



Office of the Arkansas Lottery Retailer Application

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

Nonrefundable 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 pay a \$100 OAL Self-Bond Fee, or surety bond, certificate of deposit, or other security (See Office of the Arkansas Lottery Self-Bond Program Information Sheet). Pursuant to A.C.A. §23-115-605, applicants must also pass a background investigation performed by the Identification Bureau of the Department of Arkansas State Police and Federal Bureau of Investigation.

**CHECK APPLICATION TYPE AND COMPLETE INFORMATION BELOW
PLEASE PRINT OR TYPE**

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- 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: _____ Ph. () - _____

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

5. MAILING ADDRESS:

Street or P.O. Box City State Zip Code

6. RESPONSIBLE PERSON NAME AND TITLE:

Name Title

7. CONTACT NUMBERS AND E-MAIL ADDRESS:

() ___ - ___ Phone () ___ - ___ Alternate Phone () ___ - ___ Fax Number

E-mail Address

8. TAXPAYER IDENTIFICATION NO.: 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 NO.: Applied for Tax Exempt

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

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

11. ENTITY TYPE (Check One):

Corporation Partnership Non-Profit Sole Proprietorship Limited Partnership Limited Liability Company Limited Liability Partnership

12. START DATE OF BUSINESS:

13. CORPORATE CHARTER/FILING NUMBER (If Applicable):

SECTION TWO – BACKGROUND INFORMATION

Have you, as either the applicant or responsible person listed above [pursuant to A.C.A. § 23-115-601-b(i)(ii)]:

- 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 sheets if necessary):

- 4. Are you, as the responsible person listed above, a U.S. citizen? YES NO

If no, list your name, mother's maiden name, father's name; passport number, permanent resident of I-94 number; the last permanent address prior to entering the U.S. and the last date of entry into the U.S. [pursuant to A.C.A. § 19-11-105]:

CERTIFICATION:

I HEREBY CERTIFY that the information contained on this form or otherwise submitted to the Office of the Arkansas Lottery (OAL) 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 OAL 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 A.C.A. § 23-115-602(a), a retailer license is not assignable or transferable. In accordance with A.C.A. § 25-19-101, information contained in this 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.