Certification of Non-Charitable Gaming/Gambling		Form 304 Supplier Use Only
COMMONWEALTH OF VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES		
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS		
Person or Entity Name:		
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Talanhana	State:	Zip:
	ble and Regulatory Programs or i t all purchases over \$50.00 must be Date	in the form of a check.
		··
Print Full Name:		
Title:		
Telephone:		
E-Mail Address:		
Supplier Name:		
This form must be dated and	l kept on file by the Supplier for three years	s from the end of a fiscal year.
This statement is prepared and signed to document the sale of gaming supplies as required by the Commonwealth of Virginia § 18.2 -340.34.E of the Code of Virginia & the Charitable Gaming Rules and Regulations - 11 VAC 15-31-20.C.2.		