

DOL-129CA (Revised 7/17)

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 - BUSINE	SS INFORMATION	ON	
1. CORPORATE	OR OTHER LEGAL NAME:	PLEASE PRINT	T OR TYPE		
2. MAILING ADI	DRESS:				
Street or P.O. B	Street or P.O. Box		ty	State	Zip Code
3. CONTACT NA	AME AND TITLE:				
First	Middle Initial	Last		Title	
4. CONTACT NU	JMBERS AND E-MAIL ADDRES	SS:			
()_ Phone Number	(ternate Phone Numbe	_ (_ er Fa	x Number	
E-Mail Address					
	SECTION 2 - S	STORE LOC	ATION INFORM	IATION	
	RINT OR TYPE. IF MORE SPACE IS a agreement must have landlord approval f Street City	or the installation of co		ne roof and installation on the moder: Tax Exe icense	of cables inside the location
	County		☐ Applied For Location Phone Num		
Start Date of Bu	usiness:		☐ Not Available		der Construction
Change of Ownership? ☐Yes ☐No			Construction Contact Name:		
Previous Lottery Location ID# if known: Location: Owned Leased			Phone Number: () Comments:		
	ned ∟ Leased ∟ ord Name and Phone Number: .		Comments:		
Store Name:			Florida Sales Tax Nur	mber:	••••••••••
Store Address:	Ctroot		☐ Applied For	☐ Tax Exe	mpt
	Street		Alcoholic Beverage L Number:		
	City	Zip Code	☐ Applied For	☐ Not App	olicable
Start Date of Bu	County usiness:		Location Phone Num ☐ Not Available		der Construction
Change of Ownership? ☐Yes ☐No			Construction Contact Name:		
Previous Lottery Location ID# if known: Location: Owned Leased			Phone Number: ()		
-			Phone Number: (Comments:		

SECTION 2 – STORE LOCATION INFORMATION Store Name: Florida Sales Tax Number: ___ ☐ Applied For ☐ Tax Exempt Store Address: 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: _____ Phone Number: (_____) ____ -____ Previous Lottery Location ID# if known: _____ Location: Owned Leased \square Comments: If Leased, Landlord Name and Phone Number: Store Name: Florida Sales Tax Number: _____ ☐ Tax Exempt ☐ Applied For Store Address: Alcoholic Beverage License Number: City Zip Code ☐ Applied For ☐ Not Applicable County Location Phone Number: (_____) _____ - ___ ☐ Location Under Construction ☐ Not Available Start Date of Business: Change of Ownership? ☐Yes ☐No Construction Contact Name: _____ Phone Number: (_____) ____ -___ Previous Lottery Location ID# if known: _____ Location: Owned Leased \square Comments: If Leased, Landlord Name and Phone Number: ____ **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. 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

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.

Date