

# Arkansas Scholarship Lottery Retailer Application Package

## Checklist

Please use this check list to ensure that your application package is complete. Incomplete information can delay the approval of your Arkansas Scholarship Lottery Retailer Application. Should you have questions please contact your Marketing Sales Representative \_\_\_\_\_ or your area Lottery Regional Claims Office at \_\_\_\_\_.

### CHECKLIST:

\_\_\_\_\_ Prepare the appropriate application fee (\$100 for the first location and \$25 for each additional location) in the form of a business check, cashier's check, or money order.

\_\_\_\_\_ Complete and sign the Retailer Application, and have it notarized.

\_\_\_\_\_ Provide personal data on the authorized Responsible Person listed in Section One-Business and Applicant Information of the Retailer Application.

\_\_\_\_\_ Site Survey Form – Your ASL Marketing Sales Representative will help you fill this form out and collect the form from your retail location.

\_\_\_\_\_ Complete and enclose an Electronic Fund Transfer Authorization Form (EFT) and a void business check.

\_\_\_\_\_ Review the terms and conditions of the Retailer Contract. Sign contract.

\_\_\_\_\_ Review the Arkansas Scholarship Lottery Retailer Rules and retain for future reference.

\_\_\_\_\_ If you are leasing your location, obtain your landlord's written approval for the installation of communications equipment in your location.

**ADDITIONAL RETAILER APPLICATION FORMS CAN BE REQUESTED  
OR DOWNLOADED DIRECTLY FROM THE ASL WEB SITE.**

# ARKANSAS SCHOLARSHIP LOTTERY

## RETAILER APPLICATION



Arkansas Scholarship Lottery  
Post Office Box 3238  
Little Rock, Arkansas 72203-3238  
(501) 683-2000

**Non-refundable Application Fee:**

Payable to the Arkansas Scholarship Lottery by check or money order.

**Initial Application \$100, Change of Ownership \$100, Additional Store Location \$25,  
Change of Location \$25, Change of Responsible Person \$50, Renewal \$50.**

**Applicants are required to pay an annual Fidelity Fund fee and post a bond, certificate of deposit, or other security. As well as pass a background investigation performed by the Identification Bureau of the Department of Arkansas State Police and Federal Bureau of Investigation. Pursuant to section 23-115-605**

**CHECK APPLICATION TYPE & COMPLETE THE INFORMATION BELOW  
PLEASE PRINT OR TYPE:**

- NEW APPLICATION**    RENEWAL APPLICATION
- CHANGE OF RESPONSIBLE PERSON    ADDITIONAL STORE LOCATION
- CHANGE OF LOCATION: Date of Relocation \_\_\_\_\_
- CHANGE OF OWNERSHIP: (List information below)
- Previous Lottery Retailer ID# \_\_\_\_\_ Date of Sale \_\_\_\_\_
- INFORMATION CONCERNING SALE: Contact Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION ONE – BUSINESS AND APPLICANT INFORMATION**

1. BUSINESS ENTITY, CORPORATE OR OTHER LEGAL NAME (NAME AS LISTED ON TAX RETURNS):  
\_\_\_\_\_
2. STORE NAME (DBA): \_\_\_\_\_

3. STORE PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

4. STORE ADDRESS:

Street	City	State	Zip Code	County
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5. MAILING ADDRESS:

Street or P.O. Box	City	State	Zip Code
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6. RESPONSIBLE PERSON NAME AND TITLE:

Name	Title
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7. CONTACT NUMBERS AND E-MAIL ADDRESS:

(____) _____ - _____ Phone	(____) _____ - _____ Alternate Phone	(____) _____ - _____ Fax Number
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E-mail Address

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. ARKANSAS SALES TAX NUMBER: \_\_\_\_\_ Applied For Tax Exempt

10. ALCOHOLIC LICENSE NUMBER: \_\_\_\_\_ Applied For Not Applicable

11. TOBACCO LICENSE NUMBER: \_\_\_\_\_ Applied For Not Applicable

12. MINORITY BUSINESS:  YES  NO (If yes, check appropriate minority category)

\_\_\_ African American \_\_\_ Native American \_\_\_ Hispanic American  
\_\_\_ American Woman \_\_\_ Asian American \_\_\_ Pacific Islander American

13. ENTITY TYPE: (Check One)

\_\_\_ Corporation \_\_\_ Partnership \_\_\_ Non Profit \_\_\_ Sole Proprietorship  
\_\_\_ Limited Partnership \_\_\_ Limited Liability Company \_\_\_ Limited Liability Partnership

14. START DATE OF BUSINESS: \_\_\_\_\_

15. CORPORATE CHARTER/FILING NUMBER (IF APPLICABLE): \_\_\_\_\_

**THE LOTTERY SHALL NOT CONTRACT WITH ANY PERSON WHO IS RELATED TO AND RESIDING WITH ANY EMPLOYEE OF THE LOTTERY OR COMMISSION. Ark. Code Ann. §§ 23-115-601 and 23-115-103(7).**



**CERTIFICATION:**

I HEREBY CERTIFY that the information contained on this form or otherwise submitted to the Arkansas Scholarship 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 Arkansas Scholarship Lottery is authorized to obtain criminal background, Arkansas 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 location where lottery tickets will be sold is in compliance with the accessibility requirements set forth in and in compliance with the Americans with Disabilities Act (ADA) (1990), 42 U.S.C. 1201

Signature of authorized responsible person:

\_\_\_\_\_

\_\_\_\_\_

Title

\_\_\_\_\_

Date

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

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

\_\_\_\_\_

Print or type name

Sworn to or affirmed and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_/  
(Day) (Month) (Year)

\_\_\_\_\_

Date Signature of Notary Public

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

\_\_\_\_\_ Personally Known or \_\_\_\_\_ Produced Identification  
Type of Identification \_\_\_\_\_

Pursuant to section 24-115-602, Arkansas Code, Certificates of Authority and retailer contracts are not assignable or transferable between persons or locations. In accordance with Arkansas Code 25-19-101, information contained in the application shall be open to the public for inspection, according to the provisions and where applicable of the Arkansas Freedom of Information Act of 1967. Pursuant to, Section 25-19-101



# ARKANSAS SCHOLARSHIP LOTTERY RETAILER MARKETING EVALUATION & SITE SURVEY

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

## COMPLETE WITH MARKETING SALES REPRESENTATIVE

### 1. TRADE STYLE: (Circle One)

Airport Location; Convenience Store with gas pumps – no gas pumps; Jewelry Store; State Agency; Appliances; Laundry/Dry Cleaner; Supermarket; Auto Parts; Department Store; Mail Services/Copy Center; Telecommunications Center; Bakery; Dollar Store/Discount Store; Municipality/Political; Subdivision; Travel Agency; Bar/Tavern/Lounge; Video Store; Drug Store/Pharmacy; Newsstand/Tobacconist/Sundries; Travel Plaza/Truck Stop; Florist; Barber Shop/Hairdresser; Financial Services; Non-Profit Organization; Bingo Hall; Flea Market; Package/Liquor Store; Wholesale Club; Bowling Alley; Restaurant w/liquor or wo/liquor; Clothing/Shoes; Gas Station/Auto Repair; Coffee/Deli/Sub Shop; Gift/Card Shop Shopping Mall Location, Hardware/Building Supplies; Small Grocery/Meat/Fish Market; Hotel/Motel; Sports Arena/Amusement Park; Other \_\_\_\_\_

### 2. BUSINESS OPERATION: (Circle One)

SEASONAL BUSINESS YEAR-ROUND BUSINESS - Business Hours FROM .....TO .....

MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY  SUNDAY

### 3. RETAILER TRAINING INFORMATION:

Training Required \_\_\_\_\_ Training Waived \_\_\_\_\_

### 4. RETAILER INSTALLATION INFORMATION:

New construction or not open yet, Please check  YES  NO If **yes**, answer a, b & c below.

a. Store opening date: \_\_\_\_\_

b. Approximate date for terminal and equipment installation: \_\_\_\_\_

c. Building contact name and phone number: \_\_\_\_\_

Retailer owns location? Please check box  YES  NO If **no**, complete a & b below

***Retailers with a lease agreement must have their landlord's approval for the installation of communications equipment on the roof and the installation of cables inside the location.***

a. Landlord contact name: \_\_\_\_\_

b. Landlord phone number: \_\_\_\_\_

### 5. COMMENTS:

Marketing Sales Representative: \_\_\_\_\_

\_\_\_\_\_

Marketing Sales Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Lottery Regional Sales Manager: \_\_\_\_\_

\_\_\_\_\_

Lottery Regional Sales Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

## ELECTRONIC FUND TRANSFER

### [EFT] AUTHORIZATION FORM

I hereby authorize the Arkansas Scholarship Lottery to make automatic withdrawals or deposits each week from or into my business checking account which is at the following institution:

[CITY]\_\_\_\_\_. I authorize the financial institution to charge such with such withdrawals or deposits to my listed account. The amount of such Lottery withdrawals or deposits will be equal to the amount shown on any settlement for transactions of which I maintain a record. I also authorize the adjustment of entries to correct errors and to collect additional charges which may include penalties and/or interest.

The Lottery accepts only business/commercial checking accounts; personal or savings accounts cannot be accepted. It is agreed that these withdrawals, deposits and adjustments will be electronically made by the Electronic Fund Transfer [EFT] System under the rules and regulations of the Arkansas Scholarship Lottery and the National and Local Automated Clearing House [ACH] Association.

**I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WRITTEN CONFIRMATION OF A BANK ACCOUNT CHANGE IS RECEIVED FROM THE LOTTERY OR UNTIL 30 DAYS FOLLOWING TERMINATION OF THE LOTTERY RETAILER CONTRACT. I HAVE ATTACHED A VOID CHECK TO THIS FORM FOR THE ACCOUNT SHOWN ABOVE.**

1. Business Name as Shown on Bank Account \_\_\_\_\_
2. Doing Business As (registered with your bank) \_\_\_\_\_  
Business Address: Street/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Bank Routing Number (9 Digits) \_\_\_\_\_
4. Bank Account Number \_\_\_\_\_
5. Effective Date Requested \_\_\_\_\_ ASL Retailer ID Number (if known) \_\_\_\_\_
6. \_\_\_\_\_
7. Signature of Authorized Owner, Partner, Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name/Title Contact Telephone Number

**CONTACT ASL FINANCE DIVISION – RECEIVABLES AT (501) 683-2000 FOR ALL CHANGES IN BANK ACCOUNT INFORMATION**

**FOR LOTTERY USE ONLY – DO NOT WRITE BELOW THIS LINE**

(Circle One)      New Retailer EFT    Change of EFT    Other

Location ID Number: \_\_\_\_\_ District/Region Number: \_\_\_\_\_

Comments \_\_\_\_\_

Marketing Sales Representative Signature      MSR Number      Date

Lottery Headquarters Representative Signature      Date

ARKANSAS SCHOLARSHIP LOTTERY

**LANDLORD APPROVAL FOR THE INSTALLATION OF  
LOTTERY GAMING COMMUNICATIONS EQUIPMENT**

*Lottery Retailers with a lease agreement must have their landlord's approval for the, the Lottery's Online Gaming vendor, to install communications equipment on the roof or building and run cables.*

Prior to installation of an Arkansas Scholarship Lottery Online Terminal in the retailer's location, the ASL online vendor will need to install a satellite dish or radio antenna on the building or the building's roof. In most cases and wherever possible, installers will use non-penetrating mounts to secure the dish or antenna. Installers will use cabling to connect the outdoor equipment to an indoor receiver unit. Whenever possible, installers will use existing holes in the building to run cables. If it is necessary to drill a hole in the building, the installer will ask for permission from the retailer. For further information, please see the attached Arkansas Scholarship Lottery Online Terminal System specifications, Certificate of Liability Insurance, and letter concerning the use of non-penetrating roof mounts.

1. Tenant/Business Owner: \_\_\_\_\_

2. Location (Store) Name: \_\_\_\_\_

3. Store Address: Street/City/Zip: \_\_\_\_\_

**For Completion by the Landlord:**

4. Landlord Name (Print): \_\_\_\_\_

5. Landlord Phone Number: \_\_\_\_\_

I have a lease agreement with the business owner referenced above. I understand that, should my tenant be approved as an Arkansas Scholarship Lottery Retailer, communications equipment will be required inside and outside the building. I have given my approval for the Arkansas Scholarship Lottery's Online Gaming Vendor or their agent, to install the necessary equipment and cabling required for the sale of lottery tickets on the premises.

Signature of Landlord or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name \_\_\_\_\_

District MSR Name/Number \_\_\_\_\_





Identification Bureau Individual Record Check Form

**A SEPARATE FINGER PRINT CARD IS NECESSARY**

Full Name:

\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Name Maiden/Other

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(MM/DD/YYYY)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(State)

Mailing Address:

\_\_\_\_\_  
Street City State ZIP

Daytime Phone #: ( ) \_\_\_\_\_

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING ENTITY:

Agency Name: **ARKANSAS SCHOLARSHIP LOTTERY**

Mailing Address: **Post Office Box 3238 Little Rock, AR 72203-3238**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
First Name /MI/ Last Name (MM/DD/YYYY)

**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

- 82004 State Record Check
- 82005 State Record Check

\_\_\_\_\_  
Notary Public

FINGER PRINTING CAN BE COMPLETED AT LOCAL LAW ENFORCEMENT AGENCIES. PLEASE INCLUDE THE FOLLOWING ASL AGENCY NUMBER ON THE FORM FOR PROCESSING: AR920617Z