MASSACHUSETTS STATE LOTTERY COMMISSION

LICENSE APPLICATION BOOKLET

Supporting the 351 Cities and Towns of Massachusetts

Deborah B. Goldberg
Treasurer and Receiver General

Michael R. Sweeney
Executive Director
**LICENSE APPLICATION INFORMATION**

Massachusetts State Lottery Commission (MSLC) licenses are issued subject to the requirements of 961 CMR 2.00-4.00.

No federal, state, county, or municipal employee or a member of the immediate family as defined in Chapter 10, Section 27 of the Massachusetts General Laws, shall sell, or be issued a license to sell lottery tickets.

MSLC sales agent licenses are not transferable. If you have purchased or are in the process of buying a business establishment that is currently licensed to sell MSLC products, you will have to apply for a new license to sell MSLC products.

Our Licensing Department, which is located in our Braintree Office, processes all applications. If you have any questions, please call the Licensing Department at 781–849–5555 ext. 5739.

**FEES**

**Applicants**

- There is a $200 non-refundable application fee, regardless of the outcome of the application.

**Agents**

Once licensed by the Lottery, all agents are charged:

- A $2.00 per diem service fee.
- A $2.00 per diem bonding fee.

**WEB-SITE**

Additional Lottery information is located on our Website – [www.masslottery.com](http://www.masslottery.com)
THE APPLICATION PROCESS

Stage I Document Review

- An MSLC representative will conduct a review of your application to ensure that all required documents have been completed and submitted.

- If the application is incomplete, it will be returned.

- If the application is complete, notification will be sent and the review process will continue.

Stage II Financial Review

- All current owners, partners, LLC members, LLC managers or corporate officers listed on the application are subject to a credit check by the MSLC.

- Existing debt from a prior Lottery licensee at the proposed location will be considered during the approval process.

Stage III Criminal History Investigation

- All current owners, partners, LLC members, LLC managers or corporate officers listed on the application are subject to a criminal history record background check. The MSLC Security Department will review the results of the criminal history investigation.

Stage IV Site Assessment

- A representative of the MSLC will conduct an assessment of your business location to measure its sales potential.

- Proposed agents of the MSLC must be a retail business. The business may not be established for the sole purpose of selling MSLC products.

- The word “Lottery” cannot be used in your business name.

Stage V Approval/Denial Notification

- If approved, notification will be sent with further instructions.

- If denied, notice by the Licensing Department will be sent by certified mail. Applicants may appeal a denial within 20 days of receiving said notice. If the applicant does not file an appeal in the specified time period, the application will expire.
BUSINESS STRUCTURES

Below is a list of the business structures licensed by the MSLC.

- Corporations
- Limited Liability Companies
- Sole Proprietorships
- Partnerships

All business entities must provide:

- Application
- W-9 Form (completed and signed)
- Verification of taxpayer identification number
- Photo ID (copy of valid license or passport)
- MSLC Personal Data Form(s)
- MSLC Release Authorization Form(s)
- Liquor License (if applying for KENO)
- Application fee

Each business structure must also provide additional documents. Please refer to the list below that applies to your business structure.

Corporation

- Articles of Organization*
- Certificate of Good Standing (original)*
- Each current officer of the corporation must complete an MSLC Personal Data Form and MSLC Release Authorization Form

Limited Liability Company (LLC)

- Certificate of LLC*
- Certificate of Good Standing (original)*
- Each current LLC manager or LLC member must complete an MSLC Personal Data Form and MSLC Release Authorization Form

Partnership

- Certificate of Partnership or Partnership Agreement
- DBA (doing business as) Certificate from the city or town where the business is located
- Each current partner must complete an MSLC Personal Data Form and MSLC Release Authorization Form

Sole Proprietorship

- DBA (doing business as) Certificate from the city or town where the business is located
- The sole proprietor must complete an MSLC Personal Data Form and MSLC Release Authorization Form

* These required documents must be obtained by contacting the Massachusetts Secretary of State’s Office. You may call (617) 727-9640 or visit their web-site at www.state.ma.us/sec/cor for information and locations.
APPLICATION CHECKLIST

Before submitting your application the following items must be included:

☐ A completed application (pages 7-9)

☐ All required documents based on your business structure (page 5)

☐ A W-9 form completed and signed (page 11)

☐ Official verification from the IRS or DOR of your Taxpayer Identification Number

☐ MSLC Personal Data Form(s) completed and signed by all required parties (page 13)

☐ MSLC Release Authorization Form(s) completed and signed by all required parties (page 14)

☐ Photo identification for all required parties (photo copy of valid license or passport is acceptable)

☐ A $200 non-refundable check made payable to the MSLC. Do not send cash.

If your application does not include all of the items listed above, it will be considered incomplete and returned.

All applications must be mailed to:

Massachusetts State Lottery Commission
Licensing Department
60 Columbian Street
Braintree, MA 02184
Please print clearly in ink

Please check the box that applies to your application:

☐ New Applicant  ☐ New Applicant at Existing MSLC location
☐ Change in Business Structure  Current Name ____________________
  Current Agent # ____________  Current Agent # ____________

Note: No federal, state, county or municipal employee or a member of the immediate family, as defined in Chapter 10, Section 27 of the Massachusetts General Laws, shall sell, or be issued a license to sell Lottery tickets.

BUSINESS STRUCTURE - Please check the box that applies to your business

☐ Sole Proprietorship  ☐ Partnership
☐ Limited Liability Company  ☐ Corporation

Business Structure Name__________________________________________________

TAXPAYER IDENTIFICATION NUMBER (TIN) FOR BUSINESS STRUCTURE

Taxpayer Identification Number (TIN) ________________________________

Official verification from the Internal Revenue Service or Department of Revenue of your Taxpayer Identification Number is required and must be attached to the completed W-9 form enclosed in this application booklet.

BUSINESS LOCATION INFORMATION

DBA Name (Doing Business As)________________________________________________

Street Address _____________________________________________________________

City/Town ____________________________  Zip Code __ __ __ __ __ - __ __ __

Business Phone (_ _ _) __ __ __-__ __ __ __  Fax Number (_ _ _) __ __ __-__ __ __ __
**TYPE OF BUSINESS**

- Food Supermarket
- Convenience Store
- Drug Store
- Bar/Tavern/Lounge
- Restaurant/No Liquor
- Restaurant/Liquor
- Coffee Shop
- Liquor Store
- Gas Station/Conv.
- Hardware Store
- Bowling Alley/Pool Hall
- Club/Fraternal Org.
- Newsstand
- Video Store
- Other Retail Business (Specify)

**KENO & PULL-TAB APPLICANTS**

Only establishments with a liquor-pouring license can apply to sell Keno and/or Pull-Tab products.

Are you applying for a Keno license? Yes No

Are you applying for a Pull-Tab license? Yes No

If yes, a copy of your liquor-pouring license from your city/town is required.

**LANDLORD INFORMATION**

List the information requested below pertaining to the owner of the business location.

Name ________________________________________________________________
Business Address _________________________________________________________
City/Town ____________________________ State _____ Zip Code __ __ __ __ __
Phone Number (_ _ _) __ __ __-__ __ __ __

**CURRENT OWNERS, PARTNERS, LLC MEMBERS, LLC MANAGERS OR CORPORATE OFFICERS**

List the names of all current owners, partners, LLC members, LLC managers or corporate officers of the business structure. *Each individual listed below must submit an MSLC Personal Data Form and MSLC Release Authorization Form, which is enclosed in this application booklet. Copies may be made if necessary.*

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
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AUTHORIZED SIGNATURE

I hereby certify that I am duly authorized to execute this application on behalf of

________________________________________________________________________

Business Structure Name (list individual name if you are a sole proprietor)

________________________________________________________________________

Doing Business As (if different from above)

and that I have examined this application and to the best of my knowledge and belief the information contained herein is accurate and pursuant to Massachusetts General Laws Ch. 62C, Sec 49A. I also certify under the penalties of perjury that all Massachusetts tax returns have been filed and any amount due and payable has been paid.

Print the name of the authorized owner, partner, LLC member, LLC manager or corporate officer completing this application.

__/________________________/_________________________
Name Title

Signature of the authorized owner, partner, LLC member, LLC manager or corporate officer completing this application.

__/________________________/_________________________
Signature Date

APPLICATION FEE

Please attach a check in the amount of $200 for the application fee. Please note that this fee is non-refundable, regardless of the outcome of this application. Checks must be made payable to the MSLC. Please do not send cash.

The MSLC must be notified of any changes regarding this application.
**Request for Taxpayer Identification Number and Certification**

### 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II  Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

**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 on page 4.)

### Part III  Certification

**Signature of U.S. person**  

**Date**

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Please attach official verification of your Taxpayer Identification Number (TIN) from the Internal Revenue Service (IRS) or Department of Revenue (DOR) to this form. A copy of your social security card is acceptable if your TIN is your social security number.
MSLC PERSONAL DATA FORM

Each current owner, partner, LLC member, LLC manager or corporate officer of the business must complete and sign a personal data form. (Copies may be made if necessary)

Business Structure Name __________________________________________________________

Doing Business As (if different from above) ___________________________ City/Town____________________

PLEASE PRINT CLEARLY IN INK

Last Name ____________________________________________ First _______ Middle Initial _______ Maiden Name _______

_ _ _ / _ / _ _ Date of Birth _____________________________ Social Security Number _______ Sex _______

Home Address ___________________________ City ___________________________ State Zip Code______

__ __ __ - __ __ __ - __ __ __ __  __ __ __ - __ __ __ - __ __ __ __ __________________________

Home Telephone Cell Phone ______________ E-Mail Address ________________________________

Employer

1. I have held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation (attach separate sheet if necessary):

_____________________________ Store Name __________________________ Address __________________________ Agent Number

2. Are you a federal, state, county, or municipal employee? Yes □ No □
If yes, please list employer

________________________________________________________

Employer

3. Is anyone in your immediate family as defined in Chapter 10, Section 27 of the Massachusetts General Laws, a federal, state, county, or municipal employee? Yes □ No □
If yes, please list name(s), relationship, and employer (attach separate sheet if necessary)

_______________________________ Name __________________________ Relationship to applicant __________________________

_______________________________ Employer __________________________

I have examined this information and verify it is complete and contains no misrepresentations or false statements.

__________________________________________ __________________________
Print Name ____________________________ Signature

_ _ / _ / _ Date

Please complete both sides of this form.

(revised 2/2011)
MSLC RELEASE AUTHORIZATION FORM

Each current owner, partner, LLC member, LLC manager or corporate officer of the business must complete and sign a release authorization form. (Copies may be made if necessary)

Business Structure Name__________________________________________________________

Doing Business As (if different from above)___________________________________________ City/Town__________________________

As a condition of licensing and renewing of a license, all applicants must consent to and authorize a verification of the background information submitted on an application for a license to sell Massachusetts State Lottery Commission (hereinafter MSLC) products. This Release Authorization specifically acknowledges that the MSLC may now or at any time while licensed, conduct verifications including, but not limited to, credit history and any criminal record information which may be contained in the files of any federal, state or municipal criminal justice agency and other information deemed necessary to assure that all licensing requirements are met. The results of this verification process will be used to determine licensing eligibility under MSLC licensing policies. All results are proprietary and will be kept confidential.

I have read and understand this MSLC Release Authorization Form and I hereby authorize the MSLC or its duly authorized agent for the MSLC, to contact federal, state and municipal agencies, law enforcement agencies, persons or others to provide information. I also hereby specifically release the MSLC, or agents legally engaged by the MSLC, from any liability and responsibility arising from their doing so. This research may be performed for information dating back a maximum of ten (10) years.

I also hereby give my specific permission, as a condition of licensing for the release of all appropriate background information regarding my credit history (consistent with the Federal Fair Credit Reporting Act), criminal record history, or other sources of information which are permissible by governing laws.

I, the undersigned, do hereby certify that the information I have provided for the purpose of obtaining a license is true, accurate, factual and complete to the best of my knowledge. I understand that any false statement may be considered cause for denial, revocation and/or termination of an MSLC sales agent license. I fully understand the terms of this release.

_________________________________________  ___________________________
Print Name                                          Signature

_____/_____/>____
Date

Please consult an attorney if you do not understand the terms and conditions contained herein.

Please complete both sides of this form.