



New Applicant
 Renewal
 1 year
 2 years
 3 years

PLEASE TYPE OR PRINT CLEARLY. Complete the entire application or your application will be deemed incomplete and may not be considered.

DEALER'S LICENSE APPLICATION		
DEALER'S INFORMATION		
1. Name (as appears on ID): _____		
2. Date of Birth: _____	3. Place of Birth: _____	4. Dealer Number: _____
5. Mailing Address: _____		
6. City: _____	7. State: _____	8. Zip Code: _____
9. Home Phone: _____	10. Work Phone: _____	11. Cell Phone: _____
12. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Are you a Naturalized Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Date Naturalized _____		
15. Certificate of Naturalization# _____		
16. Alien Registration/Work Permit# _____		
17. Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. If Yes, explain conviction: _____		
ALL APPLICANTS MUST PROVIDE VALID PROOF OF CITIZENSHIP OR PERMANENT RESIDENCY BY PRESENTING:		
ONE OF THE FOLLOWING (CURRENT):		ALL ITEMS LISTED BELOW:
<input type="checkbox"/> V.I. Driver's License/Real ID	<input type="checkbox"/> Original Police Record	
<input type="checkbox"/> Passport/Passport Card/Government Issued ID	<input type="checkbox"/> TWO (2) wallet size photographs (2x2)	
<input type="checkbox"/> Naturalization Certificate or Permanent Resident Card	<input type="checkbox"/> License Fee (\$25.00 per year, 3 years max.)	
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THE FOLLOWING INFORMATION:		
<p>I certify that the information on this application and its supporting documents are accurate, true and complete as submitted to the Virgin Islands Lottery (VIL). I understand and agree that failure to fully complete this form or omission of facts represents grounds for elimination from consideration for a VIL Dealer's License, or termination after a VIL Dealer's License has been approved. Further, I understand that any misrepresentation or falsification of documents may result in criminal charges, imprisonment and/or fines, applicable to the laws of the U.S. Virgin Islands.</p>		
Applicant's Signature _____		Date _____
INTERNAL USE ONLY		
Date Reviewed: _____	REVIEWED BY: _____	LICENSE FEE/TITLE RECEIPT NUMBER _____
APPLICATION STATUS	APPROVED	DISAPPROVED
SIGNATURE OF EXECUTIVE DIRECTOR _____		Date _____
Raymond J. Williams		Date