Janice K. Brewer Governor



Dear Prospective Lottery Retailer:

you for your interest in becoming a licensed Lottery retailer. The following checklist will serve uide to assist you in completing your application forms.
 <u>Application for Lottery Retailer's License</u> form – Fill out completely. On back, list owner and spouse, officers of the Corporation, members of the Limited Liability Company, or partners along with designated titles. This form requires a notarized signature from one of the above.
 <u>Questionnaire</u> – Every person listed on the application form must complete a personal Questionnaire. Please be sure to have signatures notarized.
 <u>Fingerprint Card</u> - Every person listed on the application form must submit a fingerprint card. Please check with your local law enforcement office to get printed.
 Marketing Questionnaire - Complete front side of form only.
 <u>Electronic Funds Transfer form</u> – Owner, Officer, or Member must sign this form. Please attach a voided check.
 <u>Substitute W-9 form</u> – Complete, sign, and date. Make sure to use the correct EIN number that matches the Sole Proprietors Name, Corporation, Partnership, or Limited Liability Company.
 Rules Acknowledgment Form - Your signature on this form acknowledges that you have read and understand the enclosed copy of the Arizona Lottery Rules.
 Licensing Fee – Submit an application fee of \$45.00 and the following fees, if applicable: a. If any individual listed on the personal questionnaire has resided outside the state of Arizona within the last 10 years, a fingerprint fee of \$29 per individual. b. If the applicant does business as a corporation, limited liability company, limited liability partnership, or a partnership, a corporate credit check fee of \$22. Check can be made out to the Arizona Lottery.
 If your business is under a Corporation or a Limited Liability Company, please include a copy of your <u>Articles of Organization or Corporation.</u>

Thank You

Arizona Lottery Licensing Department

If you have any questions or need assistance with your application, please do not hesitate to call the

Licensing Department at (480) 921-4486 or (480) 921-4439.



State of Arizona Application for Lottery Retailer's License

	MRN							
License No.								

	1. Business Information
	Business Name (actual name under which you operate - storefront name)
	Business Address
	City
	County Business Phone No.
	2. Mailing Information Same as above
	Contact Person: Contact Phone No.:
	Mailing Address
Business Information	City State Zip
rms	3. Licensee Information - Corporation/L.L.C./Partnership Name that will be listed as licensee for this license
nfo	
is l	Corporation Name/L.L.C Name or Partnership Name
nes	Corporate Address
usi	
B	City State Zip
	Corporate Contact: Contact Phone No.:
	4. General Information
	A. Federal Tax I.D. Number (EIN) B Transaction Privilege Tax License Number: Applied For
	C. Indicate how the business is owned: Arizona Corporation Limited Liability Company (L.L.C.) Out of State Corp.
	Sole Owner Partnership Other
	D. Is your business currently delinquent in the payment of any federal, state, county or city tax or any obligation due to a Yes No government agency? If yes, attach detailed statement.
	E. Is this application for a business or location that is currently or has previously been a licensed Lottery retail outlet?
	F. Are you currently an Arizona Lottery retailer or have you ever been an Arizona Lottery retailer?
	G. Is the business location or property leased? No Yes Leased from H. Is business location or property on Indian Lands?
	I. Arizona Liquor License Number Expiration Date: N/AApplied
	For Lottery Use Only
	NEW RENEWAL Received:
	Licensed:
	CHARITABLE LICENSE Renewed:
	Route County Chain FULL PRODUCT LICENSE Denied/Revoked::
	CHANGE OF OWNERSHIP Closed:
<u> </u>	Leg. Dist. Business Store District Cancelled:
	Code Previous license Number ADA Compliant/ Page 1 Lease Exempt:

Page	2
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Application for Lottery Retailer's License

5.	Owners	hip	Inf	orma	itior
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In order to conduct business as an Arizona Lottery retailer, state law requires that a background investigation be conducted by the Security Division of the Arizona Lottery. Lottery retailers must be at least 21 years of age.

All persons listed below must complete the following forms and are subject to credit and background investigations.

- 1. State of Arizona Questionnaire
- 2. Fingerprint Cards (Renewals: Not needed if on file already)

If you do not have adequate space on the forms provided, please include the information on an attached sheet of paper with your name and date at the top of each page. *Additional information may be requested to complete the background checks*.

<u>Name</u>	<u>Title / Position in Company</u>
misrepresentations, falsifications or omission in omitted, or misleading statements will be cause	PERJURY that I have examined this application and that there are result in the information stated in this application. Also, I am aware that false efor rejection or revocation of this Retailer's license. I understand that ry tickets sold under the license issued. I have read the Arizona Lottern.
STATE OF) ss COUNTY OF)	Signature of Applicant Printed name of Applicant
The foregoing instrument was colors wheelered by	pefore Title
The foregoing instrument was acknowledged by me this day of,	
The foregoing instrument was solves wheelered by	octore .

Deputy Director of Operations Approval:



State of Arizona Personal Questionnaire

TO BE COMPLETED BY EACH, OWNER (SPOUSE), PARTNER, MEMBER, PRINCIPAL OFFICER AND DIRECTOR

MRN	

PLEASE ANSWER ALL QUESTIONS, IF NOT APPLICABLE USE (N/A)

1. Name:		First I	Middle Initial	Social Security Numb	er*:	
2. Alias:	other name you have been know		: Month Da		:City	State
3. Sex: Male _	Female _	Height:	Weight:	Eye Color:	Hair Cold	or:
	nse No:			5. State of Residency:		
6. US Citizen?	YesNo	Resident Alien?I				
7. Work Permit/	Visa No:			Date	Expires:	
8. Name of Spo				Da	ate of Birth:	
	First	Middle Initial	Last	Maiden	Month	Day Year
9. E-mail Addres	ss:					
0. Phone Number	ers for:	Business				l Phone
1. LIST TEN YE	EARS OF EMPLOY	MENT OR BUSINESS IN	VOLVEM	Home ENT. (Include unemploy		
				(1111111111111111111111111111111111111		
FROM MONTH YEAR	TO MONTH YEAR	EMPLOYER / BUSINESS NAME		STREET ADDRESS	CITY AND STATE	ZIP CODE
2. LIST LAST T	EN YEARS OF RE	Attach additio SIDENCE. (Include any o		<u>-</u>	e 10 vears)	
FROM MONTH YEAR	TO MONTH YEAR	RESIDENCE Street Address		CITY	STATE	ZIP CODE

*In compliance with Public Law 93-579, you are hereby notified that the disclosure of your social security number is mandatory. In accord with A.R.S.§41-1740(G) and Executive Order 81-2 amended, it will be used to determine whether you have engaged in criminal conduct. If you are an individual, or partnership it will also be used to determine financial responsibility. If you refuse to provide your social security number the retailer license will be denied. If you are a proposed guarantor of a corporation, limited liability company or limited liability partnership, the applicant's license will not be denied, but the applicant will be required to produce a guarantor that will disclose his or her social security number.

IF ANY ANSWER TO QUESTIONS 13-17 IS "YES," ATTACH A SIGNED STATEMENT GIVING <u>C</u> DETAILS.	<u>OMPLETE</u>		
13. Have you ever been detained, cited, arrested, indicted or summoned into court for violations of any law or ordinance?	Yes		No
14. Have you ever been cited for traffic violations and/or liquor violations?	Yes		No
15. Have you ever posted bond, been ordered to deposit bail, been fined, imprisoned, had sentence suspended, or placed on probation for violation of any law or ordinance?	Yes		No
16. Have you ever had an application for any business, professional, or liquor license rejected or denied?	Yes		No
17. Are you delinquent in the payment of any federal, state, local tax or in payments to the Lottery?	Yes		No
IF ANY ANSWER TO QUESTIONS 18-22 IS "NO", ATTACH A SIGNED STATEMENT GIVING THE FOR SUCH ANSWERS.	IE REASOI	NS	
18. Do you agree to become familiar with the Lottery Laws, Rules and Regulations prior to the sale of any lottery tickets by you?	Yes		No
19. Do you agree to notify the Arizona Lottery of any proposed change of ownership, business name or address prior to making any such changes?	Yes		No
20. Do you consent, for the duration of the license, if issued, to the entrance and inspection by State Lottery official(s) without a warrant or other process, of your licensed premises to determine whether you are complying with the provisions of the State Lottery Laws, Rules and Regulations?	Yes		No
21. Do you consent to an investigation of your background including all records of every kind and description including police and credit records, and to waive any rights or causes of action that you may have against the Arizona Lottery and any other individual or agency disclosing or releasing said information to the Arizona Lottery?	Yes		No
22. Do you agree to return all property of the Arizona Lottery, or its Contractors, to the Arizona Lottery on demand and prior to closure of your business?	☐ Yes		No
I,, HEREBY CERTIFY UNDER PENALTY OF PERJU examined this document and that there are no misrepresentations, falsifications or omission in the in stated in this document. Also, I am aware that false, omitted, or misleading statements will be cause or revocation of this Retailer's license. I understand that I must either return for credit or pay for all losold under the license issued. I have read the Arizona Lottery Statutes and Rules and agree to abid	nformation if for rejection ottery ticket	on ts	
STATE OF)			
STATE OF		_	
The foregoing instrument was acknowledged before me this day of, 2	20		
My Commission expires On:			

Signature of NOTARY PUBLIC



State of Arizona Personal Questionnaire

TO BE COMPLETED BY EACH, OWNER (SPOUSE), PARTNER, MEMBER, PRINCIPAL OFFICER AND DIRECTOR

ĺ		
	MRN	

PLEASE ANSWER ALL QUESTIONS, IF NOT APPLICABLE USE (N/A)

1. Name:		First	Middle Initial	Social Security Numb	er*:		
2. Alias:	other name you have been know		I: Month Da		:City	State	
3. Sex: Male _	Female _	Height:	Weight:	Eye Color:	Hair Cold	or:	
	4. Driver's License No: 5. State of Residency:						
6. US Citizen?	YesNo	Resident Alien?	No	Yes Resident Alien	Number:		
7. Work Permit/	Visa No:			Date	Expires:		
8. Name of Spo				Da	ate of Birth:		
	First	Middle Initial	Last	Maiden	Month	Day Year	
9. E-mail Addres	ss:						
0. Phone Number	ers for:	Business				l Phone	
1. LIST TEN YE	EARS OF EMPLOY	MENT OR BUSINESS IN	VOLVEM	Home ENT. (Include unemploy			
				(1111111111111111111111111111111111111			
FROM MONTH YEAR	TO MONTH YEAR	EMPLOYER / BUSINESS NAME		STREET ADDRESS	CITY AND STATE	ZIP CODE	
2. LIST LAST T	EN YEARS OF RES	Attach addition		<u>-</u>	e 10 vears)		
FROM MONTH YEAR	TO MONTH YEAR	RESIDENCE Street Address		CITY	STATE	ZIP CODE	
morrii TEAR							

*In compliance with Public Law 93-579, you are hereby notified that the disclosure of your social security number is mandatory. In accord with A.R.S.§41-1740(G) and Executive Order 81-2 amended, it will be used to determine whether you have engaged in criminal conduct. If you are an individual, or partnership it will also be used to determine financial responsibility. If you refuse to provide your social security number the retailer license will be denied. If you are a proposed guarantor of a corporation, limited liability company or limited liability partnership, the applicant's license will not be denied, but the applicant will be required to produce a guarantor that will disclose his or her social security number.

IF ANY ANSWER TO QUESTIONS 13-17 IS "YES," ATTACH A SIGNED STATEMENT GIVING <u>C</u> DETAILS.	<u>OMPLETE</u>		
13. Have you ever been detained, cited, arrested, indicted or summoned into court for violations of any law or ordinance?	Yes		No
14. Have you ever been cited for traffic violations and/or liquor violations?	Yes		No
15. Have you ever posted bond, been ordered to deposit bail, been fined, imprisoned, had sentence suspended, or placed on probation for violation of any law or ordinance?	Yes		No
16. Have you ever had an application for any business, professional, or liquor license rejected or denied?	Yes		No
17. Are you delinquent in the payment of any federal, state, local tax or in payments to the Lottery?	Yes		No
IF ANY ANSWER TO QUESTIONS 18-22 IS "NO", ATTACH A SIGNED STATEMENT GIVING THE FOR SUCH ANSWERS.	E REASOI	NS	
18. Do you agree to become familiar with the Lottery Laws, Rules and Regulations prior to the sale of any lottery tickets by you?	Yes		No
19. Do you agree to notify the Arizona Lottery of any proposed change of ownership, business name or address prior to making any such changes?	Yes		No
20. Do you consent, for the duration of the license, if issued, to the entrance and inspection by State Lottery official(s) without a warrant or other process, of your licensed premises to determine whether you are complying with the provisions of the State Lottery Laws, Rules and Regulations?	Yes		No
21. Do you consent to an investigation of your background including all records of every kind and description including police and credit records, and to waive any rights or causes of action that you may have against the Arizona Lottery and any other individual or agency disclosing or releasing said information to the Arizona Lottery?	Yes		No
22. Do you agree to return all property of the Arizona Lottery, or its Contractors, to the Arizona Lottery on demand and prior to closure of your business?	Yes		No
I,, HEREBY CERTIFY UNDER PENALTY OF PERJUDENT Printed Name of Applicant examined this document and that there are no misrepresentations, falsifications or omission in the instated in this document. Also, I am aware that false, omitted, or misleading statements will be cause or revocation of this Retailer's license. I understand that I must either return for credit or pay for all losold under the license issued. I have read the Arizona Lottery Statutes and Rules and agree to abide	formation for rejection ottery ticket	on	
STATE OF)			
STATE OF		_	
The foregoing instrument was acknowledged before me this day of, 2	.:0		
My Commission expires On:		_	

Signature of NOTARY PUBLIC



Arizona Lottery Marketing Questionnaire

1. Business Information					
dba - Business Name (actual nam	e under which you operate	e - storefront name	e)		
Retail Address		Ci	ty / Zip		
Corporate/LLC Name					
2. Is This Retail Location Cur If yes, date of ownership 3. Is this location an: □ Existing Site			_		
4. Proprietor on Premises Da			bsentee Owner?		
5. Store Hours 24 hours					
Monday Tuesday to to	-	-	Friday to	Saturday to	Sunday to
6. Major Cross Streets:					
7. No. of Cash Registers					
8. Where Is Your Business L	ocated?		ip Shopping Center [Other	
9. Products presently offered	d for sale:				
Gasoline Groceries	Newspaper Magazines	<u>Se</u>	ervices Money Orders Eating/Drinks		
Cigarettes & Tobacco	Snacks		Fast Food Chain/Fr	anchise	
Alcoholic Beverages			Check Cashing Loans – Type		

Arizona Lottery



AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

THE UNDERSIGNED LOTTERY RETAILER (RETAILER) hereby authorizes the Arizona Lottery to effect payment for net monthly and/or weekly proceeds owing by the RETAILER from Lottery sales. The RETAILER authorizes the bank indicated below to debit or credit the bank account indicated for these amounts.

2) Bank Address City State Zip 3) Business Bank Account Name Staple Voided Check Here ACCOUNT NAME ACCOUNT ADDRESS PAY TO THE ORDER OF VOID 1: 001300 : 122101706 : 0224 5321 VOID Finter Transit/Routing Numbers here To Checking Account Savings Account Savings Account Title: Authorized Signature Date: Owner or Officer Must Sign	1) B	Bank Name	Branch	Phone No	
3) Business Bank Account Name Staple Voided Check Here ACCOUNT NAME ACCOUNT ADDRESS PAY TO THE ORDER OF VOID 1: 001300	2) B	Bank Address			
Staple Voided Check Here ACCOUNT NAME ACCOUNT ADDRESS PAY TO THE ORDER OF VOID S VOID S Check # Transit/Routing # Account # Note: Location of transit/routing and account numbers may vary To The Checking Account Savings Account Title: Authorized Signature Owner or Officer Must Sign Date Rec'd/Accting:			City	State	Zip
Staple Voided Check Here ACCOUNT NAME ACCOUNT ADDRESS PAY TO THE ORDER OF VOID S VOID S Check # Transit/Routing # Account # Note: Location of transit/routing and account numbers may vary To The Checking Account Savings Account Title: Authorized Signature Owner or Officer Must Sign Date Rec'd/Accting:	3) B	Business Bank Account Name			
Staple Voided Check Here ACCOUNT NAME	,				
ACCOUNT NAME ACCOUNT ADDRESS SAMPLE PAY TO THE ORDER OF. VOID I: 001300	4) B	Business Name			
ACCOUNT ADDRESS SAMPLE PAY TO THE ORDER OF. VOID : 001300 : 122101706 : 0224 5321		Staple	Voided Check Here		
TO THE ORDER OF			APLE	1300	
: 001300 : 122101706 : 0224 5321		TO THE YOUR		\$	
Savings Account Note: Location of transit/routing and account numbers may vary Savings Account Savings Account		L. 001300 L. 122101706 L. 0224		VOID	
Enter Transit/Routing Numbers here Enter Bank Account Numbers here Checking Account Savings Account Title: Authorized Signature Owner or Officer Must Sign Date:			Note: Location of transit/re	outing and account numbers n	nay vary
8) Printed Name Title:	5)		ter Bank Account Numbers here		
Authorized Signature Date: Owner or Officer Must Sign Date Rec'd/Accting:	7)	Checking Account Saving	s Account		
Owner or Officer Must Sign Date Rec'd/Accting:	8) P	Printed Name	Title: _		
Owner or Officer Must Sign Date Rec'd/Accting:		with a size of Oissu of the		5.	
	A			Date:	
		Data Basid/Asstina			
Retail License Number Date Entered/Initials:/ Date Rec'd/Lic:	 Retai	il Licence Number		Date Rec'd/Lic:	



Legal Name*

Address

Phone #

Signature

State HRIS EIN

AGY

City

State of Arizona Substitute W-9 & Vendor Authorization Form Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment. 1. You are a U.S. person (including a resident alien); Instructions: Complete form if 2. You are a vendor that provides goods or services to an Arizona state agency; AND 3. You will receive payment from the State of Arizona. Return completed form to the state agency with whom you do business, for review and authorization. See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form. Type of Request (Must select at least ONE) ☐ Tax ID ☐ Legal Name ☐ Entity Type Minority Business Indicator **New Location** Change (Select the type(s) of **New Request** Main Address Remittance Address Contact Information (Additional Mail Code) change from the following: Taxpayer Identification Number (TIN) (Provide ONE Only) OR Federal Employer Identification Number (FEIN) Social Security Number (SSN) Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.) Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only) Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6l) State of Arizona employee (1E) STATE HRIS EIN Corporation NOT providing health care, medical or legal services (5A) LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A) LLC, PLLC organized as corporation providing health care, medical or legal services (5M) Corporation providing health care, medical or legal services (5M) A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G) Partnership, LLP or Partnership organized as LLC or PLLC (5C) An international organization or any of its agencies/instrumentalities (5U) Other: Tax Reportable Entity (5P) Description The US or any or its political subdivisions or instrumentalities (2G) Other: Tax Exempt Entity (5H) Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only) Small Business (01) Minority Owned Business- African American Small, Woman Owned Business- Hispanic (31) (04)Small Business- African American (23) Small, Woman Owned Business- Native American (33) Minority Owned Business- Asian (32) Small Business-Asian (24) Small, Woman Owned Business- Other Minority (11) Minority Owned Business- Hispanic (74) Small Business - Hispanic (25) Woman Owned Business (03) Minority Owned Business-Native American (15) Small Business- Native American (27) Woman Owned Business- African American (17) Minority Owned Business-Other Minority (02) Small Business- Other Minority (05) Woman Owned Business-Asian (18) Non-Profit, IRC §501(c) (88) Small, Woman Owned Business (06) Woman Owned Business-Hispanic (19) Non-Small, Non-Minority or Non-Woman Owned Business (00) Small, Woman Owned Business- African American (29) Woman Owned Business- Native American (21) Small, Woman Owned Business- Asian Woman Owned Business-Other Minority (08) (00) Individual, Non-Business Main Address Where tax information and general correspondence is to be mailed Remittance Address Where payment is to be mailed Same as Main DBA\Branch\Location DBA\Branch\Location Address Zip code City Zip code State State Vendor Contact Information Title Ext. Fax Email Certification **Exempt from backup withholding** Under Penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND 3. I am a U.S. person (including U.S. resident alien). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. Title **Date** STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION VENDOR: DO NOT WRITE BELOW THIS LINE Print Name Signature Date Title Phone # Email

Vendor Number Processed by Date Processed GAO-03 ☐ Other

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

IRS TIN Matching

STATE OF ARIZONA GAO USE ONLY

Corporation Commission

Janice K. Brewer Governor



Jeff Hatch-Miller Executive Director

RULES ACKNOWLEDGMENT

Enclosed is a copy of the Arizona Lottery's Retailer Rules, which provide a thorough overview of all the requirements and responsibilities you will assume as a retailer. It is very important that you read the entire booklet to have a complete understanding of these rules. Please pay particular attention to some of the following rules:

<u>American with Disabilities Act Requirements</u> - R19-3-202A.1.c. Certification that the applicant has complied with the statutes and rules governing the Americans with Disabilities Act.

Display of License and Promotional Material - R19-3-202.F

Retailers must post the license certificate, the Americans with Disabilities Act Notice and the Arizona Problem Gambling Helpline toll-free telephone number in a conspicuous place on the premises where the retailer sells Lottery products. Charitable organizations must also prominently display the flare for each instant tab game currently on sale at or near the point of sale.

Penalties - R19-3-208

The Lottery has designated a number of retailer rules and laws in which a civil penalty may be imposed against a retailer who violates any specific law or rule such as selling a lottery ticket to a person under 21 or selling a lottery ticket utilizing a public assistance voucher or electronic benefits transfer card.

Reportable Events - R19-3-210

A licensee shall report the following events to the Lottery in writing at least 15 days before the event or as otherwise specified in this Section; Sale of ownership, Addition or removal of a member/officer of an L.L.C. or Corporation; Bankruptcy, Merger, Insolvency, Is being sued, Bank account change, Mailing address and phone number, and if the applicant, director, officer or member is charged with a felony.

These requirements are designed to build a strong retailer network and to help our retailers do a better job as our representative in the marketplace. Please call the Arizona Lottery Licensing Division at (480) 921-4486 or (480) 921-4439 for assistance.

Your signature below will serve to acknowledge that you have read the Arizona Lottery's Retailer Rules and agree to abide by them as required.

Business Name	Signature
	<u> </u>
Date	Print Name

Phoenix Office · 4740 East University Drive · Phoenix, Arizona 85034 · 480-921-4400 · Fax: 480-921-4488 Tucson Office · 4010 E. Grant Road · Tucson, Arizona 85712 · 520-628-5107 · Fax: 480-921-4456 www.arizonalottery.com

Gambling Problem? 1-800-NEXT STEP (1-800-639-8783)