



MINNESOTA STATE LOTTERY RETAILER APPLICATION

Retailer # assigned by Lottery

SECTION 1 This application is for: (check one)

- _____ Current Lottery sales site, but change in ownership. Expected date of purchase _____
- _____ New Lottery sales site/physical location.
- _____ Previous Lottery sales site, where owner has discontinued Lottery sales and is now re-applying.

SECTION 2 Location Information. Please provide the exact location of your business.

DBA BUSINESS NAME

EXACT ADDRESS (E 911 ADDRESS)

CITY	STATE	ZIP CODE	COUNTY
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TYPE OF BUSINESS	STORE PHONE NUMBER, INCLUDING AREA CODE
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FAX NUMBER	ALTERNATE PHONE NUMBER, INCLUDING AREA CODE
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EMAIL

Does this business sell lottery products at any other location? YES NO

If YES, please list the retailer numbers of other location(s):

SECTION 3 Additional Address information. Please provide the address where you would like tickets, retailer mailings, billing information, and contract renewal forms sent, if different from above.

SHIPPING ADDRESS: Tickets (usually same as business location)

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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MAILING ADDRESS: Retailer Mailings

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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BILLING ADDRESS: Billing Information

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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CONTRACT RENEWAL ADDRESS: Contract Renewal Forms

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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SECTION 4 TAX INFORMATION

Business type: (check one)

- Sole Proprietor Name of Sole Proprietor: _____
- Partnership Name of Partnership: _____
- Corporation Name of Corporation: _____

Limited Liability Companies:
Please check federal tax filing status per Chapter 61 Federal Regulation 66584:

- YES
- NO

FEDERAL TAX I.D. NUMBER

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STATE TAX I.D. NUMBER

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PLEASE COMPLETE PAGES 2 AND 3



SECTION 5 Please attach your \$100 non-refundable application fee, payable to: Minnesota State Lottery

SECTION 6 EFT BANK ACCOUNT AUTHORIZATION – Electronic Fund Transfer (EFT) bank account that allows retailers and the Lottery to exchange funds electronically. The Minnesota State Lottery will sweep your account on Thursday of each week.

YOUR BUSINESS NAME

BANK NAME

BRANCH

CHECKING SAVINGS

EFT BANK ROUTING NUMBER

EFT ACCOUNT NUMBER

INCLUDE A VOIDED DOCUMENT FROM THE BANK WITH THIS INFORMATION.

I (we) authorize the Minnesota State Lottery to initiate debit or credit entries to the account, at the depository named above.

PRINT NAME

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE

SECTION 7 SECURITY INFORMATION – Please fill in completely.

NOTICE OF INTENDED USE OF PRIVATE DATA: Pursuant to Minnesota statutes, section 13.04, subdivision 2, you are hereby informed that any 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 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 Lottery will be able to process your application promptly. After you have supplied your social security number(s), they will be considered private data on individuals under the 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.

- Please list below:**
- 1) anyone owning more than 5% of the business,
(Attach a separate page if necessary.)
 - 2) All directors of the business,
 - 3) All officers of the business, and
 - 4) If a sole proprietorship, the sole proprietor's spouse

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

HOME ADDRESS CITY STATE ZIP CODE PHONE NUMBER

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

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

HOME ADDRESS CITY STATE ZIP CODE PHONE NUMBER

PLEASE COMPLETE PAGE 3

SECTION 8 Primary Contact Information: Please include the primary contact information for the business.

LAST NAME	FIRST NAME	PHONE NUMBER	EMAIL

SECTION 9 Compliance Questions:

Please read the following questions regarding the people listed above and your business to indicate "yes" or "no".

YES NO

- 1) Is anyone on the list above under the age of eighteen (18)?
- 2) Is the business solely in the business of selling Lottery tickets or a currency exchange?
- 3) Does the business, or anyone on the list above, owe more than \$500 in delinquent taxes to the State of Minnesota?
- 4) Within the last five (5) years, has anyone on the list above been convicted of a felony, gross misdemeanor, or any crime involving fraud, misrepresentation, or gambling?
- 5) Is anyone on the list above an immediate family member (residing in the same household) of the Director of the Lottery or an employee of the Lottery?
- 6) Is the business owned in whole or in part by the Director of the Lottery or an employee of the Lottery, or an immediate family member (residing in the same household) of the Director of the Lottery or an employee of the Lottery?
- 7) Has anyone on the list above ever owned five percent (5%) or more of a business that has had a Lottery contract canceled or suspended by the Minnesota State Lottery?
- 8) Has the business, or anyone on the list above, been bankrupt or in receivership within the past seven (7) years?

If any of the above questions have been answered "YES", please attach a separate detailed explanation.

How did you hear about being a Minnesota Lottery Retailer?

AUTHORIZED SIGNATURE:

I am the owner or officer/director and authorized to make application and enter into a contract with the Minnesota State Lottery. The information provided is warranted, true and complete. We hereby apply for credit and affirm financial responsibility, ability and willingness to pay in accordance with published terms. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of the Lottery. We authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, and consumer and/or commercial credit reports. I understand that making a materially false or misleading statement, or a material omission, in information submitted in this application is a felony and we agree to pay all costs of collection and litigation on this account in accordance with the laws of the State of Minnesota.

PRINT FULL NAME _____ SIGNATURE _____ DATE _____

