



# Nebraska Lottery Retailer Application

## PART 1 OF 3

- Complete and attach Nebraska Lottery Retailer Background Information, Nebraska Lottery Financial Information and W-9.
- This form must be completed in its entirety.

Main contact at the Store (ie MGR)	Telephone Number Home: ( ) Business: ( )	Type of Application <input type="checkbox"/> New <input type="checkbox"/> Report Changes <input type="checkbox"/> Change of Ownership
Nebraska Tax Identification Number At This Location	Federal Employer Identification Number	

Store location must have a street address for shipping of tickets AND a mailing address to receive USPS mail.

LOCATION ADDRESS AND TRADE NAME (DOING BUSINESS AS)			BUSINESS ENTITY NAME AND MAILING ADDRESS		
Doing Business As:			Business Name		
Street Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Store Telephone ( )			<b>CORPORATE MAILING ADDRESS</b> (if different from business mailing address)		
Do you have a liquor license? <input type="checkbox"/> Applied <input type="checkbox"/> YES <input type="checkbox"/> NO		Give Type and Number If Known			
Change of Ownership or Opening Date			Corporate Telephone ( )	Corporate Contact	
Does this company own other stores which offer the Nebraska Lottery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give store name and retailer # _____			Owner Email Address (speeds processing)		

Type of Ownership (check only one business entity)

Sole Proprietorship (If sole proprietorship, owner must complete Attestation Form, available at nelottery.com and submit with this application.)

Corporation  LLC  Partnership  Other (specify) \_\_\_\_\_

Type of Business (check only one)

(1) <input type="checkbox"/> Convenience Store with Gas	(7) <input type="checkbox"/> General Merchandise	(11) <input type="checkbox"/> Grocery Store, 1-3 lanes	(17) <input type="checkbox"/> Lumber Yard	(23) <input type="checkbox"/> Gift/Novelty Shop
(2) <input type="checkbox"/> Convenience Store without Gas	(8) <input type="checkbox"/> Other (specify) _____	(12) <input type="checkbox"/> Grocery Store, 4-6 lanes	(18) <input type="checkbox"/> Hardware Store	(24) <input type="checkbox"/> Recreation
(3) <input type="checkbox"/> Service Station	_____	(13) <input type="checkbox"/> Grocery Store, 7-10 lanes	(19) <input type="checkbox"/> Eateries	(25) <input type="checkbox"/> Pawn/Consignment/Thrift
(4) <input type="checkbox"/> Liquor Store	_____	(14) <input type="checkbox"/> Grocery Store, 11+ lanes	(20) <input type="checkbox"/> Feed Store	(26) <input type="checkbox"/> Gambling
(5) <input type="checkbox"/> Drug Store	(9) <input type="checkbox"/> Truck Plaza	(15) <input type="checkbox"/> Tobacco Store	(21) <input type="checkbox"/> Check Cashing	
(6) <input type="checkbox"/> Grocery Store	(10) <input type="checkbox"/> Co-ops	(16) <input type="checkbox"/> Hotel/Motel	(22) <input type="checkbox"/> Coffee Shop	

Business Hours

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
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**MUST COMPLETE ALL REQUIRED FIELDS BELOW - One of the listed individuals must sign as Applicant. (attach additional list, if necessary)**

List the name, date of birth, address, Social Security Number, home and business telephone, and title for each of the following persons (attach list if you need more space).

**a** If a sole proprietorship, list the individual owner;  
**b** If a Limited Liability Company, list the members;  
**c** If a corporation, list each officer and each person who owns 10% or more of any class of stock in the corporation;  
**d** If a partnership, list each partner;

(First, Middle, Maiden, Last)	D.O.B	S.S.N.*	Home Phone	Business Phone	Title
Name:					
Home Address:					
Name:					
Home Address:					
Name:					
Home Address:					
Name:					
Home Address:					
Name:					
Home Address:					

\* The date of birth and Social Security Number are necessary to request criminal history from law enforcement agencies to determine if the legal requirements for a Lottery Retailer are met. This information is treated as confidential pursuant to law.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

**sign here**

Signature of Owner, Partner, Member or Corporate Governing Officer

Title

Date

Mail this application to: **NEBRASKA LOTTERY, P.O. BOX 98901, LINCOLN, NE 68509-8901**