

South Dakota Lottery

711 East Wells Avenue

Pierre, SD 57501

Telephone: (605) 773-5770

**Individual History****DO NOT WRITE HERE**

Control # _____

License # _____

Oper. # _____

Cash Access Tech I Tech II

This form and the "Investigation Authorization" form must be completed by each owner, each partner of a partnership, each officer and/or director of a corporation, machine access personnel and all stockholders of 5% or more. (This form may be duplicated.)

Business Name
 (Same as on application form)

Business Phone: _____

Home Phone: _____

Last Name:

First Name

Middle Name:

AKA (also known as i.e. maiden name, nickname, etc.)

Date of Birth:

Place of Birth:

Social Security Number:

Drivers License Number:

State Issued

List all addresses where you have lived for the last five years including your present address. (Attach separate sheet if necessary.)

Address

City / State / Zip

From:

To:

Present:

Previous:

Previous:

Name of Spouse, if any:

AKA (also known as, i.e. maiden name/nickname, etc.)

Spouse's Date of Birth:

Place of Birth:

Spouse's Social Security Number

Spouse's Occupation:

 Individual's relationship to business
 (owner/partner/officer/director/ stockholder - 5% or more/employee):

 Percent of stock
 or business owned:

 Name of present employer,
 if different from business name:

Occupation or Title:

 U.S. Citizen? Yes No
 If "No" attach details

 Are you an employee of a vendor doing business with the South Dakota Lottery?
 Yes No

S.D. Resident? Yes No

**List names of all relatives who are employees or
 Commission members of the South Dakota Lottery:**
READ THIS SECTION CAREFULLY
 Have you ever been arrested? If "Yes", list all arrests, including DUI's, regardless of when they occurred on a separate attached sheet. Include approximate date, location, charge and final disposition for each incident. Failure to disclose arrests may result in denial of application.

Yes No

Do you consent, for the duration of the license, to inspection by any law enforcement official or duly authorized lottery official without a warrant or other process, of your licensed premises to determine whether you are complying with the provisions of the South Dakota Lottery Laws, Rules, and Regulations?

Yes No

Do you authorize the SD Lottery to release information from this form to the person(s) on whose behalf this form was filed?

Yes No

 STATE OF _____
 COUNTY OF _____ SS.

I understand that a false answer to any of the foregoing can subject the applicant to denial or suspension or revocation of a license. I certify that all the information in this Individual History form is complete and correct to the best of my knowledge and belief.

 Subscribed and sworn to
 before me this _____ day of _____ 20____.

Witness my hand and official seal.

Signature of Applicant

(Affix Seal)

Notary Public

My Commission Expires: _____