



PERSONAL RESUBMISSION FORM

PO Box 12649
Salem, Oregon 97309

Retailer # _____

Date of Last Disclosure _____

GENERAL INSTRUCTIONS-READ CAREFULLY

You may use this form if you have submitted a complete Personal Disclosure Packet to the Oregon Lottery within the past 12 months. If it has been more than 12 months, you must submit a complete new Personal Disclosure Packet.

Print or type your answers. **If you make a mistake, line through it and print the correct answer above, along with your initials and the date. DO NOT USE WHITE OUT.** If a question does not apply to you, answer "N/A" (not applicable). If there is not enough space for your answer, use the space provided on page 3. **This form is an official document. Misrepresentation or failure to reveal information requested may, in itself, be cause to deny or terminate a contract or agreement.** Pursuant to Oregon Revised Statutes, Chapter 461, and Oregon Administrative Rules, Chapter 177, the information you provide will be used by the Oregon Lottery to best serve the public interest and to promote the security, integrity, honesty, and fairness of the Oregon Lottery. In compliance with Public Law 93-579 §7 [5 U.S.C. §552(a)], you are hereby notified that disclosure of your social security number is voluntary. If you disclose it, we will use it as a means of identifying you to obtain criminal and financial information. If you do not disclose it, we may experience delays in processing your application.

BUSINESS INFORMATION

Location Name: _____
(DBA/ABN/Trade)

Phone: () _____

Location Address: _____

City: _____ State: _____

Zip: _____

Is this resubmission for multiple locations? No Yes (If yes, list ID numbers below)

PERSONAL INFORMATION

Name (last, first, middle): _____

Home Phone: () _____

Aliases (nicknames, maiden name, other name change-legal or otherwise): _____

Other Phone: () _____

Home Address: _____

City: _____ State: _____

Zip: _____

Date of Birth: _____ Place of Birth _____ Driver's License: _____

State of Issue: _____

Social Security Number: _____

Sex: Male Female

TAXES

Are you presently in compliance with all state, local and federal tax laws? Yes No

If no, explain: _____

Since the date of your most recent Personal Disclosure form, have you been involved in a civil suit (either as plaintiff or defendant), bankruptcy, or any other legal or administrative proceeding? If you are not CERTAIN that you have previously disclosed such information, obtain a copy of your previous disclosure form.

No Yes If yes, provide details: _____

EXPLANATIONS OR DETAILS (List question number and provide information. If you need more room, attach additional sheets and number the pages beginning with “5 of ___”, “6 of ___”, and so on. **(If you do not number the page(s) in this format, we will return your application).**

REVIEW YOUR ANSWERS – BE SURE YOU HAVE PRINTED CLEARLY AND ANSWERED ALL QUESTIONS COMPLETELY AND ACCURATELY

Sworn statement and deposition:

I, _____, being duly sworn, depose and say that having read and reviewed this application and the information contained therein, the information contained in this application to become a lottery retailer, including any statement, disclosure or other document submitted with this application, is true and correct in every material respect to the best of my knowledge and belief. I understand that providing inaccurate or misleading information, and failing to disclose complete information is grounds for rejection of this application and denial of a lottery retailer contract, or termination of any contract entered into with the Oregon State Lottery. Further, I acknowledge that I am voluntarily submitting the information contained in and submitted with this application to the Oregon State Lottery under oath with full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that: "A person commits the offense of false swearing if the person makes a false sworn statement, knowing it to be false" and that the crime of False Swearing is a Class A misdemeanor.

"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 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."

Note: Must be signed in the presence of Notary Public.

Authorized signer (owner, corporate officer, member, partner, etc.):

Print Name Title

Signature Date

State of _____ County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(date) (name of person making statement)

Notary Public Signature

SEAL

Print Name

My Commission Expires: _____