



| LOTTERY USE ONLY | |
|--|------------|
| Retailer # | Retailer # |
| For applicant/ownership applying for multiple locations, list below: | |
| Retailer # | Retailer # |
| Retailer # | Retailer # |
| Retailer # | Retailer # |
| Retailer # | Retailer # |
| Retailer # | Retailer # |

TRADITIONAL APPLICATION FOR RETAILER CONTRACT

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|--|
| ENTITY NAME: (Sole Proprietor, Corporation, LLC, Partnership) |
| LOCATION NAME: (DBA/ABN/Trade) |

APPLICATION FOR RETAILER CONTRACT

GENERAL INSTRUCTIONS

1. Please **print in blue or black ink (NO PENCIL)** or **type** an answer to **every question**. If a question does not apply, answer with **N/A** (not applicable).
2. **If you make a mistake, line through it and print the correct answer above, along with your initials and the date. Please Note: Make all changes prior to having this document notarized. DO NOT USE WHITE OUT.**
3. When space available is insufficient, follow the instructions for Explanations or Details on page 4.

It is the applicant's responsibility to prove qualification for a Retailer Contract. An important part of proving qualification is that all information is accurate and complete. Take care that each answer is stated correctly and nothing is omitted. This application is an official document and misrepresentation or failure to reveal information may be sufficient cause for refusal or termination of a contract and cause for possible criminal prosecution.

By submitting an application, the applicant requests the Oregon State Lottery to conduct an investigation of the applicant. The applicant also agrees to become subject to the Oregon State Lottery Commission's authority under state law to issue subpoenas and to compel the attendance of witnesses and the production of documents concerning the applicant [ORS 461.130 (3)]. "If the cost of investigation of any applicant exceeds the usual costs of such investigations, the applicant shall be billed for the excessive costs [ORS 461.700 (2)]."

In submitting an Application, the Applicant expressly waives any claim against the Lottery, the Director, the Commission, the State of Oregon and their officers and employees for damages that may result. Each Applicant also accepts any risk of adverse public notice, embarrassment, criticism, damages, or claims which may result from any disclosure or publication by a third party of any public information on file with the Lottery [OAR 177-0040-0001 (7)].

Oregon State Lottery
APPLICATION FOR RETAILER CONTRACT

| | | | | | |
|--|---------|---|-----------------------|--|---------------|
| 1. OWNERSHIP TYPE | | FEDERAL TAX ID NUMBER (OR SOC. SEC. NO. FOR SOLE PROPRIETORS) | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> FRATERNAL ORGANIZATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER | | | | | |
| 2. APPLICANT IDENTITY | | | | | |
| ENTITY NAME: (Sole Proprietor, Corporation, LLC, Partnership) | | LOCATION NAME: (DBA/ABN/Trade) | | | |
| COUNTY | | | | | |
| LOCATION ADDRESS (STREET ADDRESS) OF BUSINESS | | MAILING ADDRESS (IF DIFFERENT) | | | |
| | | | | | |
| | | | | | |
| LOCATION TELEPHONE () | | OTHER NAMES BY WHICH COMPANY IS KNOWN | | | |
| 3. ORGANIZATION | | | | | |
| A. STATE WHERE THE CORPORATION / LLC OR OTHER ENTITY FILED/REGISTERED TO DO BUSINESS | | DATE CORPORATION/LLC FILED | | | |
| B. OTHER STATES OR JURISDICTIONS WHERE INCORPORATED, OR FILED WITH STATE CORPORATIONS DIVISIONS | | | | | |
| C. TYPE OF BUSINESS <input type="checkbox"/> DELI <input type="checkbox"/> CONVENIENCE STORE WITH GAS <input type="checkbox"/> CONVENIENCE STORE WITHOUT GAS <input type="checkbox"/> GROCERY/DEPARTMENT STORE <input type="checkbox"/> OTHER | | | | | |
| 4. DO ANY KEY PERSON'S FAMILY MEMBERS 18 AND OVER WORK IN THIS BUSINESS IN ANY CAPACITY? (PAID OR UNPAID) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST UNDER "KEY PERSONS", QUESTION #5, BELOW. (These people are not necessarily key persons.) | | | | | |
| 5. LIST ALL KEY PERSONS AND PERSONS OF INTEREST (Personal Disclosure forms must be submitted for each Key Person.) See definitions. | | | | | |
| NAME (LAST) | (FIRST) | (MI) | TITLE | DATE OF BIRTH | SOC. SEC. NO. |
| ADDRESS | | | CITY, STATE, ZIP CODE | DISCLOSURE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME PHONE |
| NAME (LAST) | (FIRST) | (MI) | TITLE | DATE OF BIRTH | SOC. SEC. NO. |
| ADDRESS | | | CITY, STATE, ZIP CODE | DISCLOSURE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME PHONE |
| NAME (LAST) | (FIRST) | (MI) | TITLE | DATE OF BIRTH | SOC. SEC. NO. |
| ADDRESS | | | CITY, STATE, ZIP CODE | DISCLOSURE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME PHONE |
| NAME (LAST) | (FIRST) | (MI) | TITLE | DATE OF BIRTH | SOC. SEC. NO. |
| ADDRESS | | | CITY, STATE, ZIP CODE | DISCLOSURE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME PHONE |
| 6. GAMING/GAMBLING LICENSES, GOODS, AND SERVICES | | | | | |
| A. HAS THIS COMPANY OR INDIVIDUAL EVER HELD OR DOES IT NOW HOLD ANY GAMBLING OR GAMING LICENSES, PERMITS OR CONTRACTS IN ANY JURISDICTION EXCEPT THE OREGON LOTTERY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FOLLOW INSTRUCTIONS FOR EXPLANATIONS OR DETAILS AT THE TOP OF PAGE 4 AND LIST THE LICENSE TYPE, LICENSE NUMBER (IF APPLICABLE), JURISDICTION, REGULATORY AGENCY, AGENCY ADDRESS, AGENCY CONTACT PERSON, AGENCY TELEPHONE, DATE OF LICENSING OR PERMIT, AND LICENSE STATUS. | | | | | |
| B. HAS ANY GAMING LICENSE, CONTRACT OR PERMIT FOR THIS COMPANY OR INDIVIDUAL BEEN DENIED, REVOKED, OR SUSPENDED (INCLUDING OREGON LOTTERY)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN IN SPACE PROVIDED ON PAGE 4. | | | | | |
| C. LIST ALL STATES OR PLACES WHERE YOUR COMPANY CONTRACTS TO SUPPLY GAMING GOODS OR SERVICES AND TO WHOM THOSE GOODS OR SERVICES ARE PROVIDED. | | | | | |
| 7. SOCIAL GAMING PRESENT AT YOUR LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, LIST DEALER'S NAME(S) AND DATE(S) OF BIRTH | | | |

8. ARE ANY PAST OWNERS OR OFFICERS NOW EMPLOYED BY THIS COMPANY OR USED AS CONSULTANTS, MANAGEMENT CONTRACTORS OR IN ANY OTHER CAPACITY? YES NO IF YES, LIST NAMES AND CAPACITY:

9. CRIMINAL INVESTIGATIONS

HAS THE APPLICANT, A SUBSIDIARY, INTERMEDIARY COMPANY, PARENT COMPANY, HOLDING COMPANY, RELATED CORPORATION OR BUSINESS ENTITY EVER BEEN THE SUBJECT OF A GRAND JURY OR CRIMINAL INVESTIGATION?
 YES NO IF YES, EXPLAIN IN SPACE PROVIDED ON NEXT PAGE.

10. INDICTMENTS AND RECORDS OF CONVICTION

HAS THE APPLICANT, A SUBSIDIARY, INTERMEDIARY COMPANY, PARENT COMPANY, HOLDING COMPANY, RELATED CORPORATION OR BUSINESS ENTITY, OR ANY KEY PERSON IN ANY OF THE PRECEDING EVER BEEN INDICTED, CONVICTED, OR ARRESTED FOR ANY CRIMINAL OFFENSE?
 YES NO IF YES, EXPLAIN IN SPACE PROVIDED ON NEXT PAGE.

11. CIVIL ACTIONS

HAS THE APPLICANT, A SUBSIDIARY, INTERMEDIARY COMPANY, PARENT COMPANY, HOLDING COMPANY, RELATED CORPORATION OR BUSINESS ENTITY, OR ANY KEY PERSON IN ANY OF THE PRECEDING EVER BEEN INVOLVED IN A CIVIL LAWSUIT WHICH WAS BASED IN WHOLE OR IN PART ON ALLEGATIONS OF CONDUCT WHICH WOULD CONSTITUTE A CRIME OR WOULD AMOUNT TO FRAUD, DECEIT OR MISREPRESENTATION?
 YES NO IF YES, EXPLAIN IN SPACE PROVIDED ON NEXT PAGE.

12. JUDGMENTS OR DECREES

HAS THE APPLICANT, A SUBSIDIARY, INTERMEDIARY COMPANY, PARENT COMPANY, HOLDING COMPANY, RELATED CORPORATION OR BUSINESS ENTITY, OR ANY KEY PERSON IN ANY OF THE PRECEDING EVER BEEN THE SUBJECT OF ANY ORDER, JUDGMENT, OR DECREE OF ANY COURT OR ANY ORDER OF AN ADMINISTRATIVE AGENCY, BOARD, OR BODY PROHIBITING IT FROM, OR OTHERWISE LIMITING ITS TYPE OF BUSINESS, PRACTICE OR AUTHORITY?
 YES NO IF YES, EXPLAIN IN SPACE PROVIDED ON NEXT PAGE.

13. FINANCIAL INSTITUTIONS
 LIST ALL FINANCIAL INSTITUTIONS IN WHICH YOU HAVE BUSINESS ACCOUNTS (USE PAGE 4 TO LIST ADDITIONAL INFORMATION.)

| NAME OF INSTITUTION | TYPE OF ACCOUNT | ACCOUNT NUMBER | ADDRESS |
|---------------------|-----------------|----------------|---------|
| | | | |
| | | | |
| | | | |

14. BUSINESS HISTORY
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, EXPLAIN IN SPACE PROVIDED ON NEXT PAGE.

A. DOES THE BUSINESS/ORGANIZATION OWE ANY PAST DUE TAXES, FEES, OR OBLIGATIONS TO LOCAL, STATE OR FEDERAL GOVERNMENT?
 YES NO

B. WHAT DATE DID/WILL THIS BUSINESS COME UNDER PRESENT OWNERSHIP?

C. HAVE YOU EVER BEEN OR APPLIED TO BE AN OREGON LOTTERY RETAILER?
 YES NO IF YES, LIST ALL BELOW: (IF NEEDED, EXPLAIN IN SPACE PROVIDED ON NEXT PAGE)

| NAME OF BUSINESS AND CITY | RETAILER IDENTIFICATION NUMBER IF KNOWN |
|---------------------------|---|
| | |
| | |
| | |

D. LIST PRIOR OWNERS OF THIS BUSINESS, IF KNOWN, BY NAME AND CURRENT ADDRESS

| | | | | |
|-------------------------|-------|------|-------|------------|
| NAME (LAST) | FIRST | (MI) | TITLE | WORK PHONE |
| ADDRESS | | | | HOME PHONE |
| (CITY, STATE, ZIP CODE) | | | | |
| NAME (LAST) | FIRST | (MI) | TITLE | WORK PHONE |
| ADDRESS | | | | HOME PHONE |
| (CITY, STATE, ZIP CODE) | | | | |

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."

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: _____