AUTHORIZATION
TO RELEASE CRIMINAL RECORD

A _ _ _ _ _ _ - _ _ _
APPLICANT NUMBER DISTRICT

The undersigned Applicant or Principal hereby agrees to the release of criminal record information to the Ohio Lottery Commission in order for the Executive Director of the Ohio Lottery Commission to conduct all necessary and required background checks.

The Executive Director of the Lottery may 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 or Principal. The Applicant or Principal is required to be fingerprinted. FAILURE TO COMPLY WILL RESULT IN A LICENSE NOT BEING ISSUED TO THE APPLICANT.

The Applicant or Principal further agrees that the Executive Director may make investigations in order to satisfy the conditions for licensing. These investigations may include, without limitation, credit reviews, inspections of applicant's premises and inspection of law enforcement and other official records. Applicant or Principal acknowledges reading and understanding the conditions set out on this authorization and agrees to observe and be bound by them. Applicant or Principal acknowledges that the Executive Director is not obligated to issue a license and can suspend or revoke the license at any time. Each permit holder holding a license agrees to be bound by and observe the conditions listed on the application and in Chapter 3770 of the Ohio Revised Code and the Ohio Administrative Code.

THIS FORM MUST BE COMPLETED AND NOTARIZED

Name of Applicant or Principal: _____

Name of Business: _____

Business Address: _____

Home Address, City, Zip Code: _____

All Previous Addresses since age 18: _____

_____

Applicant or Principal Signature	Date	Date of Birth	Social Security Number

Has Applicant or Principal:			
1.	Been convicted of any offense in any jurisdiction?	☐ YES	☐ NO
2.	Been convicted of an offense involving gambling?	☐ YES	☐ NO
3.	Been found to have violated any rule, regulation or order of the Ohio Lottery Commission?	☐ YES	☐ NO
4.	Been found guilty or subjected to disciplinary action, by any agency, court or authority of any kind, for an offense involving fraud or misrepresentation?	☐ YES	☐ NO
5.	Had any state license or permit revoked or suspended?	☐ YES	☐ NO
6.	Ever had any financial interest in a location that had an Ohio Lottery License?	☐ YES	☐ NO
7.	Currently have any financial interest in a location that has an Ohio Lottery License?	☐ YES	☐ NO

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20 _____

NOTARY PUBLIC _____

My Commission Expires _____

INFORMATION REQUESTED BY THE OHIO LOTTERY COMMISSION

This section is to be filled out by the agency conducting the background record check.

Record Check: _____ Received by Agency: _____

Date: _____ Fingerprints conducted by: _____

Signature of Individual Conducting Background Record Check: _____

_____

WHITE · Lottery Representative • YELLOW · Lottery Security Dept. • PINK · Applicant