APPLICATION FOR DELAWARE LOTTERY SPORTS RETAILER

Delaware Lottery
Retailer Licensing
1575 McKee Road, Suite 102
Dover, DE 19904-1903
Phone (302) 739-5291 / Fax (302)-739-7586

LOTTERY USE	
Retailer #	
Bus. Code	
Date Activated	
Territory	

Please type or print.

1. Trade name of your business. ***(Actual name under which you operate - d.b.a.)***

2. Location address of your business - physical address. ***(Use street & number or directions - NO P.O. Box or Rural Route no.)***

City **State** **Zip Code**

D E /

County
- ☐ New Castle
- ☐ Kent
- ☐ Sussex

Business phone ***(Area code & number)*** /

Fax Number ***(Area code & number)*** /

Email address (At least one (1) Required)

1.

2.

☐ **I would like to receive official Lottery notices at the above email address?**

3. Mailing address. ***(Street & number, P.O. Box or rural route and box number)***

City **State** **Zip Code**

/

4. Type of Business: **Proprietorship** ☐ **Partnership** ☐ **Corporation** ☐ **LLC** ☐

5. Corporate/LLC Name (if applicable):

6. Enter your Business ID# or Federal Employer's Identification (FEI) Number

DO NOT SUBMIT APPLICATION UNTIL YOU HAVE THE REQUIRED LICENSE(S) FOR YOU BUSINESS.

7. List owner(s), all partners, officer and directors of your business. ***(Attach additional sheets if necessary.)***

→ **Name** ***(First, middle initial, last)*** **Social Security Number**

Home address ***(Street & number, city, state, ZIP code)*** **Home phone** ***(Area code & number)***

Title **Date of birth**

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Title **Date of birth**

VENDOR/SUPPLIER REFERENCES

Three (3) references are required.

8. List Corporate Name, Contact Name and Phone Number

a. _____

b. _____

c.

CONTACT INFORMATION

9. Contact for Lottery Business.

Contact person phone (Area code & number)

10. List primary contact persons at this business location.

Name **Title/function**

Name **Title/function**

ELIGIBILITY - Failure to fully disclose may result in denial of application or future license revocation.

11a. **Has the applicant(s) been convicted of an offense other than a traffic violation?** ☐ Yes ☐ No

11b. **Has the applicant(s) been subject to any disciplinary action, past, or pending, by any administrative, governmental or regulatory body?** ☐ Yes ☐ No

11c. **Has the applicant(s) been charged with a violation of any statute, rule regulation or ordinance of any municipal, administrative, regulatory or other governmental body?** ☐ Yes ☐ No

12. **Is your business in default of any taxes, fees, or other obligations owed to STATE OF DELAWARE, local or federal government?** ☐ Yes ☐ No

If "YES" to any of the above, attach detailed explanation.

CERTIFICATION

By completing this application, I am authorizing the Delaware State Lottery to investigate my finances completely, including permission to review my tax returns and other tax information.

I HEREBY CERTIFY that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false or misleading statements will cause for rejection or revocation of Sales Retailer's License.

Signature of Applicant in Ink

Title

Print or Type Name

Sworn and Subscribed to before me, this

_____ **DAY OF** _____ **A.D. 20** _____

Seal of Notary Public

FOR LOTTERY USE ONLY

	Signature	*Date*	
Sales Rep.			**ACCEPT** ☐ **YES** ☐ **NO**
Sales Mgr.			**ACCEPT** ☐ **YES** ☐ **NO**
Marketing			**ACCEPT** ☐ **YES** ☐ **NO**
Director			**ACCEPT** ☐ **YES** ☐ **NO**