



# CHAIN ACCOUNT RETAILER ADDITIONAL LOCATION APPLICATION

Florida Lottery  
250 Marriott Drive Tallahassee, FL 32399-4001  
(850) 487-7714 or flalottery.com

**FOR LOTTERY USE ONLY**

CHAIN # \_\_\_\_\_

SE/FSM# \_\_\_\_\_

## Non-refundable \$25 fee per additional location

For use by multi-store businesses in adding Lottery retailer locations.

**NOTE: Complete items #2-#4 of Section 1 only if there have been changes since the last application.**

### SECTION 1 – BUSINESS INFORMATION

1. CORPORATE OR OTHER LEGAL NAME: **PLEASE PRINT OR TYPE**

\_\_\_\_\_

2. MAILING ADDRESS:

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. CONTACT NAME AND TITLE:

Name \_\_\_\_\_ Title \_\_\_\_\_

4. CONTACT NUMBERS AND E-MAIL ADDRESS:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number Alternate Phone Number Fax Number

E-Mail Address \_\_\_\_\_

### SECTION 2 – STORE LOCATION INFORMATION

**PLEASE PRINT OR TYPE. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES OR A SEPARATE REPORT.**

Store Name: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_

Applied For  Tax Exempt

Store Address: \_\_\_\_\_

Street \_\_\_\_\_

Alcoholic Beverage License

Number: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Applied For  Not Applicable

County \_\_\_\_\_

Start Date of Business: \_\_\_\_\_

Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Not Available  Location Under Construction

Change of Ownership?  Yes  No

Construction Contact Name: \_\_\_\_\_

Previous Lottery Location ID# if known: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

Store Name: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_

Applied For  Tax Exempt

Store Address: \_\_\_\_\_

Street \_\_\_\_\_

Alcoholic Beverage License

Number: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Applied For  Not Applicable

County \_\_\_\_\_

Start Date of Business: \_\_\_\_\_

Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Not Available  Location Under Construction

Change of Ownership?  Yes  No

Construction Contact Name: \_\_\_\_\_

Previous Lottery Location ID# if known: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

## SECTION 2 – STORE LOCATION INFORMATION

Store Name: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_

Applied For

Tax Exempt

Store Address: \_\_\_\_\_

Street

Alcoholic Beverage License

Number: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Applied For

Not Applicable

County \_\_\_\_\_

Start Date of Business: \_\_\_\_\_

Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Not Available

Location Under Construction

Change of Ownership?  Yes  No

Previous Lottery Location ID# if known: \_\_\_\_\_

Construction Contact Name: \_\_\_\_\_

Comments: \_\_\_\_\_

Store Name: \_\_\_\_\_

Florida Sales Tax Number: \_\_\_\_\_

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Tax Exempt

Store Address: \_\_\_\_\_

Street

Alcoholic Beverage License

Number: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Applied For

Not Applicable

County \_\_\_\_\_

Start Date of Business: \_\_\_\_\_

Location Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Not Available

Location Under Construction

Change of Ownership?  Yes  No

Previous Lottery Location ID# if known: \_\_\_\_\_

Construction Contact Name: \_\_\_\_\_

Comments: \_\_\_\_\_

### CERTIFICATION:

Pursuant to section 709.08(7)(b)(2), Fla. Stat., an attorney in fact may not make any affidavit as to the personal knowledge of the principal.

I HEREBY CERTIFY that the information contained on this form or otherwise submitted to the Florida Lottery in connection with my application to become a retailer is true and correct in every material respect. I understand that providing inaccurate or misleading information is grounds for rejection of this application or cancellation of the Retailer Contract. The Florida Lottery is authorized to obtain criminal background, Florida tax, credit, and general information about me, my business, and any persons listed on this application, which may assist in making a decision on this application. The business locations where lottery tickets will be sold are in compliance with the accessibility requirements set forth in sections 553.501 - 553.513, Fla. Stat., the Florida Americans with Disabilities Accessibility Implementation Act.

\_\_\_\_\_  
Signature of authorized corporate officer, partner, or owner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Pursuant to section 24.112, Fla. Stat., Certificates of Authority and retailer contracts are not assignable or transferable between persons or locations. In accordance with chapter 119, Fla. Stat., information contained in the application shall be open to the public for inspection.