



CHAIN ACCOUNT RETAILER APPLICATION

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

FOR LOTTERY USE ONLY

CHAIN # _____

SE/FSM# _____

**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.**

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 ☐ ADDITIONAL STORE(S) ☐ ADDITIONAL OFFICER(S), DIRECTOR(S), or SHAREHOLDER(S)
☐ CHANGE OF LOCATION: Date of Relocation _____
☐ CHANGE OF OWNERSHIP: Previous Name of Business _____ Date of Sale _____

SECTION 1 – BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME:

2. MAILING ADDRESS:

Street or P.O. Box _____ City _____ State _____ Zip Code _____

3. CONTACT NAME AND TITLE:

First _____ Middle Initial _____ Last _____ Title _____

4. CONTACT NUMBERS AND E-MAIL ADDRESS:

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Phone Number Alternate Phone Number Fax Number

E-Mail Address

5. BUSINESS TYPE: (Check One)

☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Sole Proprietorship
☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership

6. CORPORATE CHARTER OR DOCUMENT NUMBER: _____

7. Is the stock of this business entity publicly traded on a national securities exchange? _____ Yes _____ No
If yes, please skip page 3 and complete the information on Publicly Traded Organizations on page 4.

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. TRADE STYLE (May indicate more than one):

<input type="checkbox"/> Airport Location	<input type="checkbox"/> Drug Store/Pharmacy	<input type="checkbox"/> Travel Plaza/Truck Stop
<input type="checkbox"/> Bar/Tavern/Lounge	<input type="checkbox"/> Gas Station/Auto Repair	<input type="checkbox"/> Video Store
<input type="checkbox"/> Convenience Store- no gas pumps	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Wholesale Club
<input type="checkbox"/> Convenience Store- with gas pumps	<input type="checkbox"/> Newsstand/Tobacconist/ Sundries	<input type="checkbox"/> Other _____
<input type="checkbox"/> Department Store	<input type="checkbox"/> Package Liquor Store	
<input type="checkbox"/> Dollar Store/Discount Store	<input type="checkbox"/> Restaurant	
	<input type="checkbox"/> Shopping Mall Location	
	<input type="checkbox"/> Supermarket	

SECTION 2 – STORE LOCATION INFORMATION

PLEASE PRINT OR TYPE. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES OR A SEPARATE REPORT.

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

Store Name: _____

Store Address: _____
Street

City Zip Code

County

Start Date of Business: _____

Change of Ownership? ☐ Yes ☐ No

Previous Lottery Location ID# if known: _____

Location: Owned ☐ Leased ☐ **Comments:** _____

Florida Sales Tax Number: _____
☐ Applied For ☐ Tax Exempt

Alcoholic Beverage License Number: _____
☐ Applied For ☐ Not Applicable

Location Phone Number: (_____) _____ - _____
☐ Not Available ☐ Location Under Construction

Construction Contact Name: _____

Phone Number: (_____) _____ - _____

Store Name: _____

Store Address: _____
Street

City Zip Code

County

Start Date of Business: _____

Change of Ownership? ☐ Yes ☐ No

Previous Lottery Location ID# if known: _____

Location: Owned ☐ Leased ☐ **Comments:** _____

Florida Sales Tax Number: _____
☐ Applied For ☐ Tax Exempt

Alcoholic Beverage License Number: _____
☐ Applied For ☐ Not Applicable

Location Phone Number: (_____) _____ - _____
☐ Not Available ☐ Location Under Construction

Construction Contact Name: _____

Phone Number: (_____) _____ - _____

Store Name: _____

Store Address: _____
Street

City Zip Code

County

Start Date of Business: _____

Change of Ownership? ☐ Yes ☐ No

Previous Lottery Location ID# if known: _____

Location: Owned ☐ Leased ☐ **Comments:** _____

Florida Sales Tax Number: _____
☐ Applied For ☐ Tax Exempt

Alcoholic Beverage License Number: _____
☐ Applied For ☐ Not Applicable

Location Phone Number: (_____) _____ - _____
☐ Not Available ☐ Location Under Construction

Construction Contact Name: _____

Phone Number: (_____) _____ - _____

Store Name: _____

Store Address: _____
Street

City Zip Code

County

Start Date of Business: _____

Change of Ownership? ☐ Yes ☐ No

Previous Lottery Location ID# if known: _____

Location: Owned ☐ Leased ☐ **Comments:** _____

Florida Sales Tax Number: _____
☐ Applied For ☐ Tax Exempt

Alcoholic Beverage License Number: _____
☐ Applied For ☐ Not Applicable

Location Phone Number: (_____) _____ - _____
☐ Not Available ☐ Location Under Construction

Construction Contact Name: _____

Phone Number: (_____) _____ - _____

SECTION 3 – OFFICER INFORMATION

IF PUBLICLY TRADED, PLEASE SKIP THIS SECTION AND COMPLETE SECTION 4.

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

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

List all owners, individual partners, managing members, corporate officers, directors. List shareholders 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

Have any of the individuals listed above:

1. Been convicted of, or pleaded guilty or nolo contendere to a felony within the last 10 years regardless of adjudication? ____ Yes ____ No
2. Been convicted of, or pleaded guilty or nolo contendere to any gambling offense within the last 10 years, regardless of adjudication? ____ Yes ____ No
3. Been arrested and have any pending criminal charges that have not been resolved? ____ Yes ____ No

If yes to questions 1, 2, or 3, please explain response and include dates below (use additional sheet if necessary).

4. Are any of the individuals listed in the officer information section non-U.S.Citizens? ____ Yes ____ No

If yes, 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.

Individuals listed in Section 3 above who are non-U.S. citizens shall be required to complete a Lottery Personal Inquiry Waiver form DOL-102-D and a U.S. Department of Justice Certification of Identity form DOJ-361 pursuant to Rule 53ER12-67 to complete international background investigations.

SECTION 4 – INFORMATION ON PUBLICLY TRADED ORGANIZATIONS

PLEASE COMPLETE THIS SECTION IF PUBLICLY TRADED. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.

SECURITIES EXCHANGE ON WHICH STOCK IS TRADED: _____

PRINT OR TYPE THE NAMES AND TITLES OF THE EXECUTIVE OFFICERS (President, Senior and Executive Vice Presidents, Secretary, Treasurer) AND THE CHAIRMAN OF THE BOARD OF DIRECTORS.

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

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 locations where lottery tickets will be sold are in compliance with the accessibility requirements set forth in sections 553.501 - 553.513, Fla. Stat., the Florida Americans with Disabilities Accessibility Implementation Act.

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 _____.

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.