TRADITIONAL RETAILER

INDEPENDENT INITIAL LICENSE APPLICATION

900 Pennsylvania Avenue
Charleston, WV 25302
1-800-982-2274 ext. 1817

***NOTE: If your business is purchasing an existing licensed location, please complete and submit this Change of Ownership Application rather than the Initial License Application.**

For a fillable version of this Form:

Please complete and submit this application only after the business/organization and its legal counsel have had an opportunity to read, review and understand W.Va. Code §29-22 et seq., W.Va. Code of State Rules §179-1 et seq., Lottery Policy Statements and the Traditional Retailer Handbook.

TRADITIONAL RETAILER
INDEPENDENT INITIAL LICENSE APPLICATION

IN OFFICE USE ONLY
DATE STAMP

Read all Instructions, Terms and Conditions, and the Traditional Handbook before completing this Application.

PART 1. APPLICANT BUSINESS INFORMATION

Please note that this Application is for Independent Retailers. If your company is not applying for an initial license and is purchasing an existing Licensed Retailer, please see the Change of Ownership Application found at business.wvlottery.com.

1. Applicant's Business/Organization Name: _____

2. Doing Business As (DBA): _____

3. Mailing Address: _____

   City: _____ County: _____ State: _____ Zip:_____

   Business Phone #: _____ Email:_____

4. Retail Location Address: _____

   City: _____ County: _____ State: _____ Zip: _____
   (*The Retail location must be located within the State of West Virginia*)

5. Retail Shipping Address: _____

   City: _____ County: _____ State: _____ Zip: _____
   *(*Shipping address is required for the mailing of the Tickets and should be accepted by UPS as the current shipping address for this location)*

6. Date of Incorporation: _____ State of Incorporation: _____

7. Applicant's Business or Organization Type:

   ___ Sole Proprietorship ___ Corp./Subsidiary ___ Governmental ___ Joint Venture/Partnership ___ Trust

   ___ Fraternal/Civic Association ___ LLC/LLP ___ Other (Describe): _____

8. Does this location provide access to persons with disabilities as required by the Americans with Disabilities Act (ADA): **___ Yes ___ No**

9. Is your business currently Licensed as a Limited Video Lottery Retailer? **___ Yes ___ No**

   If yes, list your LVL License # _____

10. Complete the Financial Disclosure Form for Corporations, Partnership/Joint Venture, Fraternal/Civic Organizations, LLC/LLP and Trusts (Trad - FD Form - Exhibit 1, (pg.6)) ___ Completed Exhibit 1

PART 2. FEES and PAYMENTS

1. **Electronic Funds Transfer:** The Applicant must establish a private banking account in which to deposit payments for the purchase of lottery tickets, payment of any fees and receipts from draw sales. Funds in this account will be swept by electronic funds transfer on a weekly basis. Selling bonuses and cashing bonuses will also be dispersed through this account. Complete the Electronic Funds Transfer Form (Trad - EFT Form - Exhibit 2, (pg. 7)) **AND** include a voided check, bank letter, or a deposit slip with this Application.

   ___ Completed Exhibit 2

PART 2. FEES and PAYMENTS – *Continued*

2. **Application Fee:** The Applicant must submit a $25 nonrefundable processing fee with the Application. Licenses are renewed annually on July 1st of each year regardless of when the initial License is issued. The $25 renewal fee will be swept from the Licensee's Electronic Funds Transfer Account each year that the Applicant acts as a licensed lottery agent.

3. **Bond**: Each Lottery Applicant must participate in a financial guarantee bond program administered by the West Virginia Lottery to ensure the performance of the Licensee's duties and responsibilities as a licensed lottery agent or for the indemnification of the Lottery. This bond in the amount of $50 must be submitted with the initial application and thereafter will automatically be swept from the Licensee's Electronic Funds Transfer Account each year that the Applicant acts as a licensed lottery agent.

4. **Equipment Fee:** The Applicant must pay an initial equipment/communications fee of $250. Following the subsequent twelve-month period, the Lottery will sweep $5 for each terminal at this location from the Licensee's Electronic Funds Transfer Account on a weekly basis in order to cover this fee.

5. **Total Fee and Payments:** A total fee of **$325 is required to be submitted with this completed Traditional Retailer Initial License Application**.

$25 Application fee / $50 Bond Fee / $250 Equipment Fee = $325

Such fee may be remitted by:

___ Business/Cashier's Check or Money Order made payable to: *The West Virginia Lottery.*

OR

___ Payment may also be made online at https://business.wvlottery.com/resourcespayments. Once on the site, scroll to the "Online Payment" section and select "View Link" for the Traditional License Section. If paying online, your application must include a copy of the payment receipt showing the transaction ID number.

Payment Receipt Transaction ID Number: _____ ___ Attached as Exhibit 3

PART 3. WEST VIRGINIA LOTTERY COMPLIANCE REQUIREMENTS

1. Complete the Form W-9 Request for Taxpayer Identification Number & Certification (Trad – W-9 Form - Exhibit 4, (pg. 8))
___ Completed Exhibit 4

2. Federal and State Tax Information**:** Federal ID # _____ West Virginia Tax # _____

3. **The Applicant must be in compliance with all state taxes, fees and obligations**:

   a. Attach as Exhibit 5 a copy of the Certificate of Authorization issued by the **West Virginia Secretary of State**
      - Contact West Virginia Secretary of State at 304-558-8000 to determine if your account is in compliance and to obtain a Certificate of Authorization. ___ Attached as Exhibit 5

   b. Attach as Exhibit 6 a copy of the Business Registration Certificate **AND** Letter of Good Standing issued by the **West Virginia Tax Department**
      - Contact West Virginia State Tax Division at 304-558-3333 to obtain a Business Registration **AND** a Letter of Good Standing. ___ Attached as Exhibit 6

PART 3. WEST VIRGINIA LOTTERY COMPLIANCE REQUIREMENTS - *Continued*

c. Attach as Exhibit 7 a copy of the Letter of Good Standing issued by **Workforce West Virginia**
- **Regardless** of the number of employees, all businesses must register with Workforce West Virginia to determine whether they are exempt from Unemployment Compensation requirements. Contact Workforce West Virginia at 304-558-2451 to determine if your account is in compliance and to obtain a Letter of Good Standing to submit with this Application. ___ Attached as Exhibit 7

d. Does the Applicant have **Workers' Compensation insurance coverage** in effect as of the date of this Application? ___ **Yes** ___ **No**

1. If **YES**, attach as Exhibit 8 a copy of the *Workers' Compensation Declaration Page* from the Insurance Policy which indicates the dates of coverage. ___ Attached as Exhibit 8

OR

2. If the Applicant has **zero** employees, then the Applicant is not required to obtain *Workers' Compensation Insurance Coverage* and should complete the Workers' Compensation Insurance Coverage Exemption Form (Trad - Exempt Form - Exhibit 9, (pg. 9)) to submit with this Application. ___ Completed Exhibit 9

PART 4. APPLICANT OWNERSHIP INFORMATION

1. Complete the chart by identifying the Company's current ownership including All **Owner/Officer/Director/ Stockholder/Partner/Trustee/Manager/Member** (hereinafter referred to as Owner(s)/Officer(s)):

Last Name, First Name, M.I.	Position / Title	Percentage of Ownership (%)

*Attach Additional Sheets, as needed.

2. Attach as Exhibit 10 the Personal Data and Financial Disclosure form (TRAD-PD Form - Exhibit 10 (pgs. 10-12)) - with Affidavit and Release for EACH individual identified as an Owner(s)/Officer(s) in the table above. ___ Completed Exhibit 10

3. Have all Owner(s)/Officer(s) submitted their Fingerprints to IdentoGO? ___ **Yes** ___ **No**
- Owner(s)/Officer(s) are required to complete Live Scan fingerprinting through IdentoGO for the West Virginia Lottery.
  - If you have submitted fingerprints to the WV Lottery before, please contact the licensing specialist before resubmitting, unless you were specifically directed to do so by the licensing specialist.
  - Appointments can be scheduled online at https://www.identogo.com/locations or by calling 855-766-7746 / Service Code: **228RJN**

Attach as Exhibit 11 a Copy of the IdentoGO Receipt ___ Attached as Exhibit 11

4. Complete the Fingerprint Information and Release of Information Form (Trad – FP Form Exhibit 12 (pg.13)) ___ Completed Exhibit 12

***Licensee must notify the Licensing Division of the West Virginia Lottery prior to a change in OWNER/ OFFICER/ DIRECTOR/ STOCKHOLDER/ PARTNER/ TRUSTEE/ MANAGER/ MEMBER**

PART 4. APPLICANT OWNERSHIP INFORMATION – *Continued*

5. Has the Business/Organization or Owner/Officer/Director/Stockholder/ Partner/Trustee/Manager/Member ever held, applied for, or currently hold a gaming, liquor, beer, or lottery license in West Virginia or another state?

___ **Yes** ___ **No**

- State: _____ License #: _____ Status: _____ When Issued: _____ To Whom: _____
- State: _____ License #: _____ Status: _____ When Issued: _____ To Whom: _____
- State: _____ License #: _____ Status: _____ When Issued: _____ To Whom: _____
- State: _____ License #: _____ Status: _____ When Issued: _____ To Whom: _____

6. Has the Business/Organization or any Owner/Officer/Director/Stockholder/ Partner/Trustee/Manager/Member:

a. Ever been convicted of a felony, theft, or crime related to gambling or moral turpitude? ___ **Yes** ___ **No**

b. Ever been sued, resulting in outstanding claims or judgments? ___ **Yes** ___ **No**

c. Ever filed for bankruptcy in West Virginia or the US? ___ **Yes** ___ **No**

d. Ever been investigated by a state or federal investigatory agency? ___ **Yes** ___ **No**

e. Ever sustained a substantial loss with a significant insurance payment? ___ **Yes** ___ **No**

f. Ever operated under another business name(s)? ___ **Yes** ___ **No**

If **YES** to any of the above questions, provide complete details on a separate sheet(s). ___ Attached as Exhibit 13

PART 5. ADDITIONAL REQUIRED DOCUMENT

Complete the Marketing Evaluation Form (Trad – ME Form Exhibit 14 (pg. 14))

___ Completed Exhibit 14

PART 6. PRIMARY CONTACT INFORMATION

List primary contact person(s) /authorized agent(s) authorized to accept service documents from the West Virginia Lottery on behalf of the applicant:

1. Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip:_____

2. Relationship to Business/ Organization:

____ Owner ____ Principal ____ Partner ____ Member ____ Officer or Director ____ Other _____

PART 7. DISCLOSURE STATEMENT AND RELEASE

"I, the undersigned, upon oath, do hereby declare that the foregoing information included on the West Virginia Lottery Traditional Retailer Initial License Application is true and complete to the best of my knowledge. 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 this 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.

Applicant/Authorized Agent of Business/Organization

Type or Print Name: _____ Title: _____

Signature: _____ Date: _____

NOTARY

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

IN WITNESS WHEREOF, I, _____, have executed this instrument in the County

of _____, State of _____, on this _____ day of _____, 20 _____.

My Commission Expires: _____ Notary Signature: _____

County of Residence: _____ Seal:

FINANCIAL DISCLOSURE FORM FOR CORPORATIONS, PARTNERSHIP/JOINT VENTURE, FRATERNAL/CIVIC ORGANIZATIONS, LLC/LLP, and TRUSTS

Trad–FD Form
Exhibit 1

1. Applicant's Business/Organization Name: _____

2. Date of Incorporation: _____ State of Incorporation: _____

3. Name that the Applicant is "doing business as" (DBA): _____

4. Business Addresses:

   a. Physical Address: _____
   City: _____ County: _____ State: _____ Zip: _____

   b. Mailing Address: _____
   City: _____ County: _____ State: _____ Zip: _____

5. Provide information regarding the Primary Banking Institutions utilized by the Applicant:

   a. Name of Bank: _____ Name of Contact Person: _____
   Address: _____
   Phone: _____ Fax: _____ Email: _____

   b. Name of Bank: _____ Name of Contact Person: _____
   Address: _____
   Phone: _____ Fax: _____ Email: _____

6. Provide two credit references for the Applicant.

   a. Name: _____
   Address: _____
   City: _____ County: _____ State: _____ Zip: _____
   Phone: _____ Fax: _____ Email: _____

   b. Name: _____
   Address: _____
   City: _____ County: _____ State: _____ Zip: _____
   Phone: _____ Fax: _____ Email: _____

7. Applicant/Authorized Agent Name: _____ Title: _____

8. Applicant/Authorized Agent Relationship to Business/ Organization:

   ___ Owner ___ Principal ___ Partner ___ Member ___ Officer or Director ___ Other

Note: When you sign this form, you are stating that the information is true to the best of your knowledge. Furthermore, you are giving the West Virginia Lottery the right to investigate all information submitted.

Authorized Agent of Business/Organization:

Agent Name: _____ Signature: _____ Date:_____

EFT AUTHORIZATION

TRADITIONAL RETAILER INFORMATION

1. Lottery ID# (to be assigned) _____
2. Retailer 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 or a letter from the bank for 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 amounts owed by or due me (us) to/from the STATE. This authority is to remain in full force and in 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)

_____
(Printed Name) (Authorized Signature) (Title) (Date)

If you have questions about completing this form, please
Call WEST VIRGINIA Treasurer's Office, EFT Division at 304.558.3599

If you have questions concerning your Lottery account, please call
WEST VIRGINIA Lottery Commission at **800.982.2274** or **304.558.0500 x 1861**

SEND COMPLETE FORM TO:
West Virginia Lottery
Licensing Division
PO BOX 2067
Charleston, WEST VIRGINIA 25327-2067

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

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.

Sign Here **Signature of U.S. person** **Date**

General Instructions

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

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

What's New

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

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

Purpose of Form

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

***Please find the full Form W-9 (Rev. March 2024) at this site.**

WORKERS' COMPENSATION EXEMPTION FORM

**This form should only be completed when a business has no employees*

If the business has zero employees, it is exempt from obtaining Workers' Compensation Coverage. Every business MUST register with Workforce West Virginia by calling 304.558.2677 to determine if they are exempt from Unemployment Compensation.

If the business is exempt from Workers' Compensation, please complete the chart below.

Business Name:	
DBA Name:	
Street Address:	
City, State, Zip:	
Employees:	

I understand if at any time my business acquires employees, I must disclose this information to the West Virginia Lottery and supply the appropriate documentation.

I attest that all information written on this form is true and correct.

_____ _____

Signature **Date**

PERSONAL DATA / FINANCIAL DISCLOSURE and RELEASE FORM

Trad – PD Form Exhibit 10

EACH individual listed as an Owner/ Officer/ Director/ Stockholder/ Partner/ Trustee/ Manager/ Member in PART 4 pg 3 of this Application must complete this form.

PART 1:

Full Name: _____ Maiden Name/Other Name: _____

Social Security Number: _____ Phone Number: _____

Address of Personal Primary Residence: _____

City: _____ State: _____ Zip: _____

Date of Birth: Month: _____ Day: _____ 4 Digit Year: _____

List your form of Identification, i.e. Driver's License, Passport or Government ID, and Identification Number.

Copy Is Required: Form of ID: _____ Identification Number: _____

PART 2:

1. **Business/Organization Type:**

   ____ Corporation/Subsidiary ____ Joint Venture/Partnership ____ Trust ____ LLC/LLP ____ Other _____

2. **Relationship to Business/Organization:**

   ____ Principal ____ Partner ____ Officer/ Director ____ Trustee ____ Member

   ____ Manager ____ Stockholder ____Other (Explain)_____

PART 3:

Type of Business:

____ Limited Partnership ____% ____ General Partnership ____ % ____ Corporation ____ %

Indicate ALL relatives employed by the WV Lottery: _____ None:_____

PART 4:

1. If your primary source of income is not the Business/Organization Applicant, list your current employer and the address.

   Primary Employer: _____

   Address of Primary Employer: _____

   City: _____ State: _____ Zip: _____

2. Citizenship/Residency: West Virginia Resident ____ YES ____ NO / United States Citizen ____ YES ____ NO

3. If you are a not a citizen of the United States please list Country of Citizenship, the VISA classification and the VISA

   Number:_____ **Include copy of VISA attach with Exhibit 10*

PERSONAL DATA / FINANCIAL DISCLOSURE and RELEASE FORM

Trad – PD Form Exhibit 10

PART 5:

Please complete the chart below:

Have you ever:	YES	NO
Been sued, resulting in outstanding claims or judgments?		
Filed for bankruptcy in West Virginia or the US?		
Been investigated by a state or federal investigatory agency?		
Sustained a substantial loss with a significant insurance payment?		
Operated under another business name(s)?		

*If YES to any of the above questions, provide complete details on a separate sheet(s). ___ Attached as Exhibit 10a

PART 6:

1. **List all personal banking information, including checking, savings, loans, etc.:**

   a. Bank Name: _____

   Address: _____

   Phone #: _____ Type of Account: _____

   b. Bank Name: _____

   Address: _____

   Phone #: _____ Type of Account: _____

2. **Please provide a credit reference and include the type of credit and the account number:**

   Bank Name: _____

   Address: _____

   Phone #: _____ Type of Credit: _____

   Account #: _____

   **** Corporations of Chain locations may request omission of the owner(s)/officer(s) personal banking information by submitting a signed letter of request.***

PART 7:

I hereby swear or affirm that I:

____ 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.

OR

____ HAVE been convicted of a violation(s) of the State Lottery Act, a felony, or a crime related to theft, gambling or involving moral turpitude in this or in any other state or foreign country.

*A detailed written explanation must be provided. ___ Attached as Exhibit 10b

PART 7: - *Continued*

I hereby affirm that the information provided in the Personal Data and Financial Disclosure form and Affidavit is true to the best of my knowledge and belief. I understand that any untruthful or misleading answers are causes for the rejection of the application.

I hereby further authorize any representative of the West Virginia Lottery Commission bearing this release, or transmitting a copy of the 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.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

NOTARY

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

IN WITNESS WHEREOF, I, _____, have executed this instrument in the County

of _____, State of _____, on this _____ day of _____, 20 _____.

My Commission Expires: _____ Notary Signature: _____

County of Residence: _____ Seal:

OCA# _____

TRAD - FP Form
Exhibit 12

Fingerprint Information

All Fields are mandatory unless otherwise noted.

Name (Please Print): _____ SSN: _____
Last Name First Name Middle Name

Alias (Maiden Name): _____ Citizenship (Country): _____

Phone: _____ Email: _____

Home Address: _____
Street Address City State Zip Code

Business Name: _____

Business Address: _____
Street Address City State Zip Code

Date of Birth: _____ Place of Birth: _____

Date Submitted Fingerprints to IdentoGO: _____

***The WV Lottery will no longer retain fingerprint records on file. When a background review is requested, each individual must contact IdentoGO to resubmit their fingerprints.**

RELEASE OF INFORMATION

I hereby request a record check be made to find any police record on the herein named individual and by submitting this request. I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System.

I certify that this is for official business, and I am authorizing the West Virginia Lottery to obtain any record found.

Applicant Notification and Record Challenge: *Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

Privacy Act Notice: *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 penalty. If you choose voluntarily to supply your social security number, it will be used to aid the West Virginia Lottery in the conduct of this criminal background inquiry.*

I attest that all information written on this form is true and correct.

Signature: _____ Date: _____

MARKETING EVALUATION
TRADITIONAL RETAILER
INITIAL LICENSE APPLICATION

Trad – ME Form
Exhibit 14

Choose how the Applicant would like the location's sales reports and accounts to be reported:

_____ Self / _____ Other Retailer - Retailer Number your location is reporting to: _____

PART 1

List at least two contacts that are authorized to do business with the Lottery. This includes the authority to order, sign, and receive lottery tickets, equipment, materials, as well as make lottery-related decisions.

1. **Authorized Primary Contact:**

   Name: _____ Title: _____

   Home Address: _____
   City State Zip

   Date of Birth: _____ Phone #: _____ E-mail: _____

2. **Authorized Secondary Contact:**

   Name: _____ Title: _____

   Home Address: _____
   City State Zip

   Date of Birth: _____ Phone #: _____ E-mail: _____

PART 2

1. **Provide your location's operating hours. This is to help with installation and representative visits.**

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open:							
Closed:							

2. List the number of cash register/check-outs. Register Count: _____

3. List and estimated average weekly customer count. Customer Count: _____

4. List your average weekly cash receipts. Weekly Receipts: _____

5. Indicate the type of business conducted at your location. Mark the ONE that most closely reflects your type of business:

<u>Business Channel & Type /Trade Style (SIC Code)</u>

____ Cigar Stand/Store (5993)
____ Grocery Store 5+ Reg. Superstore (5412)
____ Convenience Store w/o Gas (5414)
____ Misc. Amusement/Recreation (7990)
____ Drinking with Restaurant (5818)
____ Fast Food, walkup/takeout (5814)
____ Gas - Full Service Truck Stop (5544)
____ Drug Store/Convenience (Super Drug) (5913)
____ Grocery Store 5+ Reg. (5411)
____ Convenience Store with Gas (5415)
____ Liquor Store (5920)
____ Drinking with light food (5817)
____ Motel/Hotel/Tourist Court (7010)
____ Restaurant/Res.-Bar (5816)
____ Gift/Novelty & Souvenir (5947)
____ Civic or Social Organization (8640)
____ Grocery Store < Reg. (5413)
____ Cigar Stand/Store (5993)
____ Miscellaneous Retail Store (5999
____ Restaurant (5812)
____ Gas with convenience (5543)
____ Grocery (5410)

Before submitting your Completed application to the WV Lottery Licensing Department, review the checklist on the following page.

Mark each item you are including with your application to confirm that all required exhibits and documentation are attached.

Incomplete Applications <u>WILL</u> result in a Delay.

LOTTERY APPLICANT CHECKLIST

An incomplete application will result in a delay

Enclose the following fees payable to the West Virginia Lottery:

_____ $25 Non-Refundable Processing Fee _____ $50 Bond Fee _____ $250 Installation & Communication Fee

Sending by Mail: **WV Lottery, Licensing Division, PO Box 2067, Charleston, WV 25327**

**Attach a check or money order in the amount of $325 payable to the WV Lottery*

Sending Electronically: **Cynthia Hunter, Licensing Specialist - chunter@wvlottery.com**

**Include the online payment receipt*

Your completed application must contain the following Documents:

_____ Attach as **Exhibit 1** **(Trad - FD Form) – Financial Disclosure Form for** Corporations, Partnership/Joint Venture, Fraternal/Civic Organizations, LLC/LLP and Trusts

_____ Attach as **Exhibit 2** (**Trad – EFT Form**) EFT Authorization Form - with a voided check, bank letter or a deposit slip

_____ Attach as **Exhibit 3** a copy of the online Fee payment receipt showing the transaction ID number

_____ Attach as **Exhibit 4** (**Trad – W-9 Form**) completed Form W-9 Request for Taxpayer Identification Number & Certification

_____ Attach as **Exhibit 5** a copy of the Certificate of Authorization issued by the West Virginia Secretary of State

_____ Attach as **Exhibit 6** a copy of the Business Registration Certificate **and** Letter of Good Standing issued by the West Virginia Tax Department

- Contact West Virginia State Tax Division at 304-558-3333 to obtain a Business Registration **and** a Letter of Good Standing

_____ Attach as **Exhibit 7** a copy of the Letter of Good Standing issued by Workforce West Virginia (Unemployment Compensation)

- **Regardless** of the number of employees, all businesses must register with Workforce West Virginia /Unemployment Compensation requirement. Contact Workforce WV at 304-558-2451 to obtain a Letter of Good Standing.

_____ Attach as **Exhibit 8** Workers' Compensation Declaration Sheet from Insurance Policy showing policy effective dates

OR

_____ Attach as **Exhibit 9** **(Trad – Exempt Form)** the Workers' Compensation Exemption Form

_____ Attach as **Exhibit 10** **(Trad - PD Form)**

- **EACH individual** listed as an Owner/Officer of this Application must complete the three page Personal Data & Financial Disclosure Form and Affidavit **AND must include a copy of their Identification Card**.

_____ Attach as **Exhibit 10a** a written explanation if marked yes in Part 5 of the Personal Data & Financial Disclosure Form

_____ Attach as **Exhibit 10b** a written explanation – Part 7 of the Personal Data & Financial Disclosure Form

_____ Attach as **Exhibit 11** a Copy of the IdentoGO Receipt for each Owner(s)/Officer(s)

- **ALL** Owners/ Officers/ Directors/ Stockholders/ Partners/ Trustees/ Members/ Managers are required to complete Live Scan fingerprinting through IdentoGO**.**
- If you have submitted fingerprints to the WV Lottery before, please contact the licensing specialist before resubmitting, unless you were specifically directed to do so by the licensing specialist.
- Each owner/officer/member is required to complete Live Scan Fingerprinting thru IdentoGO for the WV Lottery.
- Appointments can be scheduled online at https://www.identogo.com/locations or call 855-766-7746 / Service Code: **228RJN**

_____ Attach as **Exhibit 12** **(Trad - FP Form)** Fingerprint Information Form

_____ Attach as **Exhibit 13** Written explanations if marked yes to any questions listed under Question 6 in Part 4 of application

_____ Attach as **Exhibit 14** **(Trad - ME Form)** - Preliminary Marketing Evaluation

West Virginia Lottery Licensing Division	Unemployment Compensation	West Virginia Tax Department	West Virginia State Treasurer's Office Grace Gilmore	Workers' Compensation
1-800-982-2274 Ext. 1817 304-558-0500 Ext. 1817	304-558-2451 To Register: 304-558-2677	304-558-3333	304-558-3599 Fax: 304-340-1509	Contact your insurance company

TERMS AND CONDITIONS FOR RETAILER LICENSING

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. Start 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 West Virginia Lottery.
d. "Lottery" means the West Virginia Lottery as created by Chapter 29, Article 22 of the West Virginia Code.
e. "Lottery Tickets" means the scratch-off or draw game tickets or other tangible evidence of participation to be used in each individual lottery game.
f. "Minor" means a person under the age of 18 years.
g. "Sweep Date" means the date specified by the Director on which Electronic Funds Transfers (EFT) are to be transmitted to the Lottery weekly for payment of invoices.
h. "Retailer" means any person or third party, not including Special Licensed Retailers, licensed by the Commission to sell and dispense lottery tickets and materials or lottery games, and to operate electronic terminals and lottery games for sales and dispensing, unless otherwise authorized.
i. "Special Licensed Retailer" means any person or third party, not including a Lottery Sales Agent or Lottery Retailer, licensed by and contracting with the Commission to provide iLottery gaming systems pursuant to W.Va. Code §§29-22-9(c) and 29-22-10.

1.1 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. Either party may terminate the Agreement in accordance with the provisions set forth in Chapter 29, Article 22 and Legislative Rule 179 CSR 1.

1.2 License. A Licensee shall display the license wherever tickets are sold. A license is not assignable or transferable. 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.

1.3 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.
c. Terms and conditions of this license may be altered at any time by Lottery Commission Policy, State Rule, or West Virginia Statute changes.

1.4 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.

1.5 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.

1.6 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.

1.7 Lottery Point-of-Purchase Display. Retailer agrees to display the Lottery's current and approved point-of- purchase materials, posters and other educational, informational, and marketing materials. Old materials shall be removed at the Lottery's request or by designated representatives. 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.

1.8 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.

1.9 Treatment of Assets

a. Title of all property, including point-of-sale materials and equipment, furnished by the Lottery or its agent shall remain in the Lottery or its agent, if applicable. Title to scratch off lottery tickets shall pass to the Retailer upon activation 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 and any subsequent changes in Lottery Commission Policy, State Rule, or West Virginia Statute.
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 Director of Security within 12 hours and must take all reasonable steps to protect that property from further damage or loss. Retailers should be insured for loss of lottery property.

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 via cash, personal check, or on a credit basis by accepting only a bank issued credit or debit card wherein a single transaction shall not exceed $200. The Retailer shall not extend or arrange credit for the purchase of a ticket. Tickets may be sold only to 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 in full to the Lottery by electronic funds transfer (EFT) for the weekly invoice amount and any other fees or penalties. The Lottery will not accept any cash payments or third party checks.

3.2 Delinquent Payment. The Lottery shall not issue or deliver any tickets to the Retailer nor allow terminal draw sales at that retail location if the Retailer is delinquent in payment.

3.3 Financial Guarantee Bond. Retailer must participate in the Financial Guarantee Bond program for each selling premises. Such bond will be created internally by the Lottery with a commission set payment 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 April 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 even the Retailer violates any provisions of this Agreement:

a. Suspend or terminate the sale of tickets by and to the Retailer;

b. Terminate the license in accordance with Section D herein.

3.6 Instant Lottery Games (Scratch-Off Tickets)

a. Retailer shall provide a claim form or direct the player to WVLottery.com for claims, forms, and information.
b. The Retailer shall pay the appropriate prize to each player who presents to the Retailer a winning ticket for information for prizes over $600 or less after proper validation. The Retailer is not permitted to redeem a ticket beyond 180 days after the announced end of sales for that game, with the gaming system enforcing said date limitations.
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 and partial packs of scratch off tickets returned to the Lottery when returned 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 further reduce any player from attempting to claim a prize more than once.

3.7 Draw Lottery Games (Tickets sold through a terminal)

a. No retailer employees or agents will sell any other lottery product of chance nor be compensated to act as an agent or any other person or entity to purchase lottery products.
b. Retailers will pay an equipment 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) 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 equipment fee.
d. Retailer will install, at retailer expense, a dedicated 110 volt electric circuit with a minimum dual outlet and maintain it as a dedicated circuit for a standard counter terminal, two circuits for approved vending equipment, and additional may be required for other retailer requested peripherals. (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 or have a cell phone.
f. Retailer will pay all prizes up to and including $600.00 for both scratch off and draw games. If Retailer does not have sufficient cash on hand to pay a prize, the Retailer may offer a check, prepaid debit card, or money order if the player agrees for prize payment. Retailer's account will receive credit for prize payments, showing on the weekly invoice, and will be made whole with the following weekly sweep.
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 $700.00 in sales per week, Retailer may forfeit any and all Lottery property or be required to reimburse the Commission for the difference of the minimum amount set by the Commission and the agent's weekly average sales.
i. 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.
j. If the Retailer is provided with a display monitor to display draw results, the monitor will be turned on and kept turned on to the West Virginia Lottery's gaming system during all normal business hours of the Retailer location.
k. Retailer understands that his/her actions as a licensed Lottery Retail Agent are bound, not only by this agreement, but also by West Virginia Lottery policies, rules, and regulations and State and Federal Law, as well as Multi-State Lottery Association rules and policies.

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 rules, 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 (see Policy Statement 09-03 regarding insufficient funds);
f. Whenever a Retailer begins to engage in the sale of lottery tickets as the Retailer's sole business, occupation or activity;
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. Whenever the Retailer fails to meet the Lottery's standards for minimum point-of-sale displays.
p. 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.

E. RENEWAL

Retailer:

a. Every licensee shall renew by completing a renewal application and meeting all the renewal requirements by June 30th annually.
b. The annual license renewal fee is $25 and is swept from the Retailer's account.

PRIVACY NOTICE -- USAGE OF SOCIAL SECURITY NUMBERS

This form is included to notify you of our privacy practices and no action is required on your part.

With the exception of Lottery Commissioners, Lottery officers or 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 IdentoGO to capture your fingerprint images to be transported to the FBI's National Criminal Information Center [**NCIC**] for criminal background investigation required by statutory or regulatory authority. This is an FBI requirement.

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.

If you have any questions or concerns about this privacy notice, or if you wish to submit a complaint regarding the Lottery's privacy policy, please contact the Legal Division at (304) 558-0500 ext. 1802.

[1] Prize 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 24% of the prize money.