RETAILER LICENSE APPLICATION

Processing Fee **(non-refundable):**
$100.00 Per location
Make check payable to: **Virginia Lottery**

NOTE: Please print or type.

FOR LOTTERY USE ONLY
Current #: License #

Chain #

1. INDICATE TYPE OF APPLICATION: __**New Location(s)** __**Additional Location** __**Change of Ownership**

List main company address below, and attach a retail location form for each retail location that will be selling tickets.

a. Legal Business Name: _____ **Phone Number: ( ) _____**

b. Email Address: _____**Cell Phone Number: ( ) _____**

c. Physical Address: _____**City**_____ **State** _____**Zip**_____

d. Mailing Address: _____**City** _____**State** _____**Zip**_____

FEDERAL TAXPAYER ID# _____ **VA STATE SALES TAX #** _____

2. INDICATE TYPE OF BUSINESS STRUCTURE:

a. ___**Sole Proprietorship** ____**Partnership or Joint Venture** ____**Sub Chapter S** ____**LLC**
____**Corporation or Subsidiary** ____**Association** (including Non-Profit) ____**Governmental** ____**Trust**

List below the names of all owners, officers, partners, members, directors or stockholders (holding 10% or more of the stock) for your type of business checked in 2a above. The Virginia Lottery must approve any exemptions. Please complete a Personal Data Form on each individual listed below. Use additional sheets, if needed.

b. Last Name, First Name **Last Name, First Name** **Last Name, First Name**

1. _____ **2.** _____ **3.** _____

3. IS THIS LOCATION CURRENTLY LICENSED TO SELL LOTTERY PRODUCTS? _____**Yes** _____**No** **Retailer #**_____

4. DO YOU HAVE ANY OTHER LOCATIONS LICENSED TO SELL LOTTERY PRODUCTS? _____**Yes** _____**No**

Retailer / Chain Name(s) and Number(s) _____

5. DISCLOSURE STATEMENT (Read Carefully)
I, the undersigned do hereby certify that I have not knowingly made a false statement of material fact on this application and that I have read and understand the Virginia Lottery Retailer License ("License") Terms and Conditions as stated in the Retailer Contract. If the Virginia Lottery issues a License pursuant to this application, the Virginia Lottery and I will be bound by all the requirements contained in the Retailer Contract. I understand that knowingly and willfully providing untruthful or misleading information is cause for denial of the application and/or termination of any License and under Virginia criminal code constitutes a class 1-misdemeanor. I authorize the Virginia Lottery and/or the Virginia State Police to investigate any or all matters pursuant to Sec.58.1-4009 of the Code of Virginia including but not limited to financial records, financial sources, state tax records and criminal history until the License is terminated. I understand that further information may be requested of me in regard to this investigation and as part of any periodic review as deemed necessary by the Lottery. I understand that, in connection with this application process, all locations for which I am applying for a License will be surveyed to ensure compliance with the Virginia Lottery's Retailer Accessibility Program to ensure accessibility to all Lottery players. I waive any rights or causes of action, based on disclosure of otherwise confidential information that I may have against the Virginia Lottery, the Virginia State Police, and/or any other individual or agency disclosing or releasing such information to the Virginia Lottery or the Virginia State Police.

APPLICANT/AUTHORIZED AGENT OF BUSINESS/ORGANIZATION

_____
TYPE OR PRINT NAME **TITLE**

_____
SIGNATURE **DATE**