



# RETAILER APPLICATION

Florida Lottery  
250 Marriott Drive  
Tallahassee, FL 32399-6573  
(850) 487-7714 or flalottery.com

## FOR LOTTERY USE ONLY

ID# \_\_\_\_\_ CHAIN# \_\_\_\_\_  
PROSPECT# \_\_\_\_\_  
DO \_\_\_\_\_

**Non-refundable Application Fee: Payable to the Florida Lottery by check or money order.  
Initial Application \$100, Additional Location \$25, Change of Location \$10,  
New Officer, Director or Shareholder \$25 each.**

Each applicant shall be subject to a background investigation which can include fingerprinting.  
A retailer applicant shall be required to post a bond, certificate of deposit or other security if it is determined during the background investigation that such requirement is necessary to secure payment of lottery proceeds.

### Check application type and complete the information below – PLEASE PRINT OR TYPE:

- INITIAL APPLICATION     100% SALE OF STOCK     NEW OFFICER(S), DIRECTOR(S), SHAREHOLDER(S)
- ADDITIONAL STORE LOCATION
- CHANGE OF LOCATION: Date of Relocation \_\_\_\_\_
- CHANGE OF OWNERSHIP: Previous Location ID# \_\_\_\_\_ Date of Sale \_\_\_\_\_

For information concerning sale of business: Contact Name \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## SECTION 1 - BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME: \_\_\_\_\_

2. STORE NAME (dba): \_\_\_\_\_ 3. STORE PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

4. STORE ADDRESS: \_\_\_\_\_  
Street City State Zip Code County

5. MAILING ADDRESS: \_\_\_\_\_  
Same as Store Address  Street or P.O. Box City State Zip Code

6. CONTACT NAME AND TITLE: \_\_\_\_\_  
First Middle Initial Last Title

7. CONTACT NUMBERS AND E-MAIL ADDRESS:  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Phone Alternate Phone Fax Number

E-mail Address \_\_\_\_\_

8. TAXPAYER IDENTIFICATION NUMBER: Provide number used to file business income tax return.  
Sole Proprietors, list Social Security Number. All other entities, list Federal Employer Identification Number.  
\_\_\_\_\_

9. FLORIDA SALES TAX NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Applied For  Tax Exempt

10. ALCOHOLIC BEVERAGE LICENSE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Applied For  Not Applicable

11. MINORITY BUSINESS:  YES  NO (If yes, check appropriate minority category)

- African American     Native American     Hispanic American
- American Woman     Asian American

12. BUSINESS TYPE: (Check One)  
 Corporation     Partnership     Non Profit     Sole Proprietorship  
 Limited Partnership     Limited Liability Company     Limited Liability Partnership

13. FLORIDA DEPT. OF STATE, DIVISION OF CORPORATIONS DOCUMENT NUMBER: \_\_\_\_\_

## SECTION 2 - OFFICER/OWNER INFORMATION

### THE LOTTERY SHALL NOT CONTRACT WITH ANY PERSON WHO IS RELATED TO AND RESIDING WITH ANY EMPLOYEE OF THE LOTTERY.

1. Are any of the individuals listed below related to an employee of the Florida Lottery in one of the following ways: husband, wife, parent, grandparent, spouse's parent, child, brother, sister, spouse of a child, aunt, uncle, grandchild, niece, nephew, first cousin, and living in the same household as the employee? \_\_\_\_ Yes \_\_\_\_ No
2. **LIST ALL OWNERS, INDIVIDUAL PARTNERS, MANAGING MEMBERS, CORPORATE OFFICERS, DIRECTORS. LIST SHARE-HOLDERS OF 10% OR MORE OR LIMITED PARTNERS WITH 10% OR MORE INTEREST IN THE BUSINESS. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.**

Name (first, middle initial, last)				Phone			Title			Birthdate (MM-DD-YY)			
Home Address			City		State		Zip		Sex	Race	% Ownership	Social Security Number	

Name (first, middle initial, last)				Phone			Title			Birthdate (MM-DD-YY)			
Home Address			City		State		Zip		Sex	Race	% Ownership	Social Security Number	

Name (first, middle initial, last)				Phone			Title			Birthdate (MM-DD-YY)			
Home Address			City		State		Zip		Sex	Race	% Ownership	Social Security Number	

Name (first, middle initial, last)				Phone			Title			Birthdate (MM-DD-YY)			
Home Address			City		State		Zip		Sex	Race	% Ownership	Social Security Number	

Name (first, middle initial, last)				Phone			Title			Birthdate (MM-DD-YY)			
Home Address			City		State		Zip		Sex	Race	% Ownership	Social Security Number	

3. Have any of the individuals listed above:
  - a. Been convicted of, or pleaded guilty or nolo contendere to a felony within the last 10 years, regardless of adjudication? \_\_\_\_ Yes \_\_\_\_ No
  - b. Been convicted of, or pleaded guilty or nolo contendere to any gambling offense within the last 10 years, regardless of adjudication? \_\_\_\_ Yes \_\_\_\_ No
  - c. Been arrested and have any pending criminal charges that have not been resolved? \_\_\_\_ Yes \_\_\_\_ No
  - d. Been a Florida Lottery Retailer? \_\_\_\_ Yes \_\_\_\_ No
  - e. Been suspended or terminated as a Florida Lottery Retailer? \_\_\_\_ Yes \_\_\_\_ No
  - f. Been subject to any adverse actions or findings as a lottery retailer with any other state lottery within the continental United States? \_\_\_\_ Yes \_\_\_\_ No

If yes to questions a, b, c, d, e, or f, please explain response and include dates below (use additional sheet if necessary).

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4. For any individuals listed in the Officer/Owner Information, Section 2, who are not U.S. citizens, please list the individual's name, mother's maiden name, father's name; passport number, permanent resident or I-94 number; the last permanent address prior to entering the U.S. and the last date of entry into the U.S.

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**How did you learn about becoming a Florida Lottery Retailer? Check one:**

- Florida Lottery Website     Word of Mouth     Direct Mail     Print Ad     Sales Rep Visit  
 Florida Business Information Portal     Other: Please Specify \_\_\_\_\_

**Certification:**

An attorney in fact may not make any affidavit as to the personal knowledge of the principal.

I HEREBY CERTIFY that the information contained on this form or otherwise submitted to the Florida Lottery in connection with my application to become a retailer is true and correct in every material respect. I understand that providing inaccurate or misleading information is grounds for rejection of this application or cancellation of the Retailer Contract. The Florida Lottery is authorized to obtain criminal background, Florida tax, credit, and general information about me, my business, and any persons listed on this application, which may assist in making a decision on this application. The business location where lottery tickets will be sold is in compliance with the accessibility requirements set forth in sections 553.501 - 553.513, Fla. Stat., the Florida Americans with Disabilities Accessibility Implementation Act.

I HEREBY CERTIFY I have read and understand the content contained in the Retailer Awareness and Integrity Training document found on the Florida Lottery's website at flalottery.com/HowToApply.

\_\_\_\_\_  
Signature of Authorized Corporate Officer, Partner, or Owner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to or affirmed and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Day) (Month) (Year)

by \_\_\_\_\_  
(Name of Authorized Corporate Officer, Partner, or Owner)

\_\_\_\_\_  
Signature of Notary Public  
(Print, Type or Stamp Commissioned Name of Notary Public)

\_\_\_\_\_ Personally Known or \_\_\_\_\_ Produced Identification

Type of  
Identification \_\_\_\_\_

Affix Notary stamp above.

Certificates of Authority and retailer contracts are not assignable or transferable between persons or locations.  
STATEMENT OF PUBLIC DISCLOSURE: Information contained in this application shall be open to the public for inspection.

# MARKETING EVALUATION/SITE SURVEY

**Store Name:** \_\_\_\_\_ **COMPLETE WITH LOTTERY SALES REPRESENTATIVE**

**1. TRADE STYLE** (Circle One)

- |                         |                                      |                                    |                                |
|-------------------------|--------------------------------------|------------------------------------|--------------------------------|
| Airport Location        | Convenience Store-<br>no gas pumps   | Hardware/Building Supplies         | Restaurant - No Liquor         |
| Appliances              | Convenience Store-<br>with gas pumps | Hotel/Motel                        | Shopping Mall Location         |
| Auto Parts/Repair       | Department Store                     | Ice Cream Shop                     | Small Grocery/Meat/Fish Market |
| Bakery                  | Dollar Store/Discount Store          | Jewelry Store                      | Sports Arena/Amusement Park    |
| Bar/Tavern/Lounge       | Drug Store/Pharmacy                  | Laundry/Dry Cleaner                | Supermarket                    |
| Barber Shop/Hairdresser | Financial Services                   | Mail Services/Copy Center          | Telecommunications Center      |
| Beauty Shop             | Flea Market                          | Municipality/Political Subdivision | Travel Agency                  |
| Bingo Hall              | Florist                              | Newsstand/Tobacconist/Sundries     | Travel Plaza/Truck Stop        |
| Bowling Alley           | Gas Station/Auto Repair              | Non-Profit Organization            | Wholesale Club                 |
| Car Wash                | Gift/Card Shop                       | Package Liquor Store               | Other _____                    |
| Clothing/Shoes          |                                      | Pari-Mutuel                        |                                |
| Coffee/Deli/Sub Shop    |                                      | Restaurant - Liquor                |                                |

**2. BUSINESS OPERATION:**     SEASONAL BUSINESS                       YEAR-ROUND BUSINESS

Business Hours	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM .....							
TO .....							

**3. RETAILER INSTALLATION INFORMATION:**

**New Construction or Store Not Yet Open? Please Check.**     Yes                       No  
**If yes, complete a, b, & c below.**

- a. Store opening date: \_\_\_\_\_
- b. Approximate date for terminal and communications equipment installation: \_\_\_\_\_
- c. Building contact name and phone number: \_\_\_\_\_

**Retailer Owns Location? Please Check.**                       Yes                       No  
**If no, complete a & b below.**

***Retailers with a lease agreement must have their landlord's approval for the installation of communications equipment on the roof and the installation of cables inside the location.***

- a. Landlord contact name: \_\_\_\_\_
- b. Landlord phone number: \_\_\_\_\_

**4. COMMENTS:**

Sales Representative: \_\_\_\_\_

\_\_\_\_\_  
 Lottery Sales Representative Signature                      SR#                      Stop#                      Date

Lottery District Manager: \_\_\_\_\_

\_\_\_\_\_  
 Lottery District Manager Signature                      Date



## **PRIVACY ACT NOTICE**

### **RETAILER APPLICANTS**

Under the Federal Privacy Act, disclosure of a person's Social Security number is voluntary unless a Federal statute specifically requires such disclosure or allows states to collect the number. In connection with filing an application to become a Florida Lottery retailer, disclosure of the applicant's Social Security number is required by 26 U.S.C.A. s. 6109 for tax reporting purposes. The applicant's Social Security number will also be used in performing the background investigation necessary to implement Section 24.112, Florida Statutes, because the Social Security number is used as an identifier in the databases searched.

The Lottery may also provide this information to law enforcement agencies to enforce criminal laws.

Under Section 119.071(5), Florida Statutes, an agency may collect Social Security numbers if it is imperative for the performance of the agency's duties and responsibilities. Notice is hereby provided that for retailer applicants that are legal entities, it is imperative that the Lottery use the Social Security numbers of members, partners, officers, directors, etc., to conduct the background investigations necessary to implement Section 24.112, Florida Statutes, because the Social Security number is used as an identifier in the databases searched.