To be completed by Retailer:

Retailer #:
Chain #:
Retailer Name:

MINNESOTA STATE LOTTERY
RETAILER CHANGE OF INFORMATION

Please complete the appropriate sections below.

IMPORTANT NOTICE: Changes to your Ownership, Physical Address or Tax Information (Federal tax ID, State tax ID, Business Type, or Legal business name) may require a New Retailer Application form to be completed. Please contact the Retailer Contracting department for further instructions. Contracts@mnlottery.com OR **651-635-8119**

SECTION 1: Date Change Will Take Effect: If change does not take place on the below date, please notify Retailer Contracting.

DATE: _____

SECTION 2: Retailer Name Change (DBA Name)

NEW RETAILER NAME: _____

OLD RETAILER NAME: _____

SECTION 3: Address Change

PHYSICAL ADDRESS: *Exact location of business*

ADDRESS CITY STATE ZIP CODE COUNTY

SHIPPING ADDRESS: *Tickets*

ADDRESS CITY STATE ZIP CODE COUNTY

MAILING ADDRESS: *Retailer Mailings*

ADDRESS CITY STATE ZIP CODE COUNTY

BILLING ADDRESS: *Billing Information*

ADDRESS CITY STATE ZIP CODE COUNTY

CONTRACT RENEWAL ADDRESS: *Contract Renewal Forms*

ADDRESS CITY STATE ZIP CODE COUNTY

SECTION 4: Tax Information Change

Business type: (check one)

☐ Sole Proprietor Name of Sole Proprietor: _____

☐ Partnership Name of Partnership: _____

☐ Corporation Name of Corporation: _____

Limited Liability Companies: Please check federal tax filing status per Chapter 61 Federal Regulation 66584:

☐ YES

☐ NO

FEDERAL TAX I.D. NUMBER

STATE TAX I.D. NUMBER

PLEASE COMPLETE PAGE 2

SECTION 5: Ownership Change – Owners include, but are not limited to: individuals owning 5% or more of the business, directors, board members, and officers of the business. Ownership changes greater than 50% will require a New Retailer Application.

NOTICE OF INTENDED USE OF PRIVATE DATA: Pursuant to Minnesota statutes, section 13.04, subdivision 2, you are hereby informed that any social security number(s) provided in this application will be used by the Minnesota State Lottery to verify your eligibility to be a Lottery retailer. You have the right to refuse to supply your social security number(s). However, if you refuse to supply your social security number(s), the Lottery may not be able to verify your application, and as a consequence, may refuse to enter into a contract with you authorizing you to sell Lottery tickets in Minnesota. If you supply the information requested, the Lottery will be able to process your application promptly. After you have supplied your social security number(s), they will be considered private data on individuals under the state law and will be available only to the following persons without your permission: employees or agents of the Minnesota State Lottery whose work assignment requires that they have access to the information; parties to judicial proceedings pursuant to a court order; other individuals or agencies that may be specifically authorized by state statute or federal law to have access to such information; and individuals and agencies for which law or legal order authorizes a new use or sharing of the information after this Notice was given.

OWNERS WHO SHOULD BE ADDED: Attach an additional page if necessary.

LAST NAME | FIRST NAME | MIDDLE INITIAL | M/F | BIRTH DATE | SOCIAL SECURITY #

HOME ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER

LAST NAME | FIRST NAME | MIDDLE INITIAL | M/F | BIRTH DATE | SOCIAL SECURITY #

HOME ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER

LAST NAME | FIRST NAME | MIDDLE INITIAL | M/F | BIRTH DATE | SOCIAL SECURITY #

HOME ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER

OWNERS WHO SHOULD BE REMOVED: Attach an additional page if necessary.

LAST NAME | FIRST NAME | MIDDLE INITIAL | M/F | BIRTH DATE | SOCIAL SECURITY #

LAST NAME | FIRST NAME | MIDDLE INITIAL | M/F | BIRTH DATE | SOCIAL SECURITY #

LAST NAME | FIRST NAME | MIDDLE INITIAL | M/F | BIRTH DATE | SOCIAL SECURITY #

SECTION 6: Reasons for change (Explain any change listed in Sections 1 through 5)

SECTION 7: Retailer Signature

I am the owner or person authorized to represent the business and make changes noted on this form. I assume all liability and agree to all terms of the current contracts and certify that the information provided hereto is true and complete:

PRINT FULL NAME_____SIGNATURE_____

PHONE NUMBER _____ DATE_____EMAIL ADDRESS_____

Completed forms can be returned to:

Minnesota Lottery, PO Box 130700, St Paul, MN 55113

or

Contracts@mnlottery.com

The Minnesota Lottery will reach out to you if additional information is needed.

