



State of Arizona
RETAILER RENEWAL LICENSE APPLICATION

Please select the license type you are renewing:

- Full Product License Pull Tab License Only

MRN

License No.

STORE INFORMATION

STORE Name: _____ **STORE Phone:** _____

STORE Address: _____

City: _____ **County:** _____ **ZIP Code:** _____

STORE Contact and Phone No.: _____

ALTERNATE STORE Mailing Address (if applies): _____

City: _____ **State:** _____ **ZIP Code:** _____

OWNERSHIP INFORMATION

- 1. How is the business owned?**
 Charitable Organization – 501(c)(3)
 Sole Proprietor - Does the Sole Proprietor reside in Arizona? Yes No
 Arizona Corporation Out of State Corporation - Is the corporation authorized to do business in Arizona? Yes No
 Partnership Limited Liability Company Does at least one Partner/Member reside in Arizona? Yes No

2. NAME of Corporation, L.L.C. or Partnership: _____

Corporate Address: Same as Store

City: _____ **State:** _____ **ZIP Code:** _____

Corporate Contact (if applies): _____ **Contact Phone:** _____

3. LIST name and title of ALL Owners, Officers, Members, or Partners affiliated with this business:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

FOR LOTTERY USE ONLY

Route County Chain

Leg. Dist. Business

- CHARITABLE
 AGE CONTROLLED
 FULL PRODUCT
 LIMITED LICENSE
 CHANGE OF OWNERSHIP
Previous License No. _____

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

Executive Director or Designee Approval: _____ **Date:** _____



State of Arizona
RETAILER RENEWAL LICENSE APPLICATION
 (Continued)

GENERAL INFORMATION

1. The business is compliant with accessibility requirements under the **Americans with Disabilities Act?** Yes No
2. Does the business sell alcoholic beverages? NO YES If yes, please provide the following:
 Arizona Liquor License No.: _____ Exp. Date _____
3. Is the business currently delinquent in the payment of any Federal, State, County or Local Tax, or any other financial obligation to a government agency? NO YES If yes, please attach detailed statement.
4. Is the business property leased? NO YES - If yes, property owner name: _____

CERTIFICATION AND SIGNATURE
 (Must be Notarized)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have reviewed the information provided in this application and that it is current, complete, and accurate. I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license. I understand that I must either return for credit or pay for all lottery tickets sold under the license issued.

 Applicant Signature

 Date

 PRINT Applicant Name

 Title

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this ____ day of _____, 20____.

 NOTARY PUBLIC

My commission expires on: _____



State of Arizona
LICENSE RENEWAL
Personal Questionnaire
 MUST BE COMPLETED BY EACH OWNER AND OWNER'S SPOUSE, PARTNER,
 MEMBER, AND OFFICER

MRN

Arizona law requires the Lottery to conduct a background investigation on all applicants for a retail license, including a review of criminal history, credit, and financial solvency.

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

GENERAL INFORMATION

Name: _____ Social Security No.: _____

Last
First
Middle Initial

Date of Birth: _____ State of Residency: _____

Current Address: _____

Street Address
City
State
Zip

US Citizen? YES NO If not a US Citizen, do you have one of the following?

Resident Alien Card? NO YES If Yes, Resident Alien No.: _____ Expire Date _____
If yes, Please attach copy

Work Permit or Visa? NO YES If Yes, Permit or Visa No.: _____ Expire Date _____
If yes, Please attach copy

Contact numbers: _____

Business Phone
Home Phone
Cell Phone

EMAIL (Please provide): _____

Are you married? NO YES Spouse's Name: _____

First
Middle Initial
Last
Maiden

YOU MUST ANSWER THE FOLLOWING QUESTIONS. IF ANY ANSWER IS "YES," YOU MUST EXPLAIN BELOW THE QUESTION OR PROVIDE A SIGNED STATEMENT GIVING COMPLETE DETAILS.

1. Have you ever been convicted for violating any law or ordinance? Yes No

2. Have you ever had an application for any business, professional or liquor license denied? Yes No

3. Have you ever had any business, professional or liquor license suspended or revoked? Yes No

4. Are you delinquent in the payment of any federal, state, or local tax? Yes No



State of Arizona
RENEWAL
Personal Questionnaire (Continued)

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- i) I have reviewed the information provided in this application and that it is current, complete, and accurate;**
- ii) I am aware that omissions or false or misleading statements will be cause for denial of a retailer or license revocation of an existing license;**
- iii) I will either return for credit or pay for all lottery tickets sold under the license issued; and**
- iv) The retail location to be licensed is currently in compliance with the Americans with Disabilities Act (ADA) and I will take all necessary steps to maintain compliance with the ADA during the license term.**

Applicant Signature	Date
PRINT Name of Applicant	Title

STATE OF _____

COUNTY OF _____

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Contact numbers: _____
Business Phone Home Phone Cell Phone

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Are you married? NO YES Spouse's Name: _____
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