

RETAILER LOCATION FORM

Virginia Lottery
 Licensing Department
 600 East Main Street
 Richmond, Virginia 23219

DO NOT WRITE IN THIS BLOCK - LOTTERY USE ONLY

CSC #: _____ LICENSE #: _____
 AREA: _____ SR #: _____ CHAIN#: _____

NOTE: This form must be completed for each location where Lottery tickets will be sold.**STORE INFORMATION:**

Store Name: _____
 Legal Name (If Different): _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone Number _____ Virginia State Sales Tax #: _____

AUTHORIZED CONTACT PERSON: Please list primary and secondary contact person(s) at this location authorized to receive and sign for Lottery tickets. Please print or type.

PRIMARY CONTACT: _____ **PRIMARY CONTACT TITLE:** *Check one below*
 Owner _____ Store Manager _____ Front end Manager _____ Authorized Clerk _____

SECONDARY CONTACT: _____ **SECONDARY CONTACT TITLE:** _____

TYPE OF BUSINESS: (check one in each section)**Trade Type:****Trade Style:**

<input type="checkbox"/>	Convenience	<input type="checkbox"/>	Convenience w Gas	<input type="checkbox"/>	Convenience w/o Gas
<input type="checkbox"/>	Grocery	<input type="checkbox"/>	Supermarket		
<input type="checkbox"/>	On-Premises	<input type="checkbox"/>	Billiard Halls	<input type="checkbox"/>	Restaurant, Bowling Alley, Bar, Tavern, etc.
<input type="checkbox"/>	Other	<input type="checkbox"/>	All other General Merchandise	<input type="checkbox"/>	Pharmacies / Drug Stores
		<input type="checkbox"/>	Accommodation (Lodging)	<input type="checkbox"/>	Tobacco Stores / Stands
		<input type="checkbox"/>	Airport, Bus Terminal	<input type="checkbox"/>	Warehouse Club / Superstore
		<input type="checkbox"/>	Depository, Credit Institution (Check Cashing)		

Please list store hours below:

Store Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Comments:

TRADITIONAL **ON-PREMISES** **ON-PREMISES DRAW ONLY**