



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.

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](http://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.*

**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.

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.



### STATE OF NEW HAMPSHIRE ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 24% withholding on each payment made to you. To avoid this 24% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

Legal Entity Name: \_\_\_\_\_

Doing Business As Name: \_\_\_\_\_

Payment Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Website: \_\_\_\_\_ E-Mail (Main Office): \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): \_\_\_\_\_ Fed ID # (EIN/FIN): \_\_\_\_\_

#### PRINCIPAL ACTIVITY

Service Provider       Product/Merchandise Provider       Other Provider

List the principal type of service, product or other that is provided: \_\_\_\_\_

Medical/Health Care Services       Legal Services       1099 Grant Reportable

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor  
Single Member LLC       Corporation (S)       Government  
 LLC (C Corporation)       Corporation (C)       Travel/Intern  
 LLC (S Corporation)       Partnership       Refund/Reimbursement  
 LLC (P Partnership)       Estate or Trust       Tax-Exempt

EXEMPTIONS: \_\_\_\_\_ Exemption from FATCA reporting: \_\_\_\_\_

*Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.*

NAME & TITLE (print or type): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

E-Mail (Main Office): \_\_\_\_\_ Website: \_\_\_\_\_

PLEASE RETURN WHEN COMPLETED TO:  
(Phone) 603-271-3391  
(Fax) 603-271-1160

NH LOTTERY  
14 INTEGRA DR  
CONCORD NH 03301

**New Hampshire Lottery Commission**  
**Authorization Agreement for Variable Withdrawals (ACH Debits)**

I hereby authorize the New Hampshire Lottery Commission to make withdrawals each week from the account identified below at \_\_\_\_\_ (Depository Financial Institution, or DFI) and authorize the DFI to charge such withdrawals to my listed account. The amount of such weekly withdrawals will be equal to the amount shown on my weekly invoice for gaming transactions, of which I will maintain a record. Adjusting entries to correct errors are also authorized.

It is agreed that these withdrawals may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days advanced notice of termination or change of account is given to the New Hampshire Lottery Commission. I acknowledge receipt of a completed copy of this authorization.

		Tax I.D. Number	
Name as shown on checking Account (please print)	Signature of Authorizing Party (Owner, Partner, Officer)		Date
Address: Street, P.O. Box	City	State	Zip Code
<b>FOR LOTTERY USE ONLY</b>			
Checking Account Only	DFI's Routing and Transit Number	Account Number	

## NEW HAMPSHIRE LOTTERY UNIFORM RETAILER AGREEMENT

THIS AGREEMENT is made by and between the New Hampshire Lottery Commission, hereinafter referred to as the "Commission" and \_\_\_\_\_, hereinafter referred to as the "Retailer".

This Agreement relates to Licenses for the following licensed activities (Check all that Apply):

- License to Sell Lottery Tickets
- License to Operate Keno Games (known as Keno 603) and Sell Lottery Tickets

### GENERAL PROVISIONS

The Parties agree that the following provisions apply generally regardless of the nature of the retail license:

- 1) The Agreement shall take effect when fully executed by the Retailer and Commission and will remain in effect for as long as Retailer retains the License that is the subject of this Agreement. Notwithstanding this provision, the Commission reserves the right to terminate this Agreement, with thirty (30) days written notice to the Retailer, for the purposes of entering into a new agreement with Retailer if, in the Commission's determination, material changes in laws, regulations, or circumstances require changes to this Agreement.
- 2) This Agreement shall become null and void if Retailer's license is terminated or Retailer ceases operations. The terms which, by their nature, require actions after the termination of the license, including but not limited to continuation of liability and removal of equipment, shall survive the termination of the Agreement.
- 3) The Retailer is required to meet ADA (Americans with Disabilities Act) guidelines under Title II. A survey of ADA requirements will be conducted by the Commission prior to licensing. The Commission reserves the right to periodically review ADA compliance throughout the course of this Agreement. Failure to comply with ADA requirements may be grounds for termination of this Agreement and the Retailer's license.
- 4) Retailer agrees to provide updated financial and business information at the request of the Commission.
- 5) This Agreement is subject to the applicable statutes and regulations governing the Commission licenses. To the extent there is a conflict between the applicable statutes and regulations and the terms of this Agreement, the provisions of the applicable statutes and regulations supersede this Agreement.
- 6) Retailer agrees that its' service with respect to Commission products will meet or exceed the standard of a reasonably prudent businessperson.

## New Hampshire Lottery Uniform Retailer Agreement

- 7) Any equipment or materials supplied by the Commission pursuant to this Agreement remain the property of the Commission or its vendor(s). Retailer agrees to take all reasonable steps to guard the safety, security, and operational integrity of the equipment in its facility.
- 8) Retailer shall not perform any mechanical or electrical maintenance or modification of equipment provided by the Commission unless prompted to do so by the Commission or its designee.
- 9) Retailer agrees to attend such training sessions as the Commission shall deem necessary for the successful performance of the Lottery services.
- 10) Retailer agrees to be bound by all applicable requirements found in the statute, administrative rules of the Commission, Multi-State Lottery Association (MUSL) and Tri-State rules, and game specific rules.
- 11) Retailer must notify the Commission of its intent to temporarily or permanently cease operations at least 14 days in advance of such closure.
- 12) Retailer and its staff shall not purchase, play, or redeem any Lottery games during the course of their working hours.
- 13) Retailer will take all reasonable steps to ensure that only persons 18 years of age or older purchase Lottery games at Retailer's premises.
- 14) This Agreement may not be assigned by Retailer.
- 15) The Commission reserves the right to immediately terminate this Agreement, and the Retailer's rights to sell Lottery products, and to remove all Lottery-supplied products and equipment when the Retailer:
  - (a) violates the provisions of this Agreement or any applicable statutes, administrative rules, MUSL rules, Tri-State rules, or other game specific rule; or
  - (b) fails to meet the following minimum sales volume as applicable, averaged over 12 consecutive weeks:
    - i) \$500.00 per week in lottery ticket sales.
    - ii) \$3,400 per week in keno sales.
- 16) The Retailer, upon demand by the Commission, shall allow free access to the Retailer's location for purpose of such removal of the Lottery products or equipment.

## New Hampshire Lottery Uniform Retailer Agreement

- 17) The term "Retailer" as used in this agreement includes the natural person, in his/her individual capacity, who has signed this agreement on behalf of a corporation, limited partnership, partnership or any other entity. In affixing his/her signature to this agreement on behalf of any entity, the said natural person agrees to be personally bound by the provisions of this agreement and agrees to be held personally liable for any breach. This liability shall survive the termination of this Agreement.

### SPECIAL PROVISIONS RELATING TO SALE OF LOTTERY TICKETS

The following provisions are applicable to Retailers possessing a license to sell Lottery tickets:

- 1) The Retailer agrees to:
  - a) provide services for the Commission for the sale of Lottery tickets in accordance with instructions from the Commission as may be amended from time to time.
  - b) be financially responsible to the Commission for all revenues derived from the sale of Lottery tickets.
  - c) keep a separate accounting of money received from the sale of tickets.
  - d) prominently post point-of-sale and other promotional materials, including all terminal notices, supplied by the Commission.
  - e) have the computer terminal available and operational for the sale and redemption of Lottery tickets during all hours and days that the Retailer's business is open.
  - f) provide space for and publicly display all Lottery-supplied equipment including, but not limited to, a lottery terminal, play slip reader, barcode reader, customer ticket checker (prize checker), on counter ticket dispenser, customer display unit, and advertising monitor.
  - g) provide a twin-receptacle 110 volt electric outlet, the use of which shall be exclusively for Lottery-supplied equipment.
  - h) locate the terminal within the Retailer's premises in a location acceptable to the Commission, and not move the terminal without obtaining pre-approval from the Commission; said move will be conducted only by the Lottery's system vendor with 14 days' notice.
  - i) exercise due care in the operation of the terminal and other Lottery-supplied equipment, and to immediately notify the system vendor (who is responsible for the maintenance of all computer terminals and communications) of any terminal and other Lottery-supplied equipment malfunction by calling its toll-free number.

## New Hampshire Lottery Uniform Retailer Agreement

- j) have available sufficient funds to instantly pay (either by cash or check) all claimed prizes up to and including \$599.00.
  - k) inquire of winning numbers and post them prominently as soon as possible, following the drawing of each system game.
  - l) participate in Electronic Funds Transfer (EFT) pertaining to payment of money due to the Commission. Participation in Electronic Funds Transfer will entail a weekly withdrawal from the retailer's bank account equal to the amount due the Commission. The retailer may determine the amount due by taking a weekly statement from the terminal. The retailer is responsible for any expenses related to participation in Electronic Funds Transfer.
  - m) be responsible for all instant tickets the Retailer is issued. Retailers are financially responsible even if the tickets are lost, stolen or destroyed.
  - n) settle fully sold lots (books or packs of tickets) prior to the scheduled visit by the sales representative of the Commission. A book of tickets is said to be settled when it is moved from Active status to Settled status and payment of the book becomes due to the Lottery.
- 2) In consideration of all services to be performed under this Agreement, the Commission agrees to:
- a) pay the Retailer the commission of 5%, (subject to adjustment based on statutory changes) for all valid sales of lottery tickets.
  - b) to pay the Lottery Retailer a 1% cashing commission on all prizes (up to and including \$599) paid by the Retailer; this cashing commission applies to instant scratch tickets, TriState Pick 3/Pick 4, and Fast Play games only.
  - c) provide a computer terminal and other equipment as described in Section 1(e) above to the Retailer at no installation cost and to provide training for the operation of same.
  - d) install required communications systems for the operation of terminals at no expense to the Retailer. The Retailer remains responsible for all costs associated with providing required wiring and electrical work for these terminals.
  - e) furnish ticket stock, bet slips, and other forms necessary to produce tickets from the sales terminals.
  - f) supply standard on-counter instant ticket dispensers, Point Of Sale and other publicity material plus other equipment to facilitate the sale of lottery products.

## New Hampshire Lottery Uniform Retailer Agreement

- g) provide routine terminal maintenance.

### SPECIAL PROVISIONS RELATING TO LOTTERY TICKET VENDING MACHINES

The following provisions are applicable to Retailers who are supplied with a Lottery Ticket Vending Machine (LTVM) at their premises:

- 1) The Retailer agrees to:
  - a) keep the LTVM at the physical premises described in their Application for a License.
  - b) ensure the physical security of the LTVM.
  - c) not move the LTVM; any move requires prior approval from the Commission and shall be made only by the Commission's designee with 14 days' notice.
  - d) not display or put any signage on the LTVM without prior approval from the Commission.
  - e) exercise due care in the operation of the LTVM.
  - f) not make any modifications to the LTVM.
  - g) immediately notify the Commission's online vendor of any malfunction by calling the vendor's toll-free telephone number displayed on the machine.
  - h) maintain a full inventory of tickets in the LTVM, and to re-supply ticket inventory as needed.
  - i) place the LTVM in a location within the premises that is approved by the Commission, which position shall be visible at all times by at least one employee of the Retailer.
  - j) supply a dedicated electrical outlet and required communication equipment (DLI, Ethernet).
  - k) allow the Commission's sales representative full access to the LTVM for the purpose of verifying ticket inventory and printing any necessary reports.
  - l) allow full access to the Commission's designees for periodic maintenance or repair of the LTVM.



## New Hampshire Lottery Uniform Retailer Agreement

- 2) In consideration of all services to be performed under this agreement, the Commission shall:
  - a) provide an LTVM to the Retailer at no cost.
  - b) furnish thermal paper for the printing of reports and tickets from the LTVM.
  - c) provide routine maintenance of the LTVM.
  - d) pay the Retailer the current commission for all valid sales of Lottery tickets, in accordance with prevailing practices.

### SPECIAL PROVISIONS RELATING TO KENO 603 LICENSES

The following provisions are applicable to Retailers possessing a license to operate Keno on their commercial premises. Keno Retailers are advised that they are also required to sell Lottery tickets as part of this license and that they must abide by the provisions in this Agreement relating to sale of Lottery tickets and operation of Lottery Ticket Vending Machines, if applicable:

- 1) The Retailer agrees to:
  - a) provide services for the Commission for the sale of Keno 603 tickets in accordance with instructions from the Commission as may be amended from time to time.
  - b) be financially responsible to the Commission for all revenues derived from the sale of Keno 603 tickets.
  - c) keep a separate accounting of money received from the sale of Keno 603 tickets.
  - d) prominently post point-of-sale and other promotional materials, including all terminal notices, supplied by the Commission.
  - e) keep the Keno 603 Equipment (including MicroLot, Keno 603 Terminal and dedicated monitor) at the physical premises described above.
  - f) exercise due care in the operation of the Lottery-supplied Keno 603 equipment, and to immediately notify the system vendor (who is responsible for the maintenance of all computer terminals and communications) of any malfunctions by calling its toll-free number.
  - g) ensure the physical security of the Keno 603 Equipment.

## New Hampshire Lottery Uniform Retailer Agreement

- h) locate the Keno 603 terminals within the Retailer's premises in a location acceptable to the Commission, and not move the terminal without obtaining pre-approval from the Commission; said move will be conducted only by the Lottery's system vendor with 14 days' notice.
- i) to have the Keno 603 terminal available and operational for the sale of Keno tickets and to redeem all Keno tickets during all hours and days that the Retailer's business is open.
- j) ensure that any individuals allowed to operate Keno at the Retailer's establishment:
  - (i) has not been convicted of a felony or class A misdemeanor within the previous 10 years which has not been annulled by a court, or
  - (ii) has not been convicted of a class B misdemeanor within the past 5 years which has not been annulled by the court, or
  - (iii) has not violated any of the statutes or rules governing charitable gaming in the past in this or any other state.
- k) provide all necessary required electrical outlets and wiring to support Keno 603 equipment.
- l) sell Keno 603 tickets only in the areas of the premises apportioned for distribution of alcoholic beverages, such as a cocktail lounge or other area separate from the dining room. It is the intent of the Commission that Keno 603 retailers operate in areas restricted to those under the age of 18.
- m) allow full access to the Commission's designees for periodic maintenance or repair of the Keno 603 Equipment.
- n) prominently display winning numbers following the drawing of each Keno 603 game.
- o) have available sufficient funds to instantly pay (either by cash or check) all claimed prizes up to and including \$599.00.
- p) participate in Electronic Funds Transfer (EFT) pertaining to payment of money due the Commission. Participation in Electronic Funds Transfer will entail a weekly withdrawal from the retailer's bank account equal to the amount due the Commission. The Retailer may determine the amount due by taking a weekly statement from the terminal. The retailer is responsible for any expenses related to participation in Electronic Funds Transfer.

New Hampshire Lottery Uniform Retailer Agreement

- 2) In consideration of all services to be performed under this agreement, the Commission shall:
- a) provide all necessary Keno equipment to the Retailer including communications systems for the operation of terminals at no expense to the Retailer. The Retailer remains responsible for all costs associated with providing required wiring and electrical work for these terminals. The Commission may take up to 30 days following completion of Retailer training to install this equipment.
  - b) provide routine maintenance of the Keno Equipment.
  - c) pay the Retailer the commission of 8%, (subject to adjustment based on statutory changes) for all valid sales of Keno 603 tickets.

Witnessed By:

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lottery Director

\_\_\_\_\_  
Date



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

## CRIMINAL RECORD RELEASE AUTHORIZATION FORM

### SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My below signature certifies I am the individual listed above and that the information provided is true.

**YOUR SIGNATURE:** \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

### SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

## ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NH LOTTERY

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
14 INTEGRA DR CONCORD NH 03301  
STREET CITY STATE ZIP CODE

**YOUR SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**NOTARY'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

\_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE \_\_\_\_\_

**NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH - Criminal Records.**