

Retailer Application
TENNESSEE EDUCATION LOTTERY CORPORATION
P.O. Box 291869 • Nashville, TN 37229-9715
Please submit completed applications with \$95 fee per business location
(Cashier's Check, Business Check, or Money Order only)
Must include a copy of Government Issued Photo Identification

Instructions for Retailer Application Packet

PART 1 – Business Information

The application to become a Tennessee Education Lottery (TEL) Retailer must be accompanied by a Cashier's Check, Business Check or Money Order for \$95 per business location, and a copy of a government-issued photo identification. In the event the application for a business location is not approved by the TEL, \$50 of the \$95 will be refunded. Return the completed forms, together with one cashier's check, business check or money order for \$95 per business location, along with the photo ID.

Line 1 – List the name of the entity, which owns the business and files income tax returns. If the business is owned by a sole proprietor, provide the individual's name. If the business is owned by a corporation, partnership or limited liability company, provide the name of the business entity.

Line 2 – If owned by a business, entity, list the date of incorporation.

Line 3 - If owned by a business, entity, list the state of incorporation.

Line 4 – List the name of the store where tickets are to be sold.

Line 5 - The Federal Employers ID Number (FEIN) should be listed for partnerships, corporations and limited liability companies. Sole proprietors should list their social security number only.

Line 6 – List Tennessee Department of Revenue Account ID number located on Sales and the Tax Certificate of Resale.

Line 7 -List Tennessee Department of Revenue Location ID number located on Sales and the Tax Certificate of Resale..

Line 8 – List the street address of the location where lottery tickets are to be sold.

Line 9 – List the telephone number of the location where lottery tickets are to be sold. Include the Area Code.

Line 10 – 13 – List the city, state, zip code and country of the business location.

Line 14 – 17 – List the mailing address, if different from #8 above; otherwise, please leave this blank.

Line 18 – 22 - "Contact Name" refers to the name of the person the Lottery should contact on all Lottery business. List this person's position, phone numbers and email address.

Line 23 - Specify the business's legal type of ownership: Sole Proprietorship, Partnership, Corporation, Limited Liability Corporation, Limited Liability Partnership, Not-for-Profit, etc. Must match answer in Line 1

Line 24 – (Optional)

Line 25 - Please advise us if this location is under construction.

Line 26 - List each Principal of the Business holding more than ten percent (10%) of the ownership interest and individuals with legal authority to enter into legal contracts on the behalf of the applicant. For example, sole proprietors, general/managing partners, corporate officers, directors and shareholders. **EACH LISTED INDIVIDUAL MUST COMPLETE PART 2 AND 3 OF THIS FORM. Please attach additional sheets as needed.**

Line 27 – Sign and have this statement notarized.

PART 2 – Personal Information

This form must be completed for each owner of more than 10% of Applicant. If no individual owns more than 10% of Applicant, this form will be required from Applicant's managing officers. Make additional copies if necessary.

Line 1 – 9 - List all information requested.

Line 10 – If answering "yes" to any of these questions, please explain on a separate sheet and attach to this application.

Line 11 – Sign and have this statement notarized.

Line 12 – Sign this statement. This consent is not required for corporate officers and directors of Applicant who own less than 10% of Applicant.

Line 13 – Complete, sign and have this consent form notarized.

PART 3 – Criminal Background Check

This form must be completed for each owner of more than 10% of Applicant. If no individual owns more than 10% of Applicant, this form will be required from Applicant's managing officers. Make additional copies if necessary.

Complete section and sign.

PART 4 – Electronic Funds Transfer

Line 1 – List the Business Name.

Line 2 – List all the information requested and sign the authorization.

Line 3 – Have your depository institution representative complete the EFT information and have the representative sign the acknowledgement. **PROVIDE A "VOID" CHECK OR A LETTER FROM YOUR BANK ACKNOWLEDGING THE TRUST ACCOUNT.**

PART 5 – Retailer Servicing

Supply all requested information. LOTTERY TO COMPLETE ALL SHADED ENTRIES ON PART 5. You must complete Part 5 for each business location.

"Business Trade Style Codes"

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|----------------------------------|--------------------------------|
| 01 – Supermarket/Grocery | 09 – Other Retail |
| 02 – Convenience | 10 – Mall Kiosk |
| 03 – Service/Gas Station | 11 – Video Store |
| 04 – Restaurant/Truck Stop | 12 – Other Non-Retail |
| 05 – Drug Store/Pharmacy | 13 – Bowling Alley |
| 06 - Stationery/Gift/Periodicals | 14 – Package Store |
| 07 – Restaurant | 15 – Discount/Department Store |
| 08 – Check Cashing | 16 – Bar/Lounge/Tavern |
| | 99 – Not Classified |

CONTRACT

Complete the information for the business at the bottom of the contract. Contract must be signed by an individual listed in Line 26 of Part 1 of this Application.

For questions, please call (800) 826-4311, Retailer Contracts – option 4, Retailer Services - option 5