



*State of Arizona*  
**RETAILER RENEWAL LICENSE APPLICATION**

Please select the license type you are applying for:  
 Full Product License       Instant Tab License

MRN					
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License No.					

**STORE INFORMATION**

<b>STORE Name:</b>		<b>STORE Phone:</b>	
<b>STORE Address:</b>			
City:	County:	ZIP Code:	
<b>NAME and PHONE Number of Store Contact:</b>			
ALTERNATE <b>STORE</b> Mailing Address (if applies):			
<b>Business Email:</b>			

**OWNERSHIP INFORMATION**

1. **How is the business owned?**

<input type="checkbox"/> Charitable Organization – 501(c)(3)	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Arizona Corporation	<input type="checkbox"/> Out of State Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership

2. **NAME of Corporation, L.L.C. or Partnership:**

Corporate Address:  Same as Store

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Corporate Contact (if applies): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

3. **LIST name and title of all Owners, Officers, Members, or Partners affiliated with this business:**

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

**FOR LOTTERY USE ONLY**

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Executive Director or Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*State of Arizona*  
**RETAILER RENEWAL APPLICATION**  
**(Continued)**

**GENERAL INFORMATION**

1.  YES  NO Is the business compliant the accessibility requirements under the Americans with Disabilities Act?
2.  YES  NO Does the business sell alcoholic beverages? If yes, please provide the following:  
Arizona Liquor License No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_
3.  YES  NO Is the business currently delinquent in the payment of any Federal, State, County or Local Tax, or any other financial obligation to a government agency? If yes, please attach detailed statement.
4.  YES  NO Is the business property leased? - If yes, property owner name: \_\_\_\_\_
5.  YES  NO Is the business located on Indian Tribal Lands? **If yes, Name of Tribe** \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have reviewed the information provided in this application and that it is current, complete, and accurate. I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license. I understand that I must either return for credit or pay for all lottery tickets sold under the license issued.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT APPLICANT NAME**

\_\_\_\_\_  
**TITLE**



State of Arizona  
**APPLICATION FOR LOTTERY RETAILER LICENSE**  
**Personal Questionnaire**  
 MUST BE COMPLETED BY EACH OWNER AND OWNER'S SPOUSE, PARTNER,  
 MEMBER, AND OFFICER

MRN

Arizona law requires the Lottery to conduct a background investigation on all applicants for a retail license, including a review of criminal history, credit, and financial solvency.  
**PLEASE ANSWER ALL QUESTIONS, IF NOT APPLICABLE USE N/A**

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle Initial

Alias: \_\_\_\_\_ Sex:  Male  Female Place of Birth: \_\_\_\_\_  
Any other names you have been known by

Birth Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State of Residency \_\_\_\_\_

US Citizen?  YES  NO If not a US Citizen, do you have one of the following?

Resident Alien Card?  NO  YES If Yes, Resident Alien No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Work Permit or Visa?  NO  YES If Yes, Permit or Visa No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Contact numbers: \_\_\_\_\_  
Business Phone Home Phone Cell Phone

EMAIL (Please provide): \_\_\_\_\_

Are you married?  NO  YES Spouse's Name: \_\_\_\_\_  
First Middle Initial Last Maiden

**RESIDENTIAL HISTORY**

**Where have you lived for the last 5 YEARS?** (Include any out-of-county addresses - Attach additional sheet if necessary)

FROM		TO		STREET ADDRESS	CITY	STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR				

**IF ANY ANSWER TO THE FOLLOWING QUESTIONS IS "YES," YOU MUST ATTACH A DETAILED SIGNED STATEMENT.**

1. Have you ever been convicted for violating any law or ordinance?  Yes  No
2. Have you ever had an application for any business, professional or liquor license denied?  Yes  No
3. Have you ever had any business, professional or liquor license suspended or revoked?  Yes  No
4. Are you delinquent in the payment of any federal, state, or local tax?  Yes  No

State of Arizona

APPLICATION FOR LOTTERY RETAILER LICENSE  
PERSONAL Questionnaire (Continued)

INDICATE YOUR AGREEMENT TO THE FOLLOWING STATEMENTS ***BY INITIALING ON THE LINE PROVIDED***. IF YOU DO NOT AGREE, YOU MUST ATTACH A SIGNED STATEMENT GIVING THE REASONS.

**Initial**

- \_\_\_\_\_ I agree to review and become familiar with the Arizona Lottery laws, rules and regulations before I sell any lottery tickets.
- \_\_\_\_\_ I agree to notify the Arizona Lottery of any proposed change of ownership, business name, or address prior to making any such changes.
- \_\_\_\_\_ During the term of my retailer license (if issued), I consent to the entrance and inspection by Arizona Lottery official(s), without a warrant or other process, of my licensed premises to determine whether I am complying with the Arizona Lottery laws, rules, and regulations.
- \_\_\_\_\_ I consent to an investigation of my background, including a review of police and credit records, and all records of any other kind and description, and I hereby waive any rights and causes of action against the Arizona Lottery and any disclosing individual or agency relating in any way to the release and review of these records.
- \_\_\_\_\_ I agree to return all property of the Arizona Lottery and/or its contractors to the Arizona Lottery upon demand. I further agree that in the event that I close my business, I will return all property of the Arizona Lottery and/or its contractors to the Arizona Lottery before I close my business.

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY that:**

- (i) I have reviewed the information provided in this application and that it is current, complete, and accurate;
- (ii) I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license;
- (iii) I will either return for credit or pay for all lottery tickets sold under the license issued; and
- (iv) The retail location to be licensed is currently in compliance with the Americans with Disabilities Act (ADA) and I will take all necessary steps to maintain compliance with the ADA during the license term.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
Title



State of Arizona  
**APPLICATION FOR LOTTERY RETAILER LICENSE**  
**Personal Questionnaire**  
 MUST BE COMPLETED BY EACH OWNER AND OWNER'S SPOUSE, PARTNER,  
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**PLEASE ANSWER ALL QUESTIONS, IF NOT APPLICABLE USE N/A**

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle Initial

Alias: \_\_\_\_\_ Sex:  Male  Female Place of Birth: \_\_\_\_\_  
Any other names you have been known by

Birth Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State of Residency \_\_\_\_\_

US Citizen?  YES  NO If not a US Citizen, do you have one of the following?

Resident Alien Card?  NO  YES If Yes, Resident Alien No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Work Permit or Visa?  NO  YES If Yes, Permit or Visa No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Contact numbers: \_\_\_\_\_  
Business Phone Home Phone Cell Phone

EMAIL (Please provide): \_\_\_\_\_

Are you married?  NO  YES Spouse's Name: \_\_\_\_\_  
First Middle Initial Last Maiden

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2. Have you ever had an application for any business, professional or liquor license denied?  Yes  No
3. Have you ever had any business, professional or liquor license suspended or revoked?  Yes  No
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State of Arizona

APPLICATION FOR LOTTERY RETAILER LICENSE  
PERSONAL Questionnaire (Continued)

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- (iv) The retail location to be licensed is currently in compliance with the Americans with Disabilities Act (ADA) and I will take all necessary steps to maintain compliance with the ADA during the license term.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
Title

**State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification**

**Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.**

**Type of Request (Must select at least ONE)**

- New Request    
  New Location (Additional Address ID)    
  Change - Select the type(s) of change from the following:
  Tax ID     Legal Name     Entity Type     Minority Business Indicator  
 Main Address     Remittance Address     Contact Information

**Taxpayer Identification Number (TIN) (Provide ONE Only)**

TIN   -         **OR** SSN    -   -

**Entity Name** (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)

Legal Name

DBA Name

**Entity Type (Must select ONE of the following)**

- |   |  |
|---|--|
| <input type="radio"/> Individual/Sole Proprietor or Single-Member LLC                       | <input type="radio"/> The US or any of its political subdivisions or instrumentalities                             |
| <input type="radio"/> Corporation   | <input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities |
| <input type="radio"/> Partnership   | <input type="radio"/> Other: Tax Reportable Entity   |
| <input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships | <input type="radio"/> Other: Tax Exempt Entity   |
- Description

**Minority Business Indicator (Must select ONE of the following)**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Small Business                                | <input type="radio"/> Small, Woman Owned Business- Hispanic        | <input type="radio"/> Minority Owned Business- African American           |
| <input type="radio"/> Small Business- African American              | <input type="radio"/> Small, Woman Owned Business- Native American | <input type="radio"/> Minority Owned Business- Asian                      |
| <input type="radio"/> Small Business- Asian                         | <input type="radio"/> Small, Woman Owned Business- Other Minority  | <input type="radio"/> Minority Owned Business- Hispanic                   |
| <input type="radio"/> Small Business - Hispanic                     | <input type="radio"/> Woman Owned Business                         | <input type="radio"/> Minority Owned Business- Native American            |
| <input type="radio"/> Small Business- Native American               | <input type="radio"/> Woman Owned Business- African American       | <input type="radio"/> Minority Owned Business- Other Minority             |
| <input type="radio"/> Small Business- Other Minority                | <input type="radio"/> Woman Owned Business- Asian                  | <input type="radio"/> Non-Profit, IRC 501(c)                              |
| <input type="radio"/> Small, Woman Owned Business                   | <input type="radio"/> Woman Owned Business- Hispanic               | <input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business |
| <input type="radio"/> Small, Woman Owned Business- African American | <input type="radio"/> Woman Owned Business- Native American        | <input type="radio"/> Individual, Non-Business                            |
| <input type="radio"/> Small, Woman Owned Business- Asian            | <input type="radio"/> Woman Owned Business- Other Minority         |   |

**Veteran Owned Business**     YES     NO

**Entity Address**

<b>Main Address</b> (Where tax information and general correspondence is to be mailed)	<b>Remittance Address</b> (Where payment is to be mailed) <input type="checkbox"/> Same as Main
Address Line 1 <input type="text"/>	Address Line 1 <input type="text"/>
Address Line 2 <input type="text"/>	Address Line 2 <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip code <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip code <input type="text"/>

**Vendor Contact Information**

Name <input type="text"/>	Title <input type="text"/>		
Phone <input type="text"/>	Ext. <input type="text"/>	Fax <input type="text"/>	Email <input type="text"/>

**Exemption from Backup Withholding and FATCA Reporting:** Complete this section if it is applicable to you. See instructions for more details

Exemption Code for Backup Withholding     Exemption Code for FATCA Reporting

**Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, 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 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 US citizen or other US person, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**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.

Signature <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/>
--------------------------------	---------------------------------	---------------------------

# The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

**Part 1 - Type of Request:** Select only one.

**Part 2 - Taxpayer Identification Number (TIN):** Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

**Part 3 - Entity Name:** Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

**Part 4 - Entity Type:** Select only one for TIN given.

**Part 5 - Minority Business Indicator:** Select only one for TIN given.

**Part 6 - Veteran Owned Business:** Select only one for TIN given.

**Part 7 - Entity Address:** List the locations for tax reporting purposes and where payments should be mailed.

**Part 8 - Entity Contact Information:** List the contact information.

**Part 9 - Backup Withholding and FATCA Exemptions:** If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

**Backup Withholding Exemption Codes:** Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

**Code 1:** An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)

**Code 2:** The United States or any of its agencies or instrumentalities

**Code 3:** A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

**Code 4:** A foreign government or any of its political subdivisions, agencies, or instrumentalities

**Code 5:** A corporation

**Code 6:** A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States **Code 7:** A futures commission merchant registered with the Commodity Futures Trading Commission

**Code 8:** A real estate investment trust

**Code 9:** An entity registered at all times during the tax year under the Investment Company Act of 1940

**Code 10:** A common trust fund operated by a bank under section 584(a)

**Code 11:** A financial institution

**Code 12:** A middleman known in the investment community as a nominee or custodian

**Code 13:** A trust exempt from tax under section 664 or described in section 4947

**FATCA Exemption Codes:** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

**Code A:** An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

**Code B:** The United States or any of its agencies or instrumentalities

**Code C:** A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

**Code D:** A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

**Code E:** A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

**Code F:** A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

**Code G:** A real estate investment trust

**Code H:** A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

**Code I:** A common trust fund as defined in section 584(a)

**Code J:** A bank as defined in section 581 **Code K:** A broker

**Code L:** A trust exempt from tax under section 664 or described in section 4947(a) (1)

**Code M:** A tax-exempt trust under a section 403(b) plan or section 457(g) plan

**Part 10 - Certification:** Please sign, date and provide preparer's name in appropriate space.