



**SOUTH DAKOTA
LOTTERY**

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

Application For Video Lottery Manufacturer

**OFFICE USE ONLY
DO NOT WRITE HERE**

Date Rec. _____
Invest. Init. _____
License # _____

NOTE: Please type or print.

Business Name _____ Business Phone _____

Physical Address of Business _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Type of Business or Organizational Structure

- Sole Proprietorship
- Partnership
- Corporation/Profit

- Corporation/Non-Profit
- Association, Fraternal or Civic
- Trust

List below all owners, partners, 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.

FULL NAME	FULL NAME	FULL NAME

Contact Person _____ Title _____

Address of Residence _____ Business Phone _____

City _____ State _____ Zip _____ Home Phone _____

A \$500 fee must be filed with the application. Make check 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