



**For office use only.**

Retail Agent License #:

Date Activated:

## Application for a Lottery License

Please complete this entire application. When completed, return this application to the Maine State Lottery together with a fifty dollar (\$50.00) non-refundable application fee made payable to the Treasurer of State. An incomplete or illegible application will be returned without being reviewed. For questions relating to this application, please call (207) 287-3721 or email us at [MaineLottery@Maine.gov](mailto:MaineLottery@Maine.gov).

### Section 1: Type of Application

☐ New ☐ Change of ownership of an existing licensed location

### Section 2: Type of Ownership: (select only one)

- |    |                     |    |                             |
|----|---------------------|----|-----------------------------|
| A. | Individual          | D. | Corporation                 |
| B. | Sole proprietorship | E. | Limited Liability Company   |
| C. | Partnership         | F. | Limited Partnership         |
|    |                     | G. | Limited Liability Partnersh |

Federal Tax Identification Number: (if B, D, E, F or G is checked) \_\_\_\_\_

### Section 3.A: If you checked A, B or C above, please list the Name of the Business:

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### Section 3.B: If you checked D, E, F or G above, please list the exact Legal Name of the Business as it is registered with the Secretary of State and other business name for your entity (DBA), if any:

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- If the applicant is a sole proprietorship or general partnership, your legal name in Section 2 is your personal name. In Section 3.B, your DBA is your business name.
- If the applicant is a registered business entity, the information must match the information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752.

**Section 4: Location of Business:** (town/city and county) \_\_\_\_\_

**Section 5: Address and Telephone Number of Business:**

**Physical Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** (if different) \_\_\_\_\_  
\_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Alternate Telephone Number:** \_\_\_\_\_

**Section 6:** ☐ Own ☐ Lease

Please provide owner/landlord contact information (other than store address):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section 7: Are you currently licensed by the Maine State Lottery in another location?**

☐ Yes ☐ No

If Yes, please provide lottery agent number(s) and location(s):

\_\_\_\_\_  
\_\_\_\_\_

**Section 8: Type and Classification of Business; Hours of operation; Other Licenses.**

**A. Classification:** (select only one)

- |   |   |
|---|---|
| <input type="checkbox"/> 5000 Miscellaneous         | <input type="checkbox"/> 5700 Department/Box Store    |
| <input type="checkbox"/> 5400 Grocery Store/Market  | <input type="checkbox"/> 5715 Bowling Alley           |
| <input type="checkbox"/> 5415 Convenience Store     | <input type="checkbox"/> 5800 Tavern/Lounge           |
| <input type="checkbox"/> 5416 Convenience Store/Gas | <input type="checkbox"/> 5810 Restaurant              |
| <input type="checkbox"/> 5540 Service Station       | <input type="checkbox"/> 5910 Drug Store              |
| <input type="checkbox"/> 5600 Hardware Store        | <input type="checkbox"/> 5990 Newsstand/Card Shop     |
| <input type="checkbox"/> 5615 Video Store           | <input type="checkbox"/> 8640 Non-profit Organization |

**B. Type:** (select only one)

- ☐ Year round      ☐ Seasonal

If seasonal, please provide months of operation: \_\_\_\_\_

**C. Hours of Operations:**

Sunday: From: \_\_\_\_\_ to: \_\_\_\_\_

Monday: From: \_\_\_\_\_ to: \_\_\_\_\_

Tuesday: From: \_\_\_\_\_ to: \_\_\_\_\_

Wednesday: From: \_\_\_\_\_ to: \_\_\_\_\_

Thursday: From: \_\_\_\_\_ to: \_\_\_\_\_

Friday: From: \_\_\_\_\_ to: \_\_\_\_\_

Saturday: From: \_\_\_\_\_ to: \_\_\_\_\_

**D. Date business to start operations:** \_\_\_\_\_

**E. Other Licenses:** (check all that apply)

Is your business licensed to sell:      ☐ Distilled Spirits      ☐ Beer and Wine

**Section 9: Chain Store affiliation** (if none, so indicate): \_\_\_\_\_

**Section 10: Insurance Coverage for Theft and Fire – Please attach Certificate of Liability**

Name of Insurance Carrier: \_\_\_\_\_

Name and telephone number of Insurance Agent: \_\_\_\_\_

Policy #: \_\_\_\_\_ Deductible: \_\_\_\_\_

Extent of Coverage: \_\_\_\_\_

**Section 11: Persons associated with business; contacts.**

- A.** Please list the names, home addresses, dates of birth, social security number and provide a valid photo ID for all owners(s), partners, members, managers or officers of the business structure. Photo ID can be a copy of a valid driver's license or passport.

If Section 2.A. or B. is selected: All owners

If Section 2.D. is selected: All officers, directors or shareholders

If Section 2.C or G is selected: All partners

If Section 2.E. is selected: All members or managers

If Section 2.F. is selected: All general partners

<u>Name</u>	<u>Address</u>	<u>SSN</u>	<u>Date of Birth</u>
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(Attach additional sheets as necessary)

- B. Primary and Secondary Contacts for the Maine State Lottery.** Please provide the names, title, telephone numbers (business, home and mobile), fax number and email address for a primary and secondary contact for the Maine State Lottery.

Primary Contact:

<u>Name</u>	<u>Title</u>	<u>Mobile</u>	<u>Business or Home</u>	<u>Email</u>
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Secondary Contact:

<u>Name</u>	<u>Title</u>	<u>Mobile</u>	<u>Business or Home</u>	<u>Email</u>
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**Section 12: Background information. The Maine State Lottery will conduct a financial and criminal background check on all persons listed in the application. As part of this background check, please answer the following questions:**

- A.** Has anyone listed in Section 11 ever been convicted of an offense other than a traffic violation?
- ☐ Yes ☐ No

- B.** Has anyone listed in Section 11 ever been subject to any disciplinary action, past or pending, by any administrative, governmental, or regulatory body? ☐ Yes ☐ No
- C.** Has anyone listed in Section 11 ever been charged with a violation of any statute, rule, regulation or ordinance of any municipal, administrative, regulatory, or governmental body?  
☐ Yes ☐ No
- D.** Is your business in default of taxes, fees or other obligation to the State of Maine or any of its governmental subdivisions? ☐ Yes ☐ No

**Note:** If the answer is **Yes** to any question in this section, please attach an additional sheet to this application with a complete description and details of the offense, disciplinary action or violation as described in this section.

### **Section 13: Terms and Conditions of a License with the Maine State Lottery.**

- A.** The applicant agrees to establish a separate account to manage all financial transactions related to the lottery;
- B.** The applicant agrees to be bound by and comply with the laws, rules and instructions promulgated by the Maine State Lottery if a license is issued as a result of this application;
- C.** The applicant agrees to make available for sale to the public, valid draw and instant lottery tickets during normal business hours;
- D.** The applicant is responsible for the retail price of the tickets in the possession of the applicant;
- E.** The applicant agrees that all lottery tickets accepted from the Maine State Lottery or its authorized distributor are deemed to have been purchased by the applicant and therefore, the tickets are the sole property of the applicant for purposes of this agreement and for liability for theft, or other loss, except to the extent such loss or damage is caused by the Lottery's negligence or willful misconduct ;
- F.** The applicant agrees to sell and maintain a minimum of 16 active instant ticket games at all times;
1. A Lottery Field Operations staff will work with the applicant to determine if another lower minimum or higher minimum is appropriate for the applicant's business location;
  2. A recommendation on the minimum will be made to the Manager of Field Operations who makes the final determination;
  3. The applicant must agree to this recommendation and if, the minimum number of tickets is less than 16, the applicant must agree to increase the number of tickets over the next year to the 16 active instant ticket game minimum standard;
  4. The Lottery reserves the right to terminate this license at any time if the minimum number of instant ticket games is not sold by the applicant or for low sales based on an acceptable standard in the applicant's geographical location. The Lottery will work with the applicant to determine and agree on the number of instant tickets to be sold and the low sales threshold;

- G.** The applicant agrees to sell all of the lottery's portfolio of draw games;
1. The applicant agrees to meet a minimum sales standard to be determined after its first 6 months of operations as a lottery retail agent;
  2. A Lottery Field Operations staff will work with the applicant to set this minimum sales standard and make a recommendation to the Manager of Field Operations who will make the final determination. This minimum sales level must be maintained throughout the life of the license;
  3. The applicant's sales will be reviewed semi-annually and the Lottery reserves the right to increase or decrease the minimum draw games sales standard based on this review;
  4. The Lottery reserves the right to terminate this license at any time if the minimum sales standard for lottery draw games is not met by the applicant or for low sales based on an acceptable standard in the applicant's geographical location;
- H.** The applicant agrees to have installed by the Lottery or by the an authorized agent of the Lottery and use the following point of sale equipment issued to the applicant including the terminal, printer, flat panel advertising monitor, wireless ticket checker and wireless jackpot sign. The applicant agrees to reasonably provide for the security of all equipment installed, including terminals, printers, jackpot signage, flat screen monitors, etc. loaned to the applicant by Maine Lottery, and Maine Lottery shall be responsible for ensuring the equipment is operative. If the equipment is lost or damaged due to the fault of the applicant, an employee of the applicant's and/or a contractor of the applicant, the applicant is responsible for all replacement cost(s), except that the applicant shall not responsible for damage caused by ordinary wear and tear. If replacement costs are levied against the applicant for the loss or damage to the equipment, the applicant has thirty (30) days to pay the cost or forfeit their right to sell Lottery products.
- I.** The applicant agrees to maintain and post authorized displays; notices; drop boxes; and other materials used in conjunction with lottery ticket sales in accordance with the instruction of the Maine State Lottery and subject to any conditions or restrictions at the applicants location.;
- J.** The applicant agrees to have sufficient funds available to instantly pay (either by cash or check) all valid claims up to and including \$599.00 and to provide lottery claim forms to the claimants for all valid claims \$600.00 and over;
- K.** The applicant must continuously carry significant insurance coverage or otherwise self-insure for theft or other types of loss for all lottery tickets;
1. The applicant must report any theft or loss of lottery tickets or equipment to the Maine State Lottery;
  2. The Maine State Lottery will not reimburse the applicant for any theft or loss of lottery tickets; and
  3. The applicant will reimburse the Maine State Lottery for any theft or loss of equipment.
- L.** The applicant agrees to maintain accurate records of all operations in conjunction with lottery ticket sales as required by the rules and instructions promulgated or issued by the Maine State Lottery;
- M.** The applicant agrees to make available to the Maine State Lottery for inspection and audit those records the applicant is required to maintain;
- N.** The applicant agrees that the license issued as a result of this application may be revoked or suspended for any or all of the following reasons; but not limited to:
1. Whenever the applicant knowingly uses false or misleading information to obtain a license;

2. Whenever the applicant violates any of the provisions of Maine law relative to the Maine State Lottery or any rules or policies promulgated or issued by the Maine State Lottery; and
  3. Whenever it is determined by the Director of the Maine State Lottery or the director's designee that the applicant fails to meet minimum sales standards outlined in paragraphs G and H of this Section.
- O.** The applicant agrees that the Maine State Lottery will be held harmless from any liability in conjunction with operating and conducting lottery ticket sales if a license is issued.

#### **Section 14: Acknowledgment and Signatures.**

I certify under penalty of perjury that I have completed this application to the best of my ability and knowledge and that there are no misrepresentations or false information stated in this application. Additionally, I am aware that false or misleading information or statements are reasons for rejection of this application and the revocation or suspension of my license to sell lottery tickets. I agree to be governed by all laws and rules relating to the Maine State Lottery as well as the terms and conditions listed in this application. I further agree to consent to a criminal and financial background check as a condition of licensure.

**For an individual, sole proprietor or partnership:** (complete if Section 2.A, B or C was selected)

Name and Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For an entity:** (complete if Section 2.D, E, F or G was selected)

Name and capacity of authorized person: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Date: \_\_\_\_\_

**For an application to be considered for review, the following MUST be included. An incomplete or illegible application will be returned without being reviewed.**

- |                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Signed Application           |
| <input type="checkbox"/> | Photo ID                     |
| <input type="checkbox"/> | \$50.00 Application Fee      |
| <input type="checkbox"/> | Credit Release               |
| <input type="checkbox"/> | Criminal Background Release  |
| <input type="checkbox"/> | W-9                          |
| <input type="checkbox"/> | ACH Agreement                |
| <input type="checkbox"/> | Voided Check or Deposit Slip |
| <input type="checkbox"/> | Certificate of Liability     |

Return the following to: Bureau of Alcoholic Beverages & Lottery Operations  
Attn: Licensing  
8 State House Station  
Augusta, Maine 04333-0008

**For Office Use Only**

This application for a license is:

☐

Approved

☐

Denied

\_\_\_\_\_  
Official with the Maine State Lottery

\_\_\_\_\_  
Date





### **Authorization Agreement for Variable Withdrawals (ACH Debits)**

I hereby authorize the Maine State Lottery to make withdrawals from the account identified below and at the financial institution identified below (Depository Financial Institution or DFI) and authorize the DFI to charge such withdrawals made to my listed account. The amount of each weekly withdrawal made will be equal to the amount shown on my weekly invoice for gaming transactions, of which I will maintain a record. Adjusting entries to correct errors are also authorized.

I agree that these withdrawals and adjustments may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days (14) notice of termination or change of account is given to the Maine State Lottery. I acknowledge receipt of a completed copy of this authorization.

Please provide the following information (please print legibly):

#### **Please Attach Voided Check or Deposit Ticket to this Authorization**

Name as shown on Account:		Signature of Authorizing Person:		Date:
Address: (include Street or PO Box, City, State and Zip code)				Agent Number:
Name of Financial Institution:				
Type of Account: ____ Checking ____ Savings	DFI's Routing and Transit Number:		AA Account Number:	

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-				-		
Employer identification number										
				-						

## Part II 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: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**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. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



## CREDIT RELEASE

Pursuant to Maine law, 9-B MRSA Section 162 (1), I hereby authorize the Maine State Lottery to obtain any necessary financial information or records from any credit bureau, financial institution or business reference pertaining to the credit history of the business or individual named below.

### **For an entity:**

Name of Entity: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

Name and capacity of authorized person: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

### **For an individual, sole proprietorship or partnership:**

Name and Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Contact Person(s) at Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_



## CRIMINAL BACKGROUND RELEASE

To be completed by all other persons listed in the application other than the primary applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing this release, the person(s) listed on this release consent to a criminal background check on any person(s) listed in the Application to Sell Lottery Tickets. The Maine State Lottery reserves the right to deny a license based on the results of a criminal background check.

### **Applicant and All Partners Must Sign This Application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attach additional sheet if needed for personal data including signatures and date**