



# ORGANIZATION CHANGE APPLICATION

Oregon State Lottery  
Retail Contract Administration  
PO Box 12649  
Salem OR 97309-0649

**For Lottery Use Only**  
Retailer # \_\_\_\_\_

## Section A

ABN/Trade Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Location Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of current business entity: \_\_\_\_\_  
Federal Taxpayer ID number: \_\_\_\_\_

## Section B

\_\_\_\_\_ There has been no business entity change. However, a change in Key Persons has occurred.  
If a change in key persons has occurred **Go to Section C.**

\_\_\_\_\_ The business entity type has changed. Effective date of change: \_\_\_\_\_

Indicate type of change below:

\_\_\_\_\_ Sole Proprietorship to Corporation \_\_\_\_\_ Sole Proprietorship to Partnership  
\_\_\_\_\_ Sole Proprietorship to LLC \_\_\_\_\_ Other: \_\_\_\_\_

Name of new business entity (corporation, LLC, partnership): \_\_\_\_\_

New Federal Taxpayer Identification Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

(If this is a new taxpayer identification number, a completed W-9 form is required for our records.)

\* \* \* \* \*

Is this business entity wholly or partially owned by any other business entity, i.e., a parent company?

**Yes**  **No** (If yes, you must provide the name of the business entity, and the names and titles of all principals, i.e., stockholders, directors, partners, members. Attach a separate sheet.) NOTE: Additional documentation may be required.

## Section C KEY PERSONS

Below, list the *name and title* of all **KEY PERSONS** of this business, including those you are removing, those you are adding, and current Key Persons who will remain Key Persons:

<u>Name (please print)</u>	<u>Title</u>	<u># of Shares</u>	<u>Key Person Status</u>
<i>Example: Susan T. Adams</i>	<i>President, Director, Shareholder</i>	(if stockholder)	(circle one) <u>Add/Delete/Current</u>
_____	_____	_____	<u>Add/Delete/Current</u>
_____	_____	_____	<u>Add/Delete/Current</u>
_____	_____	_____	<u>Add/Delete/Current</u>
_____	_____	_____	<u>Add/Delete/Current</u>
_____	_____	_____	<u>Add/Delete/Current</u>

If you need more space, attach an additional sheet.

**Level 3 Restricted**

<sup>1</sup>**Stockholders**-In a privately held corporation, list **ALL** stockholders; in a publicly held corporation, list only those stockholders who beneficially own 10% or more of the stock. If a stockholder is another corporation, you must provide the name of the company, and the names and titles of all officers, directors, and stockholders of that company.

<sup>2</sup>**Immediate Family Member** means the parents, siblings, children, and spouse of all of the owners, corporate principals, partners, trustees, LLC members, etc. who are 18 years of age or older and who work for the business.

<sup>3</sup>**Manager** means (1) all general managers who operate the business for a corporation or absentee owners; (2) all area managers who operate multiple locations or who supervise multiple store managers; (3) any manager who has full responsibility for the operation of the business (meaning any manager who hires and fires employees, makes purchasing decisions, and conducts banking functions); (4) any manager who acts, or has the authority to act on behalf of, the owner in all matters concerning the operation of the business during all business hours. **Manager does NOT mean a shift manager or the store manager unless they perform the duties listed above.**

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**IF ANY OF THE FOLLOWING QUESTIONS ARE YES, PLEASE ATTACH A SEPARATE PAGE WITH DETAILS**

Have you as a business/organization or individual ever filed business/personal bankruptcy?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the business/organization owe any past taxes, fees, or obligations to local, state, or federal government?

YES \_\_\_\_\_ NO \_\_\_\_\_

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**DISCLOSURE STATEMENT (READ CAREFULLY)**

“I, the undersigned, do hereby declare that the foregoing information is true, correct, and complete. **I AGREE TO IMMEDIATELY REPORT TO THE LOTTERY, IN WRITING, ANY CHANGES TO ANY OF THE FOREGOING INFORMATION. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY APPLICATION.** I understand the information may be used to protect the public interest and to promote and assure the security, honesty, integrity, and fairness of the Oregon Lottery. I understand that untruthful, incomplete, or misleading answers are cause for denial or termination of any contract or agreement and may be cause for prosecution under ORS 162.065, 162.075, or 162.085. I acknowledge that I am responsible for any excessive investigation costs. I authorize the Office of the Director, Oregon State Lottery, to investigate or direct an investigation of any matter concerning me, including but not limited to: financial records and sources; credit history; school or military records; child support enforcement records; criminal history; driving records; local, state, and federal tax records; civil litigation; and contact with references, both those I have listed and others. I agree to provide fingerprints if requested. Pursuant to ORS 471.700, I specifically authorize the Oregon Attorney General and the Assistant Director for Security of the Oregon Lottery to confirm with the Oregon Department of Revenue and the Internal Revenue Service the truthfulness of my answers with regard to tax matters. I understand that background investigations will be conducted by the Oregon State Police, Lottery Security Section.”

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**TYPED OR PRINTED NAME**

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**TITLE**

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**AUTHORIZED SIGNATURE**

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**DATE**

(owner, corporate officer, partner, member)

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