



Retailer Contract Application Information

North Carolina Education Lottery (NCEL) certificates of authority allow a party to sell lottery tickets and shares as a Lottery Retailer. These certificates are subject to, among other things, the North Carolina State Lottery Act (N.C.G.S. §18C-101 et seq.) ("Lottery Act"), the NCEL Retailer Contract, and NCEL Rules and Regulations.

Eligibility requirements to obtain a certificate of authority and operate as a Lottery Retailer include:

- Must be at least 21 years of age;
- Must be registered to do business in the State of North Carolina;
- Cannot be engaged exclusively in the business of selling lottery tickets or operating electronic computer terminals or other devices solely for entertainment;
- Must undergo a background investigation (credit and criminal history check);
- Must be current in filing all applicable tax returns and payment of all taxes, interest, and penalties to the State of North Carolina (verification through the NC Department of Revenue);
- **Must open a dedicated bank account designated as "In Trust for the North Carolina Education Lottery" and is strictly used for the deposit of lottery net proceeds only;**
- Cannot reside in the same household as an NCEL employee or NCEL Commissioner; and
- Must provide a copy of Lease/Rental agreement **and /or** Landlord contact information (if applicable).

Neither the NCEL Retailer Contract, nor the certificate of authority is assignable or transferable. If you have purchased or are in the process of purchasing a business that is currently contracted to sell NCEL products, you will have to apply separately and apart from the current business in order to sell NCEL products legally. Failure to follow the NCEL Contract, the Lottery Act, NCEL Rules & Regulations, or NCEL policies and procedures may subject the applicant/retailer to denial, suspension, and/or cancellation of a certificate of authority.

All applications are processed in the NCEL Retailer Contracts Department at the NCEL headquarters in Raleigh. For additional information about the application process, NCEL Retailer Contract and the **Rules & Regulations**, visit the NCEL website at www.nclottery.com or to inquire about the status of an application, a Customer Service Representative can be reached by calling the Customer Service Hotline at **1-877-382-4530, Option 2 or TTY at 1-888-663-0154.**

**** A copy of your NCEL Retailer Contract and the Rules & Regulations are always available upon request. For a copy of the Rules & Regulations, visit the NCEL website at www.nclottery.com or call our Customer Service hotline at 1-877-382-4530, Option 2 for a copy to be mailed to you.****

THE APPLICATION PROCESS

Stage 1 Document Review

1. The application will be reviewed for completeness and verification of all required documentation including copies of owner(s) valid Driver's License.
2. If an application is incomplete, the applicant will be alerted by a NCEL representative and required to submit all missing documentation within 90 days. If the applicant fails to provide the required materials in a timely manner, the application will be denied.
3. Once the NCEL verifies applicant's required documentation and the completeness of the application, it will notify the applicant via U.S. Mail that the Stage 2 Background Investigation process will begin.

Stage 2 Background Investigations

1. All Lottery retailer applicants are subject to a background investigation consisting of:
 - a credit check;
 - a taxation check; and
 - a criminal history check.
2. A background investigation will be performed on each individual owner(s) and/or officer(s).
3. All retailer applicants are required to provide landlord information **and/or** a copy of Lease/Rental Agreement.
4. A physical assessment of applicant's business space will be conducted to determine whether the business would be exclusively engaged in the sale of lottery tickets or operating electronic computer terminals or other devices solely for entertainment.

Stage 3 Approval/Denial Notification

1. If the application is approved, notification will be sent via US mail with further instructions on how to schedule training and terminal installation.
2. If an owner/officer is convicted of felony within the past 10 years, the application will automatically be denied.
3. If the application is denied, notice will be sent via US mail describing the appeal process for applicants who desire to appeal the NCEL's decision. If the applicant does not file an appeal within five (5) business days of receiving the denial notice, the application will expire.

Stage 4 Site Assessment

1. The retail location will then be physically assessed for compliance with the Americans with Disabilities Act (ADA).
2. The retail location will be assessed for compliance with ADA every three (3) years.

Stage 5 Renewal

1. The retail location is required to complete a contract renewal application every three (3) years.
2. If the Lottery Retailer's account has been conditioned with a security deposit, annual renewal is required for the first 2 years; thereafter, the NCEL transaction history and the credit of all owner(s)/officer(s) will be re-assessed.
3. Responsible Gaming is recommended to be completed as a refresher at time of the renewal and the renewal application includes a certification related to responsible gaming.

APPLICATION CHECKLIST

After completing the application, please submit the following:

- A completed application (pages 1-5)
- Copy of owner(s) valid Driver's License (black and white copy only)
- The application fee:

- There is a \$75 non-refundable application fee.
- There is an additional \$10 non-refundable application fee for each additional location within the same business structure for a new applicant or a currently active retailer.
- Please mail application and fee to the address below:

ATTN: RCA

2728 Capital Blvd. Suite 144 Raleigh, NC 27604

Use the grid below to determine the total amount of your application fee. Mark the fees you will be paying and indicate the number of each additional location. Include this completed worksheet with your application and fee payment.

<u>Type of Fees</u>	<u>Number of Fees</u>	<u>Amount</u>
• Base application fee ○ (Initial location)	1 x\$75=	<u>\$75</u>
• Additional location fee (Each additional location to be considered; state taxpayer number, Federal ID, and/or social security number must be the same as the initial location)	___ x\$10=	<u>\$</u>
Total Fee Paid		\$ _____

All applicants must provide the Lease/Rental Agreement or Landlord contact information on page 1 of the application.

**If your application does not include all of the items listed above,
it will be considered incomplete.
Incomplete applications cannot be processed.**

For assistance in completing this application, read the "Retailer Application Instructions" below. For additional assistance, please call the North Carolina Education Lottery Customer Service Hotline toll free at 1-877-382-4530, option 2, then option 1 or TTY at 1-888-663-0154.

Retailer Application Instructions

Nature of Application:

1. Check the appropriate box for reason for application.
2. If Change of Ownership (CHOW), please provide the date the changeover is scheduled to take place.
3. Check the appropriate box for Game Type. Keno applications must be approved by NCEL Sales Department prior to selling Keno.

Section A. Location Information [page 1]

1. Write the store/location name (doing business as, DBA)
2. Write the physical address, street address, city, county, state, and zip code.
3. Write the mailing address, street address, city, county, state, and zip code of where you would like all official documentation to be sent.
4. Check the box if you own Property/Land. If not, please provide the landlord information **and/or** attach a copy of your lease/rental agreement.
5. Write your business's daily store hours.

Section B. Business Information [pages 1]

1. Write the legal business name, as it appears on your tax returns.
2. Write the total number of owners in your business. Total percentage of owners must equal 100%.
3. Mark the box that corresponds with your business type identified on your tax returns.
4. Write your Federal Tax ID number (if applicable) provided by the Internal Revenue Service (IRS).
5. Write your North Carolina Sales and Use Tax ID provided by the North Carolina Department of Revenue (NCDOR).
6. Write your ABC permit number (if any).
7. Circle the trade style that matches your business.

Section C. Owner/Officer Information [page 2]

1. Each owner must fill out a page 2.
2. Write the full legal name, date of birth, Social Security Number, percent of ownership, gender, home address, city, county, state, zip code, home phone number, work phone number, cell phone number, and E-mail (if applicable) for each principal. NCEL will contact you if fingerprints are needed.

Section D. Background Questionnaire [page 2]

1. Follow the instructions listed in this section to mark the appropriate box for each of the questions in this section. All boxes must be answered.

Section E. Investigation Release and Retailer Contract Acceptance [page 3]

1. Each owner must read the certification, acknowledgement and agreement.
2. Form must be notarized.

“In Trust for the North Carolina Education Lottery” Bank Account Verification [page 4]

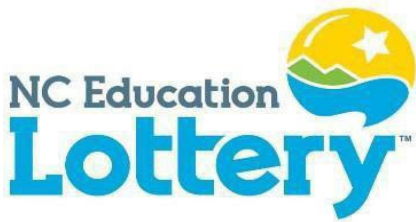
1. Account must be set up “In Trust for the North Carolina Education Lottery”
2. EFT letter and/or Bank Letter is acceptable. Please refer to nc lottery.com under For Retailers > Downloads>Retailer Bank Letter Format for more information.

W-9 Request for Taxpayer Identification Number and Certification [page 5]

1. For complete instructions on filling out the W-9, please visit www.IRS.gov.

Authority for Release of Information [page 6]

1. Complete this form if Fingerprints are required.



Retailer Contract Application

2728 Capital Blvd., Suite 144 ★ Raleigh, NC 27604

★ nclottery.com Office: 877.382.4530, #2, #3

TTY Service: 888.663.0154 Fax: 919.715.2716

Please Play Responsibly

Lottery Use Only

Amount \$

Check #

Payment ID #

RID#

NATURE OF APPLICATION:

- New License
 Change in Business Type
 Add Owner
 Change of Ownership
 Change in Officers/Chairperson
 Other

If a Change of Ownership, please provide the date of takeover. Date: ____ / ____ / ____

Game Type: Instants and Draw Games
 Keno All
 Keno Draw

STOP For Keno, location must meet criteria and be approved by NCEL Sales Dept.

Section A: Location Information

Location Information	1. Store Name:				Store Phone Number:			
	2. Physical Address:			City:	County:	State:	ZIP:	
	3. Mailing Address:			City:	County:	State:	ZIP:	
	**Please provide the below requested information OR provide a copy of the lease/rental agreement							
	4. Property Information:							
	Do you own the property/land? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete the landlord information below.							
5. Landlord Information: Name: _____ E-mail: _____ Address: _____ Phone: _____								
6. Store Hours								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Open:								
Close:								
							Number of stores applying (Must be under same EIN/Tax Name) For each location, please complete a Page 1 or attach a spreadsheet.	

Section B: Business Information

Business Information	1. Legal Name: <small>As appears on tax returns</small>		4. Business Type:				5. Federal Tax ID:	
	2. # of Owners:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Limited Liability Corporation (LLC)				6. NC Sales Tax ID:	
	3. Tradestyle: <small>Check One Only</small>		<input type="checkbox"/> Supermarket (more than 5 check stands) <input type="checkbox"/> Grocery Store (5 or less check stands) <input type="checkbox"/> Convenience Store <input type="checkbox"/> Convenience Store with Gas Pumps <input type="checkbox"/> Convenience Store with Gas Pumps & Fast Food <input type="checkbox"/> Restaurant with Liquor &/or Beer License <input type="checkbox"/> Restaurant without Liquor License <input type="checkbox"/> Fast Food <input type="checkbox"/> Club or Association				7. ABC Permit #:	
		<input type="checkbox"/> Home & Auto Supplies <input type="checkbox"/> Apparel and Accessory Stores <input type="checkbox"/> Special Events and Locations <input type="checkbox"/> Tobacco Store <input type="checkbox"/> Super Store <input type="checkbox"/> Liquor Store <input type="checkbox"/> Bar <input type="checkbox"/> Drug Store <input type="checkbox"/> General Merchandise <input type="checkbox"/> Other						

Section C: Owner/Officer Information

**Each authorized owner/officer must complete a separate page 2 & 3*

Owner/Officer Information	Full Legal Name:	First	Middle	Last		
	SSN	_____ - _____ - _____			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	
	Date of Birth	____/____/____	Title		Share %	
	Owner/Officer Contact Info:	Current Home Address:			Years at address:	
		City:	County:	State:	ZIP:	
	If less than 10 years, please provide your previous address below. If more than one, please list below or attach additional pages, if necessary:					
	Cell Phone:			Email:		
	Home Phone:		Work Phone:		Driver's license #:	

Section D: Background Questionnaire

If you answer "yes" to any of the following questions, provide the information on a separate sheet of paper with your signature and date. Please note that, depending on the circumstances, a "yes" response will not necessarily disqualify you from being approved for a retailer contract. However, failure to disclose or provide accurate responses is grounds for denial of an application.

1. Disclose any convictions or pending charges for a violation(s) of any state or federal law, whether misdemeanor or felony, including any offense relating to gambling activities. Please disclose below or on a separate sheet of paper.
 If NONE, please state "NONE". _____
2. Has the Business or any person having a financial interest in the Business ever had a business or professional contract from any state suspended or revoked? Yes No
3. Has the Business identified in Section B above ("Business") or any person having a financial interest in the Business ever been licensed, contracted or authorized in any other state, whether by a governmental agency or business, to conduct any type of gaming or lottery activities? If yes, specify the states, type of activity and dates permitted to conduct this activity? Yes No
3. Has the Business or any person having a financial interest in the Business ever filed for bankruptcy, been placed into receivership or filed for court protection from creditors? If so, indicate when, the disposition and details of the situation. Yes No

Continue to next page for signature page.

Background Questionnaire

Section E: Investigation Release and Retailer Contract Acceptance

**Form must be signed and notarized*

I hereby authorize the NCEL to request a credit report, conduct a criminal history check, or conduct any other background investigation as may be necessary to process my NCEL Retailer Application. I authorize the NCEL to share any such information, privileged, confidential or otherwise, necessary to consider the application to become a NCEL Retailer. I further consent to allow NCEL to use and share such information in all manners consistent with all applicable laws and necessary to effectuate, administer or enforce all rights, orders and obligations arising out of the relationship between the Retailer Applicant and the NCEL. This release will expire upon the final termination of my Retailer’s contractual obligations with the NCEL.

I hereby authorize the NCEL to conduct a thorough credit review from my personal/business credit report upon the submission of my NCEL Retailer Application; the renewal of my Security Deposit; the renewal of my NCEL Retailer Contract; or such other time as deemed appropriate by the NCEL.

Title III of the Americans with Disabilities Act (Please check appropriate box)

- I certify that all the retail locations specified herein are in compliance with the requirements outlined by Title III of the Americans with Disabilities Act.
- I also certify that one or more retail locations specified herein is/are not in compliance with the requirements outlined by Title III of the Americans with Disabilities Act and that I will ensure that such location(s) will be in compliance by the deadline specified by the NCEL. Any retail locations that are not in compliance must be listed on a separate document and attached.

I understand and acknowledge that, based upon information from my personal/business credit report, the NCEL will provide me, and all owners/officers of the Business, written notice of the credit review result. Such written notice may contain conditional requirements, such as submission of a security deposit, or bank and trade reference information, due to insufficient credit and/or credit denial of any one or more owners/officers of the Business. I further understand and acknowledge that the NCEL’s written notice will include specific reasons for the conditional requirements and that this information will be sent to all owners/officers who were listed on the Retailer Application including their home addresses. *Some examples of conditional requirements for approval include but are not limited to: Derogatory Credit, Overextended Credit, Repossessions, Open Bankruptcy, etc. No other specific credit information will be included in the notice.

My signature below further certifies that I have read and, on behalf of myself and the Business, agree to be bound and abide by all laws and regulations of the NCEL, the NCEL Retailer Contract, Retailer Rules and Regulations and AC outlet requirements for lottery equipment as they currently exist and as they may be amended from time to time.

I hereby certify that I am the duly authorized representative of the Business applying for a NCEL retailer contract with the power to sign any and all documents, as required by the NCEL, and that I have the authority to, and do hereby, bind the Business and its affiliates to the terms and conditions of the Retailer Contract, Retailer Rules and Regulations and any other policies and procedures as established and amended from time to time by the NCEL.

Authorized Retailer Applicant Signature: _____ **Date:** _____

Notarial certificate for an acknowledgement: County, _____ State _____
(County) (State)

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed
(Name of principal)
the foregoing document.

(Official Signature of Notary) (Printed Notary Public Name) Date: _____

My commission expires: _____

(OFFICIAL SEAL)

Investigation Release and Retailer Contract Acceptance



“IN TRUST FOR NORTH CAROLINA EDUCATION LOTTERY” Bank Account Verification

Retailer Instructions:

Pursuant to the Lottery Act and your Retailer Contract, you are required to establish a dedicated bank account, titled “IN TRUST FOR THE NORTH CAROLINA EDUCATION LOTTERY”, to be used exclusively for lottery transactions. If you have not already done so, please modify your current bank account or establish a new bank account exclusively used for lottery transactions with the account name designated as “IN TRUST FOR THE NORTH CAROLINA EDUCATION LOTTERY”.

Bank Representative:

Thank you for assisting our Retailer applicant. The retailer must establish a separate electronic funds transfer (EFT) bank account in order to complete their North Carolina Education Lottery application. This separate bank account must be specified “In Trust for the North Carolina Education Lottery”.

Please ensure that the account is not titled “Lottery Account.”(See sample bank letter located at www.nclottery.com)

Please complete form below or submit a bank letter on bank letterhead that states the account number, routing number, name of account and that the account is “IN TRUST FOR THE NORTH CAROLINA EDUCATION LOTTERY”.

THE SECTION BELOW MUST BE COMPLETED BY DEPOSITORY INSTITUTION (BANK)

Bank Account Name:	_____ /“IN TRUST FOR THE NORTH CAROLINA EDUCATION LOTTERY” <small>Corporate or legal name of entity which owns the business and files income tax returns: (see attached example)</small>								
Bank Name (print):	_____	Branch:	_____						
Bank Street Address:	_____	City:	_____	State:	_____				
EFT Bank Route Transit Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
EFT Bank Account Number:	_____								
Signature of Owner or Principal:	_____						Date:	_____	
Printed Name of Owner or Principal:	_____								

DEPOSITORY INSTITUTION ACKNOWLEDGMENT: The above account has been established “IN TRUST FOR THE NORTH CAROLINA EDUCATION LOTTERY.” We acknowledge that our customer, the Retailer, has directed us to provide information concerning the above referenced account to the North Carolina Education Lottery upon request by an authorized representative of the North Carolina Education Lottery.

Bank Representative (print): _____ Phone Number: _____

Signature of Bank Representative: _____ Date: _____

If you need any additional information, or have any questions, please contact Retailer Contracts Administration at (877) 382-4530 opt 2.

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

AUTHORITY FOR RELEASE OF INFORMATION
National Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's file for a national criminal history record check in connection with my application for lottery with the North Carolina Education Lottery pursuant to N.C.G.S. 114-19.16 and 18C-114

(Type or Print LEGIBLY or will be returned)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number	Date of Birth	Sex	
_____	_____	_____	

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant's Signature

Date

This request form must be kept on file at the agency for one year. The fingerprint card and transmittal letter from the Authorized Official requesting Criminal History Record Information must be mailed to:

North Carolina Education Lottery
Attn: Retailer Contracts Department
2728 Capital Blvd., Suite144
Raleigh, NC 27604