

**Maine State Lottery
DATA COLLECTION FORM**

Agent Name: _____

Address: _____

Town: _____ Zip: _____

Contact Person: _____ Phone: _____

Owner: _____ Phone: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Fed ID# _____ - _____ or Social Security # _____ - _____ - _____

County: _____ Seasonal: _____ Year-round: _____

OWNERSHIP TYPE (choose one): _____

- 1 Sole Proprietorship
- 2 Corporation
- 3 Limited Partnership
- 4 General Partnership
- 5 Other

TYPE OF BUSINESS (choose one): _____

- 5000 Miscellaneous
- 5400 Grocery Store/Market
- 5415 Convenience Store
- 5416 Convenience Store/Gas
- 5540 Service Station
- 5600 Hardware Store
- 5615 Video Store
- 5700 Department Store
- 5715 Bowling Alley
- 5800 Tavern/Lounge
- 5810 Restaurant
- 5910 Drug Store
- 5990 Newsstand/Card Shop
- 8640 Non-profit Organization

Name of Alternate Contact Person: _____

Address: _____

Town: _____ Phone: _____