

MASSACHUSETTS STATE LOTTERY COMMISSION



LICENSE APPLICATION BOOKLET

Supporting the 351 Cities and Towns of Massachusetts

Deborah B. Goldberg
Treasurer and Receiver General

Michael R. Sweeney
Executive Director

LICENSE APPLICATION INFORMATION

Massachusetts State Lottery Commission (MSLC) licenses are issued subject to the requirements of 961 CMR 2.00-4.00.

No federal, state, county, or municipal employee or a member of the immediate families defined in Chapter 10, Section 27 of the Massachusetts General Laws, shall sell, or be issued a license to sell lottery tickets.

MSLC sales agent licenses are *not transferable*. If you have purchased or are in the process of buying a business establishment that is currently licensed to sell MSLC products, you will have to apply for a new license to sell MSLC products.

Our Licensing Department, which is located in our Braintree Office, processes all applications. If you have any questions, please call the Licensing Department at **781-849-5555 ext. 5739**.

FEES

Applicants

- There is a \$200 non-refundable application fee, regardless of the outcome of the application.

Agents

Once licensed by the Lottery, all agents are charged:

- A \$2.00 per diem service fee.
- A \$2.00 per diem bonding fee.

WEB-SITE

Additional Lottery information is located on our Website – www.masslottery.com

THE APPLICATION PROCESS

Stage I Document Review

- An MSLC representative will conduct a review of your application to ensure that all required documents have been completed and submitted.
- If the application is incomplete, it will be returned.
- If the application is complete, notification will be sent and the review process will continue.

Stage II Financial Review

- All **current owners, partners, LLC members, LLC managers or corporate officers listed on the application** are subject to a credit check by the MSLC.
- **Existing debt from a prior Lottery licensee at the proposed location will be considered during the approval process.**

Stage III Criminal History Investigation

- All **current owners, partners, LLC members, LLC managers or corporate officers listed on the application** are subject to a criminal history record background check. The MSLC Security Department will review the results of the criminal history investigation.

Stage IV Site Assessment

- A representative of the MSLC will conduct an assessment of your business location to measure its sales potential.
- Proposed agents of the MSLC must be a retail business. The business may not be established for the sole purpose of selling MSLC products.
- The word “Lottery” cannot be used in your business name.

Stage V Approval/Denial Notification

- If approved, notification will be sent with further instructions.
- If denied, notice by the Licensing Department will be sent by certified mail. Applicants may appeal a denial within 20 days of receiving said notice. If the applicant does not file an appeal in the specified time period, the application will expire.

BUSINESS STRUCTURES

Below is a list of the business structures licensed by the MSLC.

- Corporations
- Sole Proprietorships
- Limited Liability Companies
- Partnerships

All business entities must provide:

- Application
- W-9 Form (completed and signed)
- Verification of taxpayer identification number
- Photo ID (copy of valid license or passport)
- MSLC Personal Data Form(s)
- MSLC Release Authorization Form(s)
- Liquor License (if applying for KENO)
- Application fee

Each business structure must also provide additional documents. Please refer to the list below that applies to your business structure.

Corporation

- Articles of Organization*
- Certificate of Good Standing (original)*
- Each current officer of the corporation must complete an MSLC Personal Data Form and MSLC Release Authorization Form

Limited Liability Company (LLC)

- Certificate of LLC*
- Certificate of Good Standing (original)*
- Each current LLC manager or LLC member must complete an MSLC Personal Data Form and MSLC Release Authorization Form

Partnership

- Certificate of Partnership or Partnership Agreement
- DBA (doing business as) Certificate from the city or town where the business is located
- Each current partner must complete an MSLC Personal Data Form and MSLC Release Authorization Form

Sole Proprietorship

- DBA (doing business as) Certificate from the city or town where the business is located
- The sole proprietor must complete an MSLC Personal Data Form and MSLC Release Authorization Form

* These required documents ***must*** be obtained by contacting the Massachusetts Secretary of State's Office. You may call (617) 727-9640 or visit their web-site at www.state.ma.us/sec/cor for information and locations.

APPLICATION CHECKLIST

Before submitting your application the following items must be included:

- A completed application (pages 7-9)
- All required documents based on your business structure (page 5)
- A W-9 form completed and signed (page 11)
- Official verification from the IRS or DOR of your Taxpayer Identification Number
- MSLC Personal Data Form(s) completed and signed by all required parties (page 13)
- MSLC Release Authorization Form(s) completed and signed by all required parties (page 14)
- Photo identification for all required parties (photo copy of valid license or passport is acceptable)
- A \$200 non-refundable check made payable to the MSLC. Do not send cash.

If your application does not include all of the items listed above, it will be considered incomplete and returned.

All applications must be mailed to:

Massachusetts State Lottery Commission
Licensing Department
60 Columbian Street
Braintree, MA 02184





Massachusetts State Lottery Commission

AGENT APPLICATION

Licensing Department
60 Columbian Street
Braintree, MA 02184
(781) 849-5555 ext. 5739



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Please print clearly in ink

Please check the box that applies to your application:

- Checkboxes for New Applicant, Change in Business Structure, New Applicant at Existing MSLC location, Current Name, Current Agent #

Note: No federal, state, county or municipal employee or a member of the immediate family, as defined in Chapter 10, Section 27 of the Massachusetts General Laws, shall sell, or be issued a license to sell Lottery tickets.

BUSINESS STRUCTURE - Please check the box that applies to your business

- Checkboxes for Sole Proprietorship, Partnership, Limited Liability Company, Corporation

Business Structure Name _____

TAXPAYER IDENTIFICATION NUMBER (TIN) FOR BUSINESS STRUCTURE

Taxpayer Identification Number (TIN) [Grid of 9 boxes]

Official verification from the Internal Revenue Service or Department of Revenue of your Taxpayer Identification Number is required and must be attached to the completed W-9 form enclosed in this application booklet.

BUSINESS LOCATION INFORMATION

DBA Name (Doing BusinessAs) _____

Street Address _____

City/Town _____ Zip Code _____ - _____

Business Phone (____) _____ - _____ Fax Number (____) _____ - _____



TYPE OF BUSINESS

- 01 Food Supermarket
- 02 Convenience Store
- 03 Drug Store
- 04 Bar/Tavern/Lounge
- 05 Restaurant/No Liquor
- 06 Restaurant/Liquor
- 10 Coffee Shop
- 11 Liquor Store
- 12 Gas Station/Conv.
- 14 Hardware Store
- 15 Bowling Alley/Pool Hall
- 16 Club/Fraternal Org.
- 23 Newsstand
- 24 Video Store
- 25 Other Retail Business (Specify) _____

KENO & PULL-TAB APPLICANTS

Only establishments with a liquor-pouring license can apply to sell Keno and/or Pull-Tab products.

Are you applying for a Keno license? Yes No

Are you applying for a Pull-Tab license? Yes No

If yes, a copy of your liquor-pouring license from your city/town is required.

LANDLORD INFORMATION

List the information requested below pertaining to the owner of the business location.

Name _____

Business Address _____

City/Town _____ State _____ Zip Code _____

Phone Number (____) _____-_____

CURRENT OWNERS, PARTNERS, LLC MEMBERS, LLC MANAGERS OR CORPORATE OFFICERS

List the names of all current owners, partners, LLC members, LLC managers or corporate officers of the business structure. *Each individual listed below must submit an MSLC Personal Data Form and MSLC Release Authorization Form, which is enclosed in this application booklet. Copies may be made if necessary.*

| | <u>First Name</u> | <u>Last Name</u> | <u>Title</u> |
|----|-------------------|------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |



AUTHORIZED SIGNATURE

I hereby certify that I am duly authorized to execute this application on behalf of

Business Structure Name (list individual name if you are a sole proprietor)

Doing Business As (if different from above)

and that I have examined this application and to the best of my knowledge and belief the information contained herein is accurate and pursuant to Massachusetts General Laws Ch. 62C, Sec 49A. I also certify under the penalties of perjury that all Massachusetts tax returns have been filed and any amount due and payable has been paid.

Print the name of the authorized owner, partner, LLC member, LLC manager or corporate officer completing this application.

Name

Title

Signature of the authorized owner, partner, LLC member, LLC manager or corporate officer completing this application.

Signature

Date

APPLICATION FEE

Please attach a check in the amount of \$200 for the application fee. Please note that this fee is non-refundable, regardless of the outcome of this application. Checks must be made payable to the MSLC. Please do not send cash.

The MSLC must be notified of any changes regarding this application.



Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

| | |
|---|---|
| Name (as shown on your income tax return) | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | |
| <input type="checkbox"/> Exempt from backup withholding | |
| Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | |
| 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|--|---|--|---|--|--|--|--|
| Social security number | | | | | | | | |
| | | | | | | | | |
| | | + | | + | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| | | | | | | | | |
| | | + | | | | | | |

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. person (including a U.S. resident alien).

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 on page 4.)

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

Please attach official verification of your Taxpayer Identification Number (TIN) from the Internal Revenue Service (IRS) or Department of Revenue (DOR) to this form. A copy of your social security card is acceptable if your TIN is your social security number.



MSLC PERSONAL DATA FORM

Each current owner, partner, LLC member, LLC manager or corporate officer of the business must complete and sign a personal data form. (Copies may be made if necessary)

Business Structure Name _____

Doing Business As (if different from above) _____ City/Town _____

PLEASE PRINT CLEARLY IN INK

Last Name First Middle Initial Maiden Name

____/____/____
Date of Birth

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Social Security Number

Sex

Home Address City State Zip Code

____-____-____
Home Telephone Cell Phone E-Mail Address

Business Title

1. I have held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation (attach separate sheet if necessary):

Store Name Address Agent Number

2. Are you a federal, state, county, or municipal employee? Yes No
If yes, please list employer

Employer

3. Is anyone in your immediate family as defined in Chapter 10, Section 27 of the Massachusetts General Laws, a federal, state, county, or municipal employee? Yes No
If yes, please list name(s), relationship, and employer (attach separate sheet if necessary)

Name Relationship to applicant Employer

I have examined this information and verify it is complete and contains no misrepresentations or false statements.

Print Name

Signature

____/____/____
Date

Please complete both sides of this form.



MSLC RELEASE AUTHORIZATION FORM

Each current owner, partner, LLC member, LLC manager or corporate officer of the business must complete and sign a release authorization form. (Copies may be made if necessary)

Business Structure Name _____

Doing Business As (if different from above) _____ City/Town _____

As a condition of licensing and renewing of a license, all applicants must consent to and authorize a verification of the background information submitted on an application for a license to sell Massachusetts State Lottery Commission (hereinafter MSLC) products. This Release Authorization specifically acknowledges that the MSLC may now or at any time while licensed, conduct verifications including, but not limited to, credit history and any criminal record information which may be contained in the files of any federal, state or municipal criminal justice agency and other information deemed necessary to assure that all licensing requirements are met. The results of this verification process will be used to determine licensing eligibility under MSLC licensing policies. All results are proprietary and will be kept confidential.

I have read and understand this MSLC Release Authorization Form and I hereby authorize the MSLC or its duly authorized agent for the MSLC, to contact federal, state and municipal agencies, law enforcement agencies, persons or others to provide information. I also hereby specifically release the MSLC, or agents legally engaged by the MSLC, from any liability and responsibility arising from their doing so. This research may be performed for information dating back a maximum of ten (10) years.

I also hereby give my specific permission, as a condition of licensing for the release of all appropriate background information regarding my credit history (consistent with the Federal Fair Credit Reporting Act), criminal record history, or other sources of information which are permissible by governing laws.

I, the undersigned, do hereby certify that the information I have provided for the purpose of obtaining a license is true, accurate, factual and complete to the best of my knowledge. I understand that any false statement may be considered cause for denial, revocation and/or termination of an MSLC sales agent license. **I fully understand the terms of this release.**

Print Name

Signature

____ / ____ / ____
Date

Please consult an attorney if you do not understand the terms and conditions contained herein.



Please complete both sides of this form.

