



LOTTERY RECORD/CREDIT CHECK
OFFICE OF ATTORNEY GENERAL
 SFN 53859 (Rev. 02-25-2009)

OFFICE USE ONLY	
Control No.	_____
Chain Store No.	_____
Record/Credit Check	_____ of _____

Please type or print Submit this form with the Lottery Retailer License Application

<small>(check / one)</small>				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Director/Officer <small>who is primarily responsible for financial affairs</small>	<input type="checkbox"/> Corporate Shareholder <small>of 10% or more of the stock</small>	<input type="checkbox"/> General Manager

DBA Business Name	Business Street Address	City	County
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Social Security Number - -	Date of Birth / /	Place of Birth (City & State)	Sex (circle one) M F
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Last Name	First Name	Middle Name	Have you now or previously used any other first or last name, including a maiden name or nickname? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Current Home Street Address	If "YES", list all other names used:
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Previous Home Street Address (if lived here within the previous 2 years)	Name of Employer (if different from DBA Business Name)
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City	State	Zip Code	Home Telephone Number ()	Work Telephone Number ()
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STATE OF RESIDENCE(S) OF PREVIOUS 5 YEARS

Have you lived in a state other than North Dakota in the last 5 years? YES NO

If "YES", list all of the states in which you have lived during the previous 5 years below. If a person resides or has resided in a state other than North Dakota during the previous 5 years, the Office of Attorney General will request that state to do a record check for this office. Most other states charge a fee and require special types of documentation. The applicant must remit the additional fee(s) and provide the documentation specified by the "Fee Schedule for Out-of-State Record Checks" for the other state(s). Also, the applicant must complete and provide the "Out-of-State Record Check Authorization and Release" from for the other state(s).

State	Year	State	Year	State	Year
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AUTHORIZATION

I declare that the information on this form is true and correct. I authorize the Office of Attorney General to investigate my criminal history record files and any other item necessary for the licensing process. If I am a sole proprietor, I also authorize the Office of Attorney General to investigate my financial and credit information.

Signature of Person on Whom the Record Check is Being Done	Date / /
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PRIVACY ACT NOTIFICATION

Your social security number is requested to enable the Office of Attorney General to conduct proper criminal history record and credit checks pursuant to N.D.C.C. sections 53-12-13 and 53-12-14 and N.D.A.C. section 10-16-02-03 for determining whether the applicant is eligible to be a lottery retailer. Disclosure of your social security number is voluntary. However, if you do not provide your social security number, the Office of Attorney General may be unable to conduct a record or credit check and may decline to process the retailer license application.

			OFFICE USE ONLY	
State	Amount	Remitted	Action/Result/Comment	
ND	\$ 15	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	

RECORD CHECK Pass Fail By _____ Date _____

_____ No information is available because no information exists or dissemination is prohibited.

_____ Criminal Record Found (read attached copy of Report of Arrest and Prosecution)

Comments: _____

CREDIT CHECK (Sole Proprietorship) Pass Fail By _____ Date _____

Comments: _____

OFFICE OF ATTORNEY GENERAL

GAMING DIVISION

OUT-OF-STATE RECORD CHECK FEES

May 13, 2008

ALABAMA	AL	\$ 25.00	GENERAL RELEASE & NOTARIZED SPECIAL FORM <i>or CALL AG'S OFFICE</i>
ALASKA	AK	\$ 20.00	GENERAL RELEASE, FINGERPRINT CARD, SPECIAL FORM <i>or CALL AG'S OFFICE</i>
ARIZONA	AZ	\$ 0	N/A
ARKANSAS	AR	\$ 25.00	GENERAL RELEASE & NOTARIZED SPECIAL FORM <i>or CALL AG'S OFFICE</i>
CALIFORNIA	CA	\$ 32.00	GENERAL RELEASE, FINGERPRINT CARD, SPECIAL FORM <i>or CALL AG'S OFFICE</i>
COLORADO	CO	\$ 6.85	GENERAL RELEASE
CONNECTICUT	CT	\$ 25.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
DELAWARE	DE	\$ 25.00	GENERAL RELEASE & FINGERPRINT CARD
DIST. OF COLUMBIA	DC	\$ 0	N/A
FLORIDA	FL	\$ 23.00	GENERAL RELEASE
GEORGIA	GA	\$ 15.00	GENERAL RELEASE & TWO (2) FINGERPRINT CARDS
HAWAII	HI	\$ 13.00	GENERAL RELEASE
IDAHO	ID	\$ 10.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
ILLINOIS	IL	\$ 16.00	GENERAL RELEASE & UNIQUE SPECIAL FORM, <u><i>MUST CALL AG'S OFFICE</i></u>
INDIANA	IN	\$ 16.32	GENERAL RELEASE
IOWA	IA	\$ 13.00	GENERAL RELEASE, SPECIAL FORM 1 SPECIAL FORM 2 <i>or CALL AG'S OFFICE</i>
KANSAS	KS	\$ 17.50	GENERAL RELEASE
KENTUCKY	KY	\$ 10.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
LOUISIANA	LA	\$ 26.00	GENERAL RELEASE, FINGERPRINT CARD, SPECIAL FORM 1 , SPECIAL FORM 2 ,
MAINE	ME	\$ 25.00	GENERAL RELEASE
MARYLAND	MD	\$ 18.00	GENERAL RELEASE, ORANGE FINGERPRINT CARD, <u><i>MUST CALL AG'S OFFICE</i></u>
MASSACHUSETTS	MA	\$ 30.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
MICHIGAN	MI	\$ 10.00	GENERAL RELEASE
MINNESOTA	MN	\$ 15.00	GENERAL RELEASE
MISSISSIPPI	MS	\$ 0	N/A
MISSOURI	MO	\$ 9.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
MONTANA	MT	\$ 11.50	GENERAL RELEASE
NEBRASKA	NE	\$ 15.00	GENERAL RELEASE
NEVADA	NV	\$ 21.00	GENERAL RELEASE, FINGERPRINT CARD, SPECIAL FORM <i>or CALL AG'S OFFICE</i>
NEW HAMPSHIRE	NH	\$ 15.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
NEW JERSEY	NJ	\$ 30.00	GENERAL RELEASE & FINGERPRINT CARD
NEW MEXICO	NM	\$ 10.00	GENERAL RELEASE & NOTARIZED SPECIAL FORM <i>or CALL AG'S OFFICE</i>
NEW YORK	NY	\$ 0	N/A
NORTH CAROLINA	NC	\$ 0	N/A
NORTH DAKOTA	ND	\$ 15.00	REQUEST FOR RECORD CHECK FORM SFN 50424
OHIO	OH	\$ 22.00	GENERAL RELEASE & SPECIAL FINGERPRINT CARD, <u><i>MUST CALL AG'S OFFICE</i></u>
OKLAHOMA	OK	\$ 15.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
OREGON	OR	\$ 10.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
PENNSYLVANIA	PA	\$ 10.00	GENERAL RELEASE
RHODE ISLAND	RI	\$ 5.00	GENERAL RELEASE MUST BE NOTARIZED WITH COPY OF PHOTO ID
SOUTH CAROLINA	SC	\$ 25.00	GENERAL RELEASE
SOUTH DAKOTA	SD	\$ 20.00	GENERAL RELEASE & SPECIAL FINGERPRINT CARD, <u><i>MUST CALL AG'S OFFICE</i></u>
TENNESSEE	TN	\$ 29.00	GENERAL RELEASE
TEXAS	TX	\$ 3.57	GENERAL RELEASE
UTAH	UT	\$ 10.00	GENERAL RELEASE & NOTARIZED SPECIAL FORM <i>or CALL AG'S OFFICE</i>
VERMONT	VT	\$ 10.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
VIRGINIA	VA	\$ 15.00	GENERAL RELEASE & SPECIAL FORM <i>or CALL AG'S OFFICE</i>
WASHINGTON	WA	\$ 10.00	GENERAL RELEASE
WEST VIRGINIA	WV	\$ 20.00	GENERAL RELEASE & SPECIAL FINGERPRINT CARD, <u><i>MUST CALL AG'S OFFICE</i></u>
WISCONSIN	WI	\$ 13.00	GENERAL RELEASE
WYOMING	WY	\$ 15.00	GENERAL RELEASE & ORANGE FINGERPRINT CARD, <u><i>MUST CALL AG'S OFFICE</i></u>

North Dakota Office of Attorney General
Lottery & Gaming Divisions
600 E. Boulevard Ave. Dept. 125
Bismarck, ND 58505-0040

Out-of-State Record Check Authorization and Release

(To be used only by a person who resides or has resided in a state **other than** North Dakota during the previous 5 years)

October 14, 2003

I, _____, hereby authorize the state of _____, to release to the North Dakota Office of Attorney General any information concerning me contained in its criminal history record files. I understand that the criminal history record files may contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e., dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of that sentence and was discharged. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic."

In consideration for the state of _____, releasing any information concerning me contained within its criminal history record files to the North Dakota Office of Attorney General, _____, on behalf of me, my spouse, legal representative, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the state of _____, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 20 _____, at _____, _____.

(signature)