RHODE ISLAND LOTTERY
RETAILER APPLICATION INSTRUCTIONS

Applications for Retailer Licenses are available at the Rhode Island Lottery Headquarters located at 1425 Pontiac Avenue, Cranston, Rhode Island 02920 and on the Lottery's website, www.rilot.com.

1. Applicants must first undergo the required National Criminal Background Check, by presenting a valid state-issued driver's license, state-issued identification card, or passport at either:

Office of Attorney General 150 South Main Street Providence, RI 02903 401-274-4400 Check/Money Order $35 No Appointment Required	Rhode Island State Police 311 Danielson Pike Scituate, RI 02857 401-444-1110 Check/Money Order: $36 Appointment Required

   Results of Background Check will be sent directly to the Lottery.

2. All questions on the application must be answered in full. If a question does not apply please indicate by responding N/A.

3. Completed, notarized applications must be filed at Lottery Headquarters, and must include the following:

   - Check or Money Order in the amount of $50 made payable to the Rhode Island Lottery;
   - Two copies of valid state-issued driver's license, state-issued identification card, or passport;
   - Copy of "Permit to Make Sales at Retail" issued by the Rhode Island Division of Taxation;
   - Completed W-9 form indicating name of business (d/b/a), street address, city/town, state, zip code;
   - Social Security Number or Federal Tax Identification Number;
   - Corporation papers, if applicable, listing officers with a copy of the Employer Identification Number document attached;
   - Completed Authorization Agreement for Pre-authorization Charges ("Authorization") including banking information, and if utilizing a checking account, a voided check must be attached to the Authorization Form.

For any questions regarding the application process, call the Lottery Licensing Department at (401) 463-6500 to speak with Lois Devany, Extension 122 or Donald Cataldi, Extension 168.

TheLot
Your Rhode Island Lottery
1425 Pontiac Avenue
Cranston, RI 02920
401-463-6500
www.rilot.com

AUTHORIZATION TO RELEASE INFORMATION

To all Courts, Probation Departments, Employers, Banks, and other financial institutions, and all Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic including, but not limited to, the Rhode Island State Police and the Rhode Island Attorney General's Office:

I,_____
(PRINT NAME)

hereby authorize the Rhode Island Department of Revenue, Division of Lotteries ("Division"), pursuant to R.I. Gen. Laws § 42-61-5, to conduct a full investigation into my personal and business background, financial affairs, and any other activities, including, but not limited to, a national criminal records check with fingerprinting.

I hereby certify to you that I have an application pending before the Division to be licensed as a Rhode Island Lottery Retailer. You are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division.

I understand that this Authorization is being given so that the Division can investigate records and/or information in any way relating to or referenced in any application filed by me with the Division.

I hereby authorize the Division to release any and all information gathered as part of its investigation to any state or federal agency or other lottery conducting an investigation into my background.

The Division, its director, officers, employees, agents, and authorized representatives shall not be liable for any inaccurate information obtained during its investigation. This authorization shall supersede and revoke any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

_____ _____
Signature of Applicant Date of Birth (Month/Day/Year)

_____ _____
Printed Name of Applicant Date

Address:_____

_____

SWORN AND SUBSCRIBED TO BEFORE ME, THIS

_____ DAY OF _____ 20_____

SIGNATURE OF NOTARY PUBLIC_____

My Commission Expires _____

TheLot
Your Rhode Island Lottery
1425 Pontiac Avenue
Cranston, RI 02920
www.rilot.com

RHODE ISLAND LOTTERY
1425 PONTIAC AVENUE
CRANSTON, RHODE ISLAND 02920
401-463-6500 www.rilot.com

RETAILER LICENSE APPLICATION

APPLICATION FOR: NEW LICENSE_____ CHANGE IN OWNERSHIP_____ CHANGE IN OFFICERS_____

BUSINESS INFORMATION: Business Name must be the legal entity as listed on Internal Revenue documents. Address must be the location where Lottery tickets are to be sold.

BUSINESS NAME_____E-MAIL_____

ADDRESS_____CITY/TOWN_____

ZIP CODE_____ TELEPHONE_____FAX_____

DATE YOU PURCHASED BUSINESS_____BUILDING OWNER_____

BUILDING OWNER'S ADDRESS_____ CITY/TOWN_____

ZIP CODE_____ TELEPHONE_____FAX_____

BUSINESS HOURS:

Monday_____ to_____ Tuesday_____to_____
Wednesday_____ to_____ Thursday_____ to_____
Friday_____ to_____ Saturday_____ to_____
Sunday_____ to_____

BUSINESS TYPE:

Convenience Store_____ Convenience Store/Gas _____Supermarket_____
Liquor Store_____ Drug Store_____Bar_____Tavern/Restaurant_____
Fraternal/Club_____ Other_____

TYPE OF ORGANIZATION: Sole Proprietorship_____ Partnership/Joint Venture_____ Corporation/Subsidiary_____
LLC/LLP_____ Other_____

LIST NAMES, ADDRESSES, TELEPHONE NUMBERS, AND DATES OF BIRTH FOR ALL OWNERS, PARTNERS, OFFICERS, DIRECTORS, SHAREHOLDERS, AND MANAGERS – ATTACH COPY OF ARTICLES OF INCORPORATION ON FILE WITH THE SECRETARY OF STATE.

NAME/ADDRESS	TELEPHONE NUMBER	DATE OF BIRTH

LIST THE NAME, ADDRESS, AND TELEPHONE NUMBERS OF THREE BUSINESS REFERENCES:

NAME/ADDRESS	TELEPHONE NUMBER

PERSONAL INFORMATION: This information pertains to the person applying for the Lottery Retailer License; i.e. owner of business:

Full Legal Name: Last_____ First_____ Middle Initial_____

Maiden Name (if applicable)_____Date of Birth_____

Home Phone_____ Cell Phone_____ E-Mail Address_____

Driver's License Number_____Social Security Number_____

Home Address:_____

City/Town_____State_____Zip Code_____

LIST THE NAME, ADDRESS, AND TELEPHONE NUMBERS OF THREE PERSONAL REFERENCES:

NAME/ADDRESS	TELEPHONE NUMBER
_____	_____
_____	_____
_____	_____

If the answer to any of the following questions is "yes", please provide complete details on a separate sheet of paper:

Have you ever filed for bankruptcy in any state?	Yes_____ No_____
Have you ever been, or are you, delinquent with your taxes in any state?	Yes_____ No_____
Do you have any outstanding judgments against you?	Yes_____ No_____
Have you ever operated under a different business name?	Yes_____ No_____
Have you ever been arrested in any state?	Yes_____ No_____
Have you ever been charged with a crime and/or convicted of a crime in any state?	Yes_____ No_____
Have you ever been convicted of or pleaded guilty or nolo contendere to a crime?	Yes_____ No_____
Have you ever been the subject of a state, federal, or background Investigation?	Yes_____ No_____
Do you hold, or ever held, a lottery or gaming license in any other state or jurisdiction?	Yes_____ No_____
Have you ever been denied a lottery or gaming license in any state or jurisdiction?	Yes_____ No_____
Do you have, or ever had, a financial interest in a business involved in lottery or gaming other than this one?	Yes_____ No_____

I HEREBY CERTIFY that all representations made by me on this application are true and accurate, and there are no misrepresentations, falsifications, or omissions in this application. I am aware that false or misleading statements or omissions will be cause for denial or revocation of a Retailer Application. I understand, if licensed, I am required to attend the Retailer Training Session and to adhere to all Rhode Island Laws and Rules and Regulations, and Policies and Procedures of the Rhode Island Lottery. I acknowledge that any knowingly false statements or omissions will constitute submission of a false document to a State Agency, which constitutes a criminal offense under Rhode Island General Laws § 11-18-1.

_____ _____

SIGNATURE OF APPLICANT PRINT OR TYPE NAME

SWORN AND SUBSCRIBED TO BEFORE ME, THIS _____DAY OF _____, 20_____

SIGNATURE OF NOTARY PUBLIC_____ COMMISSION EXPIRES_____

For Lottery Use Only

Retailer_____

Route & Stop _____

Date Activated _____

Sales Manager Approval _____

Keno _____

Other _____

Form W-9 (Rev. 3/7/11)

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A $50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN) | | | |

Employer ID No. (EIN) | | |

NAME _____

ADDRESS _____

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

CERTIFICATION: Under penalties of perjury, I certify that:

(1) 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**
(2) I am not subject to backup withholding because either: (A) 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ TITLE _____ DATE _____ TEL NO. _____

BUSINESS DESIGNATION:

Please Check One: Individual ☐ Medical Services Corporation ☐ Government/Nonprofit Corporation ☐
Partnership ☐ Corporation ☐ Trust/Estate ☐ Legal Services Corporation ☐

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
RETAILER NO._____

I, _____, authorize the Rhode Island Lottery to make variable withdrawals from and deposits into the account identified below and authorize the financial institution to charge such withdrawals and deposits to this listed account. The amount of the withdrawals or deposits will be equal to the amount shown on my invoice for Lottery transactions. Adjusting entries are also authorized. It is agreed that these withdrawals, deposits, and adjustments may be made electronically under the rules of the Rhode Island Lottery. I agree to immediately notify the Rhode Island Lottery of any change in banking information, and that this authorization will remain in effect until a termination or charge of account is confirmed by the Rhode Island Lottery. I understand, in accordance with § 42-61-6 of the Rhode Island General Laws, that all proceeds from the sale of Lottery tickets are to be deposited into this account and not commingled with non-Lottery funds. I further understand and acknowledge that I shall be personally liable for all proceeds and that any failure to pay the Lottery moneys owed, upon demand, shall constitute embezzlement under § 11-41-3.

Bank Name_____ Account No._____

Bank Address_____City/Town_____

State_____Zip Code_____ Account Type: Checking_____ Savings_____ Other_____

Attach Voided Check Here with Routing Number

Owner's Name_____

Signature_____Date_____

Business Name_____

Business Address_____

City/Town_____Zip Code_____

For Lottery Use Only:
Transit Routing No._____
Account No._____