



CHAIN ACCOUNT RETAILER 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 Application Fee: Payable to the Florida Lottery by check or money order.
Initial Application \$100, Additional Location \$25, Change of Location \$10,
New Officer, Director or Shareholder \$25 each.**

Each applicant shall be subject to a background investigation which can include fingerprinting.
A retailer applicant shall be required to post a bond, certificate of deposit or other security if it is determined during the background investigation that such requirement is necessary to secure payment of lottery proceeds.

Check application type and complete the information below – PLEASE PRINT OR TYPE:

- INITIAL APPLICATION ADDITIONAL STORE(S) ADDITIONAL OFFICER(S), DIRECTOR(S), or SHAREHOLDER(S)
- CHANGE OF LOCATION: Date of Relocation _____
- CHANGE OF OWNERSHIP: Previous Name of Business _____ Date of Sale _____

SECTION 1 – BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME:

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

5. BUSINESS TYPE: (Check One)

- | | | | |
|----------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | |

6. FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS DOCUMENT NUMBER: _____

7. Is the stock of this business entity publicly traded on a national securities exchange? Yes No
If yes, please skip page 3 and complete the information on Publicly Traded Organizations on page 4.

8. TAXPAYER IDENTIFICATION NUMBER: Provide number used to file business income tax return.
Sole Proprietors, list Social Security Number. All other entities, list Federal Employer Identification Number.

9. TRADE STYLE (May indicate more than one):

- | | | |
|---------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Airport Location | <input type="checkbox"/> Drug Store/Pharmacy | <input type="checkbox"/> Travel Plaza/Truck Stop |
| <input type="checkbox"/> Bar/Tavern/Lounge | <input type="checkbox"/> Gas Station/Auto Repair | <input type="checkbox"/> Wholesale Club |
| <input type="checkbox"/> Convenience Store-
no gas pumps | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Convenience Store-
with gas pumps | <input type="checkbox"/> Newsstand/Tobacconist/ Sundries | _____ |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Package Liquor Store | |
| <input type="checkbox"/> Dollar Store/Discount Store | <input type="checkbox"/> Restaurant | |
| | <input type="checkbox"/> Shopping Mall Location | |
| | <input type="checkbox"/> Supermarket | |

SECTION 2 – STORE LOCATION INFORMATION

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

Locations 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: _____

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 Comments: _____

If Leased, Landlord Name and Phone Number: _____

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: (_____) _____ - _____

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 Comments: _____

If Leased, Landlord Name and Phone Number: _____

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: (_____) _____ - _____

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 Comments: _____

If Leased, Landlord Name and Phone Number: _____

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: (_____) _____ - _____

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 Comments: _____

If Leased, Landlord Name and Phone Number: _____

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: (_____) _____ - _____

SECTION 3 – OFFICER/OWNER INFORMATION

IF PUBLICLY TRADED, PLEASE SKIP THIS SECTION AND COMPLETE SECTION 4.

THE LOTTERY SHALL NOT CONTRACT WITH ANY PERSON WHO IS RELATED TO AND RESIDING WITH ANY EMPLOYEE OF THE LOTTERY.

1. Are any of the individuals listed below related to an employee of the Florida Lottery in one of the following ways: husband, wife, parent, grandparent, spouse's parent, child, brother, sister, spouse of a child, aunt, uncle, grandchild, niece, nephew, first cousin, and living in the same household as the employee? ___ Yes ___ No
2. **List all owners, individual partners, managing members, corporate officers, directors. List shareholders of 10% or more or limited partners with 10% or more interest in the business. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.**

Name (First, Middle Initial, Last)	Phone	Title			Birthdate (MM-DD-YY)		
Home Address	City	State	Zip	Sex	Race	% Ownership	Social Security Number

Name (First, Middle Initial, Last)	Phone	Title			Birthdate (MM-DD-YY)		
Home Address	City	State	Zip	Sex	Race	% Ownership	Social Security Number

Name (First, Middle Initial, Last)	Phone	Title			Birthdate (MM-DD-YY)		
Home Address	City	State	Zip	Sex	Race	% Ownership	Social Security Number

Name (First, Middle Initial, Last)	Phone	Title			Birthdate (MM-DD-YY)		
Home Address	City	State	Zip	Sex	Race	% Ownership	Social Security Number

3. Have any of the individuals listed above:
 - a. Been convicted of, or pleaded guilty or nolo contendere to a felony within the last 10 years regardless of adjudication? ___ Yes ___ No
 - b. Been convicted of, or pleaded guilty or nolo contendere to any gambling offense within the last 10 years, regardless of adjudication? ___ Yes ___ No
 - c. Been arrested and have any pending criminal charges that have not been resolved? ___ Yes ___ No
 - d. Been a Florida Lottery Retailer? ___ Yes ___ No
 - e. Been suspended or terminated as a Florida Lottery Retailer? ___ Yes ___ No
 - f. Been subject to any adverse actions or findings as a lottery retailer with any other state lottery within the continental United States? ___ Yes ___ No

If yes to questions a, b, c, d, e, or f, please explain response and include dates below (use additional sheet if necessary).

4. For any individuals listed above in the Officer/Owner Information, Section 3, who are not U.S. citizens, please list the individual's name, mother's maiden name, father's name; passport number, permanent resident or I-94 number; the last permanent address prior to entering the U.S. and the last date of entry into the U.S.

SECTION 4 – INFORMATION ON PUBLICLY TRADED ORGANIZATIONS

PLEASE COMPLETE THIS SECTION IF PUBLICLY TRADED. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.

SECURITIES EXCHANGE ON WHICH STOCK IS TRADED: _____

PRINT OR TYPE THE NAMES AND TITLES OF THE EXECUTIVE OFFICERS (President, Senior and Executive Vice Presidents, Secretary, Treasurer) AND THE CHAIRMAN OF THE BOARD OF DIRECTORS.

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

CERTIFICATION:

An attorney in fact may not make any affidavit as to the personal knowledge of the principal.

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.

I HEREBY CERTIFY I have read and understand the content contained in the Retailer Awareness and Integrity Training document found on the Florida Lottery's website at flalottery.com/HowToApply.

Signature of Authorized Corporate Officer, Partner, or Owner

Print or type name

Title

State of _____

County of _____

Sworn to or affirmed and subscribed before me this

_____ day of _____, _____
(Day) (Month) (Year)

by _____
(Name of Authorized Corporate Officer, Partner, or Owner)

Signature of Notary Public
(Print, Type or Stamp Commissioned Name of Notary Public)

____ Personally Known or ____ Produced Identification

Type of Identification _____

Affix Notary stamp above.

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.