



Dear Applicant:

Thank you for your interest in becoming a CT Lottery Retailer. The Lottery's growth continues with the successful participation of our retailers. You will be joining a large team of winners.

The Lottery is the fourth-oldest lottery in the United States. We are proud of the contributions we make to the State of Connecticut and of our partnership with our retailer team. In fact, since the Lottery's start in February 1972 the Lottery has generated sales exceeding \$33 billion, has awarded more than \$20 billion in prizes, has paid more than \$1.8 billion in commissions to retailers, and has transferred more than \$10.6 billion to the state's General Fund.

The attached package of information includes the following documents:

- Application
- "Lottery Application Instructions and Procedures"
- Several required forms

Please read and complete all the attachments carefully so that we may consider your request to become a Lottery retailer. Incomplete information may result in delays or may require further documentation.

For more information, or answers to any questions, please contact our Licensing Department at 1-800-842-5688 and press 3.

We are committed to making the experience of our Lottery Retailers as convenient and rewarding as possible, and we look forward to receiving your application.

Sincerely,

Gregory Smith

Gregory Smith
President and CEO

Attachments

Rev: Sept. 2023



CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

BRYAN T. CAFFERELLI | COMMISSIONER

Dear Applicant:

Section 12-568a of the Connecticut General Statutes charges the Department of Consumer Protection (DCP) with the responsibility to assure the integrity of the Connecticut Lottery, which includes the licensing of lottery sales agents (retailers). The enclosed packet contains all necessary forms and instructions on how to become a lottery sales agent. You must complete and submit all forms to the Connecticut Lottery Corporation (CLC). Once the CLC has approved your location, the application shall be forwarded to the Department of Consumer Protection for criminal and financial checks, and license suitability determination.

In addition to the material required in the packet, it is also required that all individuals listed on the application, including the Person in Charge (PIC), must be photographed. *Large corporate chains are exempt from the photo requirement* for corporate officers, but the PIC must submit a photo. Large corporate chains are “Key Accounts”/chains as determined by the CLC.

There are two options available for meeting the photograph requirement.

1. (PREFERRED METHOD for Connecticut residents) Each individual required to be photographed may authorize the Department of Consumer Protection to obtain a photograph from the Connecticut Department of Motor Vehicles, if such individual possesses a current valid Connecticut Driver’s License or Connecticut ID card. Attached is the necessary authorization form for this option. If you are a Connecticut resident and do not possess a current valid Connecticut Driver’s license or Connecticut ID card, you are encouraged to obtain such in order to expedite this lottery photo requirement. Note that new Connecticut residents are required to transfer their out-of-state license to Connecticut within thirty (30) days of establishing residency in Connecticut; or
2. Each individual required to be photographed may submit a **COLOR PASSPORT PHOTOGRAPH**. Be sure to indicate the individual’s name on the back of the photograph.

450 Columbus Boulevard, Suite 901 Hartford, CT 06103 | (860) 713-6100

www.ct.gov/DCP | @ctdcp

The Department of Consumer Protection is an Affirmative Action/Equal Employment Opportunity Employer

A new photograph shall be required every three (3) years. This will be done through the renewal process. Note: All Lottery Sales Agent licenses expire annually on March 31.

Renewal notifications are mailed by January 1 and failure to renew prior to expiration may result in suspension of lottery sales and/or imposition of a fine.

When completing the actual application, please pay particular attention to the identification of the Person in Charge (PIC). If you, as the licensee, will not be directly involved in the sale or exchange of lottery tickets or funds, you must notify the DCP and the CLC of a designated employee who shall be the Person in Charge (PIC) responsible for managing the lottery business. Such Person in Charge (PIC) will be subject to the approval of the DCP. Additionally, once licensed, you are required to make **timely** notification of any change to the Person in Charge (PIC). The time period is fifteen (15) days per the Department of Consumer Protection, Administrative Regulations for the Operation of the State Lottery, Section 12-568a-10(b). Failure to notify the DCP of a change in the PIC may result in an administrative hearing and the imposition of a fine.

Notwithstanding the preceding, Section 12-568a-10(c) of the administrative regulations provides that the licensed agent is responsible **for all actions** of its employees, including the PIC.

The CLC shall be your primary contact regarding the application process and also for any issues once licensed; however, if you have any further questions, please feel free to contact the Department of Consumer Protection's License Services Division at (860) 713-6000.

Sincerely,



Bryan Cafferelli
Commissioner

LOTTERY APPLICATION INSTRUCTIONS AND PROCEDURES

The following information is provided to help clarify and expedite the Connecticut Lottery Corporation (CLC) retailer application process, which involves determinations by both the CLC and the Department of Consumer Protection (DCP).

Please see the enclosed Application Checklist. The appropriate person(s) must completely fill out and sign all forms. If required information is missing, your application will be considered incomplete and returned to you. Please allow a minimum of 4 weeks to complete all steps necessary to process your application.

Upon receiving the completed application package, the CLC will perform marketing and credit evaluations. If preliminarily approved, the CLC will forward the application to the DCP for a thorough criminal background and tax check. There is absolutely **no guarantee** that the CLC will forward your application to the DCP or that the DCP will grant you a license to sell lottery tickets. The process involves:

- **Marketing and Sales Survey:** an in-depth analysis of the business location, type and style, as well as an assessment of the public convenience and the best interests of the CLC.
- **Criminal Check:** background checks of the applicant, owner and/or business principals, etc.
- **State/Local Tax Check:** an investigation into the status of state and local tax payments.
- **Credit Check:** the credit worthiness and financial status of the applicant.

Upon DCP approval and as the CLC instructs, you will need to open a **SPECIAL DEDICATED LOTTERY BANK ACCOUNT** for lottery monies. If a lottery terminal is not currently operating at your location, you will be required, at your sole cost and expense, to install a **DEDICATED ELECTRICAL OUTLET**. After you install the dedicated outlet and the CLC receives the required electrical compliance form, the CLC will schedule your **MANDATORY TRAINING**.

Once you are a licensed Lottery retailer, you must abide by the CLC's policies and procedures and by the DCP's regulations. Your responsibilities will include, but not be limited to:

- **Selling the entire product line and maintaining minimum sales.**
- **Redeeming all winning Lottery tickets up to \$599.**
- **Meeting your financial obligations timely and fully.** You must place all net proceeds from the sale of lottery tickets into the CLC-approved designated lottery bank account. You must maintain sufficient funds for the weekly sweep. You will be charged a fee for any non-sufficient funds (NSF). If you have subsequent NSF occurrences within a one-year time frame, the CLC will require you to provide performance security for the third NSF, impose a 21-day suspension for the fourth NSF, and cancel your Lottery contract for the fifth NSF.
- **Prohibiting Lottery ticket sales to minors.** Lottery tickets cannot be sold to or purchased by anyone under the age of 18 years. Minors also cannot redeem/cash Lottery tickets.
- **Accepting cash (paper currency and coin), certified bank checks, traveler's checks, money orders, prepaid gift cards, prepaid gas cards and debit cards as legal tender for the purchase of lottery tickets. The CLC strictly prohibits retailers from extending credit to their lottery customers for the purchase of lottery tickets.**
- **Providing Lottery services during all business hours.** You cannot confine the sale or redemption/cashing of lottery tickets during the day or week. You must sell and redeem/cash lottery tickets during your regular business hours and while the gaming system is operational.
- **Providing space and care for the terminal, its components and the data communication equipment.** This equipment is the exclusive property of the CLC's gaming system vendor. Accordingly, you must not abuse, deface, misuse, move, change, replace or tamper with it. You must exercise due diligence in operating the terminal and must notify the gaming system vendor immediately of any incident involving terminal and/or system failure. You must also keep the equipment plugged in and running 24-hours every day of the year. You alone are responsible for the costs for damages incurred as a result of retailer abuse or misuse. If you wish to change the

location of your terminal within your business, you must first make a request to the CLC's Retailer Services Department (1-800-842-5688, then, press 2).

- ***Providing a dedicated electrical outlet for the terminal and its components with no other electrical items plugged into the same outlet.***
- ***Providing an operational telephone within easy access to the terminal.***
- ***Promoting the Lottery with point-of-sale and advertising materials.***
- ***Attending training sessions.*** You must ensure that your present and future employees always are properly trained in lottery operations, regardless of whether you have a new or existing business.
- ***Notifying CLC of any changes in the business operation or ownership. Lottery licenses are not transferable.***
- ***Renewing your Lottery license.*** You must renew your retailer license each year after the DCP initially grants it to you. If you fail to file your renewal by the March 31st expiration date, your Lottery sales will be suspended.
- ***Being courteous, cooperative and helpful to all Lottery customers.***

Please keep these instructions for your records.

Our address is Connecticut Lottery Corporation, Retailer Services, 15 Sterling Drive, Wallingford, CT 06492. If you have any questions, please contact the licensing department at 800-842-5688, press 3, Monday through Friday, 8:00 a.m. to 4:30 p.m.

APPLICATION CHECKLIST

Before submitting an application, please make sure each of the following tasks/forms is completed or included:

- The business must be registered with the CT Secretary of State if it is an LLC, LLP or corporation.
- The 2 page Application for Lottery Sales Agent (Application) must be completed and signed.
- The Retailer Contract must be completed.
 - Please check the retailer type of ownership.
 - Verify that the type of ownership is the same as what is listed in response to #1 of the Application.
 - If the type of ownership is other than an individual/sole proprietorship, the name on the contract ("Corporate Name (if applicable)") must match the name provided in response to #3 of the Application.
- W-9 with taxpayer ID number.
 - Please use the address where the 1099 will be mailed.
 - Please use the same tax ID as provided in response to #2 on the Application.
 - The name field needs to match the name that is associated with the tax ID.
 - Please be sure to sign the W-9.
- Tax Certification Form completed and signed by both the applicant and the Tax Collector.

For each owner or officer listed in #11 on the Application, the following forms are needed (make additional copies if necessary):

- Individual Guarantee of Lottery Sales Agent.
- Authorization for Release of Personal History.
- Authorization to Obtain Consumer Credit Report(s).
- Connecticut Department of Motor Vehicles Photo Release Form (if the individual has a CT license) or 2 passport photos if he/she does not.
- Copy of photo ID (acceptable forms of ID are a driver's license, passport or resident card).

If there is a PIC listed in #11a on the Application, the following forms are also needed:

- Authorization for Release of Personal History.
- Connecticut Department of Motor Vehicles Photo Release Form (if the individual has a CT license) or 2 Passport Photos if he/she does not.
- Copy of photo ID.

If you have the following documents at time of application submission, please provide a copy as well.

- Letter of closing or bill of sale if the business is being transferred.
- Business-lease.
 - If there is a co-signer or guarantor of the business lease, that person must be added to the Application's #11, "Names and address of Owners or Officers," and must provide all the same forms as an owner or officer, or be removed from the lease.

If you would like to grant a third party permission to act on your behalf regarding the application, then please provide the CLC with a letter signed by you stating that the person is authorized to act on your behalf, and include the person's name, contact information, and the retailer location.



Application for Lottery Sales Agent

INSTRUCTIONS

Important: Please see “Conditions for Licensing” on the reverse side of this page.

General Instructions: In order to insure prompt processing of your application,

1. Type or print clearly in ink.
2. Complete all information requested.
3. Everyone listed on the application, including the Person in Charge (PIC), must complete an Authorization for Release of Personal History.
4. In addition, all Owners and Officers must complete an Individual Guarantee Lottery Sales Agent.
5. Send the completed application to the **Connecticut Lottery Corporation, Licensing Department, 15 Sterling Drive, Wallingford, CT 06492.**

BUSINESS INFORMATION

1. Check the appropriate box to indicate type of ownership.
2. If the Type of Ownership is marked as Individual in #1 above and no Federal Employer’s Identification Number (FEIN) is available, enter your Social Security Number, otherwise an FEIN is mandatory.
3. Name (as shown on your income tax return).
4. Business email address.
5. Store Name (Location where Lottery Tickets will be sold).
6. Provide the complete Store address (no. & street, city or town, state, zip).
7. Provide a mailing address, if different from the business address.
8. Store Phone Number (including area code).
9. Connecticut Tax Registration Number.
10. Liquor Permit Number (if applicable).
11. Names and addresses of Owners or Officers (Type or Print Clearly). If individual proprietorship or partnership, enter data for Owner(s). If corporation or association, enter data for principal officers. If LLC, enter data for members. If chain, also enter data for Branch Manager.
- 11a. Name of Person in Charge (PIC) - **MANDATORY**. In the event of an absentee owner, or a branch location of a chain operation, the Person in Charge (PIC) of the location (i.e., branch or store manager) must be listed in this section.
12. Circle the category that best describes the Nature of Business.
13. Name of Chain (if applicable).
14. Enter the hours the business is open.
15. The names supplied as references should be familiar with your business. Preferably, they should be major suppliers and in a position to comment on your credit rating.
16. If the answer is YES, a complete explanation, including the date(s), location(s) and circumstances, of the incident(s) must be provided on an attachment.
17. If the answer is YES, a complete explanation, including the date(s), location(s) and circumstances, of the incident(s) must be provided on an attachment.
18. If the answer is YES, a complete explanation, including the date(s), location(s) and circumstances, of the incident(s) must be provided on an attachment.
19. If you are presently or were a licensed Agent (Retailer) at other locations, provide full details. If necessary, attach an additional sheet with all information required per the application section.
20. The completed application must be signed by an Owner, Officer or LLC member.

REMINDER: Submit the completed application to the Connecticut Lottery Corporation, Licensing Department, 15 Sterling Drive, Wallingford, CT 06492



State of Connecticut, Department of Consumer Protection
Application for Lottery Sales Agent

LSA-1I Rev. 9/23

READ CAREFULLY

READ CAREFULLY

CONDITIONS FOR LICENSING

1. Licenses for Lottery Sales Agents (Retailers) are issued at the discretion of Department of Consumer Protection (DCP). Licenses will be granted on the basis of:
 - a. The financial responsibility of the applicant. In this connection, the DCP and/or the Connecticut Lottery Corporation (CLC) may conduct an investigation into the credit worthiness of the applicant as it relates to the integrity of the applicant utilizing the services of a commercial credit-reporting agency. The CLC may require that the applicant post and maintain a surety bond at applicant's sole expense in an amount determined by the CLC to adequately protect the state against any monetary loss resulting from applicant's prospective activities as a lottery sales agent (retailer) licensee;
 - b. The veracity and completeness of the information submitted with the license application;
 - c. The applicant's reputation for honesty and integrity;
 - d. Insofar as permitted by law, any record of criminal convictions;
 - e. The security of the particular business premises designated in the application as a lottery sales location;
 - f. Certification of municipal tax compliance; and
 - g. Such other information as the DCP and/or CLC may deem pertinent for the processing of a lottery sales agent (retailer) license application.
2. If a license is issued, the applicant for a lottery sales agent (retailer) license must abide by and comply with the provisions of the Connecticut General Statutes pertaining to the Lottery and any rules, regulations, and instructions set forth by the DCP and/or CLC.
3. The applicant agrees to maintain authorized displays, notices, and other material used in conjunction with ticket sales in accordance with instructions issued by the DCP and/or the CLC.
4. The applicant agrees to keep current records in accordance with the Connecticut General Statutes and any rules, regulations, and instructions set forth or issued by the DCP and/or the CLC.
5. The applicant agrees that all Lottery operations and Lottery records shall be subject to inspection and audit by representatives of the DCP and/or the CLC upon request.
6. The license may be suspended, revoked or its renewal rejected for any one or more of the following reasons:
 - a. If the agent's (retailer's) license application contains false or misleading information;
 - b. If the agent (retailer) fails to meet his/her financial obligations to the CLC;
 - c. If the agent (retailer) violates or fails to comply with the provisions of the Connecticut General Statutes or the rules, regulations, or instructions of the DCP and/or the CLC; or
 - d. If the agent (retailer) commits an act which seriously impairs its reputation for honesty and integrity.
7. **A Lottery license is non-transferable.**
8. In the event an agent (retailer) sells or transfers its business, provisions must be made at the closing for the payment of any monies owed to the CLC as a result of the agent's (retailer's) lottery business. **NO LICENSE WILL BE ISSUED TO A NEW AGENT (RETAILER) UNLESS MONIES OWED TO THE CLC BY THE PRIOR OR EXISTING AGENT (RETAILER) ARE PAID IN FULL.**

RETAIN THIS PAGE FOR YOUR RECORDS



State of Connecticut, Department of Consumer Protection
Application for Lottery Sales Agent

LSA-1 Rev 3/17

DO NOT WRITE IN THIS AREA - FOR CLC USE ONLY

Application Number	<input type="checkbox"/> Transfer of ownership from a presently licensed Lottery Sales Agent (Retailer). Agent License Number: _____
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BUSINESS INFORMATION

1. Type of Ownership	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> LLC	<input type="checkbox"/> Other
If the Type of Ownership is marked as 'Individual' in #1 above and no Federal Employer's Identification Number (FEIN) is available, enter your Social Security Number; otherwise, an FEIN is mandatory.				2. Tax ID (Social Security Number or FEIN)		
3. Name (as shown on your income tax return):				4. Business Email Address		
5. Store Name (Location where Lottery tickets will be sold):						
6. No. & Street		City or Town		State		Zip
7. Mailing Address (if different from business address)		City or Town		State		Zip
8. Store Phone		9. CT Tax Registration Number		10. Liquor Permit Number (If applicable)		
11. Names and addresses of Owners or Officers (Type or Print Clearly). If individual proprietorship or partnership, enter data for Owner(s). If corporation or association, enter data for principal Officers. If LLC, enter data for members. If chain, also enter data for Branch Manager. Person in Charge (PIC) will be the individual conducting Lottery sales banking, etc. If necessary, attach an additional sheet with information for this section.						
Title	Sex M/F	Name (First, Middle, Last)	Home Address (No., Street, Apt. #, Town, State, Zip)	Telephone No.	Percentage of Ownership	
				C: H:		
				C: H:		
				C: H:		
				C: H:		
11a. Person In Charge (PIC)				C: H:		



State of Connecticut, Department of Consumer Protection
Application for Lottery Sales Agent

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12. Nature of Business (please circle one)		
Amusement Cleaners Convenience: Chain, Gas Convenience: Chain, No Gas Convenience: Non-Chain, Gas Convenience: Non-Chain, No Gas Food: Coffee Shop	Food: Deli Food: Donut Shop Food: Ice Cream Fraternal Gaming Grocery: Full-Size, Chain Grocery: Full-Size, Non-Chain	Grocery: Small, Non-Chain Newsstand Package Pharmacy: Chain Pharmacy: Non-Chain Restaurant: Alcohol Restaurant: No Alcohol Retail: Non-Perishable Retail: Gift Retail: Smoke Shop Retail: Warehouse Club Service Center Transportation Center
13. Name of Chain (if applicable)		
14. Business Hours		
Monday - From: _____ To: _____ Tuesday - From: _____ To: _____ Wednesday - From: _____ To: _____ Thursday - From: _____ To: _____	Friday - From: _____ To: _____ Saturday - From: _____ To: _____ Sunday - From: _____ To: _____	
15. Two Business References (Name) (Address) (Telephone Number)		
a.		
b.		
16. Has the Business above been subject to any disciplinary action, past or pending, for any violation of any statute, rule, regulation or ordinance by any federal, state, or local governmental body? (If YES, a complete explanation, including the date(s), location(s) and circumstances, of the incident(s) must be provided on an attachment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Has the Business above been declared bankrupt or been in a bankruptcy proceeding? (If YES, a complete explanation, including the date(s), location(s) and circumstances, of the incident(s) must be provided on an attachment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Is the Business in dispute or default of any taxes, fees or obligations owed to any city, town, state or governmental agency? (If YES, a complete explanation, including the date(s), location(s) and circumstances, of the incident(s) must be provided on an attachment.) <input type="checkbox"/> Yes <input type="checkbox"/> No
19. IF YOU ARE CURRENTLY OR HAVE EVER BEEN A LICENSED CT LOTTERY SALES AGENT (RETAILER), LIST BELOW THE NAMES, ADDRESSES AND AGENT (RETAILER) NUMBERS OF YOUR OTHER LOCATIONS (In Connecticut Only). IF NECESSARY, ATTACH ADDITIONAL SHEETS.		
Business Name	Address (No., Street, Town, State, Zip)	Agent License Number

I hereby certify that the above information is correct and complete.

20. I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

Signature 	Name of Applicant (Print or Type)	Title
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Retailer Contract

THIS RETAILER CONTRACT is between the CONNECTICUT LOTTERY CORPORATION (CLC), a public corporation created pursuant to Public Act 96-212 of the Connecticut General Statutes (Act), and the undersigned Retailer. Subject to Lottery Agent Licensing approval by the Gaming Division, Department of Consumer Protection, (DCP) the Retailer and CLC hereby agree as follows:

- 1. Retailer Rules.** Retailer agrees to comply with and be bound by the Act, the Rules and Instructions of CLC, and all other applicable laws, rules, regulations, and ordinances. Retailer agrees at all times to maintain a combined ten week sales average in excess of \$2,000.00 per week, and to notify CLC of any changes in its business, as specified in the Act and the Rules and Instructions. On or before the commencement of the sale of lottery Tickets by Retailer, CLC will deliver to Retailer a copy of the Lottery's "Rules of Operation"; however, copies of the Act, all Rules and the Regulations for the Operation of the Connecticut State Lottery are always available upon request from CLC.
- 2. Term and Renewal.** Unless earlier terminated, the term of this Retailer Contract shall begin as of the date it is executed by the CLC Chief Executive Officer (CEO) and Retailer as shown below, shall remain in effect for a period of one (1) year, and may be renewable annually at the sole discretion of CLC. In the event that CLC and Retailer have entered into any Retailer Contract(s) dated prior to the date of this Retailer Contract, CLC and Retailer agree that from the beginning of the term hereof, this Retailer Contract shall amend, renew, replace, and restate any prior Retailer Contract in its entirety for each Retailer business location listed herein.
- 3. Contract Termination.** This Retailer Contract may be canceled by Retailer upon twenty (20) calendar days prior written notice to the CLC. If the CEO determines, in her/his sole discretion, that cancellation, denial, revocation, suspension or termination of this Retailer Contract is in the best interest of CLC, the State of Connecticut or the public welfare, the CEO may cancel, deny, revoke, suspend or terminate this Retailer Contract upon written notice to Retailer; provided, however, Retailer shall be entitled an appeal of such cancellation, denial, revocation, suspension, or termination in accordance with the CLC Rules and Instructions; provided, further, that the CEO may temporarily suspend Retailer's rights under this Retailer Contract without prior notice, pending any prosecution, hearing or investigation, in accordance with the Rules and Instructions. In addition to the foregoing, CLC may immediately cancel, deny, revoke, suspend, terminate, or refuse to renew this Retailer Contract for any of the reasons set forth in Exhibit A on the next page hereof.
- 4. Authorization to Sell Lottery Tickets.** Retailer location(s) listed below, for which DCP has issued a Lottery Agent License(s), is authorized to sell all CLC Lottery Tickets, provided they are in good standing under this Retailer Contract. Retailer agrees that it shall sell no other lottery Tickets in the State of Connecticut, except those provided to it for sale by CLC. Retailer agrees that it shall adopt safeguards to assure that it will not sell lottery Tickets or pay prizes to persons under the age of 18 years. Retailer agrees that it shall sell lottery Tickets only at the prices, and only subject to the terms and conditions, fixed by CLC unless prior written authorization is received from the President of the CLC in each instance. The CLC will pay Retailers commissions and other compensations in accordance with the amounts specified in the Act and the Rules and Instructions of the CLC, as full and complete compensation under this Retailer Contract.
- 5. Electronic Funds Transfer.** Retailer shall have a fiduciary duty to preserve and account for all proceeds from the sale of lottery Tickets collected by it and shall be responsible and liable for all such proceeds. All proceeds from the sale of lottery Tickets and all other funds due the CLC shall constitute a trust fund in favor of the CLC until paid to the CLC. Subject to the Act and the CLC Rules and Instructions, Retailer agrees: (i) to maintain for the purpose of this Retailer Contract a separate bank account in the name of the CLC for the credit of the CLC; with a bank acceptable to CLC which is a qualified public depository, and member of an automated clearing house association; (ii) to deposit daily into that bank account all proceeds from the sale of lottery Tickets and other funds due the CLC; (iii) to authorize the CLC to initiate Electronic Funds Transfer (EFT) to and from that account for the net settlement due from the sales of CLC lottery Tickets; and (iv) that sufficient funds shall be available in the designated account on the dates specified by CLC to cover the amounts due CLC, as determined by CLC.
- 6. Prize Payments.** During its normal business hours, Retailer agrees to immediately validate and pay all lottery Tickets winning prizes up to and including \$599 for all lottery games that are authorized by CLC, in accordance with the Act and the CLC Rules and Instructions. Such payment for winning tickets shall not be in amounts greater or less than the amounts authorized by CLC through its on-line gaming system, and shall never be subject to restrictions or conditions other than those imposed by CLC.
- 7. Promoting Sales.** Retailer agrees to prominently display, in locations accessible to the public, point-of-sale advertising and other public information material and supplies provided from time to time by CLC, its Vendors and suppliers. Retailer agrees to attend all training sessions, as requested from time to time by CLC. In order to assist Retailer with sales of lottery Tickets; CLC, its Vendors and suppliers may provide certain equipment (such as Lottery Terminals, ticket dispensers, ticket selling machines, play stations, etc.) to be held in the custody and control of Retailer without any transfer of ownership of such equipment to Retailer. Retailer agrees to return any such equipment and supplies upon request of the CLC and agrees to be financially liable and responsible for the use, preservation and protection of such equipment and supplies, normal wear and tear excepted.
- 8. Acceptance and Return of Instant Tickets.** Subject to the conditions and reporting requirements more fully set forth in the CLC Rules and instructions: (i) Retailer shall be responsible for all Instant Tickets accepted from CLC (or its distributor); (ii) any Instant Tickets not properly accounted for by Retailer shall be deemed to have been purchased by Retailer; (iii) Retailer shall be responsible for the full price of Instant Tickets, less any applicable Commissions, for all Instant Tickets which may be lost, stolen, or damaged after delivery to Retailer; (iv) CLC will accept full and partial ticket Pack returns only with the termination, cancellation, suspension, revocation or non-renewal of this Retailer Contract; and (v) for non-activated Instant Tickets, the CLC may reduce Retailer's cost for lost or stolen non-activated Pack to \$-0- per Pack, provided that Retailer has complied with the reporting requirements and none of the Tickets from the non-activated Pack have been validated; (vi) non-activated full packs can be returned by the retailer at the announced end of game; (vii) partial packs shall not be accepted back by the CLC from active retailers.
- 9. Contract Changes.** This Retailer Contract, including the Act and the CLC Rules and Instructions, is the entire contract between CLC and Retailer. This Retailer contract may not be modified or amended except by a writing signed by both parties hereto or by amendment to the Act or the CLC Rules and Instructions. To the extent of any conflict, the provisions of the Act shall govern the Rules and Instructions, and the Rules and Instructions shall govern the Retailer Contract.

IN WITNESS WHEREOF, CLC and the undersigned Retailer have executed, or caused their duly authorized representatives to execute, this Retailer Contract as of the date noted below.

Business Name: _____ Store No. _____
(CLC Use Only)

Business Address: _____

Retailer Type of Ownership (Check One): Sole Proprietor Partnership Corporation Limited Liability Company
 Other: (specify) _____

Corporate Name: (if applicable) _____

Print Name and Title: _____

Signature: _____

Date: _____

Connecticut Lottery Corporation by: _____
President & CEO _____ Date _____

EXHIBIT A
to
Retailer Contract

Notice of Specific Reasons for which a Retailer Contract may be Terminated

CLC may immediately cancel, deny, revoke, suspend, terminate, or refuse to renew any Retailer Contract if a Retailer or any of its owners:

- a. violates a provision of the Act or of the Rules and Instructions; or
- b. is or has been, or retains an employee involved in the sale of lottery Tickets who is or has been, convicted of a criminal offense related to the security or integrity of CLC or a lottery in any other jurisdiction; or
- c. is or has been, or retains and employee involved in the sale of lottery Tickets who is, or has been, convicted of a gambling-related offense, false statements, false swearing or perjury in this or any other jurisdiction of a crime punishable by more than one year of imprisonment or a fine of more than \$1,000.00 or both unless the person's civil rights have been restored and at least five (5) years have elapsed from the date of the completion of the sentence without a subsequent conviction of a crime described above; or
- d. commits fraud, misrepresentation or deceit; or
- e. provides false or misleading information to CLC; or
- f. acts in a manner prejudicial to the security or integrity, or the public confidence in the security or integrity, of CLC; or
- g. conducts business for the sole purpose of selling lottery Tickets; or
- h. is delinquent in the payment of any federal, state or local taxes owed by it; or
- i. changes any Retailer Business Location for which the DCP has issued an Lottery Agent License; or
- j. fails to accurately or timely account for proceeds or prizes from the sale of lottery Tickets; or
- k. fails to accurately or timely account for lottery Tickets received from CLC; or
- l. fails to comply with any term of this Retailer Contract; or
- m. fails to maintain a minimum level of sales, as established by CLC from time to time; or
- n. substantially changes the ownership of Retailer without prior written notice to, or consent of, CLC; or
- o. files for or is placed in bankruptcy, receivership, insolvency or similar proceedings or fails to pay its debts as they become due; or
- p. resides in the same household as any director, officer or employee of CLC; or
- q. contracts with any other person or entity for lottery goods or services without the prior written approval of CLC; or
- r. fails to meet any of the objective criteria established by CLC pursuant to the Act; or
- s. is subjected to any material change, as determined to be material in the sole discretion of CLC, in any matter considered by CLC in entering this Retailer Contract; or
- t. fails to maintain the designated account from which Electronic Funds Transfer (EFT) payments are to be made, fails to authorize CLC to initiate EFT transactions to and from such designated account, or fails to have sufficient funds available in such designated account on the dates specified by CLC, or
- u. fails to remain a licensed lottery Agent in good standing with the DCP, or
- v. fails to adequately market its lottery products as determined by the CLC, or
- w. fails to fully comply with all requirements of the **Americans with disabilities Act**.

Request for Taxpayer Identification Number and Certification

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

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

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): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<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		
	<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.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code			
7 List account number(s) here (optional)		Requester's name and address (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.



Tax Certification Form

This form must be completed and signed by the Applicant and the Tax Collector.

Section A: To Be Completed by the Applicant

Name of Applicant

Name of Existing Business Owner

Existing Business Name

Business Address (No. & Street) (City or Town) (State) (Zip)

Signature of Applicant

Date

Section B: To Be Completed by the Tax Collector

As the Tax Collector for the City/Town of _____, I

Certify that the applicant and the business named/located at the above address are NOT in default of any City/Town, personal property or real estate taxes.

Cannot certify. Taxes are owed by: Applicant Business Name

Name of Tax Collector (please type or print clearly)

Title

Signature of Tax Collector

Date

Applications certified as NOT owing any taxes can be submitted for processing.

Completed form can be faxed to 860-713-2895, or it can be emailed to retailerservices@ctlottery.org.



State of Connecticut, Department of Consumer Protection
Individual Guarantee of Lottery Sales Agent

LSA-1B Rev 1/16

A. Legal Status of Business (check one)

- Corporation
- Limited Liability Company (LLC/LLP)
- Other

B. Guarantor Status (check one)

- Corporate Officer
- LLC/LLP Member
- Other

Section 12-568a-6(c) of the Regulations of Connecticut State Agencies requires that in the event the applicant is a corporation, limited liability company or limited liability partnership, the Department of Consumer Protection shall require that its principal owner or natural person connected with the corporate, limited liability company or limited liability partnership applicant acceptable to the Department of Consumer Protection, assume in writing, joint and several liability with said corporate, limited liability company or limited liability partnership applicant prior to the issuance of said lottery sales agent license. In the event said corporate or limited liability company or partnership lottery sales agent licensee shall thereafter be adjudicated a delinquent agent pursuant to Section 12-568a-13 of the Regulations of Connecticut State Agencies, and the CLC Rules of Operation, the Department of Consumer Protection and/or the Connecticut Lottery Corporation (hereinafter "CLC") may avail itself of any appropriate collection procedures against said corporate or limited liability company or partnership licensee or natural person or both.

WHEREAS, the undersigned _____, of the Town of _____, County
(Print Individual's full name) (Home Town)
of _____, State of _____ is the _____
(Title-President/Vice President/Member, etc.)
of _____ (hereinafter "Agent"), a legal entity having a place of business at
(Applicant for Lottery Sales Agent-Corp. LLC/LLP name)
_____; and,
(Store Street Address and Town)

WHEREAS, said Agent has applied to be a licensed lottery sales agent; and,

WHEREAS, the undersigned has agreed to assume individual responsibility for the payments due, or to become due and owing the CLC as a result of said Agent's lottery activity, should a license be granted to it.

The undersigned does hereby assume individual responsibility for any and all payments due or to become due the CLC on behalf of the Agent as a result of its licensed lottery sales agent activity. The undersigned further assumes joint and several liability with said Agent for any sums which shall hereafter become due and owing the CLC as a result of said Agent's lottery sales activity. The undersigned hereby further acknowledges that in the event said lottery sales agent licensee shall thereafter be adjudicated a delinquent agent by the Department of Consumer Protection, the Department of Consumer Protection or the CLC may avail itself of any appropriate collection procedures against said licensee, the undersigned, or both, pursuant to the Regulations of Connecticut State Agencies, or as may otherwise be permitted by law or contract.

Date

Printed Name of Individual

Signature of Individual



Authorization for Release of Personal History

This form must be completed and signed by each Owner, Officer and the Person in Charge (PIC).

Section A: Personal Information

1. Name (First, Middle, Last):		2. Email Address:	3. Sex: <input type="checkbox"/> M <input type="checkbox"/> F
4. Address: (No. & Street) (Apt. or Suite #)		(City or Town)	(State) (Zip)
5. Social Security Number:	6. Date of Birth:	7. Daytime Phone Number: Cell: Home:	

Section B: Criminal Actions

8. Have you ever been convicted of a crime, felony, misdemeanor, or other offense, including motor vehicle crimes (other than a traffic violation), in any state or jurisdiction? Yes No
9. Do you have any pending criminal charges? Yes No
10. Have you, as an individual or through business association, ever been subject to any disciplinary action, past or pending, for any violation of any statute, rule, regulation, or ordinance by any federal, state, or local governmental body, including, but not limited to, Lottery, Liquor and Tobacco violations? Yes No
11. Have you, as an individual or through business association, ever been declared bankrupt or been in a bankruptcy proceeding? Yes No
12. Are you, as an individual or through business association, in default of any taxes, fees or other obligations owed to any city, town, state or governmental agency, including, but not limited to, Lottery Funds? Yes No

If the answer to #8, 9, 10 or 11 above is "yes", attach a statement providing an explanation including: the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges, and the outcome and date of the proceedings. If the answer to #12 is "yes", attach a statement providing an explanation including: the name or business association, and the amount and type of money owed (taxes, fees, etc.).

Section C: Criminal Background and Credit History Check

I understand that the Department of Consumer Protection may review criminal background records and credit history for purposes of evaluating my qualifications and suitability for licensure as a Lottery Sales Agent. I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents. I further authorize the Connecticut Lottery Corporation (CLC) to report to the Department, at any time, any instances of delinquencies or past due amounts owed to the CLC. This authorization shall be valid now and for all future renewals in connection with the Lottery Sales Agent License indicated above. A photocopy of this authorization will be considered as effective and valid as the original.

13. Signature: 	14. Date Signed:
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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

15. Signature: 	16. Date Signed:
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AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT(S)

This document requests your permission for the Connecticut Lottery Corporation (the "CLC") to obtain a consumer credit report about you.

As part of the CLC's decision whether to enter into a relationship with the person or entity that has applied to sell lottery tickets (the "Relationship"), the CLC will request a consumer credit report, about you personally, from a consumer reporting agency. The CLC may use the report to decide, among other things, whether to require a surety bond, letter of credit, or other form of security (the "Security") in connection with the Retailer Contract, or whether to enter into the Relationship at all.

The CLC may also share the consumer credit report it obtains about you with the Department of Consumer Protection (the "DCP") for use in the DCP's decision whether to grant any lottery sale agent licenses to persons or entities who may be involved in selling lottery tickets under the Relationship. The DCP's decision whether to grant those licenses, however, is separate from the CLC's decision whether and on what terms to enter into a Relationship.

If the CLC enters into a Relationship with the person or entity that has applied to be a seller of lottery tickets, the CLC may from time to time in the future request further consumer credit reports about you as part of reviewing changes or proposed changes to the Relationship. For example, the CLC may request a consumer credit report before deciding whether to lower or lift any Security requirement that is set in connection with the Relationship. As another example, if there is a change in the ownership, officers, or corporate structure of the business selling lottery tickets, the CLC may request a consumer credit report before deciding whether it is willing to continue in the Relationship with that business, or before deciding what Security arrangements the CLC will require in order to continue in the Relationship with that business.

You do not have to sign this authorization form. If you do not do so, however, the CLC will not enter into a Relationship with the entity or individual that has applied to be a seller of lottery tickets and/or will not agree to whatever proposed change or continuation of the Relationship prompted the CLC to seek your permission to obtain the consumer credit report.

By signing below, you authorize the CLC to obtain consumer credit reports about you and authorize any consumer reporting agency to provide such reports, as described above, both now and in the future.

Retailer # _____

Signature

Date of Signature

Printed Name

Business Name (d/b/a)

Social Security Number

Home Address (Number & Street)

Date of Birth

City, State, Zip

Home Phone / Cell



State of Connecticut, Department of Consumer Protection
**Connecticut Department of Motor
Vehicles Photo Release Form**

LSA-1D Rev 5/14

This form must be completed by the Applicant


Section A: To Be Completed by the Applicant

Name (please print or type):		
Connecticut Driver's License Number or Connecticut ID Number:		
Date of Birth:	Social Security Number:	
Home Address: (No. & Street)	(City or Town)	(State) (Zip)
Daytime Phone Number:		
Cell:	Home:	Work:
List the Retailer name and town for each Lottery license you are associated with. Also list the Agent License Number, if an existing Agent.		
Retailer Name	Retailer Town	Agent License Number (if any)

Section B: Consent and Signature of Applicant

I hereby authorize the Connecticut Department of Motor Vehicles (DMV) to release my photograph to the **State of Connecticut, Department of Consumer Protection.**

I give this consent voluntarily and am aware that without this authorization, my photograph on file with the Department of Motor Vehicles (DMV) is confidential and protected under law. Such photograph is to be utilized in conjunction with a license application for a Connecticut Lottery Sales Agent. This authorization shall remain in effect unless and until it is withdrawn by me, in writing.

Signature of Applicant 	Date
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The following documents will need to be filled out and returned to CLC once you receive instructions from CLC.

- A bank Letter.
 - The instructions regarding bank accounts explain the letter needed from the bank.
- CLC Auto-Pay and Wire Transfer Form.
- Letter of closing or bill of sale if the business is being transferred*.
- Business-lease*.
 - If there is a co-signer or guarantor of the business lease, that person must be added to the Application's #11, "Names and address of Owners or Officers," and must provide all the same forms as an owner or officer, or be removed from the lease.

*If you have this document at time of application submission, please provide a copy as well.

If you have any questions, please contact the CLC Retailer Services Department at 1-800-842-5688 #3, or email Licensing@ctlottery.org, or fax 860-713-2895.

Please return applications to: Connecticut Lottery Corporation, Retailer Services, 15 Sterling Drive, Wallingford, CT 06492.

INSTRUCTIONS TO ALL LOTTERY AGENTS (RETAILERS) REGARDING BANK ACCOUNTS

The licensing process includes the requirements for each Agent (Retailer) to establish a bank account for Lottery activity only in accordance with §12-813(b) of the General Statutes and §12-568a-9(1) of the Administrative Regulations for the Operation of the State Lottery.

Attached please find the Auto-Pay authorization agreement form. Please read the instructions carefully, fill it out completely, and return it with your application.

All Lottery Agents (Retailers) must maintain a **SEPARATE BANK ACCOUNT** for lottery monies earned as a result of lottery ticket sales. **THIS ACCOUNT CANNOT BE A BUSINESS OR A PERSONAL BANK ACCOUNT, IT MUST BE DEDICATED FOR LOTTERY-USE ONLY, IN OTHER WORDS, NO OTHER STORE ACTIVITY MAY BE SUPPORTED BY THIS ACCOUNT.**

If you are currently using a lottery account for business purposes, you should remove all business receipts immediately. **THE ACCOUNT MAY BE ESTABLISHED WITH A COMMERCIAL OR SAVINGS AND LOAN BANK-AS LONG AS THE BANK HAS ELECTRONIC FUNDS TRANSFER (EFT) CAPABILITIES.**

Please have your bank either print your **Store Name** and **Connecticut Lottery Account** on two starter checks from your lottery account or send a letter stating that the title of your account is established. It is **NOT ACCEPTABLE** to have your store name and Connecticut Lottery account **HANDWRITTEN** on the two VOID checks.

BANK LETTER EXAMPLE

DATE

CONNECTICUT LOTTERY CORPORATION
RETAILER SERVICES (LICENSING) DEPARTMENT
15 Sterling Drive
Wallingford, CT 06492
FAX #860-713-2895
EMAIL: LICENSING@CTLOTTERY.ORG

THE TITLE OF THIS ACCOUNT READS AS FOLLOWS: CORPORATION NAME (OPTIONAL)

YOUR STORE NAME & ADDRESS (mandatory)
CONNECTICUT LOTTERY ACCOUNT (mandatory)
ACCOUNT # (mandatory)
TRANSIT ROUTING (ABA #) (mandatory)
ACCOUNT TYPE - CHECKING or SAVINGS (mandatory)

SIGNATURE OF BANK REPRESENTATIVE

TELEPHONE NUMBER

CHECK EXAMPLE

YOUR STORE NAME CONNECTICUT LOTTERY ACCOUNT ADDRESS OF BUSINESS
PAY TO THE ORDER _____ \$ _____ DOLLARS
BANK NAME MEMO _____ 011900571:1256784001



AUTO-PAY AND WIRE TRANSFER FORM

15 Sterling Drive • Wallingford, CT 06492
 Telephone 1-800-842-5688; Press 3 for Licensing and Press 5 for Accounting
 Fax (860) 713-2895 for Licensing • Fax (860) 713-2660 for Accounting

AUTHORIZATION AGREEMENT FOR VARIABLE LOTTERY WITHDRAWALS (ACH DEBITS) AND AUTOMATIC DEPOSITS (ACH CREDITS).

The undersigned Licensed Lottery RETAILER hereby authorizes the Connecticut Lottery Corporation to effect withdrawals from or deposits into the account identified below for net weekly proceeds owed by or to the RETAILER from draw and instant game sales and for wire transfers. The RETAILER further authorizes the bank below-indicated to debit or credit those amounts to this particular account. Adjusting entries are also authorized.

THIS ACCOUNT MUST BE SEPARATE AND DEDICATED FOR LOTTERY USE ONLY. THERE MUST BE NO OTHER STORE ACTIVITY INCLUDED IN THIS ACCOUNT. YOUR ACCOUNT MUST CONTAIN YOUR BUSINESS OR STORE NAME AND THE WORDS "**CONNECTICUT LOTTERY ACCOUNT**" IN ITS TITLE.

The RETAILER also agrees to pay all draw and instant monies due and owing to the Connecticut Lottery Corporation for every settlement period. For Lottery games, the weekly accounting period ends every Saturday at the close of business. Such monies due and owing the Connecticut Lottery Corporation must be deposited in this account by 3:00 P.M. on the following banking day.

Bank Name	Branch																									
Address/Town/State/Zip																										
Transit Routing Numbers <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											Account Number Information <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <input type="checkbox"/> Checking Account <input type="checkbox"/> Saving Account															
This authority is to remain in full effect until such time as the RETAILER is terminated by the Connecticut Lottery Corporation, or the RETAILER requests termination for conduct of lottery game sales, or the Connecticut Lottery Corporation no longer employs this arrangement, for whatever reason, for receipt of payments from the RETAILER.																										
Corporation Name (if applicable)	Corporation Mailing Address (if applicable)																									
Retailer (DBA) Name	Retailer Address/Town/Zip																									
Signed: _____ Title: _____ Date: _____																										
Signed: _____ Title: _____ Date: _____																										
Change of Ownership? <input type="checkbox"/> Yes	If yes, former business name.	Change of account number? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Business Telephone #	Business Fax #	For Lottery Use Only Retailer #																								

Please attach a bank letter confirming your bank account information to this authorization form.
 Rev. Sept. 2023