

RETAILER NUMBER _____
RENEWAL YEAR _____

LICENSE RENEWAL

FOR EXISTING OHIO LOTTERY RETAILERS



Please complete sections 1,2,3,4 and 5 in their entirety. Sign the form in the space provided, and have it notarized.

Mail the completed form to: Ohio Lottery - License Renewal Department • 615 West Superior Avenue • Cleveland, Ohio 44113-1879

1. BUSINESS INFORMATION

Name: _____
Address: _____

Contact: _____
Telephone: _____
Fax: _____
Email: _____

2. MAILING ADDRESS

All non-tax information will be mailed to this address

Name: _____
Address: _____

Telephone: _____

3. LEGAL INFORMATION

Tax information (1099) will be mailed to your legal address

Name: _____
Address: _____

Tax ID# _____
Liquor Permit: _____
Telephone: _____
Fax: _____

LEGAL ENTITY:

OWNER PARTNERSHIP
 CORPORATION LLC
 NON - PROFIT

4. BUSINESS PRINCIPALS/OWNERS

Use the back of this page if more space is needed

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
SSN: _____	SSN: _____	SSN: _____
Birthdate: _____	Birthdate: _____	Birthdate: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Telephone: _____	Telephone: _____	Telephone: _____
Percentage Share: _____	Percentage Share: _____	Percentage Share: _____

5. CRIMINAL CONVICTION

Since you were originally licensed, have you and/or any principals been convicted of any crime other than a minor traffic offense?

YES NO If YES, please explain: _____

I, the undersigned, certify that I am the agent of record and my surety bond is current. I also certify that the above informations is correct to the best of my knowledge and that I have read and understand the terms and the conditions for applications for an Ohio Lottery license.
THIS FORM MUST BE NOTARIZED

RETAILER SIGNATURE: _____

SEAL STATE OF OHIO COUNTY OF: _____ SWORN TO AND SUBSCRIBED ON: _____
County of: _____ State of Ohio
Signature: _____ My Commission Expires: _____