

# APPLICATION

## FOR OHIO LOTTERY RETAIL AGENT LICENSE



### FOR LOTTERY USE ONLY

District No.	Applicant Number	County Code	Business Code	Day	-	District	-	Poll	License Date	Retailer Number
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 **NEW**
**Sale of Business - Retailer No:**
**MONITOR GAME PACKAGE:** 
**ITVM:**  **NEW**

### BUSINESS INFORMATION - (PRINT OR TYPE. USE BLACK INK. USE ONE BLOCK PER LETTER, NUMBER OR SPACE)

Business Name (DBA)
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Street Address
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City	State	Zip + 4	+
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Contact Person
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Telephone Number	Telephone Number 2	Fax Number	
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Email Address
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Business Seating Capacity	Business Square Footage	Liquor Permit Number	D	D	D	D	D	D
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List all D class licenses (i.e. D1, D2, D3, etc.)

### MAILING ADDRESS - (WHERE YOU WOULD LIKE LOTTERY CORRESPONDENCE TO BE SENT IF DIFFERENT FROM ABOVE SECTION)

Name
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Street Address
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City	State	Zip + 4	+
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### BUSINESS PRINCIPALS INFORMATION

**(a.) List all Principals of the Business (All proprietors, general partners, officers, directors, shareholders etc., who have more than 10% of the voting stock or business interest).**

**1.** Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Full Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip +4 \_\_\_\_\_

% of Ownership	Date of Birth	Social Security Number			
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Home Telephone Number	Cell Phone Number		
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**3.** Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Full Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip +4 \_\_\_\_\_

% of Ownership	Date of Birth	Social Security Number			
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Home Telephone Number	Cell Phone Number		
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**2.** Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Full Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip +4 \_\_\_\_\_

% of Ownership	Date of Birth	Social Security Number			
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Home Telephone Number	Cell Phone Number		
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**4.** Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Full Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip +4 \_\_\_\_\_

% of Ownership	Date of Birth	Social Security Number			
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Home Telephone Number	Cell Phone Number		
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(b.) Does any person or entity other than the applicant, its employees or family, participate in the management of applicant's affairs:  
 YES  NO (If "YES" explain on page 2)

**STORE HOURS (MILITARY TIME) - DARKEN THE SQUARES OR MARK AN X IN THOSE DAYS NOT OPEN**

	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
OPEN	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM
CLOSE	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM

**LEGAL ADDRESS - YOUR TAX INFORMATION WILL BE MAILED TO THE ADDRESS LISTED ON THE W-9**

These instructions are for completing the W-9 form:

1. Name – Enter your legal name. This is the name you use in reporting your income to the IRS.
2. Business Name – Enter your DBA. This is the name of your business. (Ex. Joe's Drive Thru).
3. Check Appropriate Box – Check the box that pertains to your Name as identified on line one.
4. Address – Enter the address that pertains to your Name as identified on line one.
5. City, State, and ZIP Code – Enter the city, state, and ZIP code that pertains to your Name as identified on line one.
6. Tax Identification Number – Enter the Tax ID number that you use to report your income to the IRS. This number should be associated with the Name as identified on line one.
7. Sign and date the form.

**CERTIFICATION, ACKNOWLEDGEMENT AND AGREEMENT**

The Undersigned certifies, under penalty of perjury, that the information contained in this application and all attachments is true and complete.

Applicant agrees that the Ohio Lottery Director may make investigations permitted by the Lottery Act (3770, Ohio Revised Code) in order to satisfy the conditions for licensing sales agents. These investigations may include, without limitation, credit reviews, inspections of applicant's premises and inspection of law enforcement and other official records. If approved for a license, applicant will conform to the electronic fund transfer (EFT) system. Applicant will open the account immediately and sign the authorization form. Applicant will attend training sessions as required by the Ohio Lottery to ensure that retailer and his/her employees are properly trained to operate the computer terminal for the sale of lottery tickets and to ensure that the retailer is properly trained in the settlement system. Applicant will secure a bond as required by the Ohio Lottery. Each person holding a license as a lottery retail agent agrees to be bound by and will observe the conditions listed on this Application and in Chapter 3770 of the Ohio Revised Code, the Ohio Administrative Code, and any and all policies and procedures established by the Lottery. The Lottery is the owner or lessee of all equipment, including but not limited to, the instant and on-line terminals, peripheral equipment, and any dispensers or other promotional items provided to the retailers. This Agreement, Terms and Conditions, and Indemnification Agreement set forth the duties and responsibilities of the retailer for as long as the issued equipment and/or promotional items remain on the retailer's business premises.

**Applicant acknowledges the following:**

- The Applicant has read and understood the terms of the Ohio Lottery's Application, Terms and Conditions, Indemnification Agreement, and policies and procedures established by the Lottery.
- The Applicant is the rightful owner/proprietor of the business applying for a Lottery retail sales license.
- The Lottery Director is not obligated to issue a license and can suspend or revoke the license at any time in accordance with the Ohio Administrative Procedures Act.
- A Lottery Retailer may only sell games authorized by the Lottery.

THE UNDERSIGNED APPLICANT HEREBY AGREES TO THE RELEASE OF CRIMINAL RECORD INFORMATION TO THE OHIO LOTTERY COMMISSION IN ORDER FOR THE OHIO LOTTERY DIRECTOR TO COMPLY WITH SECTION 3770.05 (F) OF THE OHIO REVISED CODE. THE OHIO LOTTERY DIRECTOR SHALL REQUEST THE BUREAU OF CRIMINAL INVESTIGATION, THE OHIO STATE HIGHWAY PATROL, OR ANY OTHER STATE, LOCAL, OR FEDERAL AGENCY TO SUPPLY THE CRIMINAL RECORDS OF ANY APPLICANT FOR A LOTTERY RETAILER LICENSE. THE APPLICANT IS REQUIRED TO BE FINGERPRINTED AND PHOTOGRAPHED BY THE OHIO STATE HIGHWAY PATROL, OR DESIGNATED OHIO LOTTERY REGIONAL OFFICES. THE APPLICANT SHOULD CONTACT THE OHIO LOTTERY OR A LOCAL POST TO MAKE AN APPOINTMENT WITH THE OHIO LOTTERY OR THE STATE HIGHWAY PATROL.

**FAILURE TO COMPLY WILL RESULT IN A LICENSE NOT BEING ISSUED TO THE APPLICANT.**

1.

_____	Signature	_____	Print Name
_____	Title	_____	Date

2.

_____	Signature	_____	Print Name
_____	Title	_____	Date

3.

_____	Signature	_____	Print Name
_____	Title	_____	Date

4.

_____	Signature	_____	Print Name
_____	Title	_____	Date

STATE OF OHIO COUNTY OF: \_\_\_\_\_ SWORN TO AND SUBSCRIBED ON: \_\_\_\_\_

SEAL

County of: \_\_\_\_\_ State of Ohio

Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**THE OHIO LOTTERY IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER**

Please use this space to answer questions that require additional space

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