

Ownership Information (Must be Filled In)

Fill in for sole proprietor. For other business entities, all partners, principals, members, and corporate officers must be listed. (attach separate sheet if necessary)

Name _____ Male _____ Female _____ Home Address _____ Home Phone # () _____
 _____ State _____ Zip Code _____
 Place of Birth _____ Date of Birth _____ Social Security # _____ Percentage of Ownership _____

Name _____ Male _____ Female _____ Home Address _____ Home Phone # () _____
 _____ State _____ Zip Code _____
 Place of Birth _____ Date of Birth _____ Social Security # _____ Percentage of Ownership _____

By submitting this application you will be deemed to have certified that you are in compliance with the Americans with Disabilities Act (ADA), i.e. that your place of business is readily accessible to persons with disabilities or, if accessibility is not readily achievable, that you have made other accommodations to provide service to persons with disabilities. If you are not in compliance, attach a separate statement explaining why you are not in compliance and when you expect to achieve compliance.

Handicap Accessible Yes No

Licensing decisions are made without regard to race, ethnicity, gender, other prohibited classifications. However, the Lottery Division seeks an retailer network reasonably representative of the population of the State; therefore, it is requested that you respond to the following question in order to enable the Lottery to determine, for statistical purposes only, the representation of minority-owned businesses and women-owned businesses among applicants and licensees. You may choose not to answer this question; if you do not answer the question, it will not affect the Lottery's decision on your application.

Check the appropriate box if your business is State-certified as a Minority Business Enterprise of a Women-Owned Business Enterprise.

Minority Business Enterprise Women-Owned Business Enterprise

A background investigation is conducted for each applicant's part of the Retailer Selection/Approval process. Accordingly, when your application receives initial approval, you may be required to provide fingerprints and pay an investigation fee for each owner.

If you or any other principal of the business have been convicted of any offense defined in the NYS Penal Law, you must submit a separate statement setting forth the name of the offense, the date of the conviction, the sentence, and any other information you may wish to add. A criminal conviction does not automatically mean that this application will be denied. However, concealment of a criminal record may result in denial of the application or in a subsequent license suspension or revocation. A conviction of a minor parking or traffic infraction need not be mentioned, but any other conviction must be disclosed. If you are not sure whether a conviction was obtained in a particular case, you should describe that case as completely as possible. The Division of the Lottery will compare the information you give with criminal records maintained by federal and state law enforcement agencies.

Please check the appropriate box: A separate statement describing any criminal convictions is attached as required. No separate statement is attached. No principal of the business has ever been convicted of a criminal offense.

Lottery History (Submit separate sheet if necessary)

- A. List all businesses owned by you that currently have or had a New York Lottery Sales Retailer License.
- B. List any business currently or previously owned by you that has been denied a New York Lottery Sales Retailer License. Explain reason for denial
- C. Have you ever had any New York Lottery Sales Retailer License revoked? Yes No If Yes Explain where and why.

Only citizens of the United States or aliens lawfully residing in the United States are eligible to be licensed as Lottery Sales Retailers. An alien who holds a Lottery Sales Retailer License must notify the New York Lottery of any change in his or her immigration status, and failure to do so may result in suspension or revocation of the license.

Please check the appropriate box;

Is applicant a United States citizen? Yes No Is applicant a resident alien? Yes No Card # _____

I, the undersigned, hereby acknowledge that I am authorized to represent the business applying for Licensure by the New York Lottery. I also acknowledge that I have read this application thoroughly, understanding that I may or may not be selected for Licensure, and that all of the information provided in this application is correct, to the best of my knowledge.

Signature of Proprietor, Partner, Corporate Officer or Member _____ Title _____ Date _____ R 12/06

APPLICATION # _____

BUSINESS NAME (DBA) _____

BUSINESS ADDRESS _____ NY ZIP CODE: _____

Additional Ownership Information (Must be Filled In)

Fill in for sole proprietor. For other business entities, all partners, principals, members, and corporate officers must be listed. (attach separate sheet if necessary)

Name _____	Male Female	Home Address _____	Home Phone # () _____
		_____	State _____ Zip Code _____

Place of Birth _____	Date of Birth _____	Social Security # _____	Percentage of Ownership _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
		_____	State _____ Zip Code _____

Place of Birth _____	Date of Birth _____	Social Security # _____	Percentage of Ownership _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
		_____	State _____ Zip Code _____

Place of Birth _____	Date of Birth _____	Social Security # _____	Percentage of Ownership _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
		_____	State _____ Zip Code _____

Place of Birth _____	Date of Birth _____	Social Security # _____	Percentage of Ownership _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
		_____	State _____ Zip Code _____

Place of Birth _____	Date of Birth _____	Social Security # _____	Percentage of Ownership _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
		_____	State _____ Zip Code _____

Place of Birth _____	Date of Birth _____	Social Security # _____	Percentage of Ownership _____
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Name _____	Male Female	Home Address _____	Home Phone # () _____
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