



Douglas A. Ducey  
Governor

Tony V. Bouie  
Executive Director

Dear Prospective Lottery Retailer:

Thank you for your interest in becoming a licensed Lottery retailer. The following checklist will serve as a guide to assist you in completing your application forms.

- \_\_\_\_\_ Application for Lottery Retailer's License 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.
- \_\_\_\_\_ Questionnaire – **Every person** listed on the application form must complete a personal Questionnaire. Please be sure to have signatures notarized.
- \_\_\_\_\_ Fingerprint Card – A Fingerprint Card is not currently required at this time, but may be required prior to licensing.
- \_\_\_\_\_ Copy of Government Issued ID - **Every person** listed on the application form must provide a copy of their Government issued ID (i.e. Driver's License, State issued ID card, etc.)
- \_\_\_\_\_ Marketing Questionnaire
- \_\_\_\_\_ Electronic Funds Transfer form – Owner, Officer, or Member must sign this form. Please attach a voided check.
- \_\_\_\_\_ Substitute W-9 form – 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:**  
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 Articles of Organization or Corporation.

**Arizona Revised Statutes – Section 41-1030 is available for your review in this application packet.**

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.

Thank You

Arizona Lottery Licensing Department

Phoenix 4740 E University Dr. Phoenix, Arizona 85034 | Tucson 2900 E Broadway Blvd., Suite 190 Tucson, Arizona 85716

## **Arizona Revised Statutes**

### **Section 41-1030**

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.



State of Arizona
Application for Lottery Retailer's License

Please Select the License Type You Are Applying For:

Full Product License (Scratchers, The Pick, Powerball, Mega Millions & etc.)

Pull Tab Only

MRN
License No.

Business Information

1. Business Information

Business Name (actual name under which you operate - storefront name)
Business Address
City AZ Zip
County Business Phone No.

2. Mailing Information

Same as above

Contact Person: Contact Phone No.:
Mailing Address
City State Zip

3. Licensee Information - Corporation/L.L.C./Partnership Name that will be listed as licensee for this license

Corporation Name/L.L.C Name or Partnership Name
Corporate Address
City State Zip
Corporate Contact: Contact Phone No.:

4. General Information

A. Federal Tax I.D. Number (EIN) Applied For
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 government agency? If yes, attach detailed statement. Yes No
E. Is this application for a business or location that is currently or has previously been a licensed Lottery retail outlet?..... Yes No
F. Are you currently an Arizona Lottery retailer or have you ever been an Arizona Lottery retailer?..... Yes No
G. Is the business location or property leased? No Yes Leased from
H. Is business location or property on Indian Lands? Yes No
I. Arizona Liquor License Number Expiration Date: N/A Applied

For Lottery Use Only

Route County Chain
Leg. Dist. Business Code Store District

NEW RENEWAL
CHARITABLE LICENSE
AGE CONTROLLED LICENSE
FULL PRODUCT LICENSE
CHANGE OF OWNERSHIP

Previous license Number

Received:
Licensed:
Renewed:
Denied/Revoked::
Closed:
Cancelled:

ADA Compliant/
Lease Exempt:

Ownership Information

## 5. Ownership Information

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.

All persons listed below must complete the following forms and are subject to credit and background investigations. Currently a fingerprint card is not needed but may be required prior to being licensed.

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.*

*List all owners, officers, members or partners affiliated with this business.*

<u>Name</u>	<u>Title / Position in Company</u>

Acceptance of Licensing Terms

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have examined this application and that there are no misrepresentations, falsifications or omission in the information stated in this application. Also, I am aware that false, omitted, or misleading statements will be cause for rejection or revocation of this Retailer's license. I understand that I must either return for credit or pay for all lottery tickets sold under the license issued. I have read the Arizona Lottery Statutes and Rules and agree to abide by them.

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed name of Applicant

The foregoing instrument was acknowledged before  
 me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of NOTARY PUBLIC

My Commission expires on: \_\_\_\_\_

For Lottery Use Only

Director of Operations Approval: \_\_\_\_\_



# 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: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_  
Last First Middle Initial

2. Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Any other name you have been known by) Month Day Year City State

3. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

4. Driver's License No: \_\_\_\_\_ 5. State of Residency: \_\_\_\_\_

6. US Citizen? \_\_\_\_Yes \_\_\_\_No Resident Alien? \_\_\_\_No \_\_\_\_Yes Resident Alien Number: \_\_\_\_\_

7. Work Permit/Visa No: \_\_\_\_\_ Date Expires: \_\_\_\_\_

8. Are You Married?  Yes  No Date of Birth: \_\_\_\_\_  
 Name of Spouse : \_\_\_\_\_  
First Middle Initial Last Maiden Month Day Year

9. E-mail Address: \_\_\_\_\_

10. Phone Numbers for: \_\_\_\_\_  
Business Home Cell Phone

**11. LIST TEN YEARS OF EMPLOYMENT OR BUSINESS INVOLVEMENT. (Include unemployment if within the 10 years.)**

FROM		TO		EMPLOYER / BUSINESS NAME	STREET ADDRESS	CITY AND STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR				

**Attach additional sheet if necessary**

**12. LIST LAST TEN YEARS OF RESIDENCE. (Include any out-of-country addresses within the 10 years)**

FROM		TO		RESIDENCE Street Address	CITY	STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR				

\*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.§41-1750(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 COMPLETE DETAILS.**

- 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 REASONS FOR SUCH ANSWERS.**

- 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, \_\_\_\_\_, *Printed Name of Applicant*, HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have

examined this document and that there are no misrepresentations, falsifications or omission in the information stated in this document. Also, I am aware that false, omitted, or misleading statements will be cause for rejection or revocation of this Retailer's license. I understand that I must either return for credit or pay for all lottery tickets sold under the license issued. I have read the Arizona Lottery Statutes and Rules and agree to abide by them.

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
 Signature of Applicant

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of NOTARY PUBLIC

My Commission expires \_\_\_\_\_  
 on: \_\_\_\_\_



# 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: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_  
Last First Middle Initial

2. Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Any other name you have been known by) Month Day Year City State

3. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

4. Driver's License No: \_\_\_\_\_ 5. State of Residency: \_\_\_\_\_

6. US Citizen? \_\_\_\_Yes \_\_\_\_No Resident Alien? \_\_\_\_No \_\_\_\_Yes Resident Alien Number: \_\_\_\_\_

7. Work Permit/Visa No: \_\_\_\_\_ Date Expires: \_\_\_\_\_

8. Are You Married?  Yes  No  
 Name of Spouse : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Initial Last Maiden Month Day Year

9. E-mail Address: \_\_\_\_\_

10. Phone Numbers for: \_\_\_\_\_  
Business Home Cell Phone

**11. LIST TEN YEARS OF EMPLOYMENT OR BUSINESS INVOLVEMENT. (Include unemployment if within the 10 years.)**

FROM		TO		EMPLOYER / BUSINESS NAME	STREET ADDRESS	CITY AND STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR				

**Attach additional sheet if necessary**

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- 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
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I, \_\_\_\_\_, *Printed Name of Applicant*, HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have

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STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
 Signature of Applicant

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of NOTARY PUBLIC

My Commission expires \_\_\_\_\_  
 on: \_\_\_\_\_



# Arizona Lottery Marketing Questionnaire

## 1. Business Information

\_\_\_\_\_  
dba - Business Name (actual name under which you operate - storefront name)

\_\_\_\_\_  
Retail Address

\_\_\_\_\_  
City / Zip

\_\_\_\_\_  
Corporate/LLC Name

## 2. Is This Retail Location Currently a Licensed Lottery Retailer?

Yes  No

If yes, date of ownership change \_\_\_\_\_

## 3. Is this location an:

Existing Site

New Construction → Tentative Opening Date: \_\_\_\_\_

## 4. Proprietor on Premises Daily?

Yes  No

## Absentee Owner?

Yes  No

## 5. Store Hours

24 hours

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

\_\_\_\_ to \_\_\_\_

## 6. Major Cross Streets:

\_\_\_\_\_

## 7. No. of Cash Registers

\_\_\_\_\_

## 8. Where Is Your Business Located?

Free Standing  Strip Shopping Center  Other \_\_\_\_\_

Mall  Office Building

## 9. Products presently offered for sale:

### Services

Gasoline

Money Orders

Alcoholic Beverages

Groceries

Eating/Drinks

Series 06 License (Bar)

Cigarettes & Tobacco

Fast Food \_\_\_\_\_  
Chain/Franchise

Series 07 License  
(Beer & Wine Bar)

Prescription Drugs

Check Cashing

Series 14 License  
(Private Club)

Newspaper

Loans – Type \_\_\_\_\_

Other \_\_\_\_\_

Magazines

Snacks

Marketing/Sales Information



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.

1) Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Phone No. \_\_\_\_\_

2) Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) Business Bank Account Name \_\_\_\_\_

4) Business Name \_\_\_\_\_

Staple Voided Check Here

ACCOUNT NAME	1300
ACCOUNT ADDRESS	
<b>SAMPLE</b>	
PAY TO THE ORDER OF _____	VOID \$ <input type="text"/>
<b>VOID</b>	
: 001300   : 122101706   : 0224 5321	

Check #      Transit/Routing #      Account #

Note: Location of transit/routing and account numbers may vary

5)  Enter Transit/Routing Numbers here

6)  Enter Bank Account Numbers here

7)  Checking Account       Savings Account

8) Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Officer Must Sign

Retail License Number

Date Rec'd/Accting: \_\_\_\_\_

Date Entered/Initials: \_\_\_\_\_/\_\_\_\_\_

Date Rec'd/Lic: \_\_\_\_\_



# State of Arizona Substitute W-9 & Vendor Authorization Form

**Purpose:** 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.

**Instructions:** Complete form if

1. You are a U.S. person (including a resident alien);
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](http://www.irs.gov) for details on completing this form.

**Type of Request (Must select at least ONE)**

New Request     New Location (Additional Mail Code)     Change (Select the type(s) of change from the following:

Tax ID     Legal Name     Entity Type     Minority Business Indicator

Main Address     Remittance Address     Contact Information

**Taxpayer Identification Number (TIN) (Provide ONE Only)**

Social Security Number (SSN) [ ] - [ ] - [ ]    OR    Federal Employer Identification Number (FEIN) [ ] - [ ]

**Entity Name Must Provide Legal Name (\*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)**

Legal 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 (6I)     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)

Corporation providing health care, medical or legal services (5M)     LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

Partnership, LLP or Partnership organized as LLC or PLLC (5C)     A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

An international organization or any of its agencies/instrumentalities (5U)     Other: Tax Reportable Entity (5P)    Description [ ]

The US or any of 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)     Small, Woman Owned Business- Hispanic (31)     Minority Owned Business- African American (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 (30)     Woman Owned Business- Other Minority (08)     Individual, Non-Business (00)

**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 [ ]    Address [ ]

City [ ] State [ ] Zip code [ ]    City [ ] State [ ] Zip code [ ]

**Vendor Contact Information**

Name [ ]    Title [ ]

Phone # [ ]    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.**

Signature [ ]    Title [ ]    Date [ ]

**STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION**    **VENDOR: DO NOT WRITE BELOW THIS LINE**

State HRIS EIN [ ]    Print Name [ ]    Signature [ ]

AGY [ ]    Title [ ]    Phone # [ ]    Email [ ]    Date [ ]

**STATE OF ARIZONA GAO USE ONLY**    **VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

IRS TIN Matching     Corporation Commission    Vendor Number [ ]    Processed by [ ]    Date Processed [ ]

HRIS     GAO-03     Other



Douglas A. Ducey  
Governor

Tony V. Bouie  
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 the following requirements:

**Americans with Disabilities Act Requirements – R19-3-202(1)(c)**

Certification that access to the applicant's business complies with the statutes and rules governing the Americans with Disabilities Act.

**Display of License and Point-of-Sale Material. – R19-3-202.05**

Retailer shall prominently display the, Arizona Problem Gambling Helpline toll-free telephone number and Americans with Disabilities Act Notice. A retailer shall post the Lottery License or a copy of the license held by the retailer and the authorized Lottery Retailer Decal in a prominent place on the premises where the retailer sells Lottery products.

**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 issued by the Arizona Department of Economic Security.

**Reportable Events – R19-3-210**

A retailer shall report the following events to the Lottery in writing at least 10 business days before the event or as otherwise specified in this Section. Some examples are; Sale of Ownership, Addition or Removal of a Member/Officer of an L.L.C. or Corporation, Bankruptcy, Merger, Insolvency, and if the Applicant, Director, Officer or Member is charged with a felony. See rules booklet for complete list.

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. If you have any questions, please call the Arizona Lottery Licensing Division at (480) 921-4486 or (480) 921-4439. 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Revised 2/12/2015

Phoenix 4740 E University Dr. Phoenix, Arizona 85034 | Tucson 2900 E Broadway Blvd., Suite 190 Tucson, Arizona 85716