



For office use only.
Retail Agent License #:

Date Activated:

Application for a Lottery License

Please complete this entire application. When completed, return this application to the Maine State Lottery together with a fifty dollar (\$50.00) non-refundable application fee made payable to the Treasurer of State. An incomplete or illegible application will be returned without being reviewed. For questions relating to this application, please call (207) 287-3721 or email us at MaineLottery@Maine.gov. Mailing address: 8 State House Station, Augusta ME 04333-0008. Physical address: 19 Union Street, 3rd floor, Augusta ME 04330

Section 1: Type of Application

- New Change of ownership of an existing licensed location

Section 2: Type of Ownership: (select only one)

- | | |
|------------------------|--------------------------------|
| A. Individual | D. Corporation |
| B. Sole proprietorship | E. Limited Liability Company |
| C. Partnership | F. Limited Partnership Limited |
| | G. Liability Partnership |

Federal Tax Identification Number: (if B, D, E, F or G is checked) _____

Section 3.A: If you checked A, B or C above, please list the Name of the Business:

Section 3.B: If you checked D, E, F or G above, please list the exact Legal Name of the Business as it is registered with the Secretary of State and other business name for your entity (DBA), if any:

- If the applicant is a sole proprietorship or general partnership, your legal name in Section 2 is your personal name. In Section 3.B, your DBA is your business name.
- If the applicant is a registered business entity, the information must match the information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752.

Section 4: Location of Business: (town/city and county) _____

Section 5: Address and Telephone Number of Business:

Physical Address: _____

Mailing Address: (if different) _____

Business Telephone Number: _____

Alternate Telephone Number: _____

Section 6: Own Lease

If leasing, please provide owner/landlord contact information:

Name: _____

Mailing Address: _____

Business Phone: _____ Mobile Phone: _____

Email Address: _____

Section 7: Are you currently licensed by the Maine State Lottery in another location?

Yes No

If Yes, please provide lottery agent number(s) and location(s):

Section 8: Type and Classification of Business; Hours of operation; Other Licenses.

A. Classification: (select only one)

- | | |
|---|---|
| <input type="checkbox"/> 5000 Miscellaneous | <input type="checkbox"/> 5700 Department/Box Store |
| <input type="checkbox"/> 5400 Grocery Store/Market | <input type="checkbox"/> 5715 Bowling Alley |
| <input type="checkbox"/> 5415 Convenience Store | <input type="checkbox"/> 5800 Tavern/Lounge |
| <input type="checkbox"/> 5416 Convenience Store/Gas | <input type="checkbox"/> 5810 Restaurant |
| <input type="checkbox"/> 5540 Service Station | <input type="checkbox"/> 5910 Pharmacy |
| <input type="checkbox"/> 5600 Hardware Store | <input type="checkbox"/> 5990 Newsstand/Card Shop |
| | <input type="checkbox"/> 8640 Non-profit Organization |

B. Type: (select only one)

Year round Seasonal

If seasonal, please provide months of operation: _____

C. Hours of Operations:

Sunday: From: _____ to: _____
Monday: From: _____ to: _____
Tuesday: From: _____ to: _____
Wednesday: From: _____ to: _____
Thursday: From: _____ to: _____
Friday: From: _____ to: _____
Saturday: From: _____ to: _____

D. Date business to start operations: _____

E. Other Licenses: (check all that apply)

Is your business licensed to sell: Distilled Spirits Beer and Wine

Section 9: Chain Store affiliation (if none, so indicate): _____

Section 10: Insurance Coverage for Theft and Fire – Please attach Certificate of Liability

Name of Insurance Carrier: _____

Name and telephone number of Insurance Agent: _____

Policy #: _____ Deductible: _____

Extent of Coverage: _____

Section 11: Persons associated with business; contacts.

A. Please list the names, home addresses, dates of birth, social security number and provide a valid photo ID for all owners(s), partners, members, managers or officers of the business structure. Photo ID can be a copy of a valid driver's license or passport.

- If Section 2.A. or B. is selected: All owners
- If Section 2.D. is selected: All officers, directors or shareholders
- If Section 2.C or G is selected: All partners
- If Section 2.E. is selected: All members or managers
- If Section 2.F. is selected: All general partners

<u>Name</u>	<u>Address</u>	<u>SSN</u>	<u>Date of Birth</u>
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(Attach additional sheets as necessary)

B. Primary and Secondary Contacts for the Maine State Lottery. Please provide the names, title, telephone numbers (business, home and mobile), fax number and email address for a primary and secondary contact for the Maine State Lottery.

Primary Contact:

<u>Name</u>	<u>Title</u>	<u>Mobile</u>	<u>Business or Home</u>	<u>Email</u>
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Secondary Contact:

<u>Name</u>	<u>Title</u>	<u>Mobile</u>	<u>Business or Home</u>	<u>Email</u>
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Section 12: Background information. The Maine State Lottery will conduct a financial and criminal background check on all persons listed in the application. As part of this background check, please answer the following questions:

A. Has anyone listed in Section 11 ever been convicted of an offense other than a traffic violation?
 Yes No

- B.** Has anyone listed in Section 11 ever been subject to any disciplinary action, past or pending, by any administrative, governmental, or regulatory body? Yes No
- C.** Has anyone listed in Section 11 ever been charged with a violation of any statute, rule, regulation or ordinance of any municipal, administrative, regulatory, or governmental body?
 Yes No
- D.** Is your business in default of taxes, fees or other obligation to the State of Maine or any of its governmental subdivisions Yes No

Note: If the answer is **Yes** to any question in this section, please attach an additional sheet to this application with a complete description and details of the offense, disciplinary action or violation as described in this section.

Section 13: Terms and Conditions of a License with the Maine State Lottery.

- A.** The applicant agrees to establish a separate account to manage all financial transactions related to the lottery;
- B.** The applicant agrees to be bound by and comply with the laws, rules and instructions promulgated by the Maine State Lottery if a license is issued as a result of this application;
- C.** The applicant agrees to make available for sale to the public, valid draw and instant lottery tickets during normal business hours;
- D.** The applicant is responsible for the retail price of the tickets in the possession of the applicant;
- E.** The applicant agrees that all lottery tickets accepted from the Maine State Lottery or its authorized distributor are deemed to have been purchased by the applicant and therefore, the tickets are the sole property of the applicant for purposes of this agreement and for liability for theft, or other loss, except to the extent such loss or damage is caused by the Lottery's negligence or willful misconduct ;
- F.** The applicant agrees to sell and maintain a minimum of 16 active instant ticket games at all times;
1. A Lottery Field Operations staff will work with the applicant to determine if another lower minimum or higher minimum is appropriate for the applicant's business location;
 2. A recommendation on the minimum will be made to the Manager of Field Operations who makes the final determination;
 3. The applicant must agree to this recommendation and if, the minimum number of tickets is less than 16, the applicant must agree to increase the number of tickets over the next year to the 16 active instant ticket game minimum standard;
 4. The Lottery reserves the right to terminate this license at any time if the minimum number of instant ticket games is not sold by the applicant or for low sales based on an acceptable standard in the applicant's geographical location. The Lottery will work with the applicant to determine and agree on the number of instant tickets to be sold and the low sales threshold;

- G.** The applicant agrees to sell all of the lottery's portfolio of draw games;
1. The applicant agrees to meet a minimum sales standard to be determined after its first 6 months of operations as a lottery retail agent;
 2. A Lottery Field Operations staff will work with the applicant to set this minimum sales standard and make a recommendation to the Manager of Field Operations who will make the final determination. This minimum sales level must be maintained throughout the life of the license;
 3. The applicant's sales will be reviewed semi-annually and the Lottery reserves the right to increase or decrease the minimum draw games sales standard based on this review;
 4. The Lottery reserves the right to terminate this license at any time if the minimum sales standard for lottery draw games is not met by the applicant or for low sales based on an acceptable standard in the applicant's geographical location;
- H.** The applicant agrees to have installed by the Lottery or by the an authorized agent of the Lottery and use the following point of sale equipment issued to the applicant including the terminal, printer, flat panel advertising monitor, wireless ticket checker and wireless jackpot sign. The applicant agrees to reasonably provide for the security of all equipment installed, including terminals, printers, jackpot signage, flat screen monitors, etc. loaned to the applicant by Maine Lottery, and Maine Lottery shall be responsible for ensuring the equipment is operative. If the equipment is lost or damaged due to the fault of the applicant, an employee of the applicant's and/or a contractor of the applicant, the applicant is responsible for all replacement cost(s), except that the applicant shall not responsible for damage caused by ordinary wear and tear. If replacement costs are levied against the applicant for the loss or damage to the equipment, the applicant has thirty (30) days to pay the cost or forfeit their right to sell Lottery products.
- I.** The applicant agrees to maintain and post authorized displays; notices; drop boxes; and other materials used in conjunction with lottery ticket sales in accordance with the instruction of the Maine State Lottery and subject to any conditions or restrictions at the applicants location.;
- J.** The applicant agrees to have sufficient funds available to instantly pay (either by cash or check) all valid claims up to and including \$599.00 and to provide lottery claim forms to the claimants for all valid claims \$600.00 and over;
- K.** The applicant must continuously carry significant insurance coverage or otherwise self-insure for theft or other types of loss for all lottery tickets;
1. The applicant must report any theft or loss of lottery tickets or equipment to the Maine State Lottery;
 2. The Maine State Lottery will not reimburse the applicant for any theft or loss of lottery tickets; and
 3. The applicant will reimburse the Maine State Lottery for any theft or loss of equipment.
- L.** The applicant agrees to maintain accurate records of all operations in conjunction with lottery ticket sales as required by the rules and instructions promulgated or issued by the Maine State Lottery;
- M.** The applicant agrees to make available to the Maine State Lottery for inspection and audit those records the applicant is required to maintain;
- N.** The applicant agrees that the license issued as a result of this application may be revoked or suspended for any or all of the following reasons; but not limited to:
1. Whenever the applicant knowingly uses false or misleading information to obtain a license;

2. Whenever the applicant violates any of the provisions of Maine law relative to the Maine State Lottery or any rules or policies promulgated or issued by the Maine State Lottery; and
 3. Whenever it is determined by the Director of the Maine State Lottery or the director's designee that the applicant fails to meet minimum sales standards outlined in paragraphs G and H of this Section.
- O.** The applicant agrees that the Maine State Lottery will be held harmless from any liability in conjunction with operating and conducting lottery ticket sales if a license is issued.

Section 14: Acknowledgment and Signatures.

I certify under penalty of perjury that I have completed this application to the best of my ability and knowledge and that there are no misrepresentations or false information stated in this application. Additionally, I am aware that false or misleading information or statements are reasons for rejection of this application and the revocation or suspension of my license to sell lottery tickets. I agree to be governed by all laws and rules relating to the Maine State Lottery as well as the terms and conditions listed in this application. I further agree to consent to a criminal and financial background check as a condition of licensure.

For an individual, sole proprietor or partnership: (complete if Section 2.A, B or C was selected)

Name and Capacity: _____

Signature: _____

Date: _____

For an entity: (complete if Section 2.D, E, F or G was selected)

Name and capacity of authorized person: _____

Signature of authorized person: _____

Date: _____

For an application to be considered for review, the following MUST be included. An incomplete or illegible application will be returned without being reviewed.

- Signed Application
- Photo ID
- \$50.00 Application Fee
- Credit Release
- Criminal Background Release
- W-9
- ACH Agreement
- Voided Check or Deposit Slip
- Certificate of Liability

Return all completed forms to: Bureau of Alcoholic Beverages & Lottery Operations
Attn: Lottery Licensing
8 State House Station
Augusta, Maine 04333-0008

For Office Use Only

This application for a license is:

Approved Denied

Official with the Maine State Lottery

Date



Authorization Agreement for Variable Withdrawals (ACH Debits)

I hereby authorize the Maine State Lottery to make withdrawals from the account identified below and at the financial institution identified below (Depository Financial Institution or DFI) and authorize the DFI to charge such withdrawals made to my listed account. The amount of each weekly withdrawal made will be equal to the amount shown on my weekly invoice for gaming transactions, of which I will maintain a record. Adjusting entries to correct errors are also authorized.

I agree that these withdrawals and adjustments may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days (14) notice of termination or change of account is given to the Maine State Lottery. I acknowledge receipt of a completed copy of this authorization.

Please provide the following information (please print legibly):

Please Attach Voided Check or Deposit Ticket to this Authorization

Name as shown on Account:		Signature of Authorizing Person:		Date:
Address: (include Street or PO Box, City, State and Zip code)			Agent Number:	
Name of Financial Institution:				
Type of Account: ___ Checking ___ Savings	DFI's Routing and Transit Number:		AA Account Number:	

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exempt payee code (if any) _____
	<input type="checkbox"/> Other (see instructions) ► _____		Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)	
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CREDIT RELEASE

Pursuant to Maine law, 9-B MRSA Section 162 (1), I hereby authorize the Maine State Lottery to obtain any necessary financial information or records from any credit bureau, financial institution or business reference pertaining to the credit history of the business or individual named below.

For an entity:

Name of Entity: _____

Type of Entity: _____

Name and capacity of authorized person: _____

Signature of authorized person: _____

Date: _____ Account Number: _____

For an individual, sole proprietorship or partnership:

Name and Capacity: _____

Signature: _____

Date: _____ Account Number: _____

Name of Financial Institution: _____

Contact Person(s) at Financial Institution: _____

Address of Financial Institution: _____

Telephone Number: _____



CRIMINAL BACKGROUND RELEASE

To be completed by all other persons listed in the application other than the primary applicant

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

By signing this release, the person(s) listed on this release consent to a criminal background check on any person(s) listed in the Application to Sell Lottery Tickets. The Maine State Lottery reserves the right to deny a license based on the results of a criminal background check.

Applicant and All Partners Must Sign This Application

Signature

Date

Signature

Date

Signature

Date

Attach additional sheet if needed for personal data including signatures and date