

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: \_\_\_\_\_

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

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

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