



Lottery Retailer Name/Address Change Notification

WISCONSIN LOTTERY
 PO Box 8941
 Madison, WI 53708-8941
 Phone: (608) 267-4804
 Fax: (608) 264-6644
 wilottery.com

Retailer Name: _____ Retailer Number: _____

Check and complete applicable change requests:

<input type="checkbox"/>	Name Change
1. Previous Retailer Name	
2. New Retailer Name	
Note: You must provide a new W-9 form if you are changing the name of the retail location.	

<input type="checkbox"/>	Address Change			
Address Type(s) <i>(select all that apply)</i> : <input type="checkbox"/> Physical <input type="checkbox"/> Shipping <input type="checkbox"/> Mailing <input type="checkbox"/> Billing				
1. Previous Address				
2. City			3. State	4. Zip Code
5. New Address				
6. City			7. State	8. Zip Code

Acknowledgment	
<p>I hereby certify that only the name and/or address of the Lottery retailer location has changed. I further certify that there has been no change in officers, directors, owners or partners of the corporation, association, partnership, or sole proprietorship, and that there has been no change in the business structure. The remaining information submitted on the retailer application is still true and correct.</p> <p>I understand that if there are different officers, directors, owners or partners of the corporation, association, partnership, or sole proprietorship, I must notify the Wisconsin Lottery within 15 days. I also understand that if the structure of the business changes, e.g. sole proprietorship to corporation, a new application must be filed.</p> <p>I understand that by signing this form, my Retailer Contract is amended to reflect the above name and/or address change.</p> <p>I also understand I must submit a new W-9 Form if I am submitting this form to change the name of my business.</p>	
Name and Title of Individual Authorized to Bind Retailer	
Signature of Individual Authorized to Bind Retailer	Date