

West Virginia Lottery Commission

900 Pennsylvania Avenue, Charleston, WV 25302



Traditional Retailer License Application

*This Booklet Contains Instructions, Terms and Conditions, And Forms
Needed to Become A West Virginia Lottery Traditional Retailer*



INTRODUCTION

Dear Applicant:

Thank you for your request for a Traditional Retailer Lottery Application. Please read the information in this booklet carefully. It contains the Terms and Conditions of being a retailer, along with the forms and instructions to apply. This will better help you to complete the application and to be sure that all information is included.

Selling West Virginia Lottery products can provide a wide array of benefits to most any qualifying business. Not only do the instant ticket, daily numbers, cash lotto and large jackpot lottery games provide customer entertainment and traffic incentive, their sales can earn businesses added income through sales commissions (7%) and bonuses (1% on prizes sold of \$500 and up, 1 % on prizes cashed up to \$600). Additionally, you, the West Virginia business person, provide a valuable service for the people of our state. Each year, lottery sales contribute millions of dollars to fund education, senior citizens, and economic development through tourism.

The following pages of this document take you step-by-step through the application process. Refer to the TRAVEL KENO section below if you are applying for this restricted game. For all other applicants: You will be licensed to sell scratch-offs and numbers games by completing a general application and supporting forms as required.

TRAVEL KENO Applicants Only: For those persons or businesses interested in selling the West Virginia Lottery's TRAVEL KENO game, the total application packet must be completed. In addition, the applying location must meet the qualifications as stated in the following pages.

Throughout your application process, we are available to assist you in any way possible. Please call 800-982-2274, Ext. 238 for help in completing your application.

Thank you.

QUALIFICATIONS TO SELL WEST VIRGINIA LOTTERY PRODUCTS

Generally, any retailer licensed and doing business in West Virginia can sell lottery tickets (with the exception of TRAVEL KENO), as long as selling lottery tickets isn't the only sales activity and as long as the retailer is at least 21 years of age. Also, civic and fraternal organizations, commissions, political subdivisions, charitable organizations and other similar businesses may also be licensed to sell lottery tickets.

TRAVEL KENO applicants must have a private club liquor license, a retail liquor license or a Class A beer license (75% of all beer sales must be for on premise consumption) to be eligible to sell this game.

Those individuals who cannot sell lottery tickets include persons under the age of 18, employees of the West Virginia Lottery or persons living in their households, and individuals who have been convicted of a felony or any crime related to theft or gambling or moral turpitude.

HOW TO BECOME A LOTTERY RETAILER

Complete the forms in this booklet. Instructions are written by each field, and two copies are provided in case of any errors. You may use photocopies if more forms are needed. Enclose a \$25 check or money order, payable to the West Virginia Lottery, for your non-refundable License Processing Fee. Applicants must also enclose a separate \$300 check or money order for equipment install, first year of communication fees, and a bond fee for account sweeps. Please note on the comment line of the check or money order that \$50 is for BOND (for questions about the bond, please call 800-982-2274 Ext 223) and \$250 is for COMM fees. **Mail your application, all necessary forms, and payments to:**

**West Virginia Lottery
Licensing Division
PO Box 2067
Charleston, WV 25327**

The Lottery will conduct a complete background check on you and your business, and may perform an on-site evaluation. If your application is approved, a license will be mailed to you. Your license must be displayed in your place of business. A sales representative will meet with you to install equipment, set up ticket sales, put up signs, and help train your staff. If your application is rejected, you will receive written notification, including the reasons for denial, and instructions regarding your right to appeal the denial.

IMPORTANT NOTICES!

Proof of Workers' Compensation Insurance

A copy of your **Proof of Insurance MUST BE INCLUDED** with this application. The Proof of Insurance must show the dates of coverage and you must supply the name of your insurance agent, his address and his telephone number.

If the Workers' Compensation information is not included with your application, **your application will not be accepted, and it will be returned to you.**

PRIVACY NOTICE OF USAGE OF SOCIAL SECURITY NUMBERS BY THE WEST VIRGINIA LOTTERY

For persons who are neither Lottery Commissioners, Lottery officers nor Lottery employees, the West Virginia Lottery will only ask you for your social security number in the following circumstances:

1. You claim a lottery prize of \$600 or more directly from the Lottery, either by mail or personally at our Charleston or Weirton office. Your social security number is also your tax identification number, and the Internal Revenue Code requires that this prize payment be reported to the IRS along with the winner's tax identification number [Form W-2G]¹ ; or
2. You are a sole proprietor of a business, a partner in a business, or the shareholder of an incorporated business that is a lottery retailer or sales agent, and the Lottery must prepare an IRS Form 1099 to report sales commissions received by you, along with a tax identification number if that number is also a social security number [Form 1099]; or
3. You are applying for a lottery license or permit and you must allow the Lottery to capture your fingerprint images to be transported to the FBI's National Criminal Information Center [NCIC] for a statutorily or regulatorily-required criminal background investigation. This is an FBI requirement; or
4. You have applied for a lottery license or permit and you have been asked to send copies of one or more years of your federal income tax returns in order to determine your credit worthiness for a table games license².

Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to a criminal or civil penalty.

When the West Virginia Lottery obtains your social security number, it will use the number for the purpose(s) cited above. The Lottery will not sell or share this number with any other person or entity, and will decline to make it available in response to any freedom of information request. Only government entities that are authorized to receive and use social security numbers by law will gain access, other than when outside access is ordered by a competent court of record.

¹Prize winners of more than \$600 who are unable or unwilling to submit their tax identification number are subject to federal income tax "back-up withholding" of 28% of the prize money.

²Either after the license is issued to the applicant, or after the applicant has exhausted all appeals, the returns will be taken from application file and shredded.

TERMS AND CONDITIONS FOR RETAILER LICENSING

TERMS 1

Please retain this form for your records.

Please read the following "Retailer Licensing Terms and Conditions." As a licensed Lottery retailer, you must abide by the terms and conditions as stated, and failure to do so may result in suspension or termination of your lottery license.

A. GENERAL

1.0 Definitions

- a. The definitions given in the West Virginia Lottery Act and in the West Virginia Lottery's Legislative Rules are hereby incorporated by reference and made a part of this agreement.
- b. "Commencement of a Game" means the date the Director designates that lottery tickets for an individual lottery game shall go on sale to the general public.
- c. "Director" means the chief executive officer of the Lottery.
- d. "Lottery" means the West Virginia Lottery as created by Chapter 29, Article 22.
- e. "Lottery Tickets" means the game tickets to be used in each individual lottery game.
- f. "Minor" means a person less than 18 years of age.
- g. "Settlement Date" means the date specified by the Director on which Electronic Funds Transfers (EFT) are to be transmitted to the Lottery.
- h. "Retailer" means lottery sales agent licensed for the sale and dispensing of lottery tickets, materials and lottery games, and the operations of electronic computer terminals.

11 Agreement Period. This Agreement shall begin on the date the Lottery signs the License. The Agreement shall remain in effect as long as the Retailer complies with the provisions as provided herein and maintains a valid Lottery license. The Agreement may be terminated by either party in accordance with the provisions set forth in Chapter 29, Article 22 and Legislative Rule 179 CSR 1.

12 License. A licensee shall display the license wherever tickets are sold. A license is not assignable or transferrable. If the retailer attempts to sell or otherwise transfer the lottery licensed business or premises without notifying the West Virginia Lottery, the selling/transferring retailer will remain personally liable to the West Virginia Lottery for all lottery equipment and all lottery transactions.

13 Changes and Modifications

- a. This Agreement may be modified in writing if signed by the authorized representatives of both parties.
- b. The Director may, unilaterally, change the terms and conditions of this Agreement upon 14 days advance written notice by the Lottery signed by the Director.

14 Report of Conviction of a Felony or Gambling-related Offense. If, at any time during the term of this Agreement, a Retailer or agent is convicted of any felony or any gambling or theft crime, the Retailer must, within 14 days, notify the Director, in writing, of the conviction and the offense. Failure to provide such notice may constitute grounds for termination of this Agreement.

15 Report of Change in Ownership or Location. The Retailer must notify the Director, in writing, at least 14 days prior to any change in ownership or location of retailer's business or organization. Failure to report such a change may constitute grounds for termination of this Agreement.

16 Retailer Is Not an Employee of the Lottery. Under the terms of this Agreement, neither the Retailer nor the Retailer's employee(s), agent(s), or immediate household members are employees or officers of the Lottery nor shall they or members of their immediate household make any claim of right, privilege, or benefit which would accrue to an employee of the West Virginia Lottery.

17 Lottery Point-of-Purchase Display. Retailer agrees to display the Lottery's point-of-purchase materials, posters, and other educational, informational, and marketing materials. Failure to comply with such display standards constitutes grounds for termination of this Agreement. Retailer shall not use the Lottery's name, logo or other identifying marks without permission of the Lottery.

18 Indemnification. The Retailer shall defend, protect, and hold harmless the State of West Virginia, the West Virginia Lottery, and/or any employees thereof, from and against all claims, suits, or actions arising from any willful or negligent act or omission of the Retailer or its agents while performing under the terms of this Agreement.

19 Treatment of Assets

a. Title of all property furnished by the Lottery or its agent shall remain in the Lottery or its agent, if applicable. Title to instant lottery tickets shall pass to the Retailer upon receipt of the lottery tickets by the Retailer.

b. Any property of the Lottery furnished to the Retailer shall, unless otherwise provided herein or approved by the Director, be used only for the performance of this Agreement.

c. The Retailer shall be responsible for any loss or damage to property of the Lottery which results from the negligent or willful act of omission of the Retailer or which results from the failure on the part of the Retailer to maintain and administer that property in accordance with sound management practices.

d. Upon the theft, loss, destruction of, or damage to any Lottery property, or any lottery tickets, the Retailer must notify the Deputy Director for Security within 12 hours and must take all reasonable steps to protect that property from further damage or loss.

The Lottery will have no liability for stolen, destroyed or damaged lottery tickets. Retailers

TERMS AND CONDITIONS FOR RETAILER LICENSING

TERMS 2

should be insured for loss of lottery merchandise.

1.10 Compliance with Licensing and Registration Requirements. During the performance of this Agreement, the Retailer shall comply with all state, local, and federal licensing and registration requirements. The Retailer will have a Business Registration Certificate issued by the West Virginia Department of Tax and Revenue and will ensure that its tax obligations to the State of West Virginia are current.

1.11 Compliance With Laws and Policies. During the performance of this Agreement, the Retailer shall comply with all applicable federal, state, and local laws and policies. The provisions of these laws and policies are hereby incorporated by reference and included, but are not limited to, those laws and policies relating to:

- a. Conflict of interest;
- b. Nondiscrimination;
- c. Sexual harassment;
- d. Taxes; and
- e. Public Access

1.12 Access to Records. The West Virginia Lottery Commission, and its duly authorized representatives or agents, shall have access to the books, documents, papers, and records of the Retailer which are directly pertinent to this agreement for the purpose of making audits, examinations, excerpts, and transcripts.

1.13 Dispute Procedures. If the Director suspends or revokes a license or refuses to grant a license, the aggrieved party is entitled to a hearing by filing a written request with the West Virginia Lottery Commission. Upon receipt of the request for hearing, the Commission shall set a hearing date within 30 days of receipt of request and shall notify aggrieved party, in writing, at least 7 days in advance of the hearing date.

B. STATEMENT OF WORK

2.0 Sale of Tickets. Licensee agrees to sell tickets in accordance with the terms of this Agreement, the State Lottery Act and the State Lottery Rules. The Retailer shall sell a ticket in person and not over the telephone. The Retailer shall not extend or arrange credit for the purchase of a ticket. Tickets may be sold only by persons 18 years of age or older.

2.1 No Sales to Minors. No tickets or share in Lottery games shall be sold to persons under the age of 18 years. The Retailer shall establish safeguards to help assure that no sales are made to minors.

2.2 Authorized Signature List. The Retailer shall provide the Lottery a list of employees or persons authorized to make decisions concerning lottery tickets. The Retailer shall notify the Lottery, in writing, of any changes to the list.

2.3 Exclusive Sale of Tickets. (A) Neither the Retailer nor any of the Retailer's agents or

employees shall permit or engage in the business of exclusively selling lottery tickets. (B) Neither the Retailer nor any of the Retailer's agents or employees shall sell Lottery tickets or receipts for Lottery tickets of other states. (C) Neither the Retailer nor any of the Retailer's agents or employees shall sell lottery tickets at any other location than that described as the premises for which the license was issued.

2.4 Cooperation with Lottery Representatives. Retailer agrees to fully cooperate with Lottery employees or its agents in the investigation of any lost or stolen tickets.

C. SPECIAL TERMS AND CONDITIONS

3.1 Compensation

a. Retailer Commission. - In consideration for the duties and responsibilities performed by the Retailer under this agreement, the Retailer shall receive a commission of 7% of actual sales and other bonuses approved by the West Virginia Lottery.

b. Form of Payment. - The Retailer must make payment to the Lottery by electronic funds transfer (EFT). The Lottery will not accept any cash payments or third party checks.

3.2 Delinquent Payment. The Lottery shall not sell or deliver any tickets to the Retailer if the Retailer is delinquent in payment.

3.3 Financial Guarantee Bond. Retailer must participate in the Financial Guarantee Bond program for each on-line terminal on the premises. Such bond will be at least \$10,000 per terminal for non-Travel/Keno agents and at least \$30,000 per terminal for Travel/Keno agents and will continue on an annual basis. Payment for bonding will be made by Electronic Funds Transfer (EFT) from Retailer's bank account to Lottery's bank account in January of each year and an additional payment by Travel Keno agents in August of each year.

3.4 Sales Before Game Prohibited. The Retailer shall not sell any lottery tickets for a specific game before the announced start of that game.

3.5 Lottery Actions. In addition to the remedies specified in other sections of this Agreement, the Lottery may take one or more of the following actions in the event the Retailer violates any provisions of this Agreement:

- a. Require the Retailer to make payment under the POD method and specify the form(s) of payment the Retailer shall use;
- b. Suspend or terminate the sale of tickets to the Retailer;
- c. Terminate the license in accordance with Section D herein.

3.6 Instant Lottery Games (Scratch-Off Tickets)

a. The Retailer shall provide a claim form to each holder of an apparent winning ticket for over \$600 and instruct or otherwise provide information as to

TERMS AND CONDITIONS FOR RETAILER LICENSING

TERMS 3

how and where the claimant should submit the form to claim the high-tier prize.

b. The Retailer shall pay the appropriate prize to each player who presents to the Retailer a winning ticket for \$600 or less after proper validation. The Retailer has no obligation to redeem a ticket beyond 180 days after the announced end of sales for that game.

c. The Retailer shall retain unsold lottery tickets in a safe and secure location.

d. The Retailer shall maintain records of tickets received and their disposition. The records must be made available for the Lottery's inspection at the Lottery's request.

e. The Lottery will credit the Retailer's account for unsold full packs of instant tickets returned to the Lottery within 30 days of the announced end of the game.

f. The Lottery shall have no liability for altered or counterfeit tickets paid by the Retailer or for the Retailer's error as to what prize should be paid for a given ticket.

g. The Retailer shall, after redeeming a winning ticket, mutilate, punch, mark, tear or destroy the ticket to prevent the winning ticket from being redeemed more than once.

3.7 On-Line Lottery Games (Tickets sold through a terminal)

a. No on-line retailer employees or agents will sell any other lottery product of chance nor be compensated to act as an agent for any other person or entity to purchase lottery products.

b. ON-LINE Retailers will pay an on-line fee of \$250.00. After the initial twelve months of on-line games operation on premises, Retailer will agree to allow an EFT charge from their EFT account of five (\$5.00) dollars per week per terminal to defray the Lottery's communication and equipment charges.

c. Retailer understands that if Retail premises do not meet the handicapped accessibility requirements of the Americans with Disabilities Act, the Lottery will be prevented from issuing the Lottery license, and that such action does not entitle retailer to a refund of the \$250.00 initial on-line fee.

d. Retailer will install, at retailer expense, a dedicated 110 volt electric circuit with a dual outlet and maintain it as a dedicated circuit. (This dedicated circuit must be installed prior to installation of the on-line terminal.)

e. Retailer will provide a telephone within arm's length of the terminal site.

f. Retailer will pay all prizes up to and including \$600.00 for both instant and on-line games: If Retailer does not have sufficient cash on hand to pay a prize, the Retailer will offer a check or money order for prize payment. Retailer's on-line account will receive immediate credit for prize payments.

g. Retailer understands that an annual fee for a

financial guarantee bond will be swept from their current Electronic Funds Transfer account.

h. If Retailer business fails to maintain an average of \$350.00 on-line and \$350.00 Instant sales per week, Retailer may forfeit on the on-line terminal.

i. Retailer will make all payments to the Lottery via Electronic Funds Transfer on a weekly basis.

j. Retailer will agree to locate the terminal and any other lottery equipment in a space determined to be appropriate by the Lottery's marketing personnel.

k. If the Retailer is provided with a television display monitor to display draws for the TRAVEL Keno game, or other games introduced by the Lottery that require viewing of monitor drawings, the monitor will be turned on and kept turned on to the West Virginia Lottery's on-line system during all normal business hours of the Retailer location.

l. Retailer understands that his/her actions as a licensed Lottery Retail Agent are bound, not only by this on-line agreement, but also by the West Virginia Code, Lottery regulations, rules of the Multi-state Lottery Commission, the general Retailer agreement, and Policy Statements of the West Virginia State Lottery Commission.

D. TERMINATION

4.0 Termination Upon Notice by Either Party. This agreement may be terminated by either party upon 14 days advance written notice to the other party.

4.1 Termination by the Lottery. A Retailer's Agreement may be suspended or terminated by the Lottery for any one of the following reasons:

a. Whenever the Retailer is convicted of a felony or any offense related to theft, gambling or involving moral turpitude;

b. Whenever a Retailer does not comply or refuses to comply with federal, state, and local laws and policies. The Lottery shall, however, provide a reasonable time in which to satisfactorily resolve the noncompliance;

c. Whenever a Retailer does not comply with the Lottery Act, this Agreement, and all rules, conditions, regulations, standards, and orders adopted or issued thereunder by West Virginia Lottery;

d. Whenever the Lottery determines that the Retailer's Agreement application contains false or misleading information;

e. Whenever the Retailer fails to regularly, promptly, and accurately settle the Retailer accounts with the Lottery, or if a Retailer's check or EFT is returned for non-sufficient funds;

f. Whenever a Retailer begins to engage in the sale of lottery tickets as the Retailer's sole business, occupation or activity;

TERMS AND CONDITIONS FOR RETAILER LICENSING

ADDITIONAL FORM INSTRUCTIONS

TERMS 4

- g. Whenever a Retailer fails to take adequate security precautions for the safe handling of tickets, lottery materials or ticket sale proceeds;
- h. Whenever the Retailer fails to maintain an acceptable sales level;
- i. Whenever the Retailer sells a ticket to any person under 18 years of age;
- j. Whenever the Retailer commits an act which severely impairs the Retailer's reputation for honesty and integrity;
- k. Whenever the Retailer does not make purchase of lottery tickets convenient and readily accessible to the public;
- l. Whenever the Retailer becomes insolvent, unable or unwilling to pay its debts, or is adjudged to be bankrupt;
- m. Whenever a statement, representation, or warranty made by the Retailer to the Lottery is determined to be false, incorrect or incomplete;
- n. Whenever the Retailer fails to notify the Lottery of a change in ownership or change in location of the Retailer's business or organization;
- o. **FOR TRAVEL KENO RETAILERS ONLY:** Whenever the Retailer location no longer has a private liquor club license, a retail liquor license, or a class "A" beer license where 75 percent of beer consumption is on-premises;
- p. Whenever the Retailer fails to meet the Lottery's standards for minimum point-of-sale displays.
- q. Other than a debt discharged in bankruptcy, debts owed the West Virginia Lottery by an agent or retailer are not written off. For this reason, an applicant for a new license whose former business created an unsatisfied debt to the Lottery will not be granted a new license until the old debt is paid.

FORM A1 - OWNERS AND OFFICERS

Depending on the type of business, the following people must be listed, last name first. Each person listed must submit a Personal Data and Financial Disclosure Form F. Each person will then be contacted to schedule an appointment for a "Live Scan" fingerprinting session with the West Virginia Lottery Security Division.

-Sole Proprietorship: List owner.

-Corporation or Subsidiary: List each Officer and Director (including parent company if subsidiary). Also list major stockholders (owning over 10% of total stock), if applicable.

-Limited Liability Company: List members.

-Partnership or Joint Venture: List each general partner, limited partner, or joint venturer. Limited Liability Partnership: List members.

-Association, Fraternal or Civic (Including Non-Profit): List each officer and director.

-Trust: List each trustee and all personnel entitled to receive income or benefit from the trust.

-Governmental: List agency director/commissioner or responsible authority, including entity's appointed authority.

-Other: If none of the above names describe your type of business, please call the Lottery for assistance.

FORM D - Electronic Funds Transfer (EFT) Authorization Form

The Lottery utilizes an electronic funds transfer mechanism to "sweep" your bank account on a weekly basis for the amount of funds due the Lottery. As a lottery retailer, you must set up a checking or savings account, or designate a particular account from which lottery funds due will be collected.

In order to process your application, please complete the FORM D - EFT AUTHORIZATION and return it with your application.

Once you have established or designated your lottery checking or savings account, you must attach a voided check for a checking account or a deposit slip for a savings account to the EFT form. Please print and sign your name where applicable, giving your title and the date. Complete all sections with exception of #1 which will be completed by the Lottery.



LICENSE APPLICATION TRADITIONAL RETAILER

PO BOX 2067, CHARLESTON WV 25327

INTERNAL USE DO NOT USE!	Date Received _____	FORM A1
	Chain # _____	
	License # _____	

Please print clearly or type. Read instructions and terms and conditions before completing application. Attach additional sheets as needed.

A \$25 non-refundable processing fee and \$300 Installation and Bond fee are required. Each payable to WEST VIRGINIA LOTTERY.

<p>This indicates what Lottery products you wish to sell.</p>	<p>Application Type: <input type="checkbox"/> INSTANT/ONLINE <input type="checkbox"/> ALL PRODUCTS (KENO)</p>												
<p>This is the name of your business as it appears on business licensure and tax forms. If the business has a specific store number, please indicate that also. Please indicate if this location is to be part of a chain and the opening date.</p>	<p>Business or Organization Name: _____ #</p> <p>Opening Date: _____ <input type="checkbox"/> Chain Head / Chain Sub</p>												
<p>This is the name of your business if different than that shown above.</p>	<p>Doing Business As: _____</p>												
<p>This is information used to contact your business location on Lottery matters. Please note Email is a required field.</p>	<p>Phone: () - </p> <p>Fax: () - </p> <p>*Email: _____</p>												
<p>This is the address where your business is physically located, the street address. Do NOT use post office box here. Please include the county. NOTE: Business must be located within the State of West Virginia.</p>	<p>Location Address:</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>County: _____</p>												
<p>This is the address where your business receives its mail. Post offices and residences are acceptable.</p>	<p>Mailing Address:</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>County: _____</p>												
<p>This is the address where your business receives its lottery products.</p>	<p>Shipping Address: _____</p>												
<p>This is your business Federal identification and the your West Virginia State tax number.</p>	<p>Federal and State Tax Information:</p> <p>Federal ID # _____</p> <p>WV TAX # _____</p>												
<p>This represents your type of business structure. If you have questions concerning the category for your business, please contact the Lottery at 800-982-2274 ext. 238.</p>	<p>Business or Organization Type:</p> <p><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Corp. or Subsidiary <input type="checkbox"/> Governmental</p> <p><input type="checkbox"/> Joint Venture or Partnership <input type="checkbox"/> Limited Liability (LLC)</p> <p><input type="checkbox"/> Association, Fraternal, or Civic (in. non-Profit)</p>												
<p>Please list here all the names (last name first) required per type of business indicated above. Please see further instructions under OWNERS AND OFFICERS in this booklet.</p>	<p>Owner(s) or Officers:</p> <p>Last name, First name, Middle initial</p> <p>1.) _____</p> <p>2.) _____</p> <p>3.) _____</p> <p>4.) _____</p>												
<p>Has the business organization or any Owner or Officer:</p> <p>Ever been convicted of a felony, theft, or crime related to gambling or moral turpitude?.....</p> <p>Ever been sued, have outstanding claims or judgments?.....</p> <p>Ever filed for bankruptcy in West Virginia or the US?.....</p> <p>Ever been investigated by a state or federal investigatory agency?.....</p> <p>Ever sustained a substantial loss with a significant insurance payment?.....</p> <p>Ever operated under another business name(s)?.....</p> <p>If YES was selected for any of the above questions, please attach a separate sheet(s) with complete details.</p>	<p>Credit and Background Checks:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> NO</td> <td style="width: 50%;"><input type="checkbox"/> YES</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> </tr> </table>	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> YES												
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<input type="checkbox"/> NO	<input type="checkbox"/> YES												
<input type="checkbox"/> NO	<input type="checkbox"/> YES												
<p>Applicant/Authorized Agent of Business/Organization</p> <p>Initial <input style="width: 100px; height: 20px;" type="text"/> Date <input style="width: 100px; height: 20px;" type="text"/></p>													



LICENSE APPLICATION TRADITIONAL RETAILER

INTERNAL USE DO NOT USE!	Date Received _____	FORM A2
	Chain # _____	
	License # _____	

Please print clearly or type. Read instructions and terms and conditions before completing application. Attach additional sheets as needed.

A \$25 non-refundable processing fee and \$300 Installation and Bond fee are required. Each payable to WEST VIRGINIA LOTTERY.

How long has this business/organization been in operation? Please note in years and months, corresponding to your state license to do business.	Length of Operation:	Years: _____ Months: _____																				
Has the business/organization or owner ever held or applied for or currently hold a gaming, liquor, beer, or lottery license in West Virginia or any other state? If YES, you must list those to the right. If you need additional space, please attach a separate sheet.	Other Related Licenses:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">State</th> <th style="width: 30%;">License Number</th> <th style="width: 20%;">Status</th> <th style="width: 40%;">When Issued To Whom</th> </tr> </thead> <tbody> <tr><td>1.)</td><td></td><td></td><td></td></tr> <tr><td>2.)</td><td></td><td></td><td></td></tr> <tr><td>3.)</td><td></td><td></td><td></td></tr> <tr><td>4.)</td><td></td><td></td><td></td></tr> </tbody> </table>	State	License Number	Status	When Issued To Whom	1.)				2.)				3.)				4.)			
State	License Number	Status	When Issued To Whom																			
1.)																						
2.)																						
3.)																						
4.)																						
Please provide the name, account number, mailing address, and phone number of the Primary Banking Institution that you use in relationship to your business/organization. If you have more than one account, please use the one you wish to use as a primary reference. This information will be used for review of the financial status of your business/organization. See disclosure below.	Primary Banking Institution:	Bank Name: _____ Account Number: _____ Bank Address: _____ Bank Phone #: () - - -																				
Are all taxes, fees and obligations to local, state, and federal governments current? This includes Workers' Compensation and Unemployment Compensation. If recently applied for a business license for this location, you MUST include a photocopy of your WV Application For Registration Certificate.	Taxes, Fees & Obligations:	<input type="checkbox"/> YES <input type="checkbox"/> NO <div style="border: 1px solid black; padding: 5px; margin-left: 20px; width: fit-content;"> If no, a written explanation concerning your business/organization's status and the pertinent information needed to clarify the situation must be submitted. </div>																				
ALL Lottery games at this location are accessible to customers with disabilities as required by the AMERICANS WITH DISABILITES ACT (ADA)?	Disabled Persons Access:	<input type="checkbox"/> YES <input type="checkbox"/> NO																				

By signing the disclosure statement, you allow the Lottery to access our personal and business/organization financial records, criminal history, and other matters germane to our application.

DISCLOSURE STATEMENT (READ CAREFULLY)

"I, the undersigned, upon oath, do hereby declare that the foregoing information is true and complete. I have read and understand the 'License Terms and Conditions' enclosed with the "Retailer License Application." If the lottery issues a license pursuant to this application, I and the lottery will be bound by all the terms and conditions contained in the "license Terms and Conditions" accompanying this application. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any lottery license granted, and may be subject to prosecution under the State Lottery Act, Chapter 29, Article 22, West Virginia Code, as amended. I authorize the Director of the WEST VIRGINIA LOTTERY to investigate any matter set forth in the lottery retailer application including, but not limited to, financial records, financial sources, State Tax Records, and criminal history as necessary for entering into an agreement as a lottery retailer. I will, upon request, execute such additional documents as are required to facilitate this process, including a criminal record check agreement form."

Applicant/Authorized Agent of
Business/Organization

TYPE OR PRINT NAME

TITLE

SIGNATURE

DATE



MARKETING EVALUATION TRADITIONAL RETAILER

PO BOX 2067, CHARLESTON WV 25327

INTERNAL USE DO NOT USE!	Date Received	_____	FORM B
	License #	_____	
	Business Code #	_____	

Please print clearly or type. Read instructions and terms and conditions before completing application. Attach additional sheets as needed.

Please give the name of your business/organization under which it is operating and phone number.

Business Name: _____ **Business Phone:** () -

Please list a primary contact that is authorized to do business with the Lottery. This includes the authority to order, sign and receive lottery tickets, equipment and materials, as well as make lottery related decisions. A secondary contact may be listed.

Authorized Contact(s):

1. Name:	2. Name:
Title: _____	Title: _____
Home Address: _____	Home Address: _____
Date Of Birth: _____	Date Of Birth: _____

Please indicate if this is a **change of ownership** of a current Lottery location. If YES, please list the effective date of the change and the WV Lottery License number under which the location currently operates.

Change of Ownership: NO YES Change Effective Date: _____ WV Lottery License #: _____

Please list your locations operating hours. This is to help us with installation and representative visits.

Hours:	Open	Close
Sun	_____	_____
Mon	_____	_____
Tue	_____	_____
Wed	_____	_____
Thu	_____	_____
Fri	_____	_____
Sat	_____	_____

Please indicate the type of business conducted at your location. Mark the ONE that most closely reflects your type of business.

Business Channel & Type:

<input checked="" type="checkbox"/> Trade Style (SIC Code)	<input checked="" type="checkbox"/> Trade Style (SIC Code)
<input checked="" type="checkbox"/> Convenience Store with Gas (5415)	<input type="checkbox"/> Lumber/Building Materials (5210)
<input type="checkbox"/> Gas with convenience (5543)	<input type="checkbox"/> Paint, Glass, Wallpaper (5230)
<input type="checkbox"/> Gas - Full Service Truck Stop (5544)	<input type="checkbox"/> Hardware Store (5250)
<input type="checkbox"/> Convenience Store w/o Gas (5414)	<input type="checkbox"/> Department Store (5310)
<input type="checkbox"/> Drug Store (5912)	<input type="checkbox"/> Super Store (5320)
<input type="checkbox"/> Drug Store/Convenience (SuperDrug) (5913)	<input type="checkbox"/> Variety Store (5330)
<input type="checkbox"/> Movie Theatre (7830)	<input type="checkbox"/> Auto Dealer (Used) (5520)
<input type="checkbox"/> Bowling Alley (7933)	<input type="checkbox"/> Auto Supply Store (5530)
<input type="checkbox"/> Misc. Amusement/Recreation (7990)	<input type="checkbox"/> Men's & Boys Clothing & Furnishings (5610)
<input type="checkbox"/> Sports/Recreation Club (7997)	<input type="checkbox"/> Women's Ready to Wear Store (5620)
<input type="checkbox"/> Video Rental (7998)	<input type="checkbox"/> Family Clothing Store (5650)
<input type="checkbox"/> Gas with Charge (5541)	<input type="checkbox"/> Shoe Store (5660)
<input type="checkbox"/> Gas Only (5542)	<input type="checkbox"/> Furniture Store (5712)
<input type="checkbox"/> Other Tax-Exempt Organization (9319)	<input type="checkbox"/> Misc. Home Furnishings Store (5719)
<input type="checkbox"/> Grocery (5410)	<input type="checkbox"/> Household Appliance Store (5722)
<input type="checkbox"/> Grocery Store 5+ Reg. (5411)	<input type="checkbox"/> Radio & TV Store (5732)
<input type="checkbox"/> Grocery Store 5+ Reg. Superstore (5412)	<input type="checkbox"/> Music Store (5733)
<input type="checkbox"/> Grocery Store <5 Reg. (5413)	<input type="checkbox"/> Second Hand Store (5933)
<input type="checkbox"/> Retailer Bakers/Selling Only (5460)	<input type="checkbox"/> Book Store (5942)
<input type="checkbox"/> Miscellaneous Food Store (5499)	<input type="checkbox"/> Stationery Store (5943)
<input type="checkbox"/> Liquor Store (5920)	<input type="checkbox"/> Jewelry Store (5944)
<input type="checkbox"/> Restaurant (5812)	<input type="checkbox"/> Gift/Novelty & Souvenir (5947)
<input type="checkbox"/> Drinking Only (5813)	<input type="checkbox"/> Sporting Goods Store (5952)
<input type="checkbox"/> Fast Food, walk up/take out (5814)	<input type="checkbox"/> Bicycle Shop (5953)
<input type="checkbox"/> Restaurant/Res.-Bar in Motel/Hotel (5815)	<input type="checkbox"/> Farm & Garden Supply Store (5969)
<input type="checkbox"/> Restaurant/Res.-Bar (5816)	<input type="checkbox"/> Florist (5992)
<input type="checkbox"/> Drinking with light food (5817)	<input type="checkbox"/> Miscellaneous Retail Store (5999)
<input type="checkbox"/> Drinking with Restaurant (5818)	<input type="checkbox"/> Recreational Vehicle Store (8000)
<input type="checkbox"/> Banking or Banking Institution (6000)	<input type="checkbox"/> Auto Dealer (New) (8001)
<input type="checkbox"/> Motel/Hotel/Tourist Court (7010)	<input type="checkbox"/> Manufacturing (8002)
<input type="checkbox"/> Laundry, Cleaning or Garmet Service (7210)	<input type="checkbox"/> Cigar Stand/Store (5993)
<input type="checkbox"/> Misc. Personal Service (7299)	<input type="checkbox"/> News Dealer & Newstand (5994)
<input type="checkbox"/> Bus Stations (8003)	<input type="checkbox"/> Civic or Social Organization (8640)
<input type="checkbox"/> Misc. (Insurance, Rentals, etc.) (8004)	<input type="checkbox"/> Mall (5315)

Please list the number of cash register/check-outs.

Register Count: _____

Please list an estimated average weekly customer count.

Customer Count: _____

Please list your average weekly cash receipts.

Weekly Receipts: _____

TYPE OR PRINT NAME

SIGNATURE

DATE

**Request for Taxpayer
Identification Number and Certification****Give Form to the
requester. Do not
send to the IRS.**Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ^a _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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 on page 3.

**Sign
Here**Signature of
U.S. person ^aDate ^a**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a) 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



EFT AUTHORIZATION



RETAILER / AGENT INFORMATION

- 1. Lottery ID # (to be assigned) _____
- 2. Retailer/ Agent Name _____
- 3. Address _____
- 4. City/State/Zip _____
- 5. Telephone Number _____

FINANCIAL INFORMATION

- 1. Name of Financial Institution _____
- 2. Routing/ABA Number _____
- 3. Denote Checking or Savings CHECKING SAVINGS
- 4. Account Number _____

Must attach a voided check (checking) or deposit slip (savings) from account noted above.

I (We) hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit and/or credit entries into my (our) account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit and/or credit the same any amounts owed by or due me (us) to/from STATE. This authority is to remain in full force and effect until the STATE has received WRITTEN NOTIFICATION from me (us) to its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

_____ (Printed name)	_____ (Authorized signature)	_____ (Title)	_____ (Date)
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_____ (Printed name)	_____ (Authorized signature)	_____ (Title)	_____ (Date)
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If you have questions about completing this form, please call WV Treasurer's Office, EFT Division at **304.341.0746**

If you have questions concerning your Lottery account, please call WV Lottery Commission at **800.982.2274** or **304.558.0500 x223**

SEND COMPLETED FORM TO:
West Virginia Lottery
Licensing Division
PO BOX 2067
CHARLESTON WV 25327-2067



CORPORATE, ASSOCIATION, LLC, and TRUST FINANCIAL DISCLOSURE FORM

INTERNAL USE DO NOT USE!	Date Received _____	FORM E
	License # _____	

NOTICE: This form is to be completed ONLY by corporations, associations, government entities, fraternal or civic groups, LLCs, and trusts.

Please print clearly or type. Read instructions and terms and conditions before completing form. This form may be copied as needed.

Print the name of the corporation, association, governmental entities, fraternal or civic group, trust, or LLC.	Business/ Organization Name:	
Print the name the corporation, association, fraternal or civic group, trust, or LLC the name under which it is "doing business as" (DBA).	Business/ Organization DBA:	
If you are the person who is responsible for signature on the application, please indicate your position within the business organization here. If another person is signatory, please indicate that person's position within the business/organization here.	Relationship to Business/ Organization:	<input type="checkbox"/> Owner <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Officer or Director <input type="checkbox"/> Other
Indicate the date of your business/organization's incorporation.	Incorporation Date:	
State (geographical) of business/organization's incorporation.	Incorporation State:	
<p>Please provide the name, contact person, mailing address, fax and phone number of the Primary & Secondary Banking Institution that you use in relationship to your business/organization.</p> <p>If you do not have a Secondary Bank, simply leave that area blank.</p> <p>If more than two, please list the bank names in OTHER BANKING INSTITUTIONS.</p>	<p>Primary Banking Institution:</p> <p>Bank Name: _____</p> <p>Contact Person at Bank: _____</p> <p>Bank Address: _____</p> <p>Bank Phone #: () - </p> <p>Bank Fax #: () - </p> <hr/> <p>Secondary Banking Institution:</p> <p>Bank Name: _____</p> <p>Contact Person at Bank: _____</p> <p>Bank Address: _____</p> <p>Bank Phone #: () - </p> <p>Bank Fax #: () - </p> <hr/> <p>Other Banking Institution:</p>	
<p>Give three (3) credit references for your business/organization. Include the name, mailing address, phone number and fax number of each.</p>	<p>Business Credit References:</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Phone #: () - </p> <p>Fax #: () - </p> <hr/> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: () - </p> <p>Fax #: () - </p> <hr/> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: () - </p> <p>Fax #: () - </p>
<p><i>Note: Your signature on the disclosure statement on the Retailer License Application FORM A2 extends to this form. When you sign this form, you are stating that the information is true to the best of your knowledge. Furthermore, you are giving the Lottery the right to investigate all information submitted.</i></p>		
Authorized Agent of Business/Organization	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	SIGNATURE	DATE



PERSONAL DATA AND FINANCIAL DISCLOSURE FORM AND AFFIDAVIT

INTERNAL USE DO NOT USE!	Date Received _____	FORM F
	License # _____	

NOTICE: This form must be submitted separately for EACH individual listed as OWNERS OR OFFICERS on FORM A1.

Please print clearly or type. Read instructions and terms and conditions before completing form. This form may be copied as needed.

Print your full given name.	Full Name:	_____		
Other names (ie; nicknames, maiden, initials, etc.)	Maiden , Other Name:	_____		
Please give your Social Security Number and home Phone number	SS#: _____ - _____ - _____	Phone: (_____) _____ - _____		
This is your personal address for your primary residence.	Personal Address:	Address: _____		
		City: _____	State: _____	Zip: _____
Please give your date of birth.	Date Of Birth:	Month _____	Day _____	4 digit Year _____
List your state driver's license or ID and list State.	Driver's License:	Number _____	State _____	
Please indicate your relationship with the business organization here. If you are unsure, check other and fill in the space below that box.	Relationship to Business/ Organization:	<input type="checkbox"/> Owner	<input type="checkbox"/> Principal	
		<input type="checkbox"/> Partner	<input type="checkbox"/> Other	
		<input type="checkbox"/> Officer or Director		
If your business is a partnership, please note if it is a Limited or General partnership and the percentage owned. If a stockholder, indicate the percent owned.	Relationship to Business/ Organization:	<input type="checkbox"/> Limited	% Partner Owned _____	
		<input type="checkbox"/> General	% Stockholder held _____	
If primary income source is not the applying entity, please list your current employer and address.	Present Employer:	_____		
Note your status for citizenship and WV residency. If a non-citizen, attach details - country, visa, etc.	Citizenship / Residency:	U.S Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", attach details.	
		WV Resident <input type="checkbox"/> YES <input type="checkbox"/> NO		

NOTARY		Banking Institutions:	<p>* Corporations may request omission of the owner(s) personal banking information required on Form F. Upon Lottery approval, the corporation will not be required to submit personal banking information in the bottom fields on Form F.</p> Bank Name: _____ Address: _____ Phone #: (_____) _____ - _____ Bank Name: _____ Address: _____ Phone #: (_____) _____ - _____
State of _____ County of _____	Taken, Subscribed, and Sworn to before me this _____ day of _____ _____ (Notary Public Signature) My Commission expires _____		
		Credit References:	Give two (2) credit references and include type of credit and account number. Name: _____ Type: _____ Account #: _____ Name: _____ Type: _____ Account #: _____

I hereby authorize any representative of the West Virginia Lottery Commission bearing this release, or transmitting a copy same, to obtain information from files or other sources pertaining to the applicant's personal background including, but not limited to: police records, academic, athletic, medical, credit, or any other records. I hereby direct you to release such information upon the request of any duly authorized representative of the West Virginia Lottery. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Lottery. I hereby release you, the institution or establishment which you represent including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to the applicant's heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated above.

(Circle One) I hereby swear or affirm that I **HAVE** or **HAVE NOT** been convicted of any violation of the State Lottery Act, any felony, or any crime related to theft, gambling, or involving moral turpitude in this or in any other state or foreign country. (Please attach any explanation if necessary.) I understand that any untruthful or misleading answers are causes for the rejection of the application.

NAME	AUTHORIZED SIGNATURE	DATE

REQUIREMENTS FOR WEST VIRGINIA LOTTERY FINGERPRINT CARD SUBMISSIONS

NOTICE: This process must be submitted separately for EACH individual listed as OWNERS OR OFFICERS on FORM A1.

Please note if you have been fingerprinted with the West Virginia Lottery within a year of your last submission you do not need to get hard cards completed. You will only need to fill out the Fingerprint Information Release form.

- TWO FINGERPRINT CARDS COMPLETED AND SIGNED BY A LAW ENFORCEMENT AGENCY OR PROFESSIONAL FINGERPRINTING SERVICE
- COMPLETED AND SIGNED "FINGERPRINT INFORMATION RELEASE FORM"
- FINGERPRINTS MUST BE OF GOOD QUALITY OR YOU MAY HAVE TO BE REPRINTED
- **FINGERPRINT CARDS MUST BE SIGNED AND HAVE DESCRIPTOR INFORMATION FILLED OUT OR THE CARDS WILL NOT BE PROCESSED**
- SEND TO THE FOLLOWING ADDRESS:

WEST VIRGINIA LOTTERY
ATTN: JONIE DEBRUYN
900 PENNSYLVANIA AVE
CHARLESTON, WV 25302

PLEASE NOTE THE WEST VIRGINIA LOTTERY WILL NOT ACCEPT FINGERPRINT RECORDS FROM OTHER AGENCIES. THE APPLICANT MUST REQUEST ACTUAL FINGERPRINT CARDS FOR THE WEST VIRGINIA LOTTERY AND SUBMIT THEM ONLY TO THE WEST VIRGINIA LOTTERY.

IF YOU HAVE ANY QUESTIONS ABOUT THE FINGERPRINT CARD PROCESS,
PLEASE FEEL FREE TO CALL JONIE DEBRUYN AT (304) 558-0500 EXT 231

APPLICANT CHECKLIST

An incomplete application will result in delay

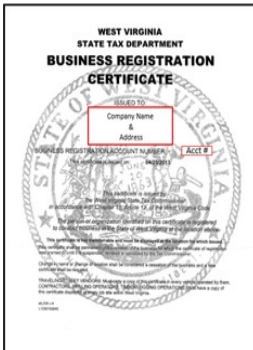
Your completed application must contain the following:

- ☒ Enclose the following fees by check payable to the West Virginia Lottery:
 - \$25.00 – Processing fee
 - \$50.00 – Bond fee
 - \$250.00 – Installation and communication fee (Only if the establishment is without machines)

- ☒ Completed application including the following:
 - Retailer license application - Forms A1 and A2
 - Preliminary marketing evaluation – Form B
 - W-9 IRS form – Form C
 - EFT authorization – Form D
 - Corp., Assn., LLC, and Trust financial disclosure form – Form E
 - Personal data and financial disclosure form and affidavit – Form F
 - **Form F needs to be filled out for every Officer/Owner listed on Form A1.**

- ☒ Enclose a copy of the following documents:
 - Legible copy of a valid driver's license, passport, or government issued photo identification
 - **Chain Subordinates please provide a copy of an onsite employee's identification.**
 - **This does not apply to Chain Headquarters unless this is the first application for the Chain Headquarters.**
 - Workers' compensation declaration sheet (Showing policy effective and end dates)
 - Blank voided check, bank letter or a deposit slip (Used for EFT routing)
 - Business registration certificate (Includes the WV State Tax number)

Business Registration Certificate Example



Workers' Compensation Declaration Sheet Example



***Form appearance can change based on insurance carrier**

- ☒ Each officer/member is required to be live scanned with the West Virginia Lottery for a background check. Please call 1.800.982.2274, ext. 231 or 1.304.558.0500, ext. 231 to schedule a live scan fingerprint session.

West Virginia Lottery Licensing Division	ABCA	Unemployment Compensation	WV State Treasurer's Office Grace Gilmore	Workers' Compensation
800.982.2274 Ext. 238 304.558.0500 Ext. 238	1.800.642.8208 304.356.5500 Fax: 304.957.0306	304.558.2451 To register: 304.558.2677	304.341.0746 Fax: 304.340.1509	Contact your insurance company

