State, Zip

Direct Contact Person’s Name: _____

_____ Direct Contact Telephone Number

_____ Direct Contact E-Mail Address

d) At the time of this application, please provide the operator's:

- i. Internet Service Provider: _____
- ii. Web Host Hosting Provider: _____
- iii. Location of Data Center: _____
Street City State, Zip
- iv. Merchant Provider: _____
- v. Payment Gateway Provider: _____

e) Are the operator and/or its providers listed above PCI Compliant? Yes No

f) Do the operator and/or its providers listed above store cardholder data? Yes No

V. Can Operator Affirm That It Has Implemented Commercially Reasonable Measures Intended to Accomplish Each of the Following:

- Prevent the fantasy contest operator, employees of the fantasy contest operator, and relatives living in the same household as the employees, from competing in any public fantasy contest offered by any fantasy contest operator in which the operator offers a cash prize to the public? Yes No
- Prevent sharing of confidential information that could affect fantasy contest play with third parties until information is made publicly available? Yes No
- Verify that an Alabama fantasy contest player in a fantasy contest is 19 years of age or older? Yes No
- Prevent the fantasy contest operator from offering contests based on the performances of participants in high school or youth athletic events? Yes No
- Prevent the fantasy contest operator from offering a fantasy contest open to the public that does not establish and make known all prizes and awards offered to winning participants in advance of the game or contest? Yes No
- Provide that no winning outcome is based on the score, point spread, or any performance of any single actual sports team or combination of teams or solely on any single performance of an individual athlete or participant in any single actual event? Yes No
- Ensure that an individual who is a player in a real-world game or sporting event is restricted from participating in a fantasy contest that is determined, in whole or in part, on the accumulated statistical results of that player, the player's real-world team, or the sport of competition for which he or she is a player? Yes No
- Allow individuals to restrict themselves from entering a fantasy contest upon request and provide reasonable steps to prevent the person from entering fantasy contests offered by the fantasy contest operator? Yes No

- Disclose the number of entries that a fantasy contest player may submit to each fantasy contest and provide reasonable steps to prevent players from submitting more than the allowable number? Yes No
- Segregate fantasy contest player funds from operational funds or maintain a reserve that equals or exceeds the amount of player funds on deposit, which reserve may not be used for operational activities? These reserve funds may take the form of cash, cash equivalents, an irrevocable letter of credit, a bond, payment processor reserves and receivables, or a combination thereof, in the amount that shall exceed the total balances of the fantasy contest players' accounts. Yes No
- Not target minors (persons under 19 years of age) or other excluded players in any advertising? Yes No

Add as Attachment D.

Provide a list of all physical locations that are owned or leased by the operator and from which the operator conducts business. For each location, please include the full corporate/subsidiary name, physical address, city, state, zip code, country and a detailed explanation of what business is conducted at each of these locations.

Add as Attachment E.

Provide a list of all aliases/business names used by the applicant to conduct business, provide time periods during which the aliases/business names were used by the applicant and if applicable, the state of incorporation.

Add as Attachment F.

Provide the name and addresses for all contractors or vendors which provide support, services or maintain the systems which are used for tracking players, their accounts or have direct access to servers which are used to store the data of authorized players and their accounts.

Add as Attachment G.

Provide a detailed description as to how your applicants play your DFS games and the types of games that are offered to the applicants.

CERTIFICATION

I, (Print) _____,
certify that the information on this document and in any attachments is true and correct. I further certify that I am
authorized to submit this form on behalf of
(Print) _____.

I also understand that I am under a continuing obligation to notify the Office of the Attorney General of any
change in the information provided.

DATE

SIGNATURE

TITLE

DIRECT PHONE

STATE OF _____)
_____ COUNTY)

Before me, the undersigned authority, a Notary Public, in and for said State and County, personally appeared
_____, who, after being first duly sworn before me, deposes on oath and says
that he/she has read this instrument, has been advised of and understands its nature and effect, and that the facts
contained therein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me on this ____ day of _____, 20__.

[Notary Seal]

NOTARY PUBLIC _____

My Commission Expires: _____