



Application Packet Instructions

NOTE: If you have an active existing location under the same business FEIN, complete form WL-364, Application to Add Location to Existing Retailer Contract

WISCONSIN LOTTERY
2135 Rimrock Road
PO Box 8941
Madison, WI 53708-8941
(608) 267-4804
FAX (608) 264-6644

If you are applying for a non-profit organization, complete form WL-265 (instruction), Application for a Temporary Retail Contract by a Non-profit Organization.

To avoid delay in processing your application, please make certain that all forms are complete and signed where required or the application will be returned to you. The forms that must be submitted include:

REQUIRED FORMS

- Lottery Retailer Original Application Form (WL-165), signed by owner.
- Personal Data Form(s) (WL-266), completed and signed by the appropriate individual(s).
- Electronic Funds Transfer (EFT) Authorization (WL-221), signed by owner.
- Certification Form (WL-361), signed by owner.
- W-9 Taxpayer Identification Number (TIN) Verification Form, by owner.

LOTTERY RETAILER CONTRACT APPLICATION FORM

(Please type or neatly print the information required.)

1. Lottery Products sold here. If possible provide Retailer ID#.
2. Is a Lottery terminal installed at the location? Check the appropriate box.
3. Business or Organization Name.
4. Doing Business as, DBA name.
5. Provide an email address for communication. This is not a required field but is recommended.
6. Business Street Address.
7. Provide a business phone number if known.
8. - 10. City, Zip, and County business located..
11. Contact Person. Indicate the person who will be the primary contact (i.e. owner, store manager, head cashier) with the Lottery and who will be available at the business.
12. Contact Phone Number. The telephone number of the contact person at the business location.
13. Owner Name. This individual should be the primary owner of the business and the person completing and signing the form. In the case of multiple owners or an organization governed by a board, this should be the person assuming the responsibility for Lottery transactions. List this person first in Section 22 to 24, below.
14. The daytime phone # of the owner or chain headquarters.
15. Mailing Address. COMPLETE ONLY IF DIFFERENT THAN THE ADDRESS ABOVE. If the store has a post office box, for example, list here. Mailings, including legal notices, will be sent to the mailing address.
16. Sellers Permit Number. Your Wisconsin Seller's Permit Number issued by the Wisconsin Department of Revenue.
17. Unemployment Compensation Fund Number. This is your state number issued by the Department of Workforce Development (DWD). If your business has employees other than the owners themselves and their family, you probably pay into this fund.
18. - 20. City, state and zip code of mailing address referenced in Section 15.

21. Federal Employer Identification Number. The number utilized in payment of social security taxes or other federal taxes, also commonly known as a Federal Tax number. If your business has employees or sells alcohol, you should have an FEI number. The number can be found on a Federal Tax Stamp as well as on employee withholding forms and various other tax related documents. This number should contain nine digits.
22. Type of Business. Check ONLY ONE BOX that most accurately describes your business. If none of the descriptions are accurate, mark OTHER and describe your business. Organizations should check the box marked, OTHER.
23. Type of Ownership. Mark the box that most accurately describes your business organization.
24. Owner.
 - If business is a sole proprietorship (one owner), the business' legal owner must be listed in this section.
 - If business is a corporation, ALL officers (president, vice president, secretary and treasurer) OR ALL directors of the corporation must be listed. In addition, all persons having a 5% OR MORE interest in the business must be listed.
 - If business is an association, each officer AND director of the association must be listed.
 - If business is a partnership, each partner in the partnership must be listed.
 - If business is a Limited Liability Company (LLC), all owners, partners or officers of the LLC must be listed.
 - Attach a separate page if more than three.
25. You MUST check "yes" or "no" for each of the questions listed.

The owner must sign and date the application.

PERSONAL DATA FORM

Section 22 to Section 24 of the application. If more are required, please copy the form rather than requesting additional copies. Since a credit check is required, if the retailer is a sole proprietor or partnership, Wisconsin law requires the signature of the individual's spouse to authorize the credit check. Make certain each form is filled out completely and signed.

ELECTRONIC FUNDS TRANSFER FORM

Lottery retailers will be required to pay for lottery tickets via Electronic Funds Transfer (EFT). After completing the form attach a VOIDED check or deposit slip from the account identified.

CERTIFICATION FORM

Fill in the name of your business and the name of the owner. The owner should sign the form.

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM

Complete the enclosed W-9 to certify that the SSN or FEIN you are providing is correct.

FEES

A \$75 nonrefundable fee is required for this application. Payment may be made by electronic fund transfer to the account identified on this application or by check. Checks must accompany this application or be mailed to: Wisconsin Lottery, Retail Contracting, PO Box 8941, Madison, WI, 53708-8941. Your application will not be fully processed prior to our performing the electronic transfer or our receipt of a check for this fee.

When application is approved, a \$25 Certificate of Authority fee will be collected through your Lottery Electronic Funds Transfer account. Do not include the \$25 fee with your application.

QUESTIONS

Questions regarding the application process may be directed to Retailer Contracting at 1-608-267-4804.



Lottery Retailer Original Application

Apply electronically: wilottery.com; click For Retailers, eApplication

WISCONSIN LOTTERY
 2135 Rimrock Road
 PO Box 8941
 Madison, WI 53708-8941
 (608) 267-4804
 FAX (608) 264-6644

A \$75 nonrefundable fee is required for this application. Payment may be made by electronic fund transfer to the account identified on this application or by check. Checks must accompany this application or be mailed. Your application will not be fully processed prior to our performing the electronic fund transfer or our receipt of a check for this fee.

Note: Do not use this application if either of the two bulleted items listed below pertain to you:

- you have an active existing location under the same business FEIN, complete [form WL-365](#), Application to Add Location to Existing Retailer Contract
- you are applying for a non-profit organization, complete [form WL-265 \(instruction\)](#), Application for a Temporary Retail Contract by a Non-profit Organization

1. Were Lottery products sold at the location by a previous owner? Yes No Unknown

2. If yes, is there a Lottery terminal installed? Yes No Unknown

*Required Field

3. Business or Organization Name*		4. Doing Business as, DBA Name		5. Email (recommended)	
6. Business Street Address*				7. Business Phone	
8. City*			9. Zip Code*		10. County Name*
11. Contact Name*				12. Contact Phone*	
13. Owner Name*				14. Owner Phone*	
15. Mailing Address (if different from street address)*			16. Seller's Permit*		17. Unemployment Comp
18. City		19. State	20. Zip Code		21. FEI Number*

22. TYPE OF BUSINESS*

<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Convenience Store with Gas	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Tavern/Bar
<input type="checkbox"/> Convenience Store no Gas	<input type="checkbox"/> Pharmacy/Drug Store	<input type="checkbox"/> Tobacco Store
<input type="checkbox"/> Discount Department Store	<input type="checkbox"/> Other (describe) _____	

23. TYPE OF OWNERSHIP (check one)*

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Nonprofit Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Corporation for Profit	<input type="checkbox"/> Other (describe) _____

24. Owners must be listed (**Corporations** list names and titles of all officers AND any persons owning 5% or more interest in the business; Sole proprietors list the sole proprietor; **Partnerships** list all partners in the partnership; **Limited Liability Companies** (LLC) list all members; and Associations list officers AND directors.) *Attach additional sheets if necessary.**

Name	Social Security Number
Name	Social Security Number
Name	Social Security Number

25. Has this business / organization or prior listed individuals:*
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| • been finally adjudged delinquent on payments of taxes or contributions to funds administered by the Wisconsin Department of Workforce Development, and any such payments or contributions remain delinquent? | <input type="checkbox"/> | <input type="checkbox"/> |
| • been convicted of, or entered a plea of guilty or no contest to a felony, any gambling related offense, fraud or misrepresentation in any connection, or violation of the State Lottery statute (ch. 565, Stats.) or a rule of the Wisconsin Lottery within the last 10 years, and not been pardoned? | <input type="checkbox"/> | <input type="checkbox"/> |
| • ever held or applied for or presently hold a gambling or lottery contract or license in Wisconsin or any other state? . . . | <input type="checkbox"/> | <input type="checkbox"/> |

Signature*	Title*	Date*
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LOTTERY USE ONLY						
Date Received	Control No.	Check Number	DWD Pass	CIB Check	Revenue Pass	Credit Check



Personal Data Form

Submit a Personal Data Form (WL-266) for each individual listed on the retailer contract application or new officer on renewal.

- Please print or type.
- Attach additional sheets if necessary.

WISCONSIN LOTTERY
 2135 Rimrock Road
 PO Box 8941
 Madison, WI 53708-8941
 (608) 267-4804
 FAX (608) 264-6644

Business Name _____

***Required Field**

1. Individual's Full Name*		Social Security Number*	Date of Birth* / /
Home Street Address*		City*	Zip Code*
Personal Phone Number*		Email	Business Phone Number
2. Individual's Relationship to Business* <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Principal <input type="checkbox"/> Stockholder (5% or more)			
3. If Partnership, what type?*		If Partnership, what % owned?*	If Stockholder, what % owned?*
<input type="checkbox"/> Limited <input type="checkbox"/> General			

4. Have you been convicted of, or entered a plea of guilty or no contest to a felony, any gambling-related offense, fraud or misrepresentation in any connection or a violation of any provision of the Lottery Statute (Ch. 565, Stats.) or a rule of the Wisconsin Lottery, within the last 10 years and not been pardoned?* Yes No

INFORMATION IN #5 IS REQUIRED FOR SOLE PROPRIETORS AND PARTNERS IN PARTNERSHIP

5. Individual's Spouse's Name	Social Security Number	Date of Birth / /
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5a. Are you an employee of the Wisconsin Lottery?* Yes No

5b. Is any relative living with you an employee of the Wisconsin Lottery?* Yes No

NOTE: Relative means spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, or stepparent.

DISCLOSURE STATEMENT: (READ CAREFULLY)

I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact or material omission on the application. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any lottery contract issued. I authorize the WISCONSIN LOTTERY to investigate any or all matters set forth in this "personal data form" may be requested of me in regard to this investigation, and I waive any other individual or agency disclosing or releasing such information to Lottery.

Type or Print Name	Title
Signature	Date

NOTE: IF YOU ARE MARRIED AND SOLE PROPRIETOR OR PARTNER IN A PARTNERSHIP, WISCONSIN LAW REQUIRES AUTHORIZATION BY YOUR SPOUSE TO COMPLETE A CREDIT INVESTIGATION.

I understand that any obligation incurred by my spouse in contracting with the Wisconsin Lottery is an obligation incurred in the interest of the marriage or family.

I further understand that any such obligation may be satisfied from our marital property and all property of the incurring spouse.

I authorize the Wisconsin Lottery to investigate our financial records and financial sources, as is necessary, in the course of the Lottery's credit check of my spouse. If my spouse is selected to contract with the Wisconsin Lottery, I hereby waive any right I might have to a written notice describing the nature of the credit extended to my spouse by the Wisconsin Lottery.

Type or Print Name	Title
Signature	Date

*** Federal Privacy Act Notice:** Completion of this form is required pursuant to s. 565.10, Wis. Stats. The authority for requesting and using your social security number is s. 565.10, Wis. Stats. The social security number is voluntary. Failure to complete the form may delay processing the application for a Lottery Retailer Contract to which this Personal Data Form will be attached. From information including social security number will be used to investigate eligibility or continuing eligibility for a Wisconsin Lottery Retailer Contract, and may be disclosed to federal, state and local law enforcement agencies, and federal and state tax authorities.



Lottery Retailer Electronic Funds Transfer (EFT) Authorization

WISCONSIN LOTTERY
 2135 Rimrock Road
 PO Box 8941
 Madison, WI 53708-8941
 Phone: 1-800-242-7782
 Fax: (608) 264-6644

Lottery Retailer Name: _____ Retailer Number: _____
 (Retailer number is blank for new applicant)

I hereby authorize the Wisconsin Lottery to initiate debit / credit entries to the business's designated account as listed below. The Financial Institution has been notified that this account will be subject to EFT transaction.

(check one)

Checking account Savings account

Name of Financial Institution _____

City _____ State _____ Zip _____

Account Number _____ Routing Number _____

Effective Date _____

(check one)

- The entire amount of my Lottery direct deposit payment **IS NOT** deposited to a financial institution outside the U.S.
- The entire amount of my Lottery direct deposit payment **IS** ultimately deposited to a financial institution outside the U.S.

This authority is to remain in full force and effect until the Lottery and Financial Institution have received written notification from the business of its termination in such time and in such manner as to afford the Lottery and the Financial Institution a reasonable time to act on it.

Mark the box below that identifies your preferred payment method of \$75 nonrefundable fee.

- I authorize the Wisconsin Lottery to make an electronic fund transfer from my bank account listed on this application for the application fee.
- I will mail a check for the application fee to the Wisconsin Lottery, 2135 Rimrock Rd, PO Box 8941, Madison, WI 53708 or have enclosed a check and understand the application will not be fully processed until the check is received by the Wisconsin Lottery.

Type or Print Name	Title
Signature	Date

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT HERE



Certification Form Application for Lottery Retailer Contract

WISCONSIN LOTTERY 2135 Rimrock Road PO Box 8941 Madison, WI 53708-8941 (608) 267-4804 FAX (608) 264-6644
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Retailer Name: _____

I hereby certify that all information contained in this application and attached forms is true and complete. I understand that no person may intentionally make a false statement or material omission in any disclosure statement required to obtain, retain or renew a Lottery Certificate of Authority. I understand that any person found in violation can be fined not more than \$10,000 or imprisoned for not more than 9 months, or both. I authorize the State of Wisconsin to investigate the financial records, financial sources, criminal history and other matters necessary for obtaining a contract to sell lottery products. By my signature, I certify that I have read and comply with these conditions.

Name: _____

Title: _____

Phone Number: _____ Email: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.