



BUSINESS APPLICATION

Application Fee: \$25.00 (non-refundable). Make check payable to: Idaho Lottery

PLEASE DO NOT WRITE IN THIS BLOCK

Application/Retailer # _____ Date Rec'd: _____
(Office use only)

Chain# _____ Check #: _____

IS THIS BUSINESS CURRENTLY A LOTTERY RETAILER?

YES NO Retailer # _____
(IF KNOWN)

1. INDICATE TYPE OF APPLICATION Single Location Multiple Locations Ownership Change
List main company address below, and attach a Retail Location Form for each retail location that will be selling Lottery products.

2. BUSINESS/ ORGANIZATION NAME (LLC, INC....) (as shown on your income tax return)

3. BUSINESS STREET ADDRESS (DELIVERY ADDRESS)

_____ - _____
City State Zip Code

4. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

_____ - _____
City State Zip Code

5. CONTACT PERSON: _____, _____
(First) (Last)

6. TITLE: _____ . PHONE NUMBER: _____

Email ADDRESS: _____

FAX NUMBER: _____

7. INDICATE TYPE OF BUSINESS/ORGANIZATION

- a. Sole Proprietorship Partnership Governmental L.L.C.
 Corporation Association, Fraternal or Civic (including Non-Profit)

NOTE: A control person is anyone who owns 5% or more of the business. (must be listed)

b.	First Name (Last Name)	Social Security Number	Percentage Of Ownership
1.			
2.			
3.			

c. FOR EACH NAME LISTED ABOVE ATTACH AN INVESTIGATION AUTHORIZATION AND THE IDAHO STATE BUREAU OF CRIMINAL IDENTIFICATION
If there are more names then the spaces above, please list them on a seperate sheet and also attach an Investigation Authorization and the Idaho State Police Bureau

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

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

INCOME TAX

9. IDAHO WITHHOLDING #: _____ 10. IDAHO SELLERS PERMIT #: _____

11. TAXPAYER IDENTIFICATION NUMBER (TIN)

Social Security Number
____-____-____

Social Security Number (SSN) & Name (associated with SSN) if you sure your own Social Security number to file business taxes, enter your name in the space marked Business Name.

OR

12. EMPLOYER IDENTIFICATION NUMBER (EIN)

Employer Identification Number
____-____-____

Employer Identification Number (EIN) & Name (registered to the EIN) if your use a Federal Tax ID #, enter the name associated with that number as the Business Name.

NOTE: If you are a Sole Owner who uses your Social Security Number to file business taxes using DBA for your business, check SOLE OWNERSHIP (Using SSN).
NOTE: If you are a Sole Owner who uses a Federal Tax ID Number to file business taxes using DBA for your business, check SOLE OWNERSHIP (Using EIN).

DISCLOSURE INFORMATION: I understand that a false answer to any of the foregoing can subject the applicant to denial or suspension or revocation of a certificate. I certify that all the information on this Business Application is complete and correct to the best of my knowledge and belief. I also understand that the person(s) shown in 7b must also complete the Investigation Authorization and the Idaho State Police Bureau of Criminal Identification required by the Idaho Lottery.

APPLICANT/AUTHORIZED AGENT OF BUSINESS/ORGANIZATION: (Proprietor, Partner, Corporate Officer)

Signature

Type or Print Name

Date

PLEASE NOTE: The information obtained will remain confidential.

(INSTRUCTIONS ON REVERSE)

BUSINESS APPLICATION INSTRUCTIONS

1. Indicate type of application, whether a single or multiple location or ownership change.
2. Legal Intity Business Name/Organization (as shown on your income tax return)
3. Business street address (actual physical location of business or corporate headquarters).
4. Mailing address of business or corporation headquarters.
5. Name of person to contact regarding the application process.
6. The application contact person's tittle work phone number, E-mail, fax.
- 7.a. Type of business/organization.
- 7b. For disclosure purposes, please provide a listing of names, Social Security Numbers plus percentage of ownership for control persons in your organization. Please refer to the information below for guidance on control persons. Please attach a separate sheet for additional control persons.
- 7c. Each person on 7b must also sign, have notarized and return the Control Person Investigation Authorization and Idaho State Bureau Of Criminal Identification.
8. Self explanatory.
9. If you have an employee earning income while in Idaho, you must have a **Idaho Withholding Account**. This applies to all employees including agricultural, household help, and family members.
10. **Buying for Resale:** The buyer must have an **Idaho Seller's Permit Number** unless he is a wholesaler who makes no retail sales or an out-of-state retailer with no **Idaho** business presence (e.g. physical location, representatives or employees, etc.) An **Idaho Seller's Permit Number** has up to nine digits followed by and "S" **Example: 123456-S**
11. Self explanatory.
12. Federal Employer Identification (EIN): Corporations and partnerships enter **Federal Tax Reporting Number**. Sole proprietor enter Social Security Number (SSN).
13. Signature of person (owner, proprietor, partner, corporate officer, president).

DISCLOSURE REQUIREMENTS FOR RETAILERS

1. If the prospective lottery game retailer is a corporation, the officers, directors, and each stock holder in such corporation; except that, in the case of stockholders of publicly held equity securities of a publicly traded corporation, only the names and addresses of those known to the Corporation to own five percent (5%) or more of such securities need be disclosed;
2. If the prospective lottery game retailer is a trust, the trustee and all persons entitled to receive income or benefit from the trust;
3. If the prospective lottery game retailer is an association, the members, officers and directors;
4. If the prospective lottery game retailer is a subsidiary, the officers, directors and each stockholder of the parent corporation thereof; except that, in the case of stockholders of a publicly traded corporation, only the names and addresses of those known to the corporation to own five percent (5%) or more of such securities need be disclosed;
5. If the prospective lottery game retailer is a partnership or joint venture , all of the general partners, limited partners, or joint venturers;
6. If the parent company, general partner, limited partner, or joint venturer of any prospective lottery game retailer is itself a corporation, trust, association, subsidiary, partnership, or joint venture, then all of the information required herein shall be disclosed for such other entity as if it were itself a prospective lottery game retailer to the end that full disclosure of ultimate ownership by achieved;
7. If any member of the immediate family of prospective lottery game retailer is involved in the lottery game retailer's business in any capacity (full time), then all of the information required herein shall be disclosed for such immediate family member as if such immediate family member were a prospective lottery game retailer;
8. The details of any felony conviction of a criminal offense, state or federal, of the retailer or any person whose names and addresses are required by the disclosure requirements of this section.