



RETAILER LOCATION FORM

Lottery Certificate Fee: \$200 for each location
(instructions on reverse)

PLEASE DO NOT WRITE IN THIS BLOCK

Application/Retailer # _____ (Office use only)

Was # _____
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Please include this form when returning the BUSINESS APPLICATION.

NOTE: This form must be filled out for EACH LOCATION selling Lottery Products.

STORE INFORMATION: ALL LOTTERY PRODUCTS PULL-TABS ONLY

1. STORE NAME **This is the name on the front of the retail outlet (The name visible to the public).**

2. STORE STREET ADDRESS **(actual physical store location)**

City State Zip Code County Name

3. MAILING ADDRESS **(If different from above)**

City State Zip Code

4. EMAIL ADDRESS 5. FAX NUMBER

AUTHORIZED CONTACT PERSON(S):

6. PRIMARY STORE CONTACT PERSON: _____
(Store Manager, Bookkeeper) First Last

DAILY WORK SCHEDULE: _____ 'TIL _____ WORK DAYS _____

7. **STORE PHONE (MUST HAVE STORE PHONE)** () - _____

TYPE OF BUSINESS: Number of cash registers/check stands _____

- 8. Grocery/Supermarket Restaurant/Bar Variety/Drug Store Bowling Convenience/Market/No Fuel
- Convenience/W/Fuel Fraternal Truck Stop Smokeshop Governmental

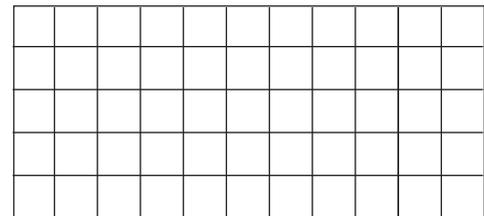
BUSINESS HOURS:

9. Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

10. Year round/seasonal describe: _____
(Instructions on Reverse)

How long have you been in operation at this location?
Years _____ Months _____

STREET MAP



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**11. INDICATE RETAILER LOCATION ON STREET MAP
DRAW & IDENTIFY CLOSEST INTERSECTION.**

12. Please check if the business location or property is: _____ owned _____ leased
If business is leased please list expiration date of lease: _____

13. If alcohol will be sold at the location selling lottery products, **please include a copy of the original or temporary ALCOHOL LICENSE with your application for each lottery location.**

Selling Alcohol? Yes No If Yes: Copy of State Alcohol Beverage Control Agency License.

RETAILER LOCATION FORM INSTRUCTIONS

NOTE: A copy of this form must be filled out for EACH LOCATION to be certified as a Lottery Retailer and a one-time \$200 fee (per location) for a Lottery Certificate will be charged to retailers who will have a validating/selling terminal. Please make check payable to: Idaho State Lottery Commission.

- 1-3. Please list Store Name, Store Street Address, and Mailing Address.
4. Please list e-mail address if you have one.
5. Please list fax number if you have one.
6. Please list the names of the primary person (store manager, bookkeeper) to contact at the retail location, his or her title, hours and days this person is at the retail location.
7. **MUST HAVE STORE PHONE NUMBER**
8. Type of business at this location. Be sure to note number of cash registers/check stands.
9. Hours of operation for this location,
10. (CIRCLE) year round or seasonal, if retailer location is a seasonal location. Please list closest dates and closed periods.
11. For our shipping and routing purposes, would you please make a brief sketch showing where this outlet is located. The map doesn't need to be detailed, please just indicate major roads or streets that will help us locate the outlet.
12. Please indicate if the building that houses the business is leased or owned.
13. **If the location will be selling alcohol, please include a copy of the original or temporary ALCOHOL LICENSE for each lottery location.**