



Over \$2 Billion and Counting for our Schools

Dear Prospective NH Lottery Retailer,

Thank you for your interest in becoming a New Hampshire Lottery Retailer. Since 1964, retailers helped the NH Lottery Commission raise nearly \$2 billion for public education in New Hampshire.

To become a NH Lottery Retailer, you must complete and submit an application and all required documentation. Only original applications will be accepted. E-mailed, faxed or photocopies will not be accepted.

The approval process will begin when all required documents are received, including the results of your personal credit history and criminal background checks. If required information is missing, the application will be considered incomplete and returned to you. An incomplete application can delay the process. Please be aware that, if your credit history fails to meet the threshold set by the NH Lottery, you may be required to provide a surety bond.

KENO 603 will only be authorized when the city or town where games will be played has voted to allow the operation of keno within its jurisdiction. A licensing fee of \$500 must also be included with this application. This fee will be refunded if the application is denied.

Once the application has been approved, a Lottery Sales Representative (LSR) will perform a physical survey of your location to ensure compliance with The Americans with Disabilities Act (ADA). If the location does not meet ADA requirements, you will be notified in writing, and given 30 days to comply. Information regarding the ADA requirements for small businesses can be found at www.ada.gov/smbustxt.htm.

NH Lottery Retailers are also required to:

- Provide a dedicated outlet to be used exclusively for the Lottery terminal. A dedicated electrical circuit originates from the circuit breaker panel and terminates in a dual electrical outlet. This must be located within 10 feet of the terminal location and nothing else can be plugged into this outlet at any time. A lottery terminal cannot be installed without this dedicated outlet.
- Attend a mandatory training. This training must be completed prior to the terminal being activated. Our office will contact you to schedule the training.
- If a new location, have a site survey completed by our vendor. This site survey is done to determine the type of communication needed to connect to your terminal. This is typically done at no expense to the Retailer.

Please allow a minimum of 4 weeks for completion of all the steps necessary to process the application.

NH Lottery Retailer licenses are non-transferable. If you are purchasing an existing business you must apply for your own Lottery license prior to taking ownership.

If you have any questions or need further guidance, please contact the Licensing department at 603-271-3391, Monday through Friday, 8:00 a.m. to 4:00 p.m.

NH LOTTERY RETAILER APPLICATION

1. TYPE OF APPLICATION

New Retailer – *Seeking to become licensed as a NH Lottery Retailer and/or Keno 603 Retailer*

- *If not currently in operation, provide the anticipated date the business will be open: _____*

Ownership Change – *New ownership of a licensed NH Lottery Retailer.*

- *Provide the anticipated date of change of ownership: _____*
- *Allow 14 days for processing of this license*

KENO 603 – *Existing Retailer adding KENO 603*

- *To be eligible to operate KENO 603, the applicant must hold a current liquor license as specified in RSA 284:45, VI(a). See section 3 for more information.*
- *Include a \$500 license fee with this application. This fee will be refunded if the application is denied.*

2. NH LOTTERY PRODUCTS TO BE SOLD BY THE RETAILER

KENO 603/On-Line Games/Instant Games KENO 603/On-Line Games (no Instant Games)

On-Line/Instant Games (no KENO 603)

3. BUSINESS INFORMATION

<i>Name of Store/Retailer</i>	<i>Tax ID Number/EIN</i>		
<i>Name of Store/Retailer Owner/ (First MI Last)</i>	<i>Name of Store/Retailer Manager (First MI Last)</i>		
<i>Physical Street Address of Store/Retailer</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address of Store/Retailer*</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
<i>*Complete only if the mailing address is different than physical address noted above</i>			
<i>Store/Retailer Phone Number</i>	<i>Store/Retailer E-mail Address</i>		

Is the business currently licensed as a NH Lottery Retailer? Yes No

Do you currently have an instant/on-line ticket vending machine at this location? Yes No

Do you currently have KENO 603 equipment at this location? Yes No

If seeking to offer KENO 603, has the city/town where the game will be operated approved keno? Yes No

NH LOTTERY RETAILER APPLICATION

3. BUSINESS INFORMATION - Continued

Is the business' trade name, corporation or partnership registered with the NH Secretary of State? Yes No
 If yes, provide copy of documentation with this application.

Does the location that you are applying for currently hold a valid State of NH liquor license? Yes No
 If yes, provide current liquor license number: _____

* RSA 284:45, VI(a) requires that, to be eligible to operate KENO 603, the applicant hold a valid liquor license as one of the following: (1) A Restaurant/hotel licensed under RSA 178:20, II, RSA 178:21, II(a) or (b), or RSA 178:22, V(q); (2) A brew pub licensed under RSA 178:13; (3) A ballroom licensed under RSA 178:22, V(c); (4) A veterans' club, private club, or social club licensed under RSA 178:22, V(h); (5) A Convention center licensed under RSA 178:22, V(i); (6) A Hotel licensed under RSA 178:22, V(k); (7) A racetrack licensed under RSA 178:22, V(n); or (8) A sports recreation facility licensed under RSA 178:22, V(v).

Indicate the type of business that is applying for this retailer license (check one):

Sole Proprietor Partnership Corporation LLC Non-Profit Corp.

If the business is a corporation or an LLC, the following information **MUST** be provided:

_____ _____
Name of Corporation/LLC *Tax ID Number/EIN*

_____ _____ _____
Corporate/LLC Contact Person *Phone Number* *E-mail Address*

_____ _____ _____ _____
Corporate/LLC Mailing Address *City/Town* *State* *Zip*

Is the business seasonal? Yes No
 If yes, what months of the year will the business be open? _____

What are the business' hours of operation?

	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN							
CLOSED							

NH LOTTERY RETAILER APPLICATION

4. PROPERTY OWNER INFORMATION

Does the Store/Retailer own the property where the NH Lottery products will be sold? Yes No

If “No”, provide the following owner information:

Property Owner’s Name

Property Owner’s Mailing Address

City/Town

State

Zip

Property Owner’s Phone Number

Property Owner’s E-mail Address

5. OWNERSHIP/MANAGEMENT INFORMATION

List the names of all current owners, partners, members, managers and/or officers of the business. Each individual listed below must provide their personal information, and submit a *Criminal Record Release Authorization* form and a copy of a photo ID.

First Name

MI

Last Name

Title/Affiliation

Do any of the individuals listed above currently hold a license to sell lottery products in NH? Yes No

If “yes”, provide the following information:

Retailer Name

NH Lottery Retailer Number

Physical Address of Retailer Location

City/Town

State

Zip

NH LOTTERY RETAILER APPLICATION

5. OWNERSHIP/MANAGEMENT INFORMATION - Continued

Provide the following personal information for each owner, partner, member, manager and/or officer of the business listed above.

First Name *MI* *Last Name* *Date of Birth* *Social Security #*

Current Mailing Address *City/Town* *State* *Zip*

*Previous Mailing Address** *City/Town* *State* *Zip*
**Only required if the individual has lived at their current address for fewer than 5 years*

Home/Business Phone Number *Personal/Business Cell Phone Number* *E-mail Address*

I certify that I have not been convicted of a felony or a Class A misdemeanor within the previous 10 years, which has not been annulled by a court, or a class B misdemeanor within the past 5 years, which has not been annulled by a court, or I have not violated any of the statutes or rules governing charitable gambling in the past in this or any other state. By signing below I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.

I further certify my understanding that a check will be performed of my credit history. I also understand that, if my credit history does not meet the threshold set by the NH Lottery, I may be required to provide a surety bond naming the commission as obligee, and conditioned upon my compliance with payment obligations relative to weekly settlement and remittances.

Signature *Title/Affiliation with Store/Retailer* *Signature Date*

Print additional copies of this page if needed to provide information for all owners, partners, members, managers and/or officers of the business.

NH LOTTERY RETAILER APPLICATION

5. OWNERSHIP/MANAGEMENT INFORMATION - Continued

Provide the following personal information for each owner, partner, member, manager and/or officer of the business listed above.

First Name *MI* *Last Name* *Date of Birth* *Social Security #*

Current Mailing Address *City/Town* *State* *Zip*

*Previous Mailing Address** *City/Town* *State* *Zip*
**Only required if the individual has lived at their current address for fewer than 5 years*

Home/Business Phone Number *Personal/Business Cell Phone Number* *E-mail Address*

I certify that I have not been convicted of a felony or a Class A misdemeanor within the previous 10 years, which has not been annulled by a court, or a class B misdemeanor within the past 5 years, which has not been annulled by a court, or I have not violated any of the statutes or rules governing charitable gambling in the past in this or any other state. By signing below I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.

I further certify my understanding that a check will be performed of my credit history. I also understand that, if my credit history does not meet the threshold set by the NH Lottery, I may be required to provide a surety bond naming the commission as obligee, and conditioned upon my compliance with payment obligations relative to weekly settlement and remittances.

Signature *Title/Affiliation with Store/Retailer* *Signature Date*

Print additional copies of this page if needed to provide information for all owners, partners, members, managers and/or officers of the business.

NH LOTTERY RETAILER APPLICATION

5. OWNERSHIP/MANAGEMENT INFORMATION - Continued

Provide the following personal information for each owner, partner, member, manager and/or officer of the business listed above.

First Name *MI* *Last Name* *Date of Birth* *Social Security #*

Current Mailing Address *City/Town* *State* *Zip*

*Previous Mailing Address** *City/Town* *State* *Zip*
**Only required if the individual has lived at their current address for fewer than 5 years*

Home/Business Phone Number *Personal/Business Cell Phone Number* *E-mail Address*

I certify that I have not been convicted of a felony or a Class A misdemeanor within the previous 10 years, which has not been annulled by a court, or a class B misdemeanor within the past 5 years, which has not been annulled by a court, or I have not violated any of the statutes or rules governing charitable gambling in the past in this or any other state. By signing below I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.

I further certify my understanding that a check will be performed of my credit history. I also understand that, if my credit history does not meet the threshold set by the NH Lottery, I may be required to provide a surety bond naming the commission as obligee, and conditioned upon my compliance with payment obligations relative to weekly settlement and remittances.

Signature *Title/Affiliation with Store/Retailer* *Signature Date*

Print additional copies of this page if needed to provide information for all owners, partners, members, managers and/or officers of the business.

NH LOTTERY RETAILER APPLICATION

6. AUTHORIZED REPRESENTATIVE OF THE BUSINESS

I certify that I am authorized to submit this application on behalf of the Business.

I further certify that the business will not allow any employee to operate KENO 603 games if such person has been convicted of a felony within the previous 10 years, which has not been annulled by a court, or a misdemeanor involving falsehood or dishonesty within the previous 5 years, which has not been annulled by a court, or has violated the statutes or rules governing charitable gaming in this or any state.

I further certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form and on any of the supporting documentation is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

First Name

MI

Last Name

Title/Affiliation with Store/Retailer

Authorized Representative's Mailing Address

City/Town

State

Zip

Authorized Representative's E-mail Address

Authorized Representative's Phone Number

*Signature of Authorized Official**

Signature Date

**Proof of authority to submit this application on behalf of the business may be required.*

NH LOTTERY RETAILER APPLICATION CHECKLIST

Your application packet must include the following items:

- A completed *NH Lottery Retailer Application*;
- If applicable, proof of registration with the NH Secretary of State, Corporation Division;
 - ✓ A person conducting business under any name other than his/her own legal name must register with the NH Secretary of State. For example, John D. Smith doing business as "John D. Smith" does not have to register; however, if he conducts business as "John Smith Enterprises" he **does** have to register as "Enterprises" is not part of his legal name.
- A *State of New Hampshire Alternate W-9* form;
- An Authorization Agreement for Withdrawals (ACH form for weekly EFT's);
- A copy of voided check, or bank verification if savings account;
- A signed *NH Lottery Retailer Agreement*;
- A photocopy of a state or government issued ID for each owner, partner, member, manager, or officer of the business identified in Sections 5 of the application.
 - ✓ Photo ID can be a photocopy of a driver's license or passport;
- A signed and notarized *Criminal Record Release Authorization* form for each owner, partner, member, manager or officer of the business identified in Section 5 of the application, along with payment of the processing fee.
 - ✓ Please refer to the *Criminal Record Release Authorization* form for current fees.
 - ✓ Checks must be made payable to: "State of NH – Criminal Records".
 - ✓ All Criminal Record Release forms **MUST** be notarized and mailed along with this application to the NH Lottery Office.
 - ✓ Failure to follow these rules will delay your application process.
- If applying for a KENO 603 license, the \$500 license fee. Make checks payable to: NH Lottery Commission. The license fee will be refunded if an application is denied.

The completed application and all required supporting documentation must be delivered to:

NH Lottery Commission
14 Integra Drive
Concord, NH 03301

If your application does not include all of the items listed above, is illegible, or if portions of the application are missing required information, it will be considered incomplete and returned. Your application will not be processed until the Licensing department receives all required criminal records from the State Police.