

**MICHIGAN**



**LOTTERY**

**RETAILER  
APPLICATION**



## MICHIGAN LOTTERY RETAILER - APPLICANT REQUIREMENTS -

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The requirements listed below pertain to Retailers interested in selling Michigan Bureau of State Lottery (Lottery) products. Failure to meet any of these requirements, the terms and conditions of the contract or any other provision of the Lottery Act and Rules may result in disciplinary action up to and including license revocation depending on the nature and severity of the violation.

1. The Lottery advises all applicants for licenses and/or changes of ownership not to invest any money or commit themselves by any binding agreements in the expectation of being issued a license or approval of a change of ownership until officially notified by the Lottery that their application has been approved.
2. Most applicants with an acceptable credit history and no criminal record that would adversely affect the integrity of the Lottery may be licensed. Lottery may require a bond as a condition of licenser. The bond and interest may be used to satisfy delinquent debt owed to the Michigan Lottery by any Michigan Lottery Retailer that you own. If the amount of delinquent debt owed exceeds the amount of the bond and interest, you are responsible for paying the entire remaining balance after the bond is applied. If the bond and interest exceed the amount of delinquent debt owed, the excess funding shall be returned to you. **ANY CRIMINAL RECORD MUST BE DISCLOSED ON PERSONAL DATA SHEETS.**
3. The items listed in the applicant checklist are required before the Lottery will license the location.
4. A nonrefundable application fee of \$150 is due at time of application. This fee may be remitted by check payable to the State of Michigan or paid on-line at <https://www.thepayplace.com/mi/lottery/retailerserv>
5. Retailers are required to maintain a separate account in a financial institution that is a member of The National Automated Clearing House Association. The Lottery must be authorized to initiate electronic funds transfers (EFT) to or from the Retailer's designated account for the net weekly settlements due from the sale of instant and/or on-line game tickets. The Retailer shall ensure that "good" funds shall be available in the designated account to cover said transfers on the day of week specified by the Lottery.  
"Good" funds are defined as unrestricted funds credited to a Retailer's account that a financial institution will release for payment of an EFT. Unrestricted funds do not include checks placed on hold until they have cleared the maker's account or deposited checks that the maker's financial institution has returned unpaid. Any cash alternative settlement methods (such as line of credit, overdraft protection, a pre-approved loan, or any other arrangements) agreed upon with your bank are the Retailer's responsibility. If a settlement is not honored by your bank, regardless of the reason, the Lottery will consider it a delinquency.  
Applicants should submit a completed Electronic Funds Transfer (EFT) Authorization Form with the application. If this EFT account will not be established until closing of the sale, a void check or a letter, on bank letterhead, with the bank's routing number and your checking account number may be submitted at that time. Lottery products will not be made available to the Retailer until this information is provided.
6. Annual license renewal fee is \$200. This fee will be waived for those Retailers who are not on probation for violation of the Lottery Act or its Rules at the time of renewal.
7. It is recommended the Retailer provide (prior to the installation of Lottery equipment) a dedicated circuit with 115 volts, 20 Amp. 60 HZ service with an isolated ground that remains on 24 hours per day. The dedicated circuit must have a 4 outlet box that will accommodate 3 prong, "U" grounded type plugs. The Lottery reserves the right to require a Retailer to obtain certification of a dedicated electrical circuit from a qualified electrician. All installation and ongoing costs for this service will be the responsibility of the Retailer. The outlet shall be located within five feet of the terminal. The Retailer shall provide sufficient space for the operation of the equipment.

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8. **BUSINESS TYPE** - to determine your business type use these definitions when completing the application. A Personal Data Sheet and signature is required before the application will be processed.
- a. **PROPRIETORSHIP** - a business enterprise doing business under an assumed name, that is owned by one person (not registered with the Michigan Department of Labor & Economic Growth). A Proprietorship may use the owner's Social Security number as a tax identification number or s/he may have a registered Federal Employer Identification Number (FEIN). The owner must complete and sign the contract and submit a Personal Data Sheet.
  - b. **PARTNERSHIP** - a business enterprise doing business under an assumed name that is NOT registered as a Partnership with the Michigan Department of Labor & Economic Growth. Each Partner must sign the contract and Personal Data Sheets must be provided for all partners.
  - c. **LIMITED PARTNERSHIP** - a business enterprise, doing business under an assumed name, that IS registered as a Partnership with the Michigan Department of Labor & Economic Growth. A General Partner must sign the contract and Personal Data Sheets must be provided for all general partners.
  - d. **LIMITED LIABILITY COMPANY** - a business enterprise, doing business under an assumed name, that is registered as an unincorporated association with the Michigan Department of Labor & Economic Growth. Members are required to sign the contract and submit Personal Data Sheets. (Members are defined as persons having ownership interest in a limited liability company.)
  - e. **CORPORATION** - a business enterprise organized as a corporate entity, doing business under an assumed name, that is registered with the Michigan Department of Labor & Economic Growth.

"Closely Held Corporation" means a corporation where a majority (more than 50 percent) of the outstanding voting stock is owned by ten or fewer persons. Any person authorized and empowered to execute contracts and bind the corporation to its terms and obligations may sign the contract. A Personal Data Sheet is required for each owner/shareholder, except that any individual owning less than 10 percent may be listed on a separate sheet of paper and is required only to provide name, Social Security number and percent of ownership.

"Non-Closely Held Corporation" means a corporation where a majority (more than 50 percent) of the outstanding voting stock is owned by more than ten persons. The Principal Operating Officer(s) is/are required to sign the application and submit Personal Data Sheet(s). (A Principal Operating Officer is defined as a person designated to conduct business in the State of Michigan on behalf of the corporation being licensed.)

- f. To properly comply with the reporting requirements for the Internal Revenue Service, the Lottery must change the Retailer number assigned to you when you change your business structure. The Lottery defines a change in business structure as anytime your Taxpayer Identification Number, Corporate Number or business type (sole proprietor, partnership or corporation) changes.

When your Retailer number is changed, we must financially close out the old Retailer number. This will result in all activated books having to be settled and paid for, regardless of the length of time they have been activated or the percentage of validations that have occurred within each book. Once a book has been activated we are unable to reassign the book, which is why payment is required.

You will then be assigned a new Retailer number and all confirmed books will be reassigned to this new number.

9. Please note that the accompanying Retailer license application requires that you indicate if your business is in compliance with the Americans with Disabilities Act (ADA). If you have any questions about compliance, please contact the State ADA Coordinator, at 517-373-3125.

If you have any questions, call RETAILER SERVICES (517) 335-5619.

Send completed documents to: Michigan Lottery  
Attn: Retailer Services  
P.O. Box 30023  
Lansing, MI 48909



## MICHIGAN LOTTERY RETAILER - GENERAL REQUIREMENTS -

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1. A person must be 18 years of age or older to buy or sell Lottery tickets.
2. Retailers must display their Lottery license or a copy of their Lottery license in a conspicuous place.
3. Retailers may sell tickets only on the premises indicated on the license. Only instant tickets issued to a specific location can be sold at that location. Retailers may not exchange books of instant tickets with other Retailers or stores.
4. All Retailers are expected to redeem winning tickets with a value up to and including \$600. Winning tickets must be validated through the validation system(s) for the Retailer to receive credit.
5. Write your Retailer number on the back of all winning tickets that you redeem and deface the validation number. Destroy redeemed tickets after balancing.
6. Retailers are expected to make full use of all promotional material provided by the Lottery and to prominently post winning numbers/symbols and jackpot amounts as soon as possible.
7. Retailers are expected to participate in Lottery signage programs and to display approved sign(s) provided by the Lottery.
8. Traditional Retailers are required to offer for sale instant tickets.
9. Lottery tickets cannot be sold for more than their established price. They can be sold for less than their established price as a special promotion if the Retailer desires. Retailers who sell tickets to other Retailers for resale are in violation of the Lottery Act & Rules.
10. Retailers cannot offer to give any money or other thing of value to the holder of a Lottery ticket or share for winning the Lottery, other than the prize if payment of the prize by the Retailer is authorized by the Commissioner. Retailers who offer bonuses to Lottery winning tickets holders are in violation of the Lottery Act & Rules.
11. Retailers cannot purchase a winning ticket or tickets from an original purchaser or from a subsequent purchaser.
12. Retailers are prohibited from participating as a Retailer for other Lotteries.
13. The sale of a valid Lottery ticket is final and a Retailer shall not accept ticket returns.
14. Lottery may prohibit a person authorized by the Retailer from participating in a Lottery activity i.e. selling tickets or redeeming tickets.
15. A Retailer, upon issuance of a license, will receive 6% commission on each ticket sold at the terminal, 5% sales commission on all cashless transactions on cashless fitted equipment and a 2% commission on any prize paid. Retailers may also receive bonus commissions as stated in Lottery directives. For more information on bonus commissions visit the Lottery website.
16. Retailers are expected to maintain current and accurate records of all operations in conjunction with sales in conformity with Rules, instructions, and directives of the Lottery. The Retailer is required to make the records available to Lottery representatives upon request.

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17. The Retailer shall exercise due diligence in the operation of any installed equipment and shall immediately call 1-800-592-4040 and press option #1 when his or her equipment malfunctions. The Retailer shall refrain from attempting to perform any mechanical or electrical maintenance or repairs to the equipment except as instructed by Lottery or its authorized representative. If terminal malfunction is a result of Retailer noncompliance with Lottery guidelines or specifications, the Retailer may be responsible for repair and/or service charges. The Retailer shall replace ribbons, paper stock, and clear paper jams as required.
18. A Retailer does not have a property interest in the license granted by the Lottery or in the online Lottery terminal.
19. The Retailer will act in a fiduciary capacity with respect to all tickets accepted from Lottery or its authorized distributors until payment has been made.
20. Retailers are responsible for all tickets consigned to them. If tickets are stolen, then the Retailer shall report the theft to the Lottery and to local or state police authorities. The Retailer shall pay for the stolen tickets on the settlement date. The Retailer shall subsequently file a statement swearing to or affirming, under the penalty of perjury, the facts of the case. The Retailer shall furnish to Lottery a copy of the police report covering the theft. Following an investigation by Lottery and police authorities, Lottery may issue a refund to the Retailer. Refunds may only be issued if losses to Lottery have been mitigated by Retailer's actions in reporting the tickets stolen and the Retailer's appropriate accounting of tickets stolen.
21. The Retailer shall be responsible for the physical security of the Lottery equipment. Damage to the equipment/satellite communication lines attributable to the Retailer's negligence will result in an assessment to the Retailer for the cost of equipment repair or replacement.
22. Retailers agree to hold Lottery and the State of Michigan harmless from any liability arising in connection with the sales or redemption of Lottery products.
23. If you plan to sell your business and the buyer wants to continue Lottery sales, a change of ownership must be approved by the Lottery. The buyer should submit an application approximately 45 days prior to closing. Contact Retailer Services for details (517) 335-5619.



MICHIGAN LOTTERY  
RETAILER SERVICES  
101 E. HILLSDALE, BOX 30023  
LANSING, MICHIGAN 48909  
retailers.michiganlottery.com

## MICHIGAN LOTTERY RETAILER - WEEKLY SETTLEMENT REQUIREMENTS -

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1. Retailers must not be delinquent in settling accounts with the Lottery.
2. Retailers are required to maintain a separate bank account for Lottery use only in a financial institution that is a member of The National Automated Clearing House Association. The Lottery must be authorized to initiate electronic funds transfers (EFT) to or from the account.
3. Cash only must be deposited in this account, do not include checks in your deposit.
4. The sales week is Tuesday through Monday. Your invoice is available Tuesday of each week. **Bank deposits must be made by 2:00 p.m. on Tuesday to assure available funds for EFT withdrawal.**
5. A Retailer's selling privileges may be suspended upon determination that the Retailer is delinquent for any settlement. Retailers are considered delinquent when sufficient good, available funds are not available in the financial institution account at the time the Lottery attempts to electronically withdraw the Retailer's settlement.
6. Retailers are expected to promptly "make good" a delinquency by remitting a cashier's or certified check to the Lottery for the full amount of the delinquency plus any delinquency fee. A fee may be assessed for each delinquency in accordance with the fee schedule currently in effect.
7. A Retailer who fails to "make good" a delinquency shall be subject to license revocation. A retailer may also be subject to collection proceedings for failure to "make good" on a delinquency. Collection proceedings may be initiated by the Lottery or by a designated third-party.
8. A Retailer who exceeds the established number of delinquencies within six consecutive months shall be subject to license revocation or be required to post a cash bond to continue as a licensed Retailer. A Retailer who exceeds the established number of delinquencies within six consecutive months shall be subject to license revocation or be required to post a cash bond to continue as a licensed Retailer. The bond and interest may be used to satisfy delinquent debt owed to the Michigan Lottery by any Michigan Lottery Retailer that you own. If the amount of delinquent debt owed exceeds the amount of the bond and interest, you are responsible for paying the entire remaining balance after the bond is applied. If the bond and interest exceed the amount of delinquent debt owed, the excess funding shall be returned to you.



## MICHIGAN LOTTERY RETAILER - PERFORMANCE REQUIREMENTS -

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1. The Retailer shall immediately notify Retailer Services of any lapse in on-line terminal operation that will exceed 48 hours in duration.
2. The Retailer's license may be revoked if the Retailer has an unapproved lapse in operation that exceeds 30 calendar days.
3. Under Lottery Rules, the Retailer must pay the fees established by Lottery. These fees include the following:
  - a. Application Processing Fee - \$150 A nonrefundable application fee is due at the time of application.
  - b. Investigation Fee - \$700 This fee may be assessed to the Retailer when an investigation is conducted resulting in disciplinary action.
  - c. Satellite Communication Equipment Installation Fee - \$550 This fee is for the installation of communication service for an on-line Lottery terminal.
  - d. Delinquency Fee - \$200 This fee may be assessed by the Lottery each time a Retailer is delinquent.
  - e. Annual License Renewal Fee - \$200 This fee will be waived for those Retailers who are not on probation for violation of the Lottery Act or its Rules at the time of renewal.
4. Retailers will be given written notice when fees are changed by Lottery.
5. All Retailers may be subject to a terminal minimum sales performance evaluation every quarter. Failure to meet the minimum sales performance may result in license revocation. The minimum sales performance amount is set by the Lottery and is subject to change, but will not exceed a \$4,000.00 weekly average.
6. Failure to meet the performance requirements or the contract terms and conditions may result in disciplinary action depending on the nature and severity of the violation. When the severity of a violation warrants equipment removal and/or license revocation, the Retailer may request a conference with the Commissioner or the Commissioner's designee. At this informal conference, the alleged violation will be reviewed with the Retailer. The Retailer will have the opportunity to refute the alleged violation or to explain the reasons for the violation. The Retailer will be notified in writing of the Commissioner's decision. The Commissioner's decision is final.
7. It is each owner/shareholder's responsibility to report to the Lottery any changes in his or her personal or business situation that would adversely affect Lottery's integrity and/or its operations. This includes but is not limited to: any change of ownership, changes in a home address, phone number, etc; misdemeanor or felony convictions; liquor, food stamp, or tobacco violations; tax defaults or liens; personal or business bankruptcies; or any pending lawsuits against an owner/shareholder or the business.
8. Each owner/shareholder authorizes the release of all information regarding his or her personal/business credit and criminal history to the Lottery. Each owner/shareholder understands it is his or her responsibility to report any changes in a personal or business situation. Each owner/shareholder accepts that any violation of the Lottery Act, Rules, contract, directives, instructions, or communications (including this communication) may be cause for revocation of any Lottery license.

To report any changes, contact Lottery at: **Michigan Lottery, Retailer Services, P.O. Box 30023, Lansing, MI 48909; or by fax at (517) 335-5757; or by emailing [MSL-Licensing@michigan.gov](mailto:MSL-Licensing@michigan.gov) or by calling (517) 335-5619.**



MICHIGAN LOTTERY  
RETAILER SERVICES  
101 E. HILLSDALE, BOX 30023  
LANSING, MICHIGAN 48909  
retailers.michiganlottery.com

## MICHIGAN LOTTERY RETAILER - OPERATIONAL RULES - PULL TAB GAMES

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- The following business types are eligible to sell Pull-Tabs: bar/restaurant, bowling center, golf, social club, adult entertainment, and recreation.
- Retailers are prohibited from selling Pull Tab tickets for a price other than the price printed on the ticket.
- Pull Tab tickets may be sold from vending machines specifically designed to dispense Pull Tab tickets, by waitstaff, from “fishbowl” type containers, or through special promotional packaging provided by the Lottery. The cost to purchase or lease the vending machine(s) is the responsibility of the Retailer unless the game is sold in special promotional packaging provided by the Lottery.
- Retailers receive a 6% commission on each Pull Tab ticket sold and a 2% commission on any prize paid, unless otherwise stated in the Lottery contract.
- Retailers are prohibited from selling Pull Tab tickets to a visibly intoxicated person.
- Retailers may not end sales of a game until all tickets from the deal are sold or unless a game has expired.
- Retailers may redeem winning tickets of \$600 or less. Prizes of \$601 and above must be claimed at a Lottery claim center or Lottery office.
- Retailers must pay the full amount of all prizes redeemed from valid winning Pull Tab tickets.
- A winning prize must be claimed prior to the expiration date listed on the Pull Tab ticket.
- Retailers may not manipulate the Pull Tab game in order to prevent prizes from being awarded.
- Retailer employees and owners may purchase, play and redeem Pull Tab tickets.



## NONPROFIT LICENSEES ONLY - REQUIREMENTS -

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The requirements listed below pertain to the licensing of nonprofit organizations.

### **PRINCIPAL OFFICERS**

- The Retailer Contract/Application must be signed by the three principal officers (i.e. president, vice president, treasurer, secretary) of the organization.
- Each of the principal officers must complete and sign a Personal Data Sheet authorizing the Lottery to perform a personal criminal and credit check.
- The Lottery reserves the right to deny or revoke a license based on the criminal and/or credit history of any principal officer.
- Lottery references to owners/ownership means any and all of the principal officers and/or Lottery chairpersons.
- Principal officers must be at least 18 years old.
- Any change in principal officers must be reported to the Lottery by completing a new Retailer Contract/Application and Personal Data Sheet.

### **LOTTERY CHAIRPERSON**

- Each location must designate a Lottery chairperson who will be the Lottery contact and responsible for all Lottery activities. This includes making the Lottery deposits on Tuesday before 2:00 p.m., stocking supplies, and other necessary activities.
- The Lottery chairperson, if different from the principal officers, must sign the Retailer Contract/Application. He/she must also complete and sign a Personal Data Sheet authorizing the Lottery to perform a personal criminal and credit check.
- The Lottery reserves the right to deny or revoke a license based on the criminal and/or credit history of the Lottery chairperson.
- The designated Lottery chairperson must be indicated on the Retailer Contract/Application.
- The Lottery chairperson must be at least 18 years old.
- Any change in the Lottery chairperson must be reported to the Lottery by completing a new Retailer Contract/Application and Personal Data Sheet.

### **OWNERSHIP OF BUILDING**

- A copy of the lease, deed, rental agreement or other proof must be provided to show the organization's legal right to occupy the building/premises.

### **LOTTERY ACT & RULES**

- The principal officers and Lottery chairperson, by signing the Retailer Contract/Application and Personal Data Sheet, agree to comply with the Lottery Act and Rules, or the requirements, instructions and directives of the Commissioner or Bureau.
- The organization must comply with any Michigan Liquor Control Commission Rules or statutes. Specifically, organizations must adhere to prohibitions that no alcohol is sold to anyone who is not a bona fide member or guest of the club (as defined by statute).

## MICHIGAN LOTTERY RETAILER - PROBLEM GAMBLING INFORMATION -

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### **- RETAIN THIS PAGE FOR FUTURE REFERENCE -**

The Michigan Lottery is dedicated to ensuring our players are provided with a fun and safe form of entertainment. As part of this effort, \$1 million is provided each year to help fund statewide education and treatment programs for problem gaming, as well as the Michigan Problem Gambling Helpline.

Problem gambling may affect anyone, regardless of age, race, gender or financial status. Once it is detected, problem gambling may be treated successfully. The first step is determining if you have a problem or are headed toward a problem.

#### **WARNING SIGNS OF PROBLEM GAMBLING**

- Missing work or sacrificing time with your family to gamble
- Gambling is causing problems with your family
- Lying about the time spent gambling or the money you've lost
- Being unable to stop or control your betting
- Borrowing money to gamble
- Gambling to get money to solve financial problems •
- Selling or pawning property to get money for gambling
- Spending money on gambling that should have gone to pay your bills
- Gambling more to recover your losses
- Committing a crime or considering committing a crime to pay for gambling
- Feelings of hopelessness, depression, or suicide

#### **CONFIDENTIAL HELP AND SUPPORT**

**FREE, 24/7 Michigan Problem Gambling Helpline • Call: 800-270-7117 • Text 248-648-3363**

The Michigan Problem Gambling Helpline provides FREE, confidential, one-on-one support to any Michigan resident seeking help for a gambling problem. Counselors are available to provide immediate assistance including screening services and referrals to treatment or support groups.

**For additional problem gambling information and resources, please contact the Michigan Lottery's Responsible Gaming Manager at (517) 335-5600**

#### **Problem Gambling Training**

Problem gambling training available at:  
[retailers.michiganlottery.com](http://retailers.michiganlottery.com)



# RETAILER CONTRACT / APPLICATION

A **nonrefundable** application fee of \$150 is due at the time of application.  
 This fee shall be remitted by check payable to the State of Michigan,  
 or paid on-line at <https://www.thepayplace.com/mi/lottery/retailerserv>

LOTTERY USE ONLY	
RET #	
REG/DIST #	CHAIN #

**Submission of application and fee does not guarantee equipment placement.**

Business / Organization Name		Number and Street		City	County
Zip Code	Phone Number ( )	Fax Number ( )	Date Business Was Purchased by You	Current Lottery Retailer Number of This Location (if applicable)	

IS THIS LOCATION IN COMPLIANCE WITH THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT?  YES  NO

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

Name	Street Address or P.O. Box	City	ZIP Code
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NATURE OF APPLICATION:

New License       Change of Ownership       Add Partner       Drop Partner       Stock Transfer  
 Change in Business Type       Change in Officers/Chairperson       Other \_\_\_\_\_

INDICATE BUSINESS TYPE (Refer to Applicant Information Sheet):

Sole Proprietorship       Limited Partnership       Limited Liability Company  
 Partnership       Corporation       Non-Profit Corporation

FED ID # (FEIN)

ALL BUSINESSES OTHER THAN SOLE PROPRIETORSHIP MUST PROVIDE:

Legal Entity Name

CHECK THE BOX SHOWING YOUR PRINCIPAL BUSINESS:

Supermarket       Bar       Specialty Shop       Adult Entertainment  
 Convenience Store       Liquor Party Store       Bowling       Fraternal  
 Gas/Convenience Store       Mass Grocery/Merchandise       Golf       Veteran  
 Restaurant       Drug Store       Social Club  
 Bar/Restaurant       Recreation       Other (Explain) \_\_\_\_\_

WRITE THE APPLICABLE MICHIGAN LIQUOR CONTROL LICENSE(S) NUMBER ISSUED TO THE APPLICANT FOR THIS BUSINESS, AT THIS LOCATION. (If pending receipt, write pending):

Class C      
 Brewpub      
 SDM      
 SDD

ENTER THE HOURS OF OPERATION:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

THIS CONTRACT between the Michigan Bureau of State Lottery, hereinafter referred to as the "Lottery", and \_\_\_\_\_, dba \_\_\_\_\_, hereinafter referred to as the "Retailer", shall take effect on the day the Lottery license is issued and shall continue until terminated by written notice by either party or until a mutually agreed date of termination.

-OVER-

COMPLETION: Required.  
 PENALTY: Denial of application

THE PARTIES agree as follows:

1. The Retailer agrees to provide services for the Lottery for the sale of products authorized by the Lottery in conformity with Act No. 239 of the Public Acts of 1972, as amended. The Retailer agrees to abide by all Lottery Rules, directives, performance requirements and official written communications issued by the Lottery.
2. The Retailer agrees to abide by all federal, state, and local laws, rules, and regulations.
3. The Retailer shall maintain current and accurate records of all operations in conjunction with sales in conformity with rules, instructions, and directives of Lottery. The Retailer shall make the records available to representatives of Lottery upon request for inspection and audit.
4. The Retailer's Lottery license and the rights and obligations established by this Contract are **NOT** assignable or transferable. The Lottery reserves the right to disapprove or qualify approval of an application for a change of ownership. The Lottery reserves the right to remove any Lottery equipment if the change of ownership is not approved by the Lottery.
5. The Retailer shall obtain written Lottery approval prior to any change of location of the Retailer's business premises (e.g., the Retailer moves from one business location/address to another location/address). For any change in business location the Retailer shall pay any and all costs associated with the relocation (e.g., communication system connections, equipment connections, etc.).
6. The Retailer shall notify the Lottery of any proposed sale, dissolution or termination of the Retailer's business and/or any change in ownership of the Retailer's business. All changes are subject to the Lottery's approval and may be denied if:
  - a. The proposed new owner does not satisfy the Lottery's requirements for past compliance, integrity, financial responsibility, or any other criteria for initial licensure;
  - b. The Retailer has not settled all outstanding accounts with the Lottery.
7. The Lottery shall pay the Retailer the prevailing commission rate for all valid sales and for all valid prize payments.
8. The Lottery or its designated representative shall provide equipment, routine maintenance, and supplies related to the operation of the installed equipment to the Retailer at no cost, except as may be assessed for installation, repair or replacement, failure to meet performance requirements, or failure to surrender equipment upon notice by the Lottery or its designated representative.
9. The equipment provided by Lottery or its designated representative shall be used at all times for its intended purpose and not altered in any way. If the Retailer intentionally or negligently uses, alters, or fails to maintain the equipment, the Retailer may be subject to disciplinary action, including but not limited to, paying costs for repair, maintenance, or replacement of the equipment.
10. The Retailer understands that prompt and timely remittance to Lottery of all funds due is essential. One possible consequence of failing to make prompt and timely remittance to Lottery may be the initiation of collection proceedings by Lottery or a designated third-party.
11. The Retailer has received and understands the information provided on the Problem Gambling Information sheet. Furthermore, retailer acknowledges that problem gambling resources are available within the state of Michigan as clearly printed on all Michigan Lottery tickets and promotional materials.
12. Each of the undersigned persons represents and warrants that s/he has reviewed and fully understands the Contract and that:
  - a. S/he is a person authorized to execute this Contract and bind the Retailer to its terms and obligations.
  - b. S/he, individually and together, and for her or his personal estate, guarantees to the Lottery the Retailer's faithful performance of the Contract. Without limiting the generality of the foregoing guarantee and merely by way of example, this includes:
    - 1) safe custody and prompt return to the Lottery or its designated representative, when required, of any equipment, tickets, materials and supplies owned and/or to be owned by the Lottery.
    - 2) prompt and timely remittance to the Lottery of all funds due.
  - c. **TERMINATION OF THE CONTRACT BY EITHER PARTY SHALL NOT EXTINGUISH ANY OBLIGATION WHICH AROSE WHILE THIS CONTRACT WAS IN EFFECT.**

Each owner/shareholder/principal officer/Lottery chairperson signs below (add sheet, if needed).

TYPE OR PRINT NAME OF INDIVIDUAL	SIGNATURE	DATE
TYPE OR PRINT TITLE	PERCENT OF STOCK	
TYPE OR PRINT NAME OF INDIVIDUAL	SIGNATURE	DATE
TYPE OR PRINT TITLE	PERCENT OF STOCK	
TYPE OR PRINT NAME OF INDIVIDUAL	SIGNATURE	DATE
TYPE OR PRINT TITLE	PERCENT OF STOCK	
TYPE OR PRINT NAME OF INDIVIDUAL	SIGNATURE	DATE
TYPE OR PRINT TITLE	PERCENT OF STOCK	

A Personal Data Sheet is required for person(s) signing above and additional owner(s)/shareholders as described on the Applicant Information sheet.

**ENTER THE NUMBER OF PERSONAL DATA SHEETS SUBMITTED \_\_\_\_\_.**

# PERSONAL DATA SHEET

Business Name (dba) \_\_\_\_\_

EACH OWNER, PARTNER, PRINCIPAL SHAREHOLDER, CORPORATE OFFICER, PRINCIPAL OFFICERS, AND/OR LOTTERY CHAIRPERSONS OF THIS BUSINESS/ORGANIZATION MUST COMPLETE AND SIGN A PERSONAL DATA SHEET. (USE AS MANY ADDITIONAL SHEETS AS NECESSARY.)

NAME (LAST, FIRST, M.I.)		MAIDEN NAME			
SOCIAL SECURITY NO. *	DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.		
HOME ADDRESS (NO., STREET)		CITY	STATE	ZIP	COUNTY
HOME PHONE NUMBER ( )	CELL PHONE NUMBER ( )	EMAIL ADDRESS		TITLE	% OWNERSHIP

\* PROTECTED BY FEDERAL PRIVACY LAWS AND STATE CONFIDENTIALITY REQUIREMENT

1. Full name of spouse \_\_\_\_\_

2. I or my spouse previously held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation: (attach additional sheets if necessary)

RETAILER NUMBER	STORE NAME	ADDRESS

3. If you are not a U.S. citizen - are you a registered alien? YES  NO  or do you have a Visa? YES  NO

4. Have you ever legally changed your name? YES  NO

From \_\_\_\_\_ to \_\_\_\_\_

5. Have you ever been known by any other names? YES  NO

Give names \_\_\_\_\_

**Questions 6 - 12 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. DO NOT include civil traffic violations.**

6. Have you ever:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	been arrested or detained	YES <input type="checkbox"/>	NO <input type="checkbox"/>	pled no contest
<input type="checkbox"/>	<input type="checkbox"/>	been indicted or charged	<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail
<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty	<input type="checkbox"/>	<input type="checkbox"/>	been convicted

If you answered yes to any of the above, complete the following table:

NATURE OF OFFENSE	DATE OF CHARGE OR INCIDENT M/D/YYYY	NAME AND ADDRESS OF COURT OR POLICE AGENCY	DISPOSITION	DATE M/D/YYYY	FELONY (F) OR MISDEMEANOR (M)

7. Have you ever been granted immunity? Yes  No

8. Have you ever been named an un-indicted co-conspirator? Yes  No

- OVER -

COMPLETION: Required.  
 PENALTY: Denial of application.

9. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction?

Yes No If you answered yes, describe the nature and date of the charge, name of government agency, and disposition.

10. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction?

Yes No If you answered yes, describe the circumstances, outcome, and efforts being made to pay back any debt incurred.

11. Describe any arrests, which did not result in formal criminal charge.

Not Applicable

12. Has this business/organization or have you individually ever been investigated or penalized by a state or federal agency?

Yes No If yes, attach explanation that includes the date, location, charge, disposition, and the government agency involved.

13. Has this business/organization or have you individually ever failed to pay taxes, fees, or other obligations owed to the U.S. government, a state government, or any local governmental subdivisions?

Yes No If yes, attach explanation that includes the date of default, type of tax or fee in default and date cleared.

14. Have you ever had any involvement in a personal or business bankruptcy or business in receivership?

Yes No If yes, attach explanation.

15. Are there currently any lawsuits pending against you or your business/organization?

Yes No If yes, attach reason for suit, plaintiff, amount(s) of uninsured potential damages.

**WARNING: Rule 432.4 provides that the Retailer's license may be immediately suspended or revoked or its renewal rejected if the application for license contains false or misleading information.**

I HAVE EXAMINED THIS INFORMATION AND VERIFY IT IS COMPLETE AND CONTAINS NO MISREPRESENTATIONS OR FALSE STATEMENTS. I AUTHORIZE THE RELEASE OF ALL INFORMATION REGARDING MY PERSONAL/BUSINESS CREDIT AND CRIMINAL HISTORY TO THE MICHIGAN LOTTERY. I UNDERSTAND IT IS MY RESPONSIBILITY TO REPORT ANY CHANGES IN THE ABOVE INFORMATION. I ACCEPT THAT ANY VIOLATION OF THE LOTTERY ACT, RULES, CONTRACT, DIRECTIVES, INSTRUCTIONS, OR COMMUNICATIONS MAY BE CAUSE FOR REVOCATION OF ANY LOTTERY LICENSE.

SIGNATURE	DATE
-----------	------

# PERSONAL DATA SHEET

Business Name (dba) \_\_\_\_\_

EACH OWNER, PARTNER, PRINCIPAL SHAREHOLDER, CORPORATE OFFICER, PRINCIPAL OFFICERS, AND/OR LOTTERY CHAIRPERSONS OF THIS BUSINESS/ORGANIZATION MUST COMPLETE AND SIGN A PERSONAL DATA SHEET. (USE AS MANY ADDITIONAL SHEETS AS NECESSARY.)

NAME (LAST, FIRST, M.I.)		MAIDEN NAME			
SOCIAL SECURITY NO. *	DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.		
HOME ADDRESS (NO., STREET)		CITY	STATE	ZIP	COUNTY
HOME PHONE NUMBER ( )	CELL PHONE NUMBER ( )	EMAIL ADDRESS		TITLE	% OWNERSHIP

\* PROTECTED BY FEDERAL PRIVACY LAWS AND STATE CONFIDENTIALITY REQUIREMENT

1. Full name of spouse \_\_\_\_\_

2. I or my spouse previously held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation: (attach additional sheets if necessary)

RETAILER NUMBER	STORE NAME	ADDRESS

3. If you are not a U.S. citizen - are you a registered alien? YES  NO  or do you have a Visa? YES  NO

4. Have you ever legally changed your name? YES  NO

From \_\_\_\_\_ to \_\_\_\_\_

5. Have you ever been known by any other names? YES  NO

Give names \_\_\_\_\_

**Questions 6 - 12 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. DO NOT include civil traffic violations.**

6. Have you ever:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	been arrested or detained	YES <input type="checkbox"/>	NO <input type="checkbox"/>	pled no contest
<input type="checkbox"/>	<input type="checkbox"/>	been indicted or charged	<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail
<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty	<input type="checkbox"/>	<input type="checkbox"/>	been convicted

If you answered yes to any of the above, complete the following table:

NATURE OF OFFENSE	DATE OF CHARGE OR INCIDENT M/D/YYYY	NAME AND ADDRESS OF COURT OR POLICE AGENCY	DISPOSITION	DATE M/D/YYYY	FELONY (F) OR MISDEMEANOR (M)

7. Have you ever been granted immunity? Yes  No

8. Have you ever been named an un-indicted co-conspirator? Yes  No

- OVER -

COMPLETION: Required.  
 PENALTY: Denial of application.

9. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction?

Yes No If you answered yes, describe the nature and date of the charge, name of government agency, and disposition.

10. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction?

Yes No If you answered yes, describe the circumstances, outcome, and efforts being made to pay back any debt incurred.

11. Describe any arrests, which did not result in formal criminal charge.

Not Applicable

12. Has this business/organization or have you individually ever been investigated or penalized by a state or federal agency?

Yes No If yes, attach explanation that includes the date, location, charge, disposition, and the government agency involved.

13. Has this business/organization or have you individually ever failed to pay taxes, fees, or other obligations owed to the U.S. government, a state government, or any local governmental subdivisions?

Yes No If yes, attach explanation that includes the date of default, type of tax or fee in default and date cleared.

14. Have you ever had any involvement in a personal or business bankruptcy or business in receivership?

Yes No If yes, attach explanation.

15. Are there currently any lawsuits pending against you or your business/organization?

Yes No If yes, attach reason for suit, plaintiff, amount(s) of uninsured potential damages.

**WARNING: Rule 432.4 provides that the Retailer's license may be immediately suspended or revoked or its renewal rejected if the application for license contains false or misleading information.**

I HAVE EXAMINED THIS INFORMATION AND VERIFY IT IS COMPLETE AND CONTAINS NO MISREPRESENTATIONS OR FALSE STATEMENTS. I AUTHORIZE THE RELEASE OF ALL INFORMATION REGARDING MY PERSONAL/BUSINESS CREDIT AND CRIMINAL HISTORY TO THE MICHIGAN LOTTERY. I UNDERSTAND IT IS MY RESPONSIBILITY TO REPORT ANY CHANGES IN THE ABOVE INFORMATION. I ACCEPT THAT ANY VIOLATION OF THE LOTTERY ACT, RULES, CONTRACT, DIRECTIVES, INSTRUCTIONS, OR COMMUNICATIONS MAY BE CAUSE FOR REVOCATION OF ANY LOTTERY LICENSE.

SIGNATURE	DATE
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# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

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

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

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

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

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

## Purpose of Form

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

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-NEC (nonemployee compensation).
- 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), and 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.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form**, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. 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*, later, 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).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

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

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**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 (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**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 their 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 their 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 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, 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 instructions for Part II 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, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

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

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, 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 are no longer 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **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 for 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 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** 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.

• **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. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner 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. 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, enter it on line 2.

### Line 3a

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

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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 on 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 territory, 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 territory.
- 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 as defined under section 581.
- 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 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> 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) entered 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 territory, 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. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

**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 ITIN. Enter it in the entry space for the Social security number. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, 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](http://www.SSA.gov). You may also get this form by calling 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/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional 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:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> 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.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 877-777-4778 or TTY/TDD 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](mailto: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 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) 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 territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



MICHIGAN LOTTERY  
**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

EFFECTIVE DATE

Retailer #

I authorize the Michigan Lottery to make variable withdrawals or deposits from or into the checking account identified below, and authorize the financial institution to charge such withdrawals or deposits to my listed checking account. The amount of the withdrawals or deposits will be equal to the amount shown on my invoice for gaming transactions. Adjusting entries are also authorized.

It is agreed that these withdrawals, deposits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. I understand that this authorization will remain in effect until a termination or change of checking account is confirmed by the Michigan Lottery.

Please note that you are ineligible to pay by ACH if the bank account identified on the void check/letter from the bank (on bank letterhead) is funded or otherwise associated with a foreign bank account to the extent that the payment transaction would qualify as an International ACH Transaction (IAT) under the NACHA Rules.

**PLEASE ATTACH VOID CHECK OR A LETTER FROM THE BANK, ON BANK LETTERHEAD, WITH THE BANK'S ROUTING NUMBER AND YOUR CHECKING ACCOUNT NUMBER TO THIS AUTHORIZATION**

Contact Person	Contact Person's Telephone Number (      )	Store or Owner Fax # (      )
Business Name as Shown on Lottery License (Please Print)	Signature of Authorizing Party (Owner, Partner, Other)	Date
Address: Street, P.O. Box	City	State      Zip Code
Bank Name	Bank Telephone Number (      )	Checking (02)

**MUST BE RECEIVED BY 3:00 P.M. MONDAY TO BE EFFECTIVE FOR TUESDAY SETTLEMENT.**

COMPLETION: Mandatory.  
PENALTY: Loss of license.

This form is issued under the authority of Act 238, 1972 as amended.

BSL-A-667A(R2/16)



MICHIGAN LOTTERY  
 RETAILER SERVICES  
 101 E. HILLSDALE, BOX 30023  
 LANSING, MICHIGAN 48909  
 retailers.michiganlottery.com

## COMMUNICATIONS EQUIPMENT INSTALLATION APPROVAL

Business Name	Property Address
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Michigan Lottery Retailer Property Owner:

**Please complete this form (not required if equipment is already installed.)**

Please initial each of the following comments to indicate your acceptance of terms:

\_\_\_\_\_ I will allow access to the roof for IGT installation technicians.

\_\_\_\_\_ I understand that cable will be used to connect the wireless equipment on the roof to the lottery terminal in the store.

Property Owner Signature	Date
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Property Owner Contact	Phone
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Comment for issues or special requests:

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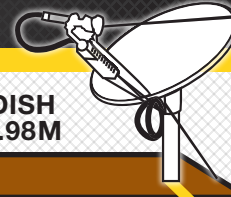
COMPLETION: Required.  
 PENALTY: Denial of application.





# MICHIGAN LOTTERY™

# NEW RETAILER TERMINAL & PERIPHERALS STATE-OF-THE-ART EQUIPMENT



SATELLITE DISH  
DIAMETER: .98M

ROOFTOP

**CABLES**

REQUIRES POWER SOURCE

**FLEX RETAILER PRO  
TERMINAL 15.6" DISPLAY**

MAX WIDTH: 18"

MAX HEIGHT: 16"



MAX DEPTH: 15.9"

**PRINTER  
PRO**

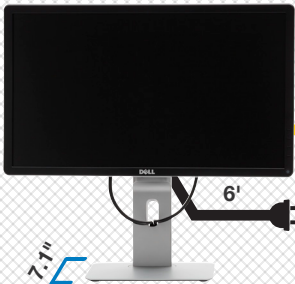


**HUGHES COMM.  
BOX (IDU)**



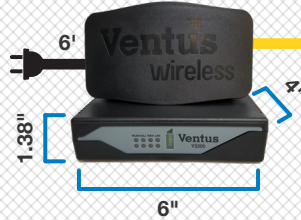
**22" DELL ESMM  
PLAYER DISPLAY**

13.9" WITH STAND



20.2"

**VENTUS  
MODEM**



**TICKET SCAN  
PLUS (TSP)**





MICHIGAN LOTTERY  
RETAILER SERVICES  
101 E. HILLSDALE, BOX 30023  
LANSING, MICHIGAN 48909  
retailers.michiganlottery.com

## MICHIGAN LOTTERY APPLICANT CHECKLIST

**Your completed application must contain the following (an incomplete application can result in delay):**

- Retailer Contract/Application**
- Personal Data Sheet** (one data sheet for each owner/shareholder).
- Identification** (Out of state applicants must provide a photocopy of their driver's license, social security card, and one other piece of identification.)
- W-9 Form**
- Copy of IRS Notice CP 575A** (Notice sent to you by IRS showing your Employer Identification Number. If you are unable to locate this notice please contact IRS at 1-800-829-0115 and request a 147C letter be faxed or mailed to you to fulfill this requirement.) This requirement excludes sole proprietorships.
- EFT Authorization Form** (Include a void check or a letter, on bank letterhead, with the bank's routing number and your checking account number.)
- Liquor Control License Number**
- Bill of Sale or Proof of Ownership** (property tax statement, lease, rental, or land contract, etc.).
- Communications Equipment Installation Approval Sheet**  
(A communication equipment installation fee of \$550 will be withdrawn from your account after the equipment is installed. Form is not required IF equipment is already installed.)
- Review that all forms are signed and dated.**
- \$150 Nonrefundable Application Fee** check made payable to State of Michigan or pay on-line at <https://www.thepayplace.com/mi/lottery/retailerserv>

If paying application fee by check you can mail the check with completed application to:

Michigan Lottery  
Attn: Retailer Services  
P.O. Box 30023  
Lansing, MI 48909

If paying application fee online you can fax or email the payment receipt with completed application to:

Fax: 517-335-5757

OR

Email: [msl-licensing@michigan.gov](mailto:msl-licensing@michigan.gov).

Thank you for your interest in the Michigan Lottery. If you have any questions you can contact the Licensing Department at 517-335-5619.