

APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the forms in this application package.

SPECIAL NOTE: CHAIN STORES

Applications from chain outlets should be submitted through the chain central office, not by the individual store. If your business is part of a chain, check with your central office before completing this form. If your business is part of a chain that is applying for a retail license for the first time, the chain headquarters must complete a separate application package.

CONDITIONS OF LICENSING

Read the Conditions of Licensing thoroughly and sign. By signing it, you are agreeing to these conditions.

LICENSING FEE

By law, applicants are required to pay a processing fee of \$50 per location. The \$50 covers the required record checks and other processing costs and is not refundable.

LOTTERY RETAILER RESPONSIBILITIES

Read the Lottery Retailer Responsibilities thoroughly and sign. By signing it, you are agreeing to these conditions.

RETAILER APPLICATION

Complete the Retailer Application. **Failure to complete all items** may result in delay in processing or the return of your application. The following line-by-line instructions may be helpful.

1. Insert the name of your business as it is most commonly known.
2. If the legal name of the business is different from its common name, insert the legal name.
3. Street address of the business.
4. City where business is located.
5. State where business is located.
6. Zip code of the business location.
7. The person(s) authorized to order lottery tickets.
8. Phone number of the business.
9. Hours your business is open Monday through Sunday.
10. For a sole proprietorship, list the sole owner. For a general partnership, list any partner. For a limited partnership or corporation, please list the person responsible for financial decisions and obligation for the above named business (duly authorized officer).
11. Phone number of the person listed above as **“OWNER”** or **“PARTNER”** or **“DULY AUTHORIZED OFFICER.”**
12. If your mailing address is different from the street address of your business (P.O. Box, etc.), please indicate here.
13. City of mailing address if different from the city where business is located.

14. State of mailing address if different from the state where business is located.
15. Zip code of mailing address if different from the zip code where business is located.
16. County in which the business is located.
17. Indicate the business type that most closely describes your business. If "other," please describe fully.
18. *If applicable*, please indicate the maximum number of vehicles your station can fuel at any one time.
19. Please indicate the number of cash registers in your business. This will help us order the appropriate number of scratch ticket dispensers and point-of-sale materials which will be provided when we license your store.
20. Indicate whether your store offers hot deli items (chicken, hot wings, etc.).
21. Does your store have a courtesy counter or camera bar? Please indicate yes or no and circle which you have. If you have both, please circle both
22. Each question in the Business/Individual Information section must be marked "Yes" or "No" or the application will be returned. If any question is answered "Yes," please provide complete details on a separate sheet.
23. Read the Certification language completely before you sign the application. The person listed above as "**OWNER**" or "**PARTNER**" or "**DULY AUTHORIZED OFFICER**" must sign the application.

NOTE: You may make a second copy of the Retailer Application for your records. Return the original copy to the Montana Lottery, along with the rest of the completed required forms and licensing fee.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Fully complete this form and return it with the other required forms to the Montana Lottery, 2525 North Montana Avenue, Helena, MT 59601.

PERSONAL DATA FORM

For a **sole proprietorship**, the owner must complete this form. For a **general partnership**, submit the requested information for each individual with 10% or more interest in the business. For a **limited partnership or corporation**, the president and vice president must complete the form. The form must be fully completed to expedite processing of your application.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Arrange with your bank to authorize electronic funds transfer (EFT) and complete the enclosed form. If you are not familiar with EFT, some general information regarding the process is enclosed. If you have any difficulty with your bank, contact the Lottery.

If your electronic funds transfer will come from a checking account, be sure to attach a voided check as indicated with the form. **Only if your electronic funds transfer will come from a savings account**, attach a deposit slip instead.