



RETAILER CONTRACT APPLICATION

RETAILER #

For WyoLotto Use Only

Please type or print information clearly using a pen.

NOTE: A responsible & liable person for the business(s) must complete the application.

STEP 1

Applicant Information

Application Type

<input type="radio"/> New Contract	<input type="radio"/> Contract Renewal	<input type="radio"/> Addition or Removal of Owners	<input type="radio"/> Addition or Removal of Business(s) Location
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Applicant Information

Applicant Name	Date of Birth	Social Security Number	
Applicant Email Address	Business Telephone	Other Telephone	
Address	City	State	Zip Code
Driver's License Number		State of Driver's License	

Sole Proprietor or Partnership *(If this business is a partnership, please add additional partners)*

Partner Name	Partner Date of Birth	Partner Social Security Number	
Partner Email Address	Business Telephone	Other Telephone	
Address	City	State	Zip Code
Partner Driver's License Number		State of Driver's License	

+ Add Another Partner



Federal Employee ID Number		When filing taxes with the IRS, what is the Owner/Company name filed under?		
Legal Business Name		Person Responsible/Liable for the Business		Business Telephone
DBA Business Name (If Different)		Responsible Party Email Address		Other Telephone
Business Street Address		City	County	State
				Zip Code

Legal Business Type

- Schedule C
- Partnership
- S-Corp
- C-Corp
- Sole Proprietor
- Limited Partnership
- LL Partnership
- Unincorporated Assoc.
- Not for Profit
- Other (please specify)

Type of Business Applying for WyoLotto Terminal

- 1. Convenience Store with Gas
- 2. Convenience Store without Gas
- 3. Gas Station
- 4. Liquor Store
- 5. Drug Store
- 6. Grocery Store
- 7. General Merchandise
- 8. Hotel/Motel
- 9. Bar/Restaurant
- 10. Truck Stop
- 11. Co-op
- 12. Lumber Yard
- 13. Tobacco Store
- 14. Feed Store
- 15. Check Cashing
- 16. Hardware Store
- 17. Eateries
- 18. Coffee Shop
- 19. Gift/Novelty
- 20. Pawn/Thrift
- 21. Not for Profit
- 22. Other (please specify)

Business Hours (Open to Close)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Vendor Hours: (If Different from Business Hours)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Operations and Sales

_____ Years _____ Months		
Indicate how long you have operated the business at its current location.	Provide your annual customer count/foot traffic.	Provide annual sales amount reported to the IRS for your last business year. <i>If new business report sales to-date.</i>

Liquor License and Business Info

Do you hold a liquor license?	If you hold a liquor license, provide local and state license numbers:	Type of Building
<input type="radio"/> Yes <input type="radio"/> No (If yes, what type?) <input type="radio"/> Full <input type="radio"/> Bar <input type="radio"/> Restaurant <input type="radio"/> County/Malt Beverage/Temp <input type="radio"/> Other (Specify)	_____ Local _____ State Has your liquor license ever been revoked/denied/suspended? <input type="radio"/> Yes <input type="radio"/> No (If yes, explain)	<input type="radio"/> Free-Standing <input type="radio"/> Strip Mall <input type="radio"/> Mall <input type="radio"/> Office Building <input type="radio"/> Other (Specify)

+ Add Another Location

This page must be completed for each location applying to become a retailer.

STEP 3

Applicant Questionnaire

(If you answer "yes" to any of the following questions, provide an explanation in the space below.)

A.	yes	no	Within the last 10 years, have you been convicted of a felony in this state or another jurisdiction?
B.	yes	no	Have you been convicted of any fraud, unlawful gambling activity, false statements, false swearing, perjury, embezzlement or identity theft in this or another jurisdiction?
C.	yes	no	Within the last 5 years, has the business (as listed in Step 1) operated under a different DBA name? Different location? <i>(Please Explain)</i>
D.	yes	no	Have you ever received penalties with the Federal or Local Government regarding taxes, property taxes or business related activities?
E.	yes	no	Is the sole proprietor, partner, shareholder for the corporation (owning more than 10% of the stock), a director, or an officer under the age of 18?
F.	yes	no	Have you ever had a Lottery or gaming license/contract revoked/suspended/terminated in any state?
G.	yes	no	Within the last 7 years, has the business filed any form of bankruptcy, whether voluntary or involuntary? Have you as a principal owner/person in any business filed for any form of bankruptcy, whether voluntary or involuntary? Is there any plan or intention to file any form of bankruptcy? <i>If you answer "yes" to any question here, provide an explanation in the space below.</i>
H.	yes	no	Is the business unaccessible to individuals with disabilities as may be required under Title III of the Americans with Disabilities Act?
I.	yes	no	Within the last 5 years, has your business or business employee violated Wyoming Statute 14-3-302 by selling tobacco, or Statute 12-6-101 by selling alcohol to an underage person(s)?

Additional Information



Lottery agrees to keep the information submitted in this Application confidential and to not publicly or privately disclose such information, unless necessary for Lottery operations or otherwise required by law.

I hereby certify that I am authorized either as the applicant or authorized to act on behalf of the applicant. I certify that the information provided to the Wyoming Lottery Corporation is true and complete. I understand and consent to an investigation of my personal/business credit history, business and personal financial records, criminal history, and any other matter pertaining to the authenticity of statements made in this application process; this authorization includes the use of personal identifying information for the purposes stated in this paragraph. I understand and consent to inspection by any law enforcement official or duly authorized state lottery official without a warrant or other process, of my premises to determine whether I am complying with the provisions of the Wyoming Lottery Laws and Wyoming State Statutes. I further understand that a false answer to any of the foregoing can subject the applicant to denial, suspension or revocation of this contract. I certify under penalty of perjury that all of the information in this Retail Application is complete and correct to the best of my knowledge and belief.

Authorized Signature of Applicant

Print Name

Business Title

Date Signed



The completed application should be mailed to:

Retailer Applications
1620 Central Avenue, Suite 100
Cheyenne, WY 82001