



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

## Application For Video Lottery

**DO NOT WRITE HERE**

Control # \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Invest. Init. \_\_\_\_\_  
 License # \_\_\_\_\_

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

|    |  |   |   |     |
|----|--|---|---|-----|
| 1  | Indicate type of video lottery license. <input type="checkbox"/> Distributor <input type="checkbox"/> Operator <input type="checkbox"/> Establishment  |   |   |     |
| 2  | Business Name  | Business Phone  | Federal Taxpayer ID #   |     |
| 3  | SD Sales Tax #   | SD Alcohol Lic. #   | Name of Alcohol License Owner   |     |
| 4  | Business Physical Address  |   |   |     |
|    | City   | County  | State   | Zip |
| 5  | Mailing Address  |   |   |     |
|    | City   | County  | State   | Zip |
| 6  | Primary Business Bank  | Bank Address  | Bank Acct. #  |     |
| 7  | Type of Business or Organization   | <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation/Profit | <input type="checkbox"/> Corporation/Non-Profit<br><input type="checkbox"/> Association, Fraternal or Civic<br><input type="checkbox"/> Trust |     |
| 8  | List below all owners, officers, directors, and include stockholders of 5 percent or more. "Individual History" and "Investigation Authorization" forms must be signed, notarized and submitted for each person listed below.  |   |   |     |
|    |  |   |   |     |
|    |  |   |   |     |
| 9  | Contact Person   | Title   | Business Phone<br>Home Phone  |     |
| 10 | Address of Residence   | City  | State   | Zip |
| 11 | 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? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, give details. (Use additional sheets if necessary.) _____ |   |   |     |
| 12 | Does this Establishment currently have a Video Lottery License? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, Business Name: _____ Video Lottery License Number _____  |   |   |     |
| 13 | <b>A \$50 application fee must be filed with each application. Make checks payable to South Dakota Lottery.</b>  |   |   |     |

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.