



RETAILER APPLICATION

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

FOR LOTTERY USE ONLY

ID# _____ CHAIN# _____
PROSPECT# _____
DO _____

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.

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 100% SALE OF STOCK NEW OFFICER(S), DIRECTOR(S), SHAREHOLDER(S)
- ADDITIONAL STORE LOCATION
- CHANGE OF LOCATION: Date of Relocation _____
- CHANGE OF OWNERSHIP: Previous Location ID# _____ Date of Sale _____

For information concerning sale of business: Contact Name _____ Phone Number (_____) _____ - _____

SECTION 1 - BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME: _____
2. STORE NAME (dba): _____ 3. STORE PHONE: (_____) _____ - _____
4. STORE ADDRESS: _____
Street City State Zip Code County
5. MAILING ADDRESS: _____
Street or P.O. Box City State Zip Code
6. CONTACT NAME AND TITLE: _____
First Middle Initial Last Title
7. CONTACT NUMBERS AND E-MAIL ADDRESS:
(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Phone Alternate Phone Fax Number
E-mail Address _____
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. FLORIDA SALES TAX NUMBER: _____ - _____ - _____ Applied For Tax Exempt
10. ALCOHOLIC BEVERAGE LICENSE NUMBER: _____ - _____ Applied For Not Applicable
11. MINORITY BUSINESS: YES NO (If yes, check appropriate minority category)
 - African American Native American Hispanic American
 - American Woman Asian American
12. BUSINESS TYPE: (Check One)
 - Corporation Partnership Non Profit Sole Proprietorship
 - Limited Partnership Limited Liability Company Limited Liability Partnership
13. START DATE OF BUSINESS: _____
14. CORPORATE CHARTER OR DOCUMENT NUMBER: _____

SECTION 2 - OFFICER INFORMATION

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

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

LIST ALL OWNERS, INDIVIDUAL PARTNERS, MANAGING MEMBERS, CORPORATE OFFICERS, DIRECTORS. LIST SHARE HOLDERS 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	

Name (first, middle initial, last)				Phone		Title		Birthdate (MM-DD-YY)	
Home Address		City	State	Zip	Sex	Race	% Ownership	Social Security Number	

Have any of the individuals listed above:

1. Been convicted of, or pleaded guilty or nolo contendere to a felony within the last 10 years, regardless of adjudication? ____ Yes ____ No
2. Been convicted of, or pleaded guilty or nolo contendere to any gambling offense within the last 10 years, regardless of adjudication? ____ Yes ____ No
3. Been arrested and have any pending criminal charges that have not been resolved? ____ Yes ____ No
4. Been a Florida Lottery Retailer? ____ Yes ____ No

If yes to questions 1, 2, 3 or 4, please explain response and include dates below (use additional sheet if necessary).

5. Are any of the individuals listed in the officer information section non-U. S. Citizens? ____ Yes ____ No
If yes, 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.

Individuals listed in Section 2 above who are non-U.S. citizens shall be required to complete a Lottery Personal Inquiry Waiver Form DOL-102-D and a U.S. Department of Justice Certification of Identity form DOJ-361 pursuant to Rule 53ER12-67 to complete international background investigations.

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 location where lottery tickets will be sold is 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

State of _____

County of _____

Sworn to or affirmed and subscribed before me this
_____ day of _____, _____,
(Day) (Month) (Year)

by _____

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.

MARKETING EVALUATION/SITE SURVEY

Store Name: _____ **COMPLETE WITH LOTTERY SALES REPRESENTATIVE**

1. TRADE STYLE (Circle One)

- | | | | |
|-------------------------|--------------------------------------|------------------------------------|--------------------------------|
| Airport Location | Convenience Store-
no gas pumps | Hardware/Building Supplies | Restaurant - No Liquor |
| Appliances | Convenience Store-
with gas pumps | Hotel/Motel | Shopping Mall Location |
| Auto Parts | Department Store | Ice Cream Shop | Small Grocery/Meat/Fish Market |
| Bakery | Dollar Store/Discount Store | Jewelry Store | Sports Arena/Amusement Park |
| Bar/Tavern/Lounge | Drug Store/Pharmacy | Laundry/Dry Cleaner | State Agency |
| Barber Shop/Hairdresser | Financial Services | Mail Services/Copy Center | Supermarket |
| Beauty Shop | Flea Market | Municipality/Political Subdivision | Telecommunications Center |
| Bingo Hall | Florist | Newsstand/Tobacconist/Sundries | Travel Agency |
| Bowling Alley | Gas Station/Auto Repair | Non-Profit Organization | Travel Plaza/Truck Stop |
| Car Wash | Gift/Card Shop | Package Liquor Store | Video Store |
| Clothing/Shoes | | Pari-Mutuel | Wholesale Club |
| Coffee/Deli/Sub Shop | | Restaurant - Liquor | Other _____ |

2. BUSINESS OPERATION: SEASONAL BUSINESS YEAR-ROUND BUSINESS

Business Hours	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

3. RETAILER INSTALLATION INFORMATION:

New Construction or Store Not Open? Please Check. Yes No
If yes, complete a, b, & c below.

- a. Store opening date: _____
- b. Approximate date for terminal and communications equipment installation: _____
- c. Building contact name and phone number: _____

Retailer Owns Location? Please Check. Yes No
If no, complete a & b below.

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

- a. Landlord contact name: _____
- b. Landlord phone number: _____

4. COMMENTS:

Sales Representative: _____

 Lottery Sales Representative Signature SR# Stop# Date

Lottery District Manager: _____

 Lottery District Manager Signature Date