



Retailer Application Forms

Thank you for your interest in becoming a Kansas Lottery Retailer. Attached are the necessary forms for you to fill out. They include:

- **Business Information Data:** First 3 pages detailing business information.
- **Personal Data Sheet:** A Personal Data Sheet must be filled out by each owner, partner, principal, director, officer, board member, etc, connected with the company. **Also**, anyone owning 5% or more in the business.
- **Retail Location Sheet:** Fill out a form for each location applying for Lottery.
- **Automatic Payment Authorization Form:** Fill out a form for each location applying for Lottery. A voided check is required with this form.
- **Retailer Portal Access Request Form:** Fill out a form to create an Admin profile for the Retailer Portal.
- **W-9 Form:** Fill out to provide correct Taxpayer Identification Number for your business.

Fill out all the forms completely. **Attach a \$150 check or money order for each location. This is a non-refundable fee. Please make checks payable to The Kansas Lottery** Mail completed forms and application fee to:

Kansas Lottery
ATTN: **Retailer Services Department**
128 N. Kansas Ave
Topeka, KS 66603-3638

How the process works:

Upon receiving all completed application forms and fees, the Kansas Lottery will conduct criminal background and tax checks on your business and all owners, principals, directors, officers, board members, etc. that are part of the business. The Lottery will also survey your business location for compliance with the requirements of Title II of the Americans with Disabilities Act (ADA).

Approval of being a Lottery Retailer is granted when your business passes **BOTH** the criminal background and ADA compliance checks.

After your business has been approved, the Kansas Lottery will order the necessary communications equipment to be installed in your business. **Please remember, each location must have a “clean” electrical outlet available for the Lottery terminal.** A “clean” electrical outlet is one that does NOT have another source requiring a significant draw of power (i.e. neon light, compressor, electrical element, etc.). You can usually begin selling Lottery products within 5 days after the communications equipment is ordered for your business. Also, during this time frame, a Kansas Lottery All-Games Contract will be sent to you for your approval and signature.

Need assistance?

Help to become a Kansas Lottery Retailer is just a phone call away.
Contact Mike Todd (785-296-5757) or Kevin Brady (785-296-5753).
You may also Email us at: RetailerOperations@kslottery.onmicrosoft.com

KANSAS LOTTERY

APPLICATION FOR LOTTERY RETAILER

MAKE FEE PAYABLE TO THE KANSAS LOTTERY Amount \$ _____ Attached

APPLICATION FEE IS \$150.00 PER SELLING LOCATION
(This is a non-refundable fee)

NOTE: Please type or print legibly. Read application instructions before completing. If application is for multiple locations (i.e., a chain store), only one Lottery Application needs to be submitted. However, a Retailer Location Sheet **must** be submitted for each location.

1. LEGAL BUSINESS ENTITY NAME: _____

LEGAL BUSINESS ENTITY ADDRESS: _____
(Physical Street Address of Business. **DO NOT LIST A P.O. BOX**)

(City) (State) (Zip) (County)

2. MAILING ADDRESS (If same as above please write "SAME")

(no. and street)

(City) (State) (Zip) (County)

If the business name is different from the store name, just use the business name (e.g., DBA CORP). The store name (e.g., XYZ Market) is to be included on the Retailer Location Sheet.

If you are a multiple location retailer, such as a chain store, the address must be that of the headquarters of the business, with the address of each outlet shown on the Retailer Location Sheet to be completed for each retail outlet. Similarly, if you are a single location outlet but the address is different from the retail outlet or "store" address, show the business address. The "store" address is to be shown on the Retailer Location Sheet.

Only include the mailing address if it is different from the business address.

3. NUMBER OF LOCATIONS: _____

If it is a single location outlet indicate "1". If multiple locations, indicate the total number of locations for which you are applying to sell lottery tickets. Be sure that a Retail Location Sheet is filled out and fee included for each of the locations.

4. KANSAS BUSINESS ENTITY# (If CORPORATION or LLC or LLP or ENT): _____

If you file a Corporate Tax Return in Kansas, indicate your Kansas Business Entity Number. This number is assigned by the Secretary of State's Office.

5. KANSAS WITHHOLDING TAX#: _____

This is the registration number issued by the Kansas Department of Revenue as shown on your Withholding Tax Certificate. Be sure to attach an explanation if you do not have such a number.

6. KANSAS SALES TAX#: _____

This is the registration number issued by the Kansas Department of Revenue shown on your Sales Tax Certificate. If you do not have such a number, please attach a statement explaining why your business is not subject to sales tax.

7. FEDERAL EMPLOYER I.D. (FEIN) #: _____ This is the same number you list on Form W-9 (attached) or attach an explanation if you do not have such a number.

8. RETAIL LIQUOR / EXCISE # or CEREAL MALT BEVERAGE (CMB) # (If Applicable): _____

9. UNEMPLOYMENT INSURANCE TAX#: _____

10. HAVE YOU HELD ANY OTHER STATE REGISTRATION TAX NUMBERS DURING THE PAST FOUR YEARS OTHER THAN THOSE LISTED ABOVE?

_____ Yes _____ No
If yes, please provide a list on a separate sheet.

11. TYPE OF BUSINESS: _____
(Enter code from below)

Please indicate the type of business by entering a code from Standard Industrial Code (SIC) indications below.

- 5331 – General Merchandise** – Retail store carrying general line (Ex. Variety and Department Stores).
- 5411 – Grocery** -- Supermarkets carrying full line.
- 5412 – Convenience with gas** – Retailer primarily carrying a limited line of various products.
- 5413 – Convenience without gas** – Retailer primarily carrying a limited line of various products.
- 5541 – Gas Stations** – Gasoline service stations primarily engaged in selling gasoline.
- 5812 – Eating Places** – Establishments primarily engaged in retail sale of prepared food.
- 5813 – Drinking Places** – Establishments primarily engaged in the retail sale of drinks, for consumption on the premises.
- 5912 – Drug Stores** – Establishments engaged in the retail sale of prescription drugs and patented medicines.
- 5921 – Liquor Stores** – Store primarily engaged in the retail sale of packaged alcoholic beverages for consumption off the premises.
- 7933 – Bowling Centers** – Establishments primarily engaged in bowling lane/equipment rental.
- 8641 – Fraternal Organizations** – Non-Profit businesses: American Legion, BPOE, FOE, VFW, etc.
- 9837 – Bingo Parlors** – Establishments primarily engaged in the sale of Bingo cards.
- 9999 – Misc.** – Retailers that do not fall under the other 12 code descriptions.

12. DATE BUSINESS WAS ESTABLISHED: _____

13. TYPE OF ORGANIZATIONS: _____
(Enter code from below)

Please indicate your type of organization by using the following codes:

- | | | |
|---------------------------------|--|--|
| 01 – Sole proprietorship | 03 – Corporation | 05 – (LLC) Limited Liability Company OR |
| 02 – Partnership | 04 – Unincorporated Association | (LLP) Limited Liability Partnership |

14. LIST BELOW ALL NAMES AND TITLES AS REQUIRED PER TYPE OF ORGANIZATION DEFINED IN THE INSTRUCTIONS BELOW.

SOLE PROPRIETORSHIP: The owner. If owned by a husband and wife, both names must be included.

PARTNERSHIP: Each partner of the organization.

LLC/LLP/CORPORATION: Each Officer, each Director, and each Member/Partner of the organization/company. Or any stockholder who owns 5% or more of the stock in the organization/company.

UNINCORPORATED ASSOCIATION: Each Officer and each director of the association.

15. Each person listed below MUST complete a Personal Data Sheet.

If additional space is needed, please attach a separate sheet.

- | | |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

IF ANY OF QUESTIONS 16, 17 OR 18 ARE ANSWERED YES, PLEASE ATTACH A SEPARATE SHEET WITH COMPLETE DETAILS.

16. Has any owner, partner, officer, director or member of this business/organization ever been convicted of a felony in Kansas or any illegal gambling activity in Kansas or any other jurisdiction or ever been found to have violated the provisions of the Kansas Lottery Act or any rules or regulations adopted under said act?

YES _____ **NO** _____

(Offenses): Explain in detail if you answer **YES**. All felony convictions or illegal gambling convictions must be reported whether such offenses took place in Kansas or elsewhere.

If **YES**, has it been at least 10 years since completion of the sentence or probation?

YES _____ **NO** _____

17. Does this business/organization, or any owner, partner, officer, director, or member thereof, owe any past due taxes, interest, or penalties to the State of Kansas or to any taxing subdivision where the business/organization will sell lottery tickets?

YES _____ **NO** _____

(Tax delinquencies): Explain in detail if your answer is **YES**.

18. To the best of my knowledge the location(s) identified in this application are certified to be in compliance with Title III of the Americans with Disabilities Act (ADA).

19. NAME AND TITLE OF PERSON TO CONTACT ON LOTTERY MATTERS: _____
(Print Name & Title)

(Contact person): This should be the individual who is authorized to speak for the business concerning lottery ticket sales. In an individual proprietorship, this would be the proprietor. In a corporation or other such entity, a chief executive or some other highly placed officer would ordinarily be shown as the contact person.

20. PHONE NUMBER: _____
(This should be the phone number of the contact person. Please include the area code)

21. E-MAIL ADDRESS: _____
(This should be the e-mail address of the contact person)

22. I understand and agree that if approved as a Lottery retailer, satellite and/or radio communications equipment will be installed on the roof and/or other part of the retailer location(s) described herein, as solely determined by the Lottery, its employees, or vendor(s) under contract with the Lottery.

I declare (or verify, certify, or state) under penalty of perjury that the foregoing is true and correct.

Type or Print Name **Title**

Owners Signature **Date**

PERSONAL DATA SHEET OF LOTTERY APPLICATION

The SOLE OWNER, EACH PARTNER, EACH OFFICER, EACH DIRECTOR, EACH MEMBER or PERSONS OWNING 5% OR MORE IN THE BUSINESS are required to complete a Personal Data Sheet.

MAKE COPIES FOR EACH PERSON

Note: this form must be completed by each person as required per type of organization as defined in question 14 on Page 3 and listed in item 15 on Page 3 of this Retailer Application. Please type or print legibly.

Be sure to complete all items and return with the application.

Business Name: _____ **Business Address:** _____
(No. & Street) (City) (State) (Zip)

Individual's Name: _____ **Primary Phone #:** _____
(Last) (First) (Middle)

Home Address: _____
(No. & Street) (City) (State) (Zip) (County)

Alternate or Cell Phone #: _____ **Date of Birth:** _____ **Social Security #:** _____ **Sex:** M F
(MM/DD/YYYY)

Driver's License #: _____ **State Where Driver's License Issued:** _____ **Email Address:** _____

***LIST ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:** (maiden name, if previously married, indicate spouse's name and Social Security Number, aliases, etc.) _____

***Your Relationship**

To Business: _____ Owner _____ Spouse _____ Partner _____ Corporate Officer/Director

***% Owned** _____ Member _____ Stockholder (5% or more) Other _____

***HOW LONG HAVE YOU BEEN A RESIDENT OF KANSAS?** Years _____ Months _____ Not a resident _____

***If you have been a Kansas Resident for less than 10 years, list ALL previous addresses during this period. (use separate sheets if necessary)** _____

***Have you filed individual income tax returns in Kansas during each of the last three years?** _____ YES _____ NO

If NO, please explain. _____

DISCLOSURE STATEMENT

I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any Lottery Retailer Contract granted. I authorize the Executive Director of the Kansas Lottery, or the Director's designee to investigate any or all matters set forth in this Personal Data form including but not limited to my financial records, financial sources, and criminal history as necessary for entering into a contract for a Lottery Retailer, and to disclose such information to the owner or any partner, officer, director or person owning 5% or more of stock (if applicable) of the above named business if deemed necessary by the Lottery. I understand that further information may be requested of me in regard to this investigation.

Signature

Date

OATH

I have not been convicted of a felony in Kansas or any other jurisdiction within the previous ten years unless at least ten years have passed since satisfactory completion of the sentence or probation imposed by the court for each such felony; have not been convicted of illegal gambling activity in Kansas or any other jurisdiction and have not been found to have violated the provisions of the Kansas Lottery Act or any rule or regulation adopted under the Kansas Lottery Act. I am current in payment of all taxes, interest and penalties owed to any taxing subdivision where I will sell tickets; I am current in filing all applicable tax returns; and I am current in the payment of all taxes, interest and penalties owed to the State of Kansas.

I declare (or verify, or certify, or state) under penalty of perjury that the foregoing is true and correct.

Print Name

Title

Signature

Date

RETAIL LOCATION SHEET

THE KANSAS LOTTERY
128 N. Kansas Ave
Topeka, Kansas 66603-3638

Note: PLEASE TYPE OR PRINT LEGIBLY. ONE OF THESE FORMS MUST BE COMPLETED FOR EACH LOCATION APPLYING TO SELL LOTTERY TICKETS.

1. STORE NAME (DBA): _____

2. STORE ADDRESS: _____

(Number and street)

(City)

(State)

(Zip)

(County)

3. LOCATION PHONE NUMBER: _____

4. CONTACT PERSON: _____

5. ALTERNATE PHONE NUMBER: _____

6. TYPE OF BUSINESS: _____
(Enter code from below)

5331 – General Merchandise
5412 – Convenience w/Gas
5541 – Gas Station
5813 – Drinking Places
5921 – Liquor Store
8641 – Fraternal Organization
9999 – Other than those listed

5411 – Grocery
5413 – Convenience w/o Gas
5812 – Eating Places
5912 – Drug Store
7933 – Bowling Center
9837 – Bingo Parlor

7. Kansas Sales Tax#: _____

8. Federal Employer I.D. (FEIN)#: _____

9. Kansas Business Entity#: _____

10. Kansas Withholding Tax#: _____

11. Liquor Excise Tax/CMB#: _____

12. Signature: (Signature must be of one of the people listed at item 14 on page 3 of the Retailer Application)

Signature

Title

Date

AUTOMATIC PAYMENT AUTHORIZATION

Business Name: _____

RET#: _____
(FOR LOTTERY USE ONLY)

I (we) hereby authorize The Kansas Lottery, hereinafter called Lottery, to initiate debit and/or credit entries to my/our

_____ Checking Account Or _____ Savings Account

indicated below, and the bank named below, hereinafter called DEPOSITORY, to debit and/or credit the same such account.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

DATE OPENED _____

This authorization is to remain in full force and effect until LOTTERY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford LOTTERY and DEPOSITORY a reasonable time to act on it:

Name	Signature	Title
_____	_____	_____
Name	Signature	Title

Please attach a **VOIDED CHECK**

OR

APPROVED BANK LETTER (Contact us for Bank Letter requirements)

FOR LOTTERY OFFICE USE ONLY:

PRE-NOTE DATE: _____

Transit Routing Number _____ BY: _____

Account Number _____

Effective Date _____ CONFIRM: _____

MAIL TO: KANSAS LOTTERY
ATTN: RETAILER SERVICES
128 N. KANSAS AVE
TOPEKA, KS 66603-3638

OR FAX TO: 785-291-3654

E-MAIL TO:
RetailerOperations@kslottery.onmicrosoft.com

RETAILER PORTAL ACCESS REQUEST FORM

The Retailer Portal Authorization form authorizes the Kansas Lottery to establish your business in our online Retailer Portal, which will allow you to see detailed sales data, instant ticket inventory, billing information, and run reports.

A Super User is an account created for the Retailer Portal that has access to create more accounts and has the ability to set up regularly scheduled sales reports.

Chain / Retailer Number (If Existing Kansas Lottery Retailer): _____

Chain/Retailer Name: _____

Super User's First and Last Name: _____
(Print)

Super User's E-mail Address: _____
(Print)

Contact Number – Primary: _____

Contact Number – Alternative: _____

Super User's Signature: _____

Authorized By Signature: _____ Print Name: _____

Return completed form to: RetailerOperations@kslottery.onmicrosoft.com.

For New Retailers, we will set up access and provide log-in information near start of Lottery sales.

For existing KSL Retailers making changes, allow for 1-2 business days for login and password to be created and returned to the Super User listed above.

Kansas Lottery Staff Will Complete Information Below This Line

Form Completed By:

Form Completed On:

Super User's Username Created:

Default Password Created:

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/> - <input type="text"/>

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



APPLICATION CHECKLIST

Here is a quick checklist of application items that are required by the Kansas Lottery to begin the application approval process.

Need assistance?

Call Mike Todd (785-296-5757) or Kevin Brady (785-296-5753)

OR

Email us at: RetailerOperations@kslottery.onmicrosoft.com

1. **Business Information Data Form (3 pages)** completely filled out and signed.
2. **Personal Data Form (1 page)** completely filled out and signed. One form is required for each person as required per organizational type as defined in question 14 on page 3 of the Kansas Lottery Application.
3. **Retail Location Form (1 page)** completely filled out and signed. One form is required for each location adding Lottery.
4. **Automatic Payment Authorization Form (1 page)** completely filled out and signed. **You are required to attach a VOIDED CHECK or BANK LETTER (contact us for bank letter requirements).**
5. **Retailer Portal Account Access Request Form (1 page)** completely filled out and signed.
6. **W-9 Form (1 page)** completely filled out and signed.
7. Non-refundable application fee of **\$150 for each location requesting to sell Kansas Lottery products.** The fee may be paid by check or money order.

Please return your completed forms via:

E-mail (RetailerOperations@kslottery.onmicrosoft.com)

Fax (785-291-3654)

Or if mailed, please use the address listed below.

The \$150 application fee should be mailed to the physical address listed below:

Kansas Lottery
ATTN: Retailer Services Department
128 N Kansas Ave
Topeka, KS 66603-3638