

RETAILER NUMBER _____

CORRECTION/CHANGE

RETAILER PRINCIPAL/CONTACT DATA



CHANGES REQUESTED:

DBA CONTACT LEGAL BUSINESS PRINCIPALS OTHER _____

CURRENT INFORMATION

Current Business Name: _____

Address: _____

DBA, CONTACT AND OTHER CHANGES:

New Phone Number: (_____) _____ - _____

New Business Name: _____

New Business Address: _____

New Contact Name: _____

Reason for Change: _____

TO CHANGE LEGAL INFORMATION:

A W-9 form is required for changes made here.
Please attach proper documents.

Legal Name: _____

FID#: _____

Address: _____

Reason for Change: _____

TO CHANGE BUSINESS PRINCIPALS/OWNERS:

List all current principals. If additional space is needed please use the back of this page.

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

Retailer Signature: _____ Title: _____ Date: _____

FOR LOTTERY USE ONLY

DISTRICT SALES REPRESENTATIVE SIGNATURE MANAGER APPROVAL DATE

TO: LICENSING DEPARTMENT

DISTRIBUTION: **White** - Licensing & Bonding • **Yellow** - Regional Office • **Pink** - Applicant

OH!Graphics MBYC 091708