



CHAIN ACCOUNT RETAILER ADDITIONAL LOCATION APPLICATION

Florida Lottery
250 Marriott Drive Tallahassee, FL 32399-6573
(850) 487-7714 or flalottery.com

FOR LOTTERY USE ONLY

CHAIN # _____
SE/FSM# _____

Non-refundable \$25 fee per additional location

For use by multi-store businesses in adding Lottery retailer locations.

NOTE: Complete items #2-#4 of Section 1 only if there have been changes since the last application.

SECTION 1 – BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME: **PLEASE PRINT OR TYPE**

2. MAILING ADDRESS:

Street or P.O. Box _____ City _____ State _____ Zip Code _____

3. CONTACT NAME AND TITLE:

First _____ Middle Initial _____ Last _____ Title _____

4. CONTACT NUMBERS AND E-MAIL ADDRESS:

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Phone Number Alternate Phone Number Fax Number

_____ E-Mail Address

SECTION 2 – STORE LOCATION INFORMATION

PLEASE PRINT OR TYPE. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES OR A SEPARATE REPORT.

Retailer with a lease agreement must have landlord approval for the installation of communications equipment on the roof and installation of cables inside the location.

Store Name: _____

Florida Sales Tax Number: _____

Store Address: _____

Applied For Tax Exempt

Street _____

Alcoholic Beverage License Number: _____

City _____ Zip Code _____

Applied For Not Applicable

County _____

Location Phone Number: (_____) _____ - _____
 Not Available Location Under Construction

Start Date of Business: _____

Change of Ownership? Yes No

Construction Contact Name: _____

Previous Lottery Location ID# if known: _____

Phone Number: (_____) _____ - _____

Location: Owned Leased

Comments: _____

Store Name: _____

Florida Sales Tax Number: _____

Store Address: _____

Applied For Tax Exempt

Street _____

Alcoholic Beverage License Number: _____

City _____ Zip Code _____

Applied For Not Applicable

County _____

Location Phone Number: (_____) _____ - _____
 Not Available Location Under Construction

Start Date of Business: _____

Change of Ownership? Yes No

Construction Contact Name: _____

Previous Lottery Location ID# if known: _____

Phone Number: (_____) _____ - _____

Location: Owned Leased

Comments: _____

SECTION 2 – STORE LOCATION INFORMATION

Store Name: _____

Store Address: _____

Street

City _____ Zip Code _____

County _____

Start Date of Business: _____

Change of Ownership? Yes No

Previous Lottery Location ID# if known: _____

Location: Owned Leased

Florida Sales Tax Number: _____

Applied For Tax Exempt

Alcoholic Beverage License

Number: _____

Applied For Not Applicable

Location Phone Number: (_____) _____ - _____

Not Available Location Under Construction

Construction Contact Name: _____

Phone Number: (_____) _____ - _____

Comments: _____

Store Name: _____

Store Address: _____

Street

City _____ Zip Code _____

County _____

Start Date of Business: _____

Change of Ownership? Yes No

Previous Lottery Location ID# if known: _____

Location: Owned Leased

Florida Sales Tax Number: _____

Applied For Tax Exempt

Alcoholic Beverage License

Number: _____

Applied For Not Applicable

Location Phone Number: (_____) _____ - _____

Not Available Location Under Construction

Construction Contact Name: _____

Phone Number: (_____) _____ - _____

Comments: _____

CERTIFICATION:

I HEREBY CERTIFY that the information contained on this form or otherwise submitted to the Florida Lottery in connection with my application to become a retailer is true and correct in every material respect. I understand that providing inaccurate or misleading information is grounds for rejection of this application or cancellation of the Retailer Contract. The Florida Lottery is authorized to obtain criminal background, Florida tax, credit, and general information about me, my business, and any persons listed on this application, which may assist in making a decision on this application. The business locations where lottery tickets will be sold are in compliance with the accessibility requirements set forth in sections 553.501 - 553.513, Fla. Stat., the Florida Americans with Disabilities Accessibility Implementation Act.

Signature of authorized corporate officer, partner, or owner

Print or type name

Title

Date

Certificates of Authority and retailer contracts are not assignable or transferable between persons or locations.

STATEMENT OF PUBLIC DISCLOSURE: Information contained in this application shall be open to the public for inspection.