

RETAILER INFORMATION FORM

TENNESSEE EDUCATION LOTTERY CORPORATION

Business Information	Please make corrections in this area.
<i>Retailer #</i>	
<i>Legal Name</i>	
<i>Business Name</i>	
<i>Business Address</i>	
<i>City</i>	
<i>State Zip</i>	
<i>Federal Tax ID</i>	
<i>Phone</i>	
<i>Alternate phone</i>	
<i>Fax</i>	
<i>Primary Contact</i>	

<i>Hours of Operation</i>		<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Open</i>								
<i>Close</i>								

Owner #1 Information	
<i>Name</i>	
<i>Address</i>	
<i>City</i>	
<i>State Zip</i>	
<i>Phone</i>	
<i>Percentage of Ownership</i> % / SSN ###-##-	

Owner #2 Information	
<i>Name</i>	
<i>Address</i>	
<i>City</i>	
<i>State Zip</i>	
<i>Phone</i>	
<i>Percentage of Ownership</i> % / SSN ###-##-	

Owner #3 Information	
<i>Name</i>	
<i>Address</i>	
<i>City</i>	
<i>State Zip</i>	
<i>Phone</i>	
<i>Percentage of Ownership</i> % / SSN ###-##-	

Owner #4 Information	
<i>Name</i>	
<i>Address</i>	
<i>City</i>	
<i>State Zip</i>	
<i>Phone</i>	
<i>Percentage of Ownership</i> % / SSN ###-##-	

Owner #5 Information	
<i>Name</i>	
<i>Address</i>	
<i>City</i>	
<i>State Zip</i>	
<i>Phone</i>	
<i>Percentage of Ownership</i> % / SSN ###-##-	

(Optional)
(a) Is more than 50% of this business owned by a person or persons that are a racial minority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American
(b) Is more than 50% of this business owned by a woman? <input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Name _____ Owner Signature _____ Date _____