STATE OF DELAWARE
DEPARTMENT OF FINANCE
STATE LOTTERY OFFICE
MCKEE BUSINESS PARK
1575 MCKEE ROAD, SUITE 102
DOVER, DELAWARE 19904-1903

OFFICE OF THE DIRECTOR

TELEPHONE: (302) 739-5291
FAX: (302) 739-6706

Dear Applicant:

Thank you for your interest in applying for a Delaware Lottery Retailer License. Please find enclosed all of the forms, information, and instructions you will need to begin the application process.

THE PROCESS:

The Delaware Lottery licensing process will take place in five stages:

- Application preparation: The licensing process begins with the Lottery's receipt of a complete and properly supported application for your business.
- Site assessment: Once your application is determined to be complete, Lottery representatives will visit your business site to observe and document business activities, the proposed point of sale within your facility, and the physical relationship of your facility within nearby business and residential communities.
- Application evaluation: Upon the completion of site assessments, the Lottery will assemble and evaluate your submissions and all of its findings.
- Background checks and ADA Inspection: If all indications are favorable for issuance of a license, the Lottery will contact you to provide instructions for obtaining a criminal history background check and to schedule an inspection of the path to the point of sale in your business to determine compliance with the Americans with Disabilities Act (ADA).
- Application Approval or Denial: The Lottery will notify you, via e-mail, concerning the approval or denial of your application.

PLEASE READ THIS BEFORE COMPLETING ANY FORMS!

The typical time required to evaluate a business for a Lottery Retailer License is six to eight weeks when the application and related materials are properly completed. Most often, additional delays are preventable. The most common causes of processing delays are:

- Incomplete forms

  Read each form carefully, answer every question, and have every signature witnessed or notarized as indicated.
- Failure to disclose personal history

  The required SBI and FBI criminal history background check provided to the Lottery Director will report all non-traffic charges dating back 30 to 40 years. Check "Yes" where appropriate and provide a simple, signed explanation and disposition of the charge(s).
- Failure to provide a photocopy of a current State of Delaware Business License

  This must be a clear copy of the Business License for the location identified on the application form issued for the primary business activity conducted at that location.

REQUIRED APPLICATION FORMS AND MATERIALS

PLEASE NOTE:

All of the information and records received by the Lottery in the course of evaluating your business for a Lottery Retailer License—whether provided by you or others—will be treated and held as confidential, as declared by Delaware Law and Lottery Rules and Regulations. To apply for a Lottery retailer License, you must:

COMPLETE ALL OF THE ENCLOSED FORMS (ORIGINALS ONLY, COPIES NOT ACCEPTED):

- Application for Delaware Lottery Retailer License
- W-9 Form
- Delaware State Lottery Retailer Agreement
- Criminal History Affidavit (one required for each person listed on Application)
- Customer Authorization Agreement for Electronic Banking Transactions

PHOTOCOPY OF THE FOLLOWING:

- Business License: Provide copy of up to date business license for applicant. License must be related to primary business activity.

UPON RECEIPT OF THE COMPLETED APPLICATION BY THE LOTTERY:

- You will receive, via e-mail, a Guaranty Agreement. Each person listed on the Application must complete a separate copy of this Agreement and have witnessed. The original(s) must be mailed or hand delivered back to the contact person listed below; faxed or e-mailed copies will not be accepted.

MAIL OR DELIVER (FAX AND/OR E-MAIL NOT ACCEPTED) ALL APPLICATION FORMS AND MATERIALS TO:

Delaware State Lottery
Attention: Retailer Licensing
1575 McKee Road, Suite 102
Dover, DE 19904

CONTACT:

Heather Shank: 302-744-1629
heather.shank@delaware.gov

UPDATED MARCH 2026

The big payoff

Retailer Comissions and Bonuses

Commissions

Delaware Lottery Traditional Retailers receive a seven percent (7%) sales commission for selling tickets over the counter or 5% sales commission for self-service terminals (PHDs) for all games allowed by their Traditional License type.

Bonuses

A bonus of one percent (1%) of the prize amount is paid to a Retailer when an Instant Game prize of $10,000 or more is paid on a ticket sold in their store.

A bonus of $1,000 or one percent (1%) of the prize amount, whichever amount is greater, is paid to a Retailer who sells a top-prize-winning ticket for MULTI-WIN LOTTO.

A bonus of $1,000 is paid to a Retailer who sells a winning LOTTO AMERICA® ticket with a $100,000 All-Star Bonus prize.

A bonus of $5,000 is paid to a Retailer who sells a jackpot-winning ticket for LOTTO AMERICA®.

A bonus of $10,000 is paid to a Retailer who sells a

- *jackpot-winning ticket for POWERBALL®.*
- *jackpot-winning ticket for MEGA MILLIONS®.*
- *POWERBALL® ticket that wins $1 million.*
- *POWERBALL® ticket with POWER PLAY that wins $2 million.*
- *MEGA MILLIONS® or MEGA MILLIONS® with MEGAPLIER ticket that wins $1 million to $5 million.*
- *KENO® ticket that wins $1 million.*

There are periodic incentives for Retailers to increase their Lottery business.

Delaware Lottery Games®

Delaware Lottery Office • McKee Business Park
1575 McKee Road Suite 102 • Dover, DE 19904
302-739-5291 • **delottery.com**

DOC #25-01/26/3/18 Printed 3/26

APPLICATION FOR DELAWARE LOTTERY RETAILER LICENSE

Delaware Lottery
Retailer Licensing
1575 McKee Road, Suite 102
Dover, DE 19904-1903
Phone (302) 739-5291 / Fax (302)-739-7586

LOTTERY USE	
Retailer #	
Bus. Code	
Date Activated	
Territory	

**Please type or print.*

1. Trade name of your business. *(Actual name under which you operate - d.b.a.)*

2. Location address of your business - physical address. *(Use street & number or directions - NO P.O. Box or Rural Route no.)*

City | State D E | Zip Code /

County
☐ New Castle
☐ Kent
☐ Sussex

Business phone *(Area code & number)* /

Fax Number *(Area code & number)* /

Email address (At least one (1) Required)
1.
2.

☐ I would like to receive official Lottery notices at the above email address?

3. Mailing address. *(Street & number, P.O. Box or rural route and box number)*

City | State | Zip Code /

4. Type of Business: Proprietorship ☐ Partnership ☐
Corporation ☐ LLC ☐

5. Corporate/LLC Name (if applicable): ____________________

6. Enter your Business ID# or Federal Employer's Identification (FEI) Number ____________________

DO NOT SUBMIT APPLICATION UNTIL YOU HAVE THE REQUIRED LICENSE(S) FOR YOU BUSINESS.

7. List owner(s), all partners, officer and directors of your business. *(Attach additional sheets if necessary.)*

→ Name *(First, middle initial, last)* | Social Security Number

Home address *(Street & number, city, state, ZIP code)* | Home phone *(Area code & number)*

Title | Date of birth

→ Name *(First, middle initial, last)* | Social Security Number

Home address *(Street & number, city, state, ZIP code)* | Home phone *(Area code & number)*

Title | Date of birth

VENDOR/SUPPLIER REFERENCES

Three (3) references are required.

8. List Corporate Name, Contact Name and Phone Number

a. ______________________________

b. ______________________________

c. ______________________________

CONTACT INFORMATION

9. Contact for Lottery Business. ______________________________

Contact person phone (Area code & number) ___ ___ ___ / ___ ___ ___ ___ ___ ___ ___

10. List primary contact persons at this business location.

Name ______________________ Title/function ______________________

Name ______________________ Title/function ______________________

ELIGIBILITY - Failure to fully disclose may result in denial of application or future license revocation.

11a.	Has the applicant(s) been convicted of an offense other than a traffic violation?	☐ Yes ☐ No
11b.	Has the applicant(s) been subject to any disciplinary action, past, or pending, by any administrative, governmental or regulatory body?	☐ Yes ☐ No
11c.	Has the applicant(s) been charged with a violation of any statute, rule regulation or ordinance of any municipal, administrative, regulatory or other governmental body?	☐ Yes ☐ No
12.	Is your business in default of any taxes, fees, or other obligations owed to STATE OF DELAWARE, local or federal government?	☐ Yes ☐ No

If "YES" to any of the above, attach detailed explanation.

CERTIFICATION

By completing this application, I am authorizing the Delaware State Lottery to investigate my finances completely, including permission to review my tax returns and other tax information.

I HEREBY CERTIFY that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false or misleading statements will cause for rejection or revocation of Sales Retailer's License.

Signature of Applicant in Ink ______________________________ Title

Print or Type Name ______________________________

Sworn and Subscribed to before me, this

__________ DAY OF ______________ A.D. 20 ______

Seal of Notary Public

FOR LOTTERY USE ONLY

	Signature			*Date*
Sales Rep.				
	ACCEPT	☐ YES		☐ NO
Sales Mgr.				
	ACCEPT	☐ YES		☐ NO
Marketing				
	ACCEPT	☐ YES		☐ NO
Director				
	ACCEPT	☐ YES		☐ NO

Form **W-9**
(Rev. November 2017)
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.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

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

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ________

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

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

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

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. Also see *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.*

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

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OFFICE OF THE
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Telephone: (302) 739-5291
Fax: (302) 739-7586

DELAWARE STATE LOTTERY RETAILER AGREEMENT

AGREEMENT, between the Delaware State Lottery, hereinafter referred to as the "Lottery", and Applicant, hereinafter referred to as the "On-Line Games Retailer", for the sale of Lottery tickets. The Parties hereto agree to:

1. THE ON-LINE GAMES RETAILER AGREES TO:

a. Provide services for the sale of all Games tickets in accordance with instructions from the Lottery as may be amended from time to time.

b. Maintain services to the standard of a reasonably prudent businessperson and sell all lottery games provided by the Lottery.

c. Be financially responsible to the Lottery and deposit all revenues derived from the sale of Lottery tickets for and on behalf of the Lottery in a specially designed Lottery checking account.

d. Prominently post point of sale and other promotional material supplied by the Lottery including all current Instant ticket games. All "scratch" games must be visibly displayed on, behind, beside, or in front of the terminal sales counter.

e. Attend initial training sessions at the Dover Lottery Office and such additional training sessions as the Lottery shall require to ensure that the Retailer and his employees are properly trained in the operation of the terminal for the sale of On-Line Games tickets.

f. Have the computer terminal available for the sale of On-Line Games tickets during all hours and days that the Retailer's business is open, as described in the site survey.

g. Locate the terminal within the Retailer's premises only on a site approved by the Lottery.

h. Provide full claims services with immediate payoff on al valid winning tickets for payouts up to $599 for each ticket claimed, without regard to where the ticket was purchased.

I. Validate claims for all games under $599. Claims over $599 are to be referred to Claim centers or the Lottery office. Claims over $5000 are to be referred to the Lottery office for validation and payment.

j. Ascertain the winning On-Line Games numbers and post them prominently as soon as possible following the drawing.

k. Exercise due dilgence in the operation of the terminal and to immediately notify the Lottery of any communication or terminal malfunctions.

l. Be responsible for the physical security of the terminal and paper ticket stock.

m. Perform all routine maintenance as instructed by the Lottery, but perform no mechanical or electrical maintenance on the terminal.

n. The Retailer shall provide sufficient space for the terminal with minimum requirements as described in the Space Requirements Specifications. The Lottery will not be repsonsible for any costs incurred by the Retailer whether application and/or installation has been completed.

o. Pay for, without reimbursement, all electrical utility changes in connection with the operation of the terminal.

p. Promptly have weekly settlement and remittance available for scheduled Electronic Fund Transfer (EFT).

q. Be bound by the provisions of the Delaware State Lottery Law and Rules and Regulations.

r. Notify the Lottery at least 14 days in advance of the Retailer's intent to discontinue operations of his business either termporarily (due to vacation) or permanently.

s. Immediately report any "out of order" condition of equipment to the appropriate maintenance personnel.

t. Notify the Lottery at least 30 days in advance of the Retailer's intent to relocate the terminal. The terminal may not be moved without prior consent of the Lottery.

u. Notify the Lottery immediately upon change of owners or partners of the corporation. Failure to do so may result in immediate revocation of your Lottery license.

2. IN CONSIDERATION OF THE ABOVE SERVICES TO BE PERFORMED BY THE RETAILER, THE LOTTERY AGREES TO:

a. Pay the selling and cashing commissions of all valid sales and prize redemptions, plus or minus adjustments.

b. Provide a Lottery selling terminal to the Retailer and install required communications equipment for the operation of the terminal.

c. Notify the Retailer at least 5 days prior to the installation of the terminal.

d. Assist the Retailer in practical sales, merchandising, and promotional activities.

3. RETAILER'S RIGHT TO SELL LOTTERY GAME TICKETS MAY BE TERMINATED AT ANY TIME BY THE LOTTERY FOR VIOLATION OF ANY OF THE PROVISIONS OF THIS AGREEMENT OR AT ANY TIME FOR CAUSE.

Retailer's right to sell Lottery game tickets may be terminated at any time by the Lottery for violation of any of the provisions of this agreement or at any time for cause. The Lottery reserves the right to remove the Lottery selling terminal from the Licensed Retailer's location when the Retailer fails to meet the average minimum sales volume requirement of $2,500 per week for the sale of On-Line Games tickets from the Lottery selling terminal and $600 per week in Instant Ticket sales. In exercising this right, the Lottery shall consider, for areas outside major population centers, such factors as the accessibility of the Retailer's place of business to the public and the sufficiency of Lottery selling terminals to serve the public convenience.

4. EQUIPMENT AND PROPERTY DAMAGE OR LOSS

All equipment, communications devices, ticket stock, and other items ("the equipment") furnished to the Retailer in connection with its functions as Retailer, shall at all times remain the sole property of the contractor providing the equipment to the State of Delaware.

Retailer is reponsible for the loss or for damages to the equipment beyond reasonable wear and tear.

5. NON-SUFFICENT FUNDS (NSF) SWEEP POLICY FOR ELECTRONIC FUND TRANSFER (EFT)

Retailer shall have sufficient funds in the designated Lottery checking account on EFT sweep days (each Tuesday).
For detailed policy see:
"Delaware State Lottery Office Non-Sufficient Funds (NSF) Policy for Electronic Fund Transferes (Traditional Licensed Retailers)

6. ENTRY OF PLAYS

Plays may only be entered manually using the Lottery terminal keypad or touch screen or by means of a play slip provided by the Lottery and hand-marked by the player. Retailers shall not permit the use of facsimiles or copies of play slips, or other materials that are inserted into the terminal's play slip reader that are not printed or approved by the Lottery. Retailers shall not permit any device to be connected to a Lottery selling terminal to enter plays, except as approved by the Lottery.

7. TELEPHONE OR CREDIT SALES/ORDERS

Telehpone sales/orders are strictly prohibited for all Lottery Games. Sales on credit are also prohibited. The only orders for Lottery Games a Retailer may accept are those posted in person with payment at the time of purchase.

8. AGREEMENT EFFECTIVITY

This agreement shall take effect upon acceptance by the Delaware State Lottery and shall continue until terminated with 14 days prior written notice by either party or at any time by the Lottery for cause.

Applicant's Name of Business ______________________________

Address ______________________________

Street *City* *State* *Zip Code*

APPLICANT	APPROVED BY THE DELAWARE LOTTERY
By:	
Applicant's Signature	*State Lottery Director* **Date:**
Print Name *Title*	
Witness **Date:**	

Delaware Lottery

Delaware State Lottery Office (Lottery)
Non-Sufficient Funds (NSF) Policy for Electronic Fund Transfers
(Traditional Licensed Retailers)

Pursuant to 10 *Del. Admin. C.* § 202-4.2.9, Lottery may suspend or revoke a Retailer's License, without prior notice or hearing, whenever a Retailer becomes delinquent in its required accounting or fails to timely remit all monies owed to the State of Delaware. This Policy[1] sets forth Lottery's procedures when suspending or revoking a Retailer's License following a failed electronic fund transfer.

I. <u>Consequences of NSF Occurrences</u>[2]

A. **First NSF Occurrence**
   1. Retailer will receive a verbal and written warning.
   2. Lottery will execute a resweep to secure payment once it has communicated with Retailer.
   3. To the extent this resweep results in an NSF Occurrence, this subsequent NSF shall constitute a Second NSF Occurrence (see below).
   4. If the resweep successfully clears the full outstanding balance, the NSF Occurrence will be expunged from the Retailer's record once the Retailer has maintained a clean transfer record (no new NSF issues) for a period of three (3) years (three (3) years from the date of the First NSF Occurrence).

B. **Second NSF Occurrence** (within three (3) years of First NSF Occurrence)
   1. Retailer will receive a verbal and written warning.
   2. Retailer will receive a suspension of all Lottery terminal functions, including sales and redemptions, and Retailer's Lottery terminal will be deactivated for three (3) days during which the Retailer may satisfy the outstanding balance, in full, with certified funds.
   3. Should Retailer fail to remit the outstanding balance via certified funds within the 3-day period, Retailer's Lottery License will be immediately revoked, all Lottery terminal activity will be permanently terminated, and the Retailer must immediately cease all Lottery-related operations. All Lottery related items and the physical terminal hardware will be scheduled for immediate reclamation by Lottery.
   4. Should Retailer remit the outstanding balance via certified funds within three (3) days of the Second NSF Occurrence, Retailer's Lottery License will be reinstated; however, should Retailer incur another NSF Occurrence within three (3) years of its First NSF Occurrence, this subsequent NSF shall constitute a Third NSF Occurrence (see below).

C. **Third NSF Occurrence** (within a rolling 3-year period)
   1. Upon the third NSF Occurrence, Retailer's Lottery License will be immediately revoked, all Lottery terminal activity will be permanently terminated, and the Retailer must immediately cease all Lottery-related operations.
   2. All Lottery related items and the physical terminal hardware will be scheduled for immediate reclamation by Lottery.
   3. The outstanding balance is due immediately via certified funds. If not paid within two (2) business days, it will be turned over to the Delaware Department of Justice for collections.

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[1] This Policy is for administrative guidance and does not create any substantive or procedural rights. The Lottery reserves the right to amend, revise, supplement, suspend, or rescind this Policy, in whole or in part, at any time and without prior notice. Any such amendment or modification shall become effective as determined by Lottery.

[2] "NSF Occurrence" means any instance in which an electronic fund transfer sweep executed by Lottery against a Retailer's designated account for weekly or alternative lottery balances is rejected, returned, or dishonored by Retailer's financial institution due to non-sufficient, insufficient, uncollected, or unavailable funds, or for any other reason resulting in a failed transaction.

II. <u>Request for Reinstatement After Third NSF Occurrence</u>

A. Reinstatement of Retailer’s Lottery License is at Lottery’s sole discretion.

B. Following the revocation of a Lottery License, a retailer may only apply for reinstatement consideration upon satisfying the following criteria:

1. All outstanding balances must be brought current with certified funds.
2. Letter to the Lottery Director with reasons for the NSF Occurrences and the corrective actions that will be implemented to prevent an NSF Occurrence from occurring again. This letter must receive formal, joint acceptance from the Lottery Director, Lottery’s Accounting Department, and Lottery’s Sales Manager.
3. Retailer shall obtain and maintain a valid surety bond underwritten by a licensed surety insurer, designating the Delaware Lottery as the sole beneficiary. The minimum penalty sum of the bond must represent no less than 4.25 times the Retailer’s weekly sales average, as derived from the ten-week period prior to the date of formal license revocation.
   i. The surety bond must be maintained through mandatory annual renewals for a continuous period of three (3) years.
   ii. Provided that no financial infractions occur, the bond may lapse after three (3) years, allowing Retailer to continue Lottery operations bond-free.

C. Any NSF Occurrence while under the surety bond requirement will result in immediate, permanent forfeiture of Retailer’s Lottery License <u>with no future reinstatement option</u> and issuance of a claim to draw upon the bond for the outstanding balance.

III. <u>Financial Institution Error</u>

A. In the event that a Retailer asserts an NSF Occurrence was caused directly by an error on the part of its financial institution, the incident may be waived as an NSF Occurrence subject to payment of the outstanding amount and the fulfillment of the following mandatory conditions:

1. The Retailer must secure a formal, written statement issued on the financial institution’s official letterhead, explicitly confirming that the transaction failure resulted entirely from the financial institution’s error; and
2. The submitted statement must be independently reviewed and verified by an authorized representative of Lottery’s Accounting Department.

B. Upon payment of the outstanding amount and the successful satisfaction of both conditions, the transaction failure shall not be recognized as an NSF Occurrence against the Retailer.

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OFFICE OF THE DIRECTOR

TELEPHONE: (302) 739-5291
FAX: (302) 739-6706

CRIMINAL HISTORY AFFIDAVIT

______________________________, being duly sworn, hereby states as follows:
(Name of Individual)

1. That the affiant has submitted an application for a license as a Lottery retailer for

   ____
   (Name of Store)

   at ____.
   (Street Address)

2. That the affiant has no criminal record whatsoever.

3. That the affiant agrees that the Lottery may issue a conditional license to

   ______________________________. The license is conditional on the
   (Name of Store)

   Lottery's receipt of the F.B.I. criminal history report for affiant which contains no Criminal record history.

4. That the affiant agrees that the Lottery can and will immediately revoke the above-described conditional license if it receives an F.B.I. report containing criminal history information for the affiant.

____
(Individual's Signature)

SWORN TO AND SUBSCRIBED before me this ______ day of ___________,

_______.

____
Notary Public

DELAWARE LOTTERY ELECTRONIC TRANSFERS
CUSTOMER AUTHORIZATION AGREEMENT
PRE-ARRANGED DEBITS AND/OR CREDITS

delottery.com

Retailer Number:

Delaware Lottery Retailer Name:

Business Name as shown on Bank Account:	**Federal Tax ID #:**
Business Address :	**Telephone number:**

City:	**State:**	**Zip Code:**

Bank routing number:	***This is a 9-digit number used by your bank for routing purposes. You may obtain this information by calling your banker.***
Bank account number:	***Enter only bank checking account number. Do not include spaces, dashes, or hyphens.***
Effective Date Requested:	***Enter the effective date requested for establishing this account. Advance notice is required by the Lottery for any bank account changes.***

Signature of authorized party (Must be the same signature on a bank account and an authorized representative of the business):

Sign Here →	**Print Name** →	**Today's Date:**

I, (We) hereby authorized the Delaware State Lottery to effect payment for amounts owing by me (us) or to me (us) to the Lottery by initiating debit or credit entries to my (our) account indicated above as such amounts become due without any further authorization from me (us). I, (we) authorized the bank to accept such debit or credit entries initiated by the Lottery without responsibility for the correctness thereof or existence of any further authorization relating thereto.

Bank Name	**Branch**
Bank Address	**Telephone Number**

It is understood that this agreement may be terminated by me (us) at any time by written notification to the Lottery or Bank. Any such notification to the Lottery or Bank shall be effective only with respect to entries initiated by the Lottery after receipt of such notification and a reasonable opportunity to act on it. It is understood that all entries initiated by the Lottery pursuant to this agreement shall be subject to the following provisions: (1) Participant may by notice to bank stop payment of any entry initiated by the Lottery but such notice must be received by the Bank in such time to afford a reasonable time to act on it. An oral notice shall be binding on Bank only for fourteen (14) calendar days unless confirmed in writing within that period. (2) If an entry is erroneously initiated by the Lottery , then the participant shall have the right to have the amount of such entry adjusted within fifteen (15) calendar days following the date sent.

Be certain to **ATTACH A VOIDED CHECK** to this form. If a check is not available, attach a letter from bank that lists bank routing number and account number. **Do not send a deposit slip, or photocopy of a check.**

SEND FORM BACK TO LOTTERY @ 302-622-4469 or cgo.lottery@delaware.gov

STAPLE CHECK HERE

***SUBMITTING INCORRECT/INCOMPLETE EFT INFORMATION MAY DELAY PROCESSING TIME*.**

FOR LOTTERY USE ONLY-DO NOT WRITE IN BOX BELOW.

- ☐ **New Retailer**
- ☐ **New Retailer Sports Only**
- ☐ **New Retailer Keno Only**
- ☐ **Change EFT**
- ☐ **Change EFT Keno/Sports Only**
- ☐ **Other**

Comments:

Sign Here → **Lottery Employee Signature:**	**Date:**

Date GMS Changed:	**Initials:**	**Date Sweep Verified:**	**Initials:**