



RETAILER CHANGE OF INFORMATION

Chain #
Retailer #
Name

I. DATE OF CHANGE: Complete the appropriate sections below.

Please sign and mail Retailer Change of Information form to address below.

Date Change Will Take Effect: _____

If change does not take place on the above date, please notify Retailer Contracts.

Phone: 1-888-LOTTERY, ext. 8119 or 651-635-8119 **FAX:** 1-651-635-8188

Address: Minnesota State Lottery, P.O. Box 130700, Roseville, MN 55113

II. NAME CHANGE:

New Retailer Name: _____

Old Retailer Name: _____

III. ADDRESS CHANGE:

Physical Address: _____

Delivery Address: _____

Mailing Address: _____

Billing Address: _____

Contract Renewal Address: _____

IV. TAX INFORMATION CHANGE:

Sole Proprietor Name of Sole Proprietor: _____

Partnership Name of Partnership: _____

Corporation Name of Corporation: _____

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NEW: State Tax ID Number

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Federal Tax ID Number

V. DIRECTOR/OWNERSHIP CHANGE: Complete back page if ownership has changed 50% or less and business has not been sold. Changes greater than 50% require a new application, contracts, and \$100 application fee. Complete back page to add or remove directors.

VI. REASONS FOR CHANGE: (Explain any change listed in Sections I through V):

VII. RETAILER SIGNATURE: I am the owner or person authorized to represent the business and make changes noted on this form. I assume all liability and agree to all terms of the current contracts and certify that the information provided hereto is true and complete:

Print Full Name

Phone Number

Signature

Date

IV. (cont.) - DIRECTOR/OWNERSHIP CHANGE:

Complete this section if the ownership has changed 50% or less. (Example: one owner buys out another owner or two businesses merge into one). List directors that are no longer in the corporation.

LIST ALL DIRECTORS/OWNERS WHO ARE NO LONGER PART OF THIS BUSINESS

LAST NAME	FIRST	FULL MIDDLE	M/F	BIRTH DATE	SOCIAL SECURITY #

LIST NEW DIRECTORS/OWNERS WHO SHOULD BE ADDED:

LAST NAME	FIRST	FULL MIDDLE	M/F	BIRTH DATE	SOCIAL SECURITY #

**DISCLOSURE OF SOCIAL SECURITY NUMBERS
NOTICE OF INTENDED USE OF PRIVATE DATA**

Pursuant to Minnesota statutes, section 13.04, subdivision 2, you are hereby informed that the social security number(s) provided in this application will be used by the Minnesota State Lottery to verify your eligibility to be a Lottery Retailer. You have the right to refuse to supply your social security number(s). However, if you refuse to supply your social security number(s), the Minnesota State Lottery may not be able to verify your application, and as a consequence, may refuse to enter into a contract with you authorizing you to sell lottery tickets in Minnesota. If you supply the information requested, the Minnesota State Lottery will be able to process your application promptly.

After you have supplied your social security number(s), the social security numbers(s) will be considered private data on individuals under state law and will be available only to the following persons without your permission: employees or agents of the Minnesota State Lottery whose work assignment requires that they have access to the information; parties to judicial proceedings pursuant to a court order; other individuals or agencies that may be specifically authorized by state statute or federal law to have access to such information; and individuals and agencies for which law or legal order authorizes a new use or sharing of the information after this Notice was given.

If you have questions, please call us at 1-888-LOTTERY, ext. 119 / 651-635-8119; 1-800-657-3833 TTY / 651- 635-8268 TTY
This document is available in alternative formats to individuals with disabilities by calling the numbers listed above.