



# RETAILER APPLICATION

Florida Lottery  
250 Marriott Drive  
Tallahassee, FL 32399-4001  
(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.

**An applicant may be required to post a bond, certificate of deposit, or other security as a result of the financial background investigation performed by the Lottery.**

### 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: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
6. CONTACT NAME AND TITLE: \_\_\_\_\_  
Name 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. START DATE OF BUSINESS: \_\_\_\_\_
14. CORPORATE CHARTER OR DOCUMENT NUMBER: \_\_\_\_\_

## SECTION 2 - OFFICER INFORMATION

**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	Home Phone	Title			Birthdate (MM-DD-YY)		
Home Address	City	State	Zip	Sex	Race	% Ownership	Social Security Number

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

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Name	Home 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? \_\_\_\_ 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).

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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.

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**Individuals may be required to complete a Personal Inquiry Waiver Form authorizing the Lottery to conduct international background investigations.**

**CERTIFICATION:**

Pursuant to section 709.08(7)(b)(2), Fla. Stat., 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.

\_\_\_\_\_  
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 \_\_\_\_\_

Pursuant to section 24.112, Fla. Stat., Certificates of Authority and retailer contracts are not assignable or transferable between persons or locations. In accordance with chapter 119, Fla. Stat., information contained in the application shall be open to the public for inspection.

