Instructions for completing forms

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. Should you choose to employ any individual to assist you in the process, please be aware that the payment of money or other things of value does not guarantee license approval.

Please carefully read and follow all instructions before filling out the application. All sections and questions contained in the application package must be completed, signed, dated and notarized. Incomplete or inaccurate answers may be cause for delay. The D.C. Lottery can provide notary services at no charge.

NOTE: A separate application must be submitted for each retail location.

FORM A – License Application (Corporate and Personal Data)

A. Application Category: Check pertinent application category.

Name of Corporation, Partnership, or Sole Ownership: Type or print the name of your business as it appears on business license and tax forms.

Trading name, if different from above name: If the name of your business is different than that listed above, enter the information here.

Business Street Address: Enter the address where your business is physically located.

City, State, and Zip Code of business: Enter city, state, and zip code where business is located.

Business phone number and home number: Enter business, home, and cellular phone numbers.

Contact person: Enter primary contact person that the D.C. Lottery Board should contact for business purposes.

Email Address: Enter email address for primary contact person.

Federal Taxpayer ID #: Enter your Federal Taxpayer identification number (if applicable).

Ward: Enter the ward where your business is located.

D.C. Taxpayer ID #: Enter your D.C. Taxpayer's ID number. (Sales Tax ID number)

B. Date business started: Enter date business started.

Type of Business Code: Indicate type of business by checking appropriate box on **Form A**. Out of state corporations must submit Certificate of Good Standing from D.C. Department of Consumer and Regulatory Affairs. If corporation, enter date incorporated.

Standard Industrial Classification (SIC) Code: Enter code that best describes your business.

(4444) CHECK CASHING
(5200) DEPARTMENT STORE
(5251) HARDWARE
(5411) SUPERMARKET (5 PLUS REGISTERS)
(5413) GROCERY STORE (1-4 REGISTERS)
(5414) CONVENIENCE STORE (W/OUT GAS)
(5415) CONVENIENCE STORE (WITH GAS)
(5460) RETAIL BAKERY
(5461) DONUT SHOP
(5530) AUTO SUPPLY STORE
(5541) GAS RETAILER (WITH GARAGE)
(5542) GAS RETAILER (NO GARAGE)
(5544) TRUCK STOP
(5812) RESTAURANT
(5813) BAR/TAVERN/LOUNGE
(5814) RESTAURANT (SELLING IN BAR)
(5815) DELI
(5816) PIZZA PARLOR
(5817) FAST FOOD
(5912) DRUG STORE
(5921) LIQUOR STORE
(5943) STATIONARY/GIFT SHOP
(5993) SMOKE SHOP
(5994) NEWS STAND
(5999) MISCELLANEOUS
(7777) MALL INFORMATION KIOSK
(7832) THEATER
(7933) BOWLING ALLEY
(7960) CARD PARLOR
(7962) BINGO PARLOR
(7963) POOL/BILLIARD PARLOR
(7995) VIDEO STORE
(7999) MISCELLANEOUS AMUSEMENT/REC.

Instructions for completing forms

C. Business Facility: Please indicate if your business location is owned or leased. Check appropriate box.

Number of days open per week: Enter number of days your business is open.

Hour/Day: Enter hours of operation (what time you open and what time you close).

Certificate of Occupancy: Enter Certificate of Occupancy number.

D. Multiple Locations: If owners have more than one location, check appropriate box. If yes, enter how many. If any of these locations are licensed lottery agents, please list them. If any of the owners of your business have held a lottery license within the last five years, please list them.

E. Information for owner, partner, or principal officer with signature privileges based on type of corporation: List name (last and first), social security number, date of birth, title, home address (number and street, city, state, and zip code).

F. Has any owner, partner, or principal officer of the establishment, including any person named on the application, been convicted of, or pled guilty to, a felony, for which he or she either has not received a pardon or has not been released from parole or probation, within five years of the date of this application? Check appropriate box. An answer of yes will constitute automatic denial.

G. Attach copy of valid Drivers License or Passport

H. Disclosure Statement: Please read this statement carefully. By signing this disclosure statement, you allow the D.C. Lottery Board to access your credit, personal and business records, criminal history, and other matters germane to your application. Sign where indicated in the presence of a Notary Public.

FORM B – Agreement

The D.C. Official Code §3-1315 requires that the District of Columbia be indemnified and held harmless against all actions, claims and demands of any kind or nature which may be brought as a result of the District of Columbia Lottery and Charitable Games Control Board issuing your business a license.

FORM C – Clean Hands Before Receiving a License or Permit Certification Form

This form certifies that your business does not owe the District of Columbia Government more than one hundred ($100.00) as a result of past due taxes, fines, penalties or interest. The D.C. Lottery will conduct an investigation to ascertain the veracity of the information contained in this form.

Instructions for completing forms

FORM D – License Agreement

Agreement between the D.C. Lottery Board and Sales Agent.

FORM E– Agent Requirements and Responsibilities

All D.C. Lottery sales agents must adhere to the following Requirements and Responsibilities. Thoroughly read the Requirements and Responsibilities form. Sign and date the last page and return the original with your application packet.

DC LOTTERY
AND CHARITABLE GAMES CONTROL BOARD

Part A

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. LOTTERY AND CHARITABLE GAMES CONTROL BOARD
2101 MARTIN LUTHER KING, JR., AVE., S.E.
WASHINGTON, D.C. 20020-5731

Form A

Check application category:

_____ New License
_____ License Renewal
_____ Change of Ownership
_____ Change of Address

_____
Date

LICENSE APPLICATION CORPORATE DATA

A.

Please Type or Print

Name of Corporation, Partnership, or Sole Ownership _____ Cell Phone No. _____

Trading name, if different from above _____ Home Phone No. (Principal) _____

Business Street Address _____ Business Phone No. _____

City _____ State _____ Zip Code _____

Contact Person _____ Email Address _____

Federal Taxpayer ID # _____ Ward _____ D.C. Taxpayer ID # (Sales Tax #) _____

B.

Date Business Started _____

Form of Business Organization (check one)

___ Corporation _____
Out of state corporation must submit Certificate of Good Standing from D.C. Department of Consumer and Regulatory Affairs.

___ LLC ___ Assoc., Fraternal, or Civic (non-profit)

___ Sole Ownership ___ Partnership

___ Other (specify) _____

SIC Code ☐☐☐☐ (Refer to instructions for code)

C.

Business Facility (Check appropriate box)

___Own ___Lease

_____ Number of Days Per Week

_____ Hours of Operation (Open/Close)

_____

_____

Certificate of Occupancy #_____

Date Certificate Issued _____

D.

Do the owners of this business have more than one retail location? _____ If yes, how many? _____

Are any of these presently licensed as lottery agents? _____ If yes, list: _____
(attach additional sheet if necessary)

Have any of the owners of this business held a lottery license within the last 5 years? _____ If yes, list:
(attach additional sheet if necessary)

E. **List the requested information for Owner, Partner or Principal Officer, with signature privileges based on type of Corporation.**

Name Last	First	S.S. Number	Date of Birth	Title
Home Address: Number and Street		City	State	Zip Code

(Check if applicable)
____ Black ____ Native American
____ Hispanic ____ Caucasian
____ Asian/Pacific ____ Korean
____ Asian/Indian ____ Other

Name Last	First	S.S. Number	Date of Birth	Title
Home Address: Number and Street		City	State	Zip Code

(Check if applicable)
____ Black ____ Native American
____ Hispanic ____ Caucasian
____ Asian/Pacific ____ Korean
____ Asian/Indian ____ Other

Name Last	First	S.S. Number	Date of Birth	Title
Home Address: Number and Street		City	State	Zip Code

(Check if applicable)
____ Black ____ Native American
____ Hispanic ____ Caucasian
____ Asian/Pacific ____ Korean
____ Asian/Indian ____ Other

F. **Has any owner, partner, or principal officer of the establishment, including any person named on the application, been convicted of, or pled guilty to, a felony, for which he or she either has not received a pardon or has not been released from parole or probation, within five years of the date of this application?**

___ **Yes** ___ **No** **An answer of "YES" will automatically disqualify applicant.**

G. **Attach copy of valid Drivers License or Passport.**

DL or Passport # Exp. Date

H. I HEREBY CERTIFY that there are no misrepresentations or falsifications in the information stated in this application. I authorize the D.C. Lottery Board to obtain credit, personal and business records, criminal history, and other matters, which may assist the Board in making a decision on this application. I am aware that false or misleading statements or failure to provide required data will be cause for rejection of my application to become a D.C. Lottery agent.

Signature of Applicant (Person authorized to sign for the business) _____

Subscribed and sworn to before me, this _____ **day of** _____**20**_____

Notary Public_____

My Commission expires _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. LOTTERY AND CHARITABLE GAMES CONTROL BOARD
2101 MARTIN LUTHER KING, JR., AVE., S.E.
WASHINGTON, D.C. 20020-5731

Form B

LOTTERY INDEMNIFICATION AGREEMENT

In accordance with the requirement of D.C. Official Code §3-1315, _____,
(Corporation Name)

doing business as, _____ agrees to indemnify and to save harmless the
(Trade Name)

District of Columbia against any and all actions, claims, and demands of whatever kind or nature which the District of Columbia may incur by reason of or in consequence of the D.C. Lottery and Charitable Games Control Board issuing

_____ a license.
(Corporation Name)

_____ _____
Licensee Signature Title

_____
Date

DC LOTTERY
AND CHARITABLE GAMES CONTROL BOARD

Part A

Form C

Clean Hands Before Receiving a License or Permit Act Certification Form

This Certification Form is required to be completed and submitted with any new or renewal D.C. Lottery Agent or Supplier application, pursuant to the Clean Hands Before Receiving a License or Permit Act of 1996. Effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.). Any false information provided would require the D.C. Lottery and Charitable Games Board to take immediate action to deny, suspend, or revoke the license for which you are now applying. Please read this form carefully and completely before signing.

I, _____, as _____
(Name) (Owner/Partner/Corporate Officer)

certify that _____, trading as _____
(Corporate name) (Trade name)

at _____ using business tax number, _____
(Business address) (Fed./D.C. Taxpayer ID or S.S. #)

as of this date does not owe more than one hundred dollars ($100.00) to the Government of the District of Columbia as a result of:

1. Fines, penalties or interest assessed pursuant to Chapter 8 of Title 8; (LITTER CONTROL ADMINISTRATION)
2. Fines or penalties assessed pursuant to Chapter 9 of Title 8; (ILLEGAL DUMPING ENFORCEMENT)
3. Fines, penalties or interest assessed pursuant to Chapter 18 or Title 8; (CIVIL INFRACTION ACT)
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to Chapter 23 of Title 50; (TRAFFIC ADJUDICATION ACT)

I understand that if I knowingly provide any false information on this Certification Form, the D.C. Lottery and Charitable Games Control Board will move to deny the license for which I am applying. I further understand that the D.C. Lottery and Charitable Games Control Board may conduct an investigation to ascertain the veracity of the information contained in this Certification Form.

I understand that this Certification Form is now required as part of my application for a license and that by completing it, I am not guaranteed that my application will be approved.

_____
Signature and Title Date

_____
Business Telephone No.

DC LOTTERY
AND CHARITABLE GAMES CONTROL BOARD

Part A

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. LOTTERY AND CHARITABLE GAMES CONTROL BOARD
2101 MARTIN LUTHER KING, JR., AVE., S.E.
WASHINGTON, D.C. 20020-5731

Form D

LICENSE APPLICATION AGREEMENT

The submission of a D.C. Lottery license application does not guarantee that a license will be issued. Applications are reviewed to determine the applicant's ability to serve the economical and efficient operation of a lottery through the sale of lottery tickets. The issuing of a Lottery license is within the discretion of the Office of the Chief Financial Officer of the District of Columbia and the Executive Director of the D.C. Lottery depending on the Lottery's judgment regarding: (1) accessibility of the business to individuals with disabilities; (2) financial stability and responsibility of the business; (3) the sufficiency of existing licenses to serve public convenience and (4) the volume of expected sales. A license issued by the D.C. Lottery and Charitable Games Control Board (Board) is not transferable or assignable.

ALL D.C. LOTTERY SALES AGENTS MUST ADHERE TO THE FOLLOWING REQUIREMENTS AND RESPONSIBILITIES:

1. The applicant for a lottery agent license agrees to abide by and comply with the provisions of D.C. Code, Section 2-2501, et seq and any rules, regulations, and instructions promulgated heretofore and hereafter by the D.C. Lottery.
2. Maintain compliance with the Americans with Disabilities Act (ADA) for the duration of licensure.
3. Attend all training sessions required by the Board. No license will be issued without official D.C. Lottery agent training as specified.
4. Prominently display the license in an area on the premises which is open and conspicuous to the public.
5. The applicant agrees to sell and validate instant and on-line lottery tickets at all times during normal business hours. Tickets must be sold for cash only.
6. The applicant agrees to keep current records and receipts of all operations. The applicant also agrees to be financially responsible to the Board for all revenues derived from the sale of lottery tickets and for tickets that are cashed or cancelled and are later presented to the Board for payment.
7. The applicant agrees to prominently display point of sale and other promotional materials used in conjunction with ticket sales in accordance with instructions issued by the D.C. Lottery.
8. Pay all claims up to a maximum of $599.99 in cash or by business check, regardless of where the winning ticket was purchased.
9. The applicant agrees that all operations equipment and records shall be subject to inspection and audit by representatives of the D.C. Lottery during the agent's normal business hours or upon request.
10. Achieve and maintain Minimum Sales Standards established by the D.C. Lottery. Failure to meet Minimum Sales Standards may result in suspension or revocation of license.
11. Exercise due diligence in the operation and care of the terminal and peripherals and immediately notify the Lottery of any malfunction.
12. Provide an electrical outlet that remains on twenty-four (24) hours a day for terminal use.
13. Notify the Board at least fourteen (14) days in advance of the agent's intent to cease operation temporarily (e.g., vacation, inventory, etc.) or as soon as possible in the case of an emergency (illness, death in family, etc.).
14. Notify the Board of a change of ownership, change in business address, or type of business in accordance with section 206 and 209 of the D.C. Lottery rules. Up to $1,000 penalty if violated. Your lottery license is not transferable.
15. Lottery tickets shall ONLY BE SOLD TO PERSONS 18 YEARS OLD OR OLDER.

DC LOTTERY
AND CHARITABLE GAMES CONTROL BOARD

Form E

The applicant understands that a license may be denied, revoked, suspended, or its renewal prohibited, for any one or a combination of the following reasons:

- Whenever the applicant knowingly falsifies this application or fails to provide the data required.
- Failure to maintain compliance with the Americans with Disabilities Act (ADA).
- Whenever any provision of the D.C. Lottery Law or its rules, regulations, and instructions are violated.
- Whenever the D.C. Lottery deems that issuance of a license is not in the best interest of the D.C. Lottery or the District of Columbia.
- Whenever a licensee fails to report within 10 days a change in the information contained in this application.

By signing this agreement the applicant agrees to allow the D.C. Lottery and Charitable Games Control Board usage of Social Security, Federal and D.C. EIN numbers to obtain information from Credit Reports and Criminal Background Checks.

I have read all of the above and understand the responsibilities and requirements of a D.C. Lottery agent.

_____
T/A NAME

_____
APPLICANT SIGNATURE DATE

THIS FORM BECOMES A PART OF THE AGENT'S PERMANENT RECORD

_____
Agent ID No. (DC Lottery Use Only)