



PRE-PAYMENT (COMMISSIONS WITHHOLDINGS) OPTION

Date: _____

Retailer Number: _____

Lottery Retailer Name: _____

Retailer address: _____

Retailer City/State/Zip: _____

The undersigned is a lottery retailer under section 349A.01 Sub. 11 Minnesota Statutes:

I, _____, agree to allow the MN State Lottery to withhold 100% of commissions earned from my account on a weekly basis to accumulate the necessary security deposit of \$ _____.

I understand that the accumulated commissions withheld will be reviewed after 12 months and is non-interest bearing.

Signature of owner:

Print Name

Signature

Date

Return completed form to:

**Minnesota State Lottery
A/P Department
2645 Long Lake Road
Roseville, MN 55113**