RETAILER LICENSE APPLICATION

we're game
virginia lottery

FOR LOTTERY USE ONLY
Current #: License #

Chain #

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

NOTE: Please print or type.

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**_____

2. INDICATE TYPE OF BUSINESS STRUCTURE: **FEDERAL TAXPAYER ID#** _____

VA STATE SALES TAX # _____

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 TICKETS? ___**Yes** ___**No Retailer #**_____

4. DO YOU HAVE ANY OTHER LOCATIONS LICENSED TO SELL LOTTERY TICKETS? ___**Yes** ___**No**
Retailer / Chain Name and Number _____

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 License Terms and Conditions as stated in the Retailer Contract. If the 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 lottery 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 Agency. 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**