



APPLICANT INFORMATION

Select the application type you are seeking by checking one of the boxes *: Fill out required information here. All required fields are marked with an asterisk (*).

- New Retailer Ownership Change License Renewal

Primary Language Spoken _____

APPLICANT'S BUSINESS NAME & ADDRESS

Corporation Name*: _____ Business Address *: _____

Business Trade Name or DBA Name *: _____ Business Phone Number*: _____

Contact Name & Title *: _____ Home Phone Number *: _____ Cell Phone Number *: _____

Store Location Address *: _____ City *: _____ State *: _____ ZIP Code*: _____ Ward *: _____

Business Mailing Address (If Different) *: _____ City *: _____ State *: _____ ZIP Code *: _____

FEIN *: _____

OWNERSHIP INFORMATION

Type of Ownership:

- Sole Proprietorship Partnership(s) Corporation (for profit) Other (specify) _____

Answer all of the following questions:

- Yes No Is the business late in payment of state & local taxes, interest or penalties?
- Yes No Is the business late in filing any applicable tax returns to the District?
- Yes No Has the business owner(s) been convicted of a felony within the last 10 years?
- Yes No Has the business owner(s) violated lottery laws in any jurisdiction in the last 10 years?
- Yes No Has the business owner(s) been convicted of a gambling related offense in the last 10 years?
- Yes No Is the business (or employee or agent) supplying goods or services to the Office of Lottery and Gaming?
- Yes No Has the business entity filed for bankruptcy?

*You must attach an explanation if you answered "Yes" to any of the questions above.

CONTACT INFORMATION

CONTACT NAME FOR THIS APPLICATION

_____	_____	_____	_____
First Name *:	Middle Name:	Last Name *:	Suffix (Jr., Sr., etc.):
_____	_____	_____	_____
Title *:	Phone Number *:	Individual Email Address:	Fax Number:

BUSINESS OWNER(S) *Attach a separate sheet if there are more than two owners.
 *Each owner is required to fill out the OLG Corporate Data Supplemental Form.

_____	_____	_____	_____
First Name *:	Middle Name:	Last Name *:	Suffix (Jr., Sr., etc.):
_____	_____	_____	_____
Title *:	Date of Birth *:	Social Security Number:	
_____			_____
Address *:			Country *:
_____	_____	_____	_____
State/Province *:	City *:	ZIP Code *:	
_____		_____	_____
Ownership Percentage (if applicable):	Individual Email Address:	Phone Number *:	

_____	_____	_____	_____
First Name *:	Middle Name:	Last Name *:	Suffix (Jr., Sr., etc.):
_____	_____	_____	_____
Title *:	Date of Birth *:	Social Security Number:	
_____			_____
Address *:			Country *:
_____	_____	_____	_____
State/Province *:	City *:	ZIP Code *:	
_____		_____	_____
Ownership Percentage (if applicable):	Individual Email Address:	Phone Number *:	

LICENSE CONDITIONS

The Applicant agrees to the following conditions:

Clean Hands

Pursuant to the "Clean Hands Before Receiving a License of Permit Act of 1996" (DC Law 11-118, as amended; D.C. Official Code Sec. 47-2861 et seq.), the District of Columbia Government (District) shall not issue or reissue any license or permit to an Applicant if the Applicant owes the District more than \$100 in outstanding debt.

Retailer Bulletin Number 97-0001

No lottery or daily numbers game tickets shall be sold at other than the price fixed by the D.C. Lottery, and NO sale shall be made by other than the licensee or licensee's employees. Lottery tickets shall ONLY BE SOLD TO PERSONS 18 YEARS OLD OR OLDER. Any person convicted of violating this section shall be subject to a fine not to exceed \$1,000 or imprisonment not to exceed 6 months, or both.

Your lottery license is non-transferable. If you are considering selling your business, an application for license of new owners must be filed 45 days prior to actual change of ownership.

Lottery Indemnification Agreement

As a condition of licensure the Applicant agrees to indemnify and to save harmless the District of Columbia against any and all actions, claims and demands of whatever kind or nature that the District of Columbia may incur by reason of or in consequence of issuing a lottery retailer license to the licensee.

CREDIT CHECK AND RELEASE OF INFORMATION

By signing this authorization for Background Check, Credit Check and Release of Information, I expressly authorize the Office of Lottery and Gaming (OLG) to obtain a credit report, and personal and business records which may assist the OLG in determining my eligibility for a lottery retailer license.

I expressly waive, release, discharge and forever hold harmless and agree to indemnify any local, state or federal government body; commercial or business enterprise; non-profit entity; individual; or any other public or private entity that releases information to the OLG under the authority of this Authorization.

I am aware that false or misleading statements or failure to provide required information may be cause for denial of my application for a lottery retailer license in the District of Columbia. I have agreed to submit this Authorization for Background Check, Credit Check and Release of Information.

Pursuant to D.C. Official Code § 22-2405, a person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true. Any person convicted of making false statements shall be fined not more than the amount set forth in D.C. Official Code § 22-3571.01 or imprisoned for not more than 180 days, or both.

RETAILER LICENSE APPLICATION AGREEMENT

The submission of a DC Lottery Retailer license application does not guarantee that a license will be issued. Applications are reviewed to determine the Applicant's ability to serve the economical and efficient operation of a lottery through the sale of lottery tickets. The issuing of a lottery license is within the discretion of the Office of the Chief Financial Officer of the District of Columbia and the Executive Director of the Office of Lottery and Gaming depending on the Lottery's judgment regarding: (1) Accessibility of the business to individuals with disabilities; (2) financial stability and responsibility of the business; (3) the sufficiency of existing licenses to serve public convenience and (4) the volume of expected sales.

In addition, the Applicant agrees to and must adhere to the following requirements and responsibilities:

1. The Applicant agrees to abide by and comply with the provisions of D.C. Code Section 3-1301, et seq, D.C. Mun. Regs. Title 30 and any rules, regulations and instructions promulgated heretofore and hereafter by the Office of Lottery and Gaming.
2. Maintain compliance with the Americans with Disabilities Act (ADA) D.C. Mun. Regs tit. 30 § 311 for the duration of licensure.
3. Attend all training sessions required by the OLG. No license will be issued with out official retailer training as specified.
4. Prominently display the license in an area on the premises which is open and conspicuous to the public.
5. The Applicant agrees to sell and validate instant and on-line lottery tickets at all times during normal business hours.
6. The Applicant agrees to keep current records and receipts of all operations. The Applicant also agrees to be financially responsible to the OLG for all revenues derived from the sale of lottery tickets and for tickets that are cashed or canceled and are later presented to the OLG for payment.
7. Prominently display point of sale and other promotional materials used in conjunction with ticket sales in accordance with instructions issued by the OLG.
8. Pay all claims up to a maximum of \$600 in cash or by business check, regardless of where the winning ticket was purchased.
9. Achieve and maintain Minimum Sales Standards established by the OLG. Failure to do so may result in suspension or revocation of a license.
10. Exercise due diligence in the operation and care of the terminal and peripherals and immediately notify the OLG of any malfunction.
11. Provide an electrical outlet that remains on twenty-four (24) hours a day for terminal use.
12. Notify the OLG at least fourteen (14) days in advance of the licensee's intent to cease operation temporarily (e.g. vacation, inventory, etc.) or as soon as possible in the case of an emergency (illness, death in family, etc.).
13. Notify the OLG of a change of ownership, change in business address or type of business in accordance with sections 206 and 209 of the DCL or OLG rules.
14. A lottery license is NON-TRANSFERABLE.
15. Lottery tickets shall ONLY BE SOLD TO PERSONS 18 YEARS OLD OR OLDER.

BY SIGNING THIS APPLICATION, I CERTIFY THAT THE ANSWERS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT:

- I understand the questions and statements on this application.
- I have read and understand the legal information contained on this application
- I understand and agree that the Office of Lottery and Gaming may contact other persons or organizations to obtain needed proof of my eligibility for a lottery retailer license.

_____	_____	_____
First Name *:	Middle Name:	Last Name *:
_____		_____
Title *:	Organization *:	
_____		_____
Signature *:	Date *:	

I am interested in potentially becoming a licensed DC Lottery Sports Wagering location.

I would like to receive additional information about becoming a licensed DC Lottery Sports Wagering location.

FOR GOVERNMENT USE ONLY

_____	_____	_____
Date Received	Lottery License Number	OLG Licensing Specialist
_____	_____	_____
Date ADA inspection Completed	Date Equipment Installed	Training Date



KEY PERSONS INFORMATION

If the Applicant's business has multiple owners, managers or key persons, please complete this form with contact information for each person.

_____	_____	_____	_____
First Name *:	Middle Name:	Last Name *:	Suffix (Jr., Sr., etc.):
_____	_____	_____	
Title *:	Date of Birth *:	Social Security Number:	
_____			_____
Address *:			Country *:
_____	_____	_____	
State/Province *:	City *:	ZIP Code *:	
_____	_____	_____	
Ownership Percentage (if applicable):	Individual Email Address:	Phone Number *:	

By signing this authorization for Background Check, Credit Check and Release of Information, I expressly authorize the OLG to obtain a credit report, and personal and business records which may assist the OLG in determining my eligibility for a lottery retailer license.

I expressly waive, release, discharge and forever hold harmless and agree to indemnify any local, state or federal government body; commercial or business enterprise; non-profit entity; individual; or any other public or private entity that releases information to the OLG under the authority of this Authorization.

I am aware that false or misleading statements or failure to provide required information may be cause for denial of my application for a lottery retailer license in the District of Columbia.

I have agreed to submit this Authorization for Background Check, Credit Check and Release of Information.

Pursuant to D.C. Official Code § 22-2405, a person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true. Any person convicted of making false statements shall be fined not more than the amount set forth in D.C. Official Code § 22-3571.01 or imprisoned for not more than 180 days, or both.

_____	_____	_____
First Name *:	Middle Name	Last Name *:
_____		_____
Signature *:		Date *:



AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

THE UNDERSIGNED LOTTERY RETAILER (RETAILER) hereby authorizes the Office of Lottery and Gaming to effect payment for net weekly proceeds owing by the RETAILER from Lottery sales. The RETAILER authorizes the bank indicated below to debit or credit the bank account indicated for these amounts.

RETAILER BANKING INFORMATION:

Bank Name *: Branch *: Phone Number *:

Bank Address *: City *: State *: ZIP Code *:

Business Bank Account Name *:

Business Name *:

Staple Voided
Check Here *:

ACCOUNT NAME	1500
ACCOUNT ADDRESS	
PAY TO THE ORDER OF	
VOID	
	\$ <input type="text"/>
VOID	
: 001300 : 122101706 : 0224 5321	

Check # Transit/Routing # Account #

Note: Location of transit/routing and account numbers may vary

Enter Transit/Routing Numbers here *: Enter Bank Account Numbers here *:

Checking Account Savings Account

Printed Name *: Title *:

Authorized Signature *: Date *:

FOR GOVERNMENT USE ONLY

Retailer License Number Date Received - Licensing Date Received - Accounting Date Processed



LOTTERY APPLICATION CHECKLIST

All new applicants must do the following in order to be considered to become a DC Lottery Retailer:

1. Complete the DC Lottery application in its entirety. All owners, officers, partners, and/or governors must be listed on the application and must complete and sign the OLG Corporate Data Supplemental form.
2. Provide a copy of the business establishment Basic Business License.
3. Provide a copy of the business establishment Certificate of Occupancy.
4. Provide a copy of the Internal Revenue Tax Notice (147C or CP575).
5. All owners must complete a separate W-9 form to include their social security number and Federal Employer Identification Number (FEIN).
6. Provide a certified copy of your Clean Hands Certificate.
7. Provide a copy of all owner(s) government issued identification (Drivers/Non-Drivers License)
Applications will not be accepted if all supporting documents are not provided. If the applicant is a change of ownership, he/she must contact the licensing department immediately (202) 645-8041