



711 East Wells Avenue
 Pierre, SD 57501
 Telephone: (605) 773-5770

**Instant/On-Line and
 Reservation Instant-Only
 Retailer
 Application**

DO NOT WRITE HERE
 Control # _____
 Date Received _____
 Invest. Init. _____
 License # _____

NOTE: Please type or print. Read application instructions carefully before completing application.

1	Business Name	Business Phone	
2	SD Sales Tax #	Federal Taxpayer ID #	
3	Business Physical Address		
	City	County	Zip
4	Mailing Address		
	City	State	Zip
5	Primary Business Bank	Bank Address	Bank Acct. #
6	Type of Business or Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Profit	<input type="checkbox"/> Corporation/Non-Profit <input type="checkbox"/> Association, Fraternal or Civic <input type="checkbox"/> Trust

List below all owners, officers, directors and stockholders of 5 percent or more. "Individual History" and "Investigation Authorization" forms must be signed, notarized and submitted for each person listed below.

7	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

8	Contact Person	Title	Business Phone Home Phone
9	Address of Residence		City Zip

10	Is the business delinquent in the payment of any taxes, interest or penalties owed to the State of South Dakota, including items currently under formal dispute or appeal under law? YES NO If YES, give details. (Use additional sheets if necessary.) _____
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11 A \$1,200 application fee must be filed with each application. Make checks payable to South Dakota Lottery.

I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact on this application. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any Lottery License. I authorize the South Dakota Lottery and/or the Division of Criminal Investigation to investigate any or all matters set forth in this "License Application" pursuant to the Lottery Act. I understand that further information may be requested of me in regard to the application and I waive rights of causes of action that I may have against the South Dakota Lottery or the Division of Criminal Investigation.

Applicant/Authorizing Agent of Business	Type or print name	Title
	Signature	Date

Make a copy for your records. Submit original to the Lottery.