



Illinois Department of the Lottery

Application for License Renewal



Note: The Illinois Department of the Lottery is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlines under 20 ILCS 1605 to process your Lottery License Renewal. Disclosure of this information is voluntary. However, failure to comply may result in this form not being accepted. False or misleading statements on the application may be cause for rejection or revocation of Retailer's License.

Please return this form to fax number: (217) 524-5190 or E-Mail to: lot.retailer@illinois.gov

1. Retailer Name D/B/A:
2. Corporate Name (If any):
3. Address:
4. City/State/ZipCode:
5. Business Phone:
6. FEIN:

7. Current License:
8. Expiration Date:
9. Contact Name:
10. Contact Number:
11. Contact E-mail:
12. Illinois Business Tax Number:

Owner/Officer Information: (If more than four persons need to be listed, use copies of this form.)

A. For **Sole Proprietorships**, complete for the owner. If husband/wife sole proprietorship, complete for both husband and wife and circle Social Security number to be used for tax reporting.

B. For **Corporations**, complete for all corporate officers. Note: All corporations must have at least President and Secretary. Ownership must total 100%.

C. For **Limited Liability Companies (LLC)**, complete for all members. If management authority has been delegated solely to a manager, also provide manager information. Note: If you LLC utilizes titles other than member and manager, you must furnish copy of your operating agreement or other document creating titles.

D. For **General Partnership**, complete for all partners. For **Limited Partnership**, complete for all general partners.

Last, First Middle (Full)					Last, First Middle (Full)				
Title			Percent (%) of ownership		Title			Percent (%) of ownership	
Home Address (Check one) Rent <input type="checkbox"/> Own <input checked="" type="checkbox"/>					Home Address (Check one) Rent <input type="checkbox"/> Own <input checked="" type="checkbox"/>				
City		State		ZIP Code	City		State		ZIP Code
SSN (xxx-xx-xxxx)					SSN (xxx-xx-xxx)				
Date of Birth		Sex (Optional)	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	Race (Optional)		Optional		
Date of Birth		Sex (Optional)	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	Race (Optional)		Optional		
Driver's License					Home Phone (With area code)				
Driver's License					Home Phone (With area code)				

Last, First Middle (Full)					Last, First Middle (Full)				
Title Percent (%) of ownership					Title Percent (%) of ownership				
Home Address (Check one) Rent Own					Home Address (Check one) Rent Own				
City State ZIP Code					City State ZIP Code				
SSN (xxx-xx-xxxx)					SSN (xxx-xx-xxx)				
Date of Birth Sex (Optional) Male Female Race (Optional)					Date of Birth Sex (Optional) Male Female Race (Optional)				
Driver's License Home Phone (With area code)					Driver's License Home Phone (With area code)				

Last, First Middle (Full)					Last, First Middle (Full)				
Title Percent (%) of ownership					Title Percent (%) of ownership				
Home Address (Check one) Rent Own					Home Address (Check one) Rent Own				
City State ZIP Code					City State ZIP Code				
SSN (xxx-xx-xxxx)					SSN (xxx-xx-xxx)				
Date of Birth Sex (Optional) Male Female Race (Optional)					Date of Birth Sex (Optional) Male Female Race (Optional)				
Driver's License Home Phone (With area code)					Driver's License Home Phone (With area code)				

Type of Business: Mark one business type (sole proprietorship, partnership, corporation, or LLC). Sole proprietors, indicate whether we should use you're FEIN or SSN for tax reporting. Partnerships indicate if you are a limited partnership. Corporations, indicate if you are a not for profit corporation. LLCs. Indicate whether you should be treated as a partnership, corporation, or sole proprietorship for tax purposes.

Please check the box that pertains to you. (Only select one.)

Sole Proprietorship:

- Use FEIN (F)
- Use SSN

Corporation ©:

- Limited Partnership
- Not for profit

Partnership (P):

- Limited Partnership

Limited Liability Company:

- Treated as partnership
- Treated as corporation
- Treated as sole proprietorship (Single member LLCs only) (L)

Acknowledgments/Certifications:

I/we acknowledge that I/we have read the current Retailer Agreement for Sale of Lottery Tickets posted under the Business Opportunities tab of the Illinois Lottery website <https://www.illinoislottery.com/useful-information/retailer-opportunities> and agree individually and as authorized agent(s) of the applicant and on behalf of the owners, partners, members or officers of the applicant, to the terms and conditions therein as may be amended from time to time.

Under penalties of perjury, I/we certify (1) the names and taxpayer identification numbers (business FEIN and my Social Security Number) as shown on this form are correct, and (2) I am/we are not more than 30 days delinquent in complying with a child support order. (Please note that a falsified certification may result in the non-renewal or revocation of your license, and in the case of child support certification, may also subject you to contempt of court.)

In the case of corporate applicant, I/we acknowledge that any officer on the corporation may be held personally liable for Lottery receipts which are not segregated from the corporate funds and paid to the Lottery when due, and hereby accept the responsibility on behalf of the corporate officers.

In the case of a limited liability company applicant, I/we acknowledge that the members, as owners of the company, may be held personally liable for Lottery receipts which are not segregated from the corporate funds and paid to the Lottery when due, and hereby accept the responsibility on behalf of the members.

I/we personally and on behalf of each owner, partner, member, manager or officer listed on the application authorize the Lottery to obtain from the Illinois Department of State Police, the Illinois Department of Revenue, and any reputable consumer credit reporting service all information contained in their records concerning the business, each owner, partner and officer, including the release of criminal history information, taxpayer identification numbers, driver's license numbers, and credit history. I/we release any individual, organization, or agency from any and all liability incurred as a result of providing such records.

SIGNATURES: (Attach a separate signature page is necessary.)

If the applicant is a sole proprietorship, the owner must sign this contract. In the case of a husband/wife sole proprietorship, both spouses must sign. If the applicant is a partnership, each general partner must sign. **If the applicant is a corporation, primary corporate officers listed on page 1 of this renewal application must sign (e.g. president, vice president, secretary, treasurer.)** If the applicant is a limited liability company, each member must sign, unless such authority has been solely delegated to a manager, in which case you must attach a copy of the articles of organization or operating agreement to support the manager's authority to sign this document.

I/we have the authority to execute this agreement for and on behalf of the applicant/retailer.

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Signature: _____
 Name: _____
 Title: _____
 Date: _____

Complete the Criminal Background Information- For all new applicants and existing officers

Please answer the following- A background investigation is conducted for the applicant and each owner/ officer/ partner/ member (a “principal”) of the applicant business, if any entity, as part of the Retailer Licensing/ Approval and renewal process. If you or, if the applicant is an entity, the applicant or any other principal of the business/ applicant have been convicted of any offense defined in or under the Illinois Criminal Code or the criminal code of any other state, or of a criminal offense under any federal law, you must submit a separate statement setting forth the name of the offender, the nature of the offense, the state and county or federal court in which the criminal conviction occurred, the date of the conviction, the sentence, and any other information you may wish to add. Further, you must submit a statement if anyone listed on the Retailer licensing application has ever been found guilty of fraud or misrepresentation, has been a gambling promoter or professional gambler, or has been engaged in bookmaking or other form of illegal gambling. A criminal conviction does not automatically mean this application will be denied. However, concealment of a criminal record may result in denial of the application or in a subsequent license suspension or revocation. The Lottery will compare the information you give with criminal records maintained by federal and state law enforcement agencies.

Please check the appropriate box.

- A separate statement describing any criminal conviction is attached.
- No separate statement is attached. Neither the applicant business nor a principal of the business has ever been convicted of a criminal offense.

Have the applicants, individually or as part of another business, ever been licensed by the Department of Lottery or the Department of Revenue for the purpose of selling Lottery Tickets?

- Yes No

If yes, list the previous Illinois Lottery Retailer Number(s): _____

Acknowledgement of Requirement for Lottery Trust Fund Account

I understand that all Lottery proceeds are funds of the State of Illinois and must be:

- Separately segregated from other business or personal funds
- Held in trust on behalf of the Illinois Department of the Lottery
- Deposited, under penalty of law, in a separate bank account for transfer of weekly Lottery settlements.

The account must be designated on the bank's records as "Lottery Trust Fund Account"

I acknowledge that as a condition of my Retailers License renewal approval I will be furnished with an Electronic Funds Transfer Authorization Form that must be completed and returned along with proof of ownership of bank account designated "Lottery Trust Fund Account" prior to my Lottery Retailers Renewal License being printed and provided to me.

Signature Authority (Managers or employees may not sign)

Owner's or Officer's Name (Printed) Job Title

Owner's or Officer's Signature Date

Owner's or Officer's Name (Printed) Job Title

Owner's or Officer's Signature Date

ILLINOIS LOTTERY APPLICATION FOR LICENSE RENEWAL CHECKLIST

Your completed application MUST contain the following. Please note, an incomplete application will result in a delay in processing your application.

I. Re-read the IDL-61 Retailer Agreement for Sale of Lottery Tickets

Save this for your records (included in the Retailer Application Packet on the Lottery website <https://www.illinoislottery.com/useful-information/retailer-opportunities>)

II. Complete all sections of the Illinois Department of the IDL-31 Lottery Application for License Renewal Before submitting your application be sure you have included the following:

- Retailer Name and Corporate Name (if any)
- Retail Address and Phone Number
- FEIN – please note this is a *nine (9) digit number* (_____)
- Current Retailer Number and License Expiration Date
- Contact Name, Phone Number and E-mail address
- Illinois Business Tax Number (IBT) – please note this is an eight (8) digit number
- Personal Data for **each** owner/shareholder or officer (including title, percentage of ownership, and signature)
- Completed Criminal Background Information Form
- Completed W-9 Form with signature
- Completed Checklist
- Acknowledgement of Requirement for Lottery Trust Fund Account
- Completed EFT Authorization Form
- Proof of ownership of bank account designated “Lottery Trust Account”

All forms MUST be signed and dated. The non-refundable application fee of \$25.00 will be swept from your designated Lottery account.

All forms and information MUST be mailed, faxed or E-mailed to:

Illinois Lottery
Attn: Licensing Supervisor
P.O. Box 19081
Springfield, IL 62794-9081

Fax: (217) 524-5190
E-Mail: lot.retailer@illinois.gov



Electronic Funds Transfer (EFT) Authorization Form

Instructions: Complete the authorization agreement to establish or modify your electronic fund transfer account for Illinois Lottery ticket sales.

Authorization Agreement

Business Name	<input type="checkbox"/> Establish EFT Account <input type="checkbox"/> Modify EFT Account	Retailer Number
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Corporate Name (if applicable)

Business Address

City	State	ZIP
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I authorize the Illinois Department of the Lottery, to initiate debit and credit entries to the designated checking or savings account at the depository financial institution named below. I understand that the amount of debit and/or credit will equal the amount due and payable as determined at the time of each settlement, and will take place approximately two banking days later.

I understand that all Lottery proceeds are funds of the state of Illinois and must be:

- > Separately segregated from other business or personal funds
- > Held in trust on behalf of the Illinois Department of the Lottery
- > Deposited, under penalty of law, in a separate bank account for transfer of weekly Lottery settlements. The account must be designated on the bank's records as "Lottery Trust Fund Account"

Financial Institution Name	Name of the Account
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Financial Institution Address

City	State	ZIP
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Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Transit/American Banking Association Number	Wednesday Draw Date to be Effective
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This authority is to remain in effect until the Illinois Department of the Lottery and the depository financial institution have received 30 days prior written notice of termination of account from the above-named corporation or business.

Signature Authority (Managers or employees may not sign)

Owner's or Officer's Name (Printed)	Job Title
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Owner's or Officer's Signature	Date
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Owner's or Officer's Name (Printed)	Job Title
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Owner's or Officer's Signature	Date
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Note: If you have difficulty obtaining the account or transit information, simply attach a voided check from the "Lottery Trust Fund Account" to this completed and signed authorization form.

This form must be received by 1:00 p.m. Monday for next draw date (Wednesday sweep). Otherwise, the change will not be effective until the following draw date (Wednesday sweep).

Return this signed and completed form:

by fax to:
312-277-1095

or by email to:
Retailer@CamelotIllinois.com

or by mail to:
Attn: Retailer Application Coordinator,
Illinois Lottery, 200 W. Jackson Blvd,
Suite 1100, Chicago, IL 60606