



Nebraska Lottery Retailer Application

PART 1 OF 3

- Complete and attach Nebraska Lottery Retailer Background Information, Nebraska Lottery Financial Information and W-9.
- Applying for any class of liquor license for on-sale consumption will prohibit you from becoming a Nebraska Lottery Retailer.
- Read instructions on reverse side.

Name of Person to Contact at the Store	Telephone Number Home: () Business: ()	Type of Application <input type="checkbox"/> New <input type="checkbox"/> Report Changes <input type="checkbox"/> Change of Ownership
Nebraska Tax Identification Number	Federal Employer Identification Number	

Store location must have a street address for shipping of tickets AND a mailing address to receive USPS mail.

LOCATION ADDRESS AND TRADE NAME (DOING BUSINESS AS)			BUSINESS NAME AND MAILING ADDRESS		
Doing Business As:			Business Name		
Street Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Store Telephone No. ()			CORPORATE MAILING ADDRESS (if different from business mailing address)		
Do you have a liquor license? <input type="checkbox"/> Applied <input type="checkbox"/> YES <input type="checkbox"/> NO		Give Type and Number If Known			
Change of Ownership or Opening Date			Corporate Telephone No. ()	Corporate Contact	
Does this company own other stores which offer the Nebraska Lottery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give store name AND retailer #				Corporate Email Address	

Type of Ownership (check only one)

Sole Proprietorship (If sole proprietorship, owner must complete Attestation Form, available at nelottery.com and submit with this application.)

Corporation LLC Partnership Cooperative Governmental Other (specify) _____

Type of Business (check only one)

(1) <input type="checkbox"/> Convenience Store with Gas	(7) <input type="checkbox"/> General Merchandise	(11) <input type="checkbox"/> Grocery Store, 1-3 lanes	(17) <input type="checkbox"/> Lumber Yards	(23) <input type="checkbox"/> Gift/Novelty Shop
(2) <input type="checkbox"/> Convenience Store without Gas	(8) <input type="checkbox"/> Other (specify) _____	(12) <input type="checkbox"/> Grocery Store, 4-6 lanes	(18) <input type="checkbox"/> Hardware Store	(24) <input type="checkbox"/> Recreation
(3) <input type="checkbox"/> Service Station		(13) <input type="checkbox"/> Grocery Store, 7-10 lanes	(19) <input type="checkbox"/> Eateries	(25) <input type="checkbox"/> Pawn/Consignment/Thrift
(4) <input type="checkbox"/> Liquor Store		(14) <input type="checkbox"/> Grocery Store, 11+ lanes	(20) <input type="checkbox"/> Feed Store	
(5) <input type="checkbox"/> Drug Store	(9) <input type="checkbox"/> Truck Plaza	(15) <input type="checkbox"/> Tobacco Store	(21) <input type="checkbox"/> Check Cashing	
(6) <input type="checkbox"/> Grocery Store	(10) <input type="checkbox"/> Co-ops	(16) <input type="checkbox"/> Hotel/Motel	(22) <input type="checkbox"/> Coffee Shop	

Type of Building

Free-standing
 Strip Shopping Center
 Mall
 Office Building
 Other (specify) _____

Business Hours

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
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MUST COMPLETE ALL REQUIRED FIELDS BELOW.

List the name, date of birth, address, social security number, home and business telephone, and title for each of the following persons (attach list if you need more space).

a If a sole proprietorship, list the individual owner;	d If a partnership, list each partner;
b If a Limited Liability Company, list the members.	e If a nonprofit organization or governmental entity, list each governing officer.
c If a corporation, list each officer and each person who owns 10% or more of any class of stock in the corporation.	

One of the listed individuals must sign as Applicant.

Name (first, middle, maiden, last)	D. O. B.*	Home Address, City, State, Zip	S.S.N.*	Home Phone	Business Phone	Title

* The date of birth and social security number are necessary to request criminal history from law enforcement agencies to determine if the legal requirements for a Lottery Game Retailer are met. This information is treated as confidential pursuant to law.

Employees or Persons Authorized to Conduct Lottery Transactions (such as accepting deliveries or ordering tickets) (attach list if you need more space)

Name	Title	Name	Title

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

sign here

Signature of Owner, Partner, Member or Corporate Governing Officer

Title

Date

Mail this application to: **NEBRASKA LOTTERY, P.O. BOX 98901, LINCOLN, NE 68509-8901**

INSTRUCTIONS

WHO MAY APPLY. Any sole proprietor, partnership, corporation, or other eligible organization wishing to engage in the retail sale of Nebraska Lottery products at their place of business may submit a Nebraska Lottery Retailer Application. If you are acquiring or otherwise taking over ownership of an existing Nebraska Lottery Retailer (change of ownership) you must separately submit this application and become contracted with the Nebraska Lottery before you can sell Nebraska Lottery products.

NOTE: No retail establishment holding a license for the sale of alcoholic liquor at retail for consumption on the premises may hold a Lottery Game Retailer Contract.

HOW TO APPLY. The application consists of:

W-9 Form and

- Part 1 – Nebraska Lottery Retailer Application,
- Part 2 – Nebraska Lottery Retailer Background Information,
- Part 3 – Nebraska Lottery Financial Information

If **sole proprietorship**, owner must complete Attestation Form, available at nelottery.com and submit with this application.

The Application Page, Nebraska Lottery Background Information, Nebraska Lottery Financial Information and W-9 are to be mailed to the Nebraska Lottery, P.O. Box 98901, Lincoln, Nebraska 68509-8901.

If approved, contracts and bonding requirements will be mailed. Upon execution of the contract and meeting bonding requirements, the approved location will be eligible to sell Nebraska Lottery tickets.

Any changes in the information originally submitted on any of the application forms must be provided to the Nebraska Lottery within 30 days of the change.

Please read the application and instructions carefully. Your application may be returned to you if it is not complete.

If there are two or more locations for the business, a separate application must be filed for each location.

AUTHORIZED SIGNATURE. This application must be signed by an owner, partner, or corporate governing officer, authorized to sign on behalf of the business.