



# CHAIN ACCOUNT RETAILER APPLICATION

Florida Lottery  
250 Marriott Drive Tallahassee, FL 32399-4001  
(850) 487-7714 or flalottery.com

**FOR LOTTERY USE ONLY**

CHAIN # \_\_\_\_\_

SE/FSM# \_\_\_\_\_

**Non-refundable Application Fee: Payable to the Florida Lottery by check or money order.  
Initial Application \$100, Additional Location \$25, Change of Location \$10,  
New Officer, Director or Shareholder \$25 each.**

An applicant may be required to post a bond, certificate of deposit, or other security as a result of the financial background investigation performed by the Lottery.

**Check application type and complete the information below – PLEASE PRINT OR TYPE:**

- INITIAL APPLICATION     ADDITIONAL STORE(S)     ADDITIONAL OFFICER(S), DIRECTOR(S), or SHAREHOLDER(S)
- CHANGE OF LOCATION: Date of Relocation \_\_\_\_\_
- CHANGE OF OWNERSHIP: Previous Name of Business \_\_\_\_\_ Date of Sale \_\_\_\_\_

## SECTION 1 – BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME:

\_\_\_\_\_

2. MAILING ADDRESS:

|                    |      |       |          |
|--------------------|------|-------|----------|
| Street or P.O. Box | City | State | Zip Code |
|--------------------|------|-------|----------|

3. CONTACT NAME AND TITLE:

|      |       |
|------|-------|
| Name | Title |
|------|-------|

4. CONTACT NUMBERS AND E-MAIL ADDRESS:

|                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| (____) _____ - _____<br>Phone Number | (____) _____ - _____<br>Alternate Phone Number | (____) _____ - _____<br>Fax Number |
|--------------------------------------|--|------------------------------------|

\_\_\_\_\_ E-Mail Address

5. BUSINESS TYPE: (Check One)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership               | <input type="checkbox"/> Non-Profit                    | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership |  |

6. CORPORATE CHARTER OR DOCUMENT NUMBER: \_\_\_\_\_

7. Is the stock of this business entity publicly traded on a national securities exchange?     Yes     No  
If yes, please skip page 3 and complete the information on Publicly Traded Organizations on page 4.

8. TAXPAYER IDENTIFICATION NUMBER: Provide number used to file business income tax return.  
Sole Proprietors, list Social Security Number. All other entities, list Federal Employer Identification Number.

\_\_\_\_\_

9. TRADE STYLE (May indicate more than one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Airport Location                     | <input type="checkbox"/> Drug Store/Pharmacy             | <input type="checkbox"/> Travel Plaza/Truck Stop |
| <input type="checkbox"/> Bar/Tavern/Lounge                    | <input type="checkbox"/> Gas Station/Auto Repair         | <input type="checkbox"/> Video Store             |
| <input type="checkbox"/> Convenience Store-<br>no gas pumps   | <input type="checkbox"/> Hotel/Motel                     | <input type="checkbox"/> Wholesale Club          |
| <input type="checkbox"/> Convenience Store-<br>with gas pumps | <input type="checkbox"/> Newsstand/Tobacconist/ Sundries | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Department Store                     | <input type="checkbox"/> Package Liquor Store            | _____  |
| <input type="checkbox"/> Dollar Store/Discount Store          | <input type="checkbox"/> Restaurant                      |  |
|   | <input type="checkbox"/> Shopping Mall Location          |  |
|   | <input type="checkbox"/> Supermarket                     |  |

## SECTION 2 – STORE LOCATION INFORMATION

PLEASE PRINT OR TYPE. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES OR A SEPARATE REPORT.

**Store Name:** \_\_\_\_\_  
  
Store Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code  
\_\_\_\_\_  
County  
\_\_\_\_\_  
Start Date of Business: \_\_\_\_\_  
Change of Ownership?  Yes  No  
Previous Lottery Location ID# if known: \_\_\_\_\_  
Comments: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_  
 Applied For  Tax Exempt  
  
Alcoholic Beverage License  
Number: \_\_\_\_\_  
 Applied For  Not Applicable  
  
Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Not Available  Location Under Construction  
Construction Contact Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Store Name:** \_\_\_\_\_  
  
Store Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code  
\_\_\_\_\_  
County  
\_\_\_\_\_  
Start Date of Business: \_\_\_\_\_  
Change of Ownership?  Yes  No  
Previous Lottery Location ID# if known: \_\_\_\_\_  
Comments: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_  
 Applied For  Tax Exempt  
  
Alcoholic Beverage License  
Number: \_\_\_\_\_  
 Applied For  Not Applicable  
  
Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Not Available  Location Under Construction  
Construction Contact Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Store Name:** \_\_\_\_\_  
  
Store Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code  
\_\_\_\_\_  
County  
\_\_\_\_\_  
Start Date of Business: \_\_\_\_\_  
Change of Ownership?  Yes  No  
Previous Lottery Location ID# if known: \_\_\_\_\_  
Comments: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_  
 Applied For  Tax Exempt  
  
Alcoholic Beverage License  
Number: \_\_\_\_\_  
 Applied For  Not Applicable  
  
Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Not Available  Location Under Construction  
Construction Contact Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Store Name:** \_\_\_\_\_  
  
Store Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code  
\_\_\_\_\_  
County  
\_\_\_\_\_  
Start Date of Business: \_\_\_\_\_  
Change of Ownership?  Yes  No  
Previous Lottery Location ID# if known: \_\_\_\_\_  
Comments: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_  
 Applied For  Tax Exempt  
  
Alcoholic Beverage License  
Number: \_\_\_\_\_  
 Applied For  Not Applicable  
  
Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Not Available  Location Under Construction  
Construction Contact Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## SECTION 3 – OFFICER INFORMATION

**IF PUBLICLY TRADED, PLEASE SKIP THIS SECTION AND COMPLETE SECTION 4.**

**THE LOTTERY SHALL NOT CONTRACT WITH ANY PERSON WHO IS RELATED TO AND RESIDING WITH ANY EMPLOYEE OF THE LOTTERY.**

Are any of the individuals listed below related to an employee of the Florida Lottery in one of the following ways: husband, wife, parent, grandparent, spouse's parent, child, brother, sister, spouse of a child, aunt, uncle, grandchild, niece, nephew, first cousin, and living in the same household as the employee? \_\_\_\_ Yes \_\_\_\_ No

**List all owners, individual partners, managing members, corporate officers, directors. List shareholders of 10% or more or limited partners with 10% or more interest in the business. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.**

|              |            |       |     |     |                      |             |                        |
|--------------|------------|-------|-----|-----|----------------------|-------------|------------------------|
| Name         | Home Phone | Title |     |     | Birthdate (MM-DD-YY) |             |                        |
| Home Address | City       | State | Zip | Sex | Race                 | % Ownership | Social Security Number |

|              |            |       |     |     |                      |             |                        |
|--------------|------------|-------|-----|-----|----------------------|-------------|------------------------|
| Name         | Home Phone | Title |     |     | Birthdate (MM-DD-YY) |             |                        |
| Home Address | City       | State | Zip | Sex | Race                 | % Ownership | Social Security Number |

|              |            |       |     |     |                      |             |                        |
|--------------|------------|-------|-----|-----|----------------------|-------------|------------------------|
| Name         | Home Phone | Title |     |     | Birthdate (MM-DD-YY) |             |                        |
| Home Address | City       | State | Zip | Sex | Race                 | % Ownership | Social Security Number |

|              |            |       |     |     |                      |             |                        |
|--------------|------------|-------|-----|-----|----------------------|-------------|------------------------|
| Name         | Home Phone | Title |     |     | Birthdate (MM-DD-YY) |             |                        |
| Home Address | City       | State | Zip | Sex | Race                 | % Ownership | Social Security Number |

|              |            |       |     |     |                      |             |                        |
|--------------|------------|-------|-----|-----|----------------------|-------------|------------------------|
| Name         | Home Phone | Title |     |     | Birthdate (MM-DD-YY) |             |                        |
| Home Address | City       | State | Zip | Sex | Race                 | % Ownership | Social Security Number |

Have any of the individuals listed above:

1. Been convicted of, or pleaded guilty or nolo contendere to a felony within the last 10 years, regardless of adjudication? \_\_\_\_ Yes \_\_\_\_ No

2. Been convicted of, or pleaded guilty or nolo contendere to any gambling offense? \_\_\_\_ Yes \_\_\_\_ No

3. Been arrested and have any pending criminal charges that have not been resolved? \_\_\_\_ Yes \_\_\_\_ No

If yes to questions 1, 2, or 3, please explain response and include dates below (use additional sheet if necessary).

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4. Are any of the individuals listed in the officer information section non-U. S. Citizens? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the individual's name, mother's maiden name, father's name; passport number, permanent resident or I-94 number; the last permanent address prior to entering the U.S. and the last date of entry into the U.S.

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## SECTION 4 – INFORMATION ON PUBLICLY TRADED ORGANIZATIONS

PLEASE COMPLETE THIS SECTION IF PUBLICLY TRADED. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.

SECURITIES EXCHANGE ON WHICH STOCK IS TRADED: \_\_\_\_\_

PRINT OR TYPE THE NAMES AND TITLES OF THE EXECUTIVE OFFICERS (President, Senior and Executive Vice Presidents, Secretary, Treasurer) AND THE CHAIRMAN OF THE BOARD OF DIRECTORS.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

### CERTIFICATION:

Pursuant to section 709.08(7)(b)(2), Fla. Stat., an attorney in fact may not make any affidavit as to the personal knowledge of the principal.

I HEREBY CERTIFY that the information contained on this form or otherwise submitted to the Florida Lottery in connection with my application to become a retailer is true and correct in every material respect. I understand that providing inaccurate or misleading information is grounds for rejection of this application or cancellation of the Retailer Contract. The Florida Lottery is authorized to obtain criminal background, Florida tax, credit, and general information about me, my business, and any persons listed on this application, which may assist in making a decision on this application. The business locations where lottery tickets will be sold are in compliance with the accessibility requirements set forth in sections 553.501 - 553.513, Fla. Stat., the Florida Americans with Disabilities Accessibility Implementation Act.

\_\_\_\_\_  
Signature of authorized corporate officer, partner, or owner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to or affirmed and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public  
(Print, Type or Stamp Commissioned Name of Notary Public)

\_\_\_\_ Personally Known or \_\_\_\_ Produced Identification

Type of Identification \_\_\_\_\_

Pursuant to section 24.112, Fla. Stat., Certificates of Authority and retailer contracts are not assignable or transferable between persons or locations. In accordance with chapter 119, Fla. Stat., information contained in the application shall be open to the public for inspection.