



LOCATION DATA FORM

RETAILER ID # _____

Location Name (DBA/ABN/Trade) _____ Owner Name _____

Location Address _____ City _____ County _____ Zip _____

Business Mailing Address _____ City _____ Zip _____

Phone: Location (____) _____ Alternate (____) _____

HOURS OF OPERATION	FROM	(circle one)	TO	(circle one)	Check if Closed
SUNDAY	:	a.m. / p.m.	:	a.m. / p.m.	
MONDAY	:	a.m. / p.m.	:	a.m. / p.m.	
TUESDAY	:	a.m. / p.m.	:	a.m. / p.m.	
WEDNESDAY	:	a.m. / p.m.	:	a.m. / p.m.	
THURSDAY	:	a.m. / p.m.	:	a.m. / p.m.	
FRIDAY	:	a.m. / p.m.	:	a.m. / p.m.	
SATURDAY	:	a.m. / p.m.	:	a.m. / p.m.	

HOURS OF ACCESS* (IF DIFFERENT)	FROM	(circle one)	TO	(circle one)	Check if Closed
SUNDAY	:	a.m. / p.m.	:	a.m. / p.m.	
MONDAY	:	a.m. / p.m.	:	a.m. / p.m.	
TUESDAY	:	a.m. / p.m.	:	a.m. / p.m.	
WEDNESDAY	:	a.m. / p.m.	:	a.m. / p.m.	
THURSDAY	:	a.m. / p.m.	:	a.m. / p.m.	
FRIDAY	:	a.m. / p.m.	:	a.m. / p.m.	
SATURDAY	:	a.m. / p.m.	:	a.m. / p.m.	

*"Hours of Access" refers to the hours you would *prefer* Lottery Staff to visit the premises to perform service or make Sales calls. Lottery may, pursuant to the Retailer Contract, visit your business during all business hours for other reasons.

LIST CONTACT PERSONS BELOW. Contact persons may or may not be Key Persons. Contact Persons are authorized by the business owner to order, receive, and/or sign for Lottery tickets, and serve as a point of contact for the Retailer. Please list the primary contact first, and at least one alternate.

Print Name _____ Title _____ Signature _____ Phone _____

Print Name _____ Title _____ Signature _____ Phone _____

Print Name _____ Title _____ Signature _____ Phone _____

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