

DEPARTMENT OF FINANCE

STATE LOTTERY OFFICE

MCKEE BUSINESS PARK 1575 MCKEE ROAD, SUITE 102 DOVER, DELAWARE 19904-1903

office of the DIRECTOR Applicant:

TELEPHONE: (302) 739-5291 FAX: (302) 739-6706

Thank you for your interest in applying for a Delaware Lottery Retailer License. Please find enclosed all of the forms, information, and instructions you will need to begin the application process.

THE PROCESS:

The Delaware Lottery licensing process will take place in five stages:

- <u>Application preparation</u>: The licensing process begins, first, with the Lottery's receipt of a complete and properly supported application for your business.
- <u>Site assessment</u>: Second, once your application is determined to be complete, Lottery representatives will visit your business site to observe and document business activities, the proposed point of sale within your facility, and the physical relationship of your facility within nearby business and residential communities.
- <u>Application evaluation</u>: Third, upon the completion of site assessments, the Lottery will assemble and evaluate your submissions and all of its findings.
- <u>Background checks and ADA Inspection</u>: Fourth, if all indications are favorable for issuance of a license, the Lottery will contact you to provide instructions for obtaining a criminal history background check and to schedule an inspection of the path to the point of sale in your business to determine compliance with the Americans with Disabilities Act (ADA).
- <u>Application Approval or Denial</u>: The Lottery will notify you, in writing, concerning the approval or denial of your application.

PLEASE READ THIS BEFORE COMPLETING ANY FORMS!

The typical time required to evaluate a business for a Lottery Retailer License is six to eight weeks when the application and related materials are properly completed. Most often, additional delays are preventable. The most common causes of processing delays are:

Incomplete forms

Read each form carefully, answer every question, and have every signature witnessed or notarized as indicated.

Missing or incorrect financial and tax documents

Refer to the required financial reports and tax filings chart on the following page. In the chart, find the appropriate business structure type (LLC, C or S corporation, Partnership, etc.) in the chart to identify the required, most recent, IRS tax forms and standard business financial reports you must submit with your application.

Failure to disclose personal history

The required SBI and FBI criminal history background check provided to the Lottery Director will report all non-traffic charges dating back 30 to 40 years. Check "Yes" where appropriate and provide a simple, signed explanation and disposition of the charge(s).

• Failure to provide a photocopy of a current State of Delaware Business License

This must be a clear copy of the Business License for the location identified on the application form issued for the primary business activity conducted at that location.

REQUIRED APPLICATION FORMS AND MATERIALS

PLEASE NOTE:

All of the information and records received by the Lottery in the course of evaluating your business for a Lottery Retailer License—whether provided by you or others—will be treated and held as confidential, as declared by Delaware Law and Lottery Rules and Regulations. To apply for a Lottery retailer License, you must:

COMPLETE ALL OF THE ENCLOSED FORMS:

- Application for Delaware Lottery Retailer License
- W-9 Form
- Delaware State Lottery Retailer Agreement
- Guaranty Agreement
- Criminal History Affidavit
- Customer Authorization Agreement for Electronic Banking Transactions

ASSEMBLE AND LABEL, AS NEEDED, COPIES OF THE FOLLOWING ITEMS:

- <u>Business License</u>: Provide copy of up to date business license for applicant. License must be related to primary business activity.
- <u>Financial Statements for your Business</u>: Provide documents from most recently completed fiscal year. Please note, documentation should include balance sheet, income statement, and statement of cash flows. (If in business less than 6 months, please provide a filed, stamped copy of your Certificate of Inc./Formation in lieu of Financial Statements.)
- Most Recent Federal Tax Filings: See chart below for specifics. (If in business less than 1 year, please provide PERSONAL Income Tax Returns, including Schedules and W2s.)

Business Type	Financial Forms Required	Description
Corporation	Corporate Income Tax Return	Form 1120 and all relevant schedules
Limited Liability Company (LLC)	See requirements for Corporations or Partnerships based on entity's federal filing status	See requirements for Corporations or Partnerships based on entity's federal filing status
Partnership	 Partnership Return Personal Income Tax Return for individual partners Business Tax Return for partners who are also a business entity 	 Form 1065, including Schedule K-1 Form 1040, including Schedule E Form 1120S or 1065, or relevant tax filing based on entity type. Include related schedules listed in this chart.
S-Corporation	S-Corporation ReturnPersonal Income Tax Return	 Form 1120, including Schedule K-1 Form 1040, including Schedule E

MAIL OR DELIVER ALL APPLICATION FORMS AND MATERIALS TO:

Delaware State Lottery Attention: Retailer Licensing 1575 McKee Road, Suite 102 Dover, DE 19904

CONTACT:

Heather Shank: 302-744-1629 heather.shank@state.de.us

The big ff Day off

Retailer Commissions and Bonuses



Delaware Lottery Office • McKee Business Park 1575 McKee Road Suite 102 • Dover, DE 19904 302-739-5291 • delottery.com

DOC #25-17/15/8/3 Printed 8/15

Commissions



Delaware Lottery Retailers receive a five percent (5%) sales commission for selling tickets for all games allowed by their license type.



In addition, Retailers are paid one percent (1%) commission for every prize redeemed in their store by players who win from \$1 to \$599.

Bonuses



A bonus of two percent (2%) of the prize amount is paid to a Retailer when an Instant Game prize of more than \$100 is paid on a ticket sold in their store.



A bonus of \$1,000 or one percent (1%) of the prize amount, whichever amount is greater, is paid to a Retailer who sells a top-prize-winning ticket for MULTI-WIN LOTTO.



A bonus of \$500 is paid to a Retailer who sells a \$25,000 winning ticket for Lucky for Life™.



A bonus of \$5,000 is paid to a Retailer who sells a top-prize-winning ticket for Lucky for Life™.



A bonus of \$1,000 is paid to a Retailer who sells a winning HOT LOTTO® ticket with a \$90,000 Sizzler prize.



A bonus of \$5,000 is paid to a Retailer who sells a jackpot-winning ticket for HOT LOTTO®.



A bonus of \$10,000 is paid to a Retailer who sells a

- jackpot-winning ticket for POWERBALL®.
- jackpot-winning ticket for MEGA MILLIONS®.
- POWERBALL® ticket that wins \$1 million.
- POWERBALL® ticket with POWER PLAY that wins \$2 million.
- MEGA MILLIONS® or MEGA MILLIONS® with MEGAPLIER ticket that wins \$1 million to \$5 million.
- KENO ticket that wins \$1 million.



The Lottery pays periodic bonus commissions to Retailers meeting the requirements of its Retailer incentive program. Retailer incentive programs are based on increases in sales for certain lottery games. Sales for a Retailer incentive bonus period are compared to previous sales periods. Any increase in sales during the bonus period is rewarded by multiplying the increase times a bonus factor to determine the bonus amount.



There are additional incentives for Retailers to increase their Lottery business from year to year.

APPLICATION FOR DELAWARE LOTTERY RETAILER LICENSE



Delaware Lottery
Retailer Licensing
1575 McKee Road, Suite 102
Dover, DE 19904-1903
Phone (302) 739-5291 / Fax (302)-739-7586

LO ⁻	TTERY USE
Retailer #	
Bus. Code	
Date Activated	
Territory	

*Please type or print.

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VENDOR/SUPPLIER REFERENCES Three (3)	references are require	ed.					
8. List Corporate Name, Contact Name and Phone Number							
a							
b.							
C.							
CONTACT INFORMATION							
9. Contact for Lottery Business.		Contact person phone (Area code & n	umber)			
10. List primary contact persons at this business location. Name Title/function							
Name Title/function							
ELIGIBILITY - Failure to fully disclose may result in denial of application or future license revocation.							
11a. Has the applicant(s) been convicted of an offense other than a traffic violation?							
11b. Has the applicant(s) been subject to any disciplinary action, past, or pending, by any administrative, governmental or regulatory body?							
11c. Has the applicant(s) been charged with a violation of any statute, rule regulation or ordinance of any municipal, administrative, regulatory or other governmental body?							
12. Is <u>your</u> business in default of any taxes, fees, or other ob local or federal government?	ligations owed to STA	ATE OF DELAWARE,		☐ Yes ☐ No			
If "YES" to any of the	above, attach detailed	l explanation.					
		•					
<u>CERTIFICATION</u>							
By completing this application, I am authorizing the Delaware S permission to review my tax returns and other tax information.	State Lottery to invest	igate my finances com	pletely, includ	ing			
I HEREBY CERTIFY that there are no misrepresentations or fals	ifications in the infor	mation stated in this ap	oplication. I a	n			
aware that false or misleading statements will cause for rejecti	on or revocation of S	ales Retailer's License					
Signature of Applicant in Ink		FOR LOTTER	RY USE ONLY				
Title		Signature	•	Date			
Print or Type Name	Sales Rep.						
Sworn and Subscribed to before me, this	Sales Mgr.	ACCEPT	☐ _{YES}	□ _{NO}			
DAY OF A.D. 20	Calcs Ingr.	ACCEPT	□ _{YES}	□ _{NO}			
	Marketing						
Seal of Notary	Director	ACCEPT	☐ YES	□ NO			
Public		ACCEPT	YES	□ NO			

Page 2 of 2 Revised: 07JUL2014



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank					-			
	2	Business name/disregarded entity name, if different from above								
s on page 3.	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Cl following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC		y one o		certa	ain entit uctions	ies, no on paç	t individ	ly only to uals; see
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Print or type. c Instruction	Individual/sole proprietor or single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) Trust/estate Exempt payee code (if any) Exemption from FATCA reporting code (if any) Code (if any) Code (if any) Fathership Fat								porting	
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See S c	5	Address (number, street, and apt. or suite no.) See instructions.	Reque	ester's	name	and ac	ldress (d	optiona	al)	
S	6	City, state, and ZIP code								
	7	List account number(s) here (optional)								
Par	t I	Taxpayer Identification Number (TIN)								
		ur TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	oid/	Soc	cial se	curity	numbe	r		
backu reside entitie	p v nt s,	withholding. For individuals, this is generally your social security number (SSN). However, alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other t is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> o	for a			_		_		
TIN, la	ate	.		or						
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identification number										
Numb	er	To Give the Requester for guidelines on whose number to enter.				-				
Par	П	Certification						-	 	
		enalties of perjury, I certify that:								
	•	umber shown on this form is my correct taxpayer identification number (or I am waiting for	a num	her to	he is	sued :	to me).	and		
2. I ar Ser	n n vic	ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b) e (IRS) that I am subject to backup withholding as a result of a failure to report all interest ger subject to backup withholding; and) I have	e not b	een r	notifie	d by th	e Inte		
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and								

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because

	iture of	
Joing.iu	nture of person ►	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



DEPARTMENT OF FINANCE
STATE LOTTERY OFFICE
1575 MCKEE ROAD, SUITE 102
DOVER, DE 19904-1903

OFFICE OF THE DIRECTOR

DELAWARE STATE LOTTERY RETAILER AGREEMENT

AGREEMENT, between the Delaware State Lottery, hereinafter referred to as the "Lottery", and Applicant, hereinafter referred to as the "Retailer", for the sale of Lottery tickets. The Parties hereto agree to:

1. IN ACCORDANCE WITH THE INSTRUCTIONS FROM THE LOTTERY AS MAY BE AMENDED FROM TIME TO TIME, THE RETAILER AGREES TO:

- a. Provide services for the sale of all Games tickets.
- b. Maintain services to the standard of a reasonably prudent businessperson and sell all lottery games.
- c. Be financially responsible to the Lottery and deposit all revenues derived from the sale of Lottery tickets for and on behalf of the Lottery in a designated Lottery checking account.
- d. Prominently post point of sale and other promotional material supplied by the Lottery including all current Instant ticket games.
- e. Prominently display all active instant ticket games in full view of retail customers.
- f. Attend initial training sessions at the Dover Lottery Office and such additional training sessions as the Lottery shall require to ensure that the Retailer and his employees are properly trained in the operation of the Lottery provided equipment for the sale of Drawing Games and Instant tickets.
- g. Operate the Lottery provided equipment to process Lottery transactions for the convenience of adult customers during all hours and days that the Retailer's business is open to the public.
- h. Locate the Lottery provided equipment within the Retailer's premises only on a site approved by the Lottery.
- I. Provide full validation and claims services with immediate payment of all valid winning tickets for Lottery prizes up to \$599 for each ticket claimed, without regard to where the ticket was purchased.
- j. Refer claims over \$599 to Claim centers or the Lottery office. Claims over \$5000 are to be referred to the Lottery office for validation and payment.
- k. Acquire the official results of any official Lottery drawing in a timely manner and publish the results prominently.
- I. Exercise due diligence in the operation of all Lottery provided equipment and immediately notify the Lottery of any communication or equipment malfunctions.
- m. Provide a secure environment for all Lottery provided equipment, signage, paper stock, and supplies.
- n. Perform routine maintenance on all Lottery provided equipment as instructed by the Lottery or its contractor.
- o. Provide sufficient space, electrical, technical and other site elements required to operate all Lottery provided equipment. The Retailer will provide and maintain all required environmental elements at its sole cost.
- p. Remit weekly settlements via Electronic Fund Transfer (EFT) according to schedules determined by the Lottery.
- q. Notify the Lottery immediately upon change of owners or partners of the corporation.
- r. Notify the Lottery at least 14 days in advance of the Retailer's intent to discontinue operations of his business either temporarily (due to vacation) or permanently.
- s. Immediately report any "out of order" condition of equipment to the appropriate maintenance personnel.
- t. Notify the Lottery at least 30 days in advance of the Retailer's intent to relocate the terminal. The terminal may not be moved without prior consent of the Lottery.
- Conduct all Lottery activities according to the provisions of the Delaware State Lottery Law and Rules and Regulations.

2. IN CONSIDERATION OF THE ABOVE SERVICES TO BE PERFORMED BY THE RETAILER, THE LOTTERY AGREES TO:

- a. Pay the selling and cashing commissions of all valid sales and prize redemptions, plus or minus adjustments.
- Provide, install, and maintain communications and selling equipment in the licensed retail establishment with no
 express or implied warranty of functional operability of selling systems, and no guarantee of the availability
 of products or services.
- c. Assist the Retailer in reasonable and practical sales, merchandising, and promotional activities.

Telephone: (302) 739-5291

Fax: (302) 739-7586

3. RETAILER'S RIGHT TO SELL LOTTERY GAME TICKETS MAY BE TERMINATED AT ANY TIME BY THE LOTTERY FOR VIOLATION OF ANY OF THE PROVISIONS OF THIS AGREEMENT OR AT ANY TIME FOR CAUSE.

Retailer's right to sell Lottery game tickets may be terminated at any time by the Lottery for violation of any of the provisions of this agreement or at any time for cause. The Lottery reserves the right to remove the Lottery equipment from the Licensed Retailer's location when the Retailer fails to meet the average minimum sales volume requirements established by the Lottery at the time of issuance of a License. In exercising this right, the Lottery shall consider, for areas outside major population centers, such factors as the accessibility of the Retailer's place of business to the public and the sufficiency of Lottery selling terminals to serve the public convenience. As such, the Lottery may, at its sole discretion, establish and communicate to the Retailer an adjusted sales performance minimum for the location.

4. EQUIPMENT AND PROPERTY DAMAGE OR LOSS

All equipment, communications devices, ticket stock, and other items ("the equipment") furnished to the Retailer in connection with its functions as Retailer, shall at all times remain the sole property of the contractor providing the equipment to the State of Delaware. Retailer is responsible for the loss or for damage to the equipment beyond normal wear and tear.

5. NON-SUFFICIENT FUNDS (NSF) SWEEP POLICY FOR ELECTRONIC FUND TRANSFER (EFT)

Retailer shall have sufficient funds in the designated Lottery checking account on EFT sweep days (each Tuesday). At the discretion of the Lottery, NSF will result in any or all of the following actions:

a.	1st	NSF SWEEP	Telephone call to Retailer and re-sweep of NSF amount.
b.	2nd	NSF SWEEP	Telephone call to Retailer and terminal pinned until Lottery is in receipt of certified
			check for the NSF amount. Retailer has 5 business days to bring the certified check
			for the NSF to the Lottery office.
C.	3rd	NSF SWEEP	Telephone call to Retailer and terminal pinned for 10 days after the Lottery is in receipt of certified
			check for the NSF amount. Retailer has 5 business days to bring the certified check to the
			Lottery office.
d.	4th	NSF SWEEP	Lottery License will be suspended pending revocation.

6. ENTRY OF PLAYS

Plays may only be entered manually using the Lottery terminal keypad or touch screen or by means of a play slip provided by the Lottery and hand-marked by the player. Retailers shall not permit the use of facsimiles or copies of play slips, or other materials that are inserted into the terminal's play slip reader that are not printed or approved by the Lottery. Retailers shall not permit any device to be connected to any Lottery provided equipment to enter plays, except as approved by the Lottery.

7. TELEPHONE OR CREDIT SALES/ORDERS

Telephone sales/orders are strictly prohibited for all Lottery Games. Sales on credit are also prohibited. The only orders for Lottery Games a Retailer may accept are those placed in person with payment made at the time of purchase.

8. AGREEMENT EFFECTIVITY

This agreement shall take effect upon acceptance by the Delaware State Lottery and shall continue until terminated by 14 days prior written notice by either party, or at any time by the Lottery for cause.

Applicant's Name of Business							
Address							
	Street	City	State	Zip Code			

APPLI	CANT	APPROVED BY THE	DELAWARE LOTTERY
By:	nature	State Lot	tery Director
Print Name	Title	Date:	
Witness Date:			laware



Guaranty Agreement

This Guara	anty Agreement made by	/ [hereinafter Guarantor (s)]
and dated	, 20	(Name of Corporation)
		WITNESSETH
For and in	consideration of and as	an inducement to the Delaware State Lottery
Director to grant Gua	arantor (s) a Lottery Tick	et sales agent license for
to the Delaware Sta	te Lottery.	(Name of Corporation)
The Guara	intor (s) jointly and seve	ally agree that if the debits, charges, and obligations
(Name of Corporation)		when due, the Guarantor (s) will upon demand
by the Delaware Sta	te Lottery, forthwith sati	sfy all debts or obligations of
Nothing including ba	ankruptcy of	shall discharge the responsibility of the
	Name of Cor nder for all debts, chargo	
` ,		(s) intending to be jointly and severally legally
		anty Agreement as of this date and year aforesaid.
	SIGNA	TURES:
		 Date
		Date
		 Date
		Duic
		Date
WITNESSES:		
	 Date	
	Date	
	 Date	
	Date	



STATE OF DELAWARE DEPARTMENT OF FINANCE

STATE LOTTERY OFFICE
MCKEE BUSINESS PARK
1575 MCKEE ROAD, SUITE 102
DOVER, DELAWARE 19904-1903

OFFICE OF THE DIRECTOR

TELEPHONE: (302) 739-5291 FAX: (302) 739-6706

CRIMINAL HISTORY AFFIDAVIT

	eing duly sworn, hereby states as follows:
(Name of Individual)	
1. That the affiant has submitted an application	n for a license as a Lottery retailer for
(Name of S	Store)
at	•
(Street Ad	dress)
2. That the affiant has no criminal record what	tsoever.
3. That the affiant agrees that the Lottery may	issue a conditional license to
(Name of Store)	The license is conditional on the
Lottery's receipt of the F.B.I. criminal histo Criminal record history.	ry report for affiant which contains no
4. That the affiant agrees that the Lottery can described conditional license if it receives information for the affiant.	and will immediately revoke the above- an F.B.I. report containing criminal history
	(Individual's Signature)
SWORN TO AND SUBSCRIBED before me	this,
•	
-	Notary Public



DELAWARE LOTTERY ELECTRONIC TRANSFERS CUSTOMER AUTHORIZATION AGREEMENT PRE-ARRANGED DEBITS AND/OR CREDITS

Retailer Number:	

delottery.com						
Delaware Lottery Retailer N	ame:					
Business Name as shown o	Federal Tax ID #:					
Business Address :			Telephone number:			
City:	State:		<u> </u>	Zip Cod	de:	
Bank routing number:			This is a 9-digit number used by your bank for routing purposes. You may obtain this information by calling your banker.			
Bank account number:			Enter only bank checking account number. Do not include spaces, dashes, or hyphens.			
Effective Date Requested: En			r the effective date requested for establishing this account. Advance notice is required by the Lottery for any bank account changes.			
Signature of authorized party (Must be the same signature on a b	ank account and an auth	orized representative	of the business):	Today's Date	e:
Sign Here →						
or credit entries to my (our) a	Delaware State Lottery to effect count indicated above as such a t such debit or credit entries initialing thereto.	amounts become due v	vithout any further au	ıthorization from m	ne (us). I, (we)	
Bank Name			Branch			
Bank Address			Telephone Number			
to the Lottery or Bank shall be opportunity to act on it. It is un (1) Participant may by notice to afford a reasonable time to within that period. (2) If an er	ement may be terminated by me a effective only with respect to enderstood that all entries initiated to bank stop payment of any entry act on it. An oral notice shall be atry is erroneously initiated by the 15) calendar days following the d	ntries initiated by the Lod I by the Lottery pursuar ry initiated by the Lotter be binding on Bank only to Lottery, then the parti	ttery after receipt of a at to this agreement of but such notice mution for fourteen (14) cale	such notification and shall be subject to use the received by andar days unless of the state of	nd a reasonable the following provisions the Bank in such time confirmed in writing	s:
Be certain to A	TTACH A VOIDED CHE	ECK to this form.	If a check is n	ot available,	attach a letter fro	m bank
that lists bank ro	ruting number and acco		TTERY @ 3			a check.
SUBMIT	TING INCORRECT/INCO	MPLETE EFT INF	ORMATION MA	Y DELAY PR	OCESSING TIME	•
	FOR LOTTERY U New Retailer New Retailer Sports O	☐ New F	Retailer Keno Only		OW. EEFT Keno/Sports Or	ily
Comments:						
Sign Lottery Employee	Signature:			Date:		
Date GMS Changed:	Initials:	Date S	•		Initials:	