



Retailer Request for Consideration

RETAILER INSTRUCTIONS

- 1) Provide all of the information requested on the back of this page.
- 2) The owner or authorized representative must sign the bottom of the back page.
- 3) Once completed, return this form to the Hoosier Lottery through the mail or by fax.

Hoosier Lottery
Licensing Department
1302 N. Meridian Street
Indianapolis, IN 46202
Fax: (317) 264-4910

- 4) Upon receipt of this completed form, the Hoosier Lottery will determine if you qualify as a potential Certified Retailer for Lottery products. If so, you will be provided with an application and instructions.

TYPE OF REQUEST

Change of Ownership

Previous Retailer Number _____

Existing _____ Remodel _____ Date Change Will Take Effect _____

New Retailer

Existing _____ New Construction _____ Opening Date _____

RETAILER INFORMATION

Business Name _____

Business Address _____

City/Zip _____

Contact Name _____

Contact Phone Number _____

Contact E-Mail Address _____

Contact Mailing Address
(if different from Business Address) _____

City/Zip _____

Have you previously submitted a Retailer Request form? _____ Yes _____ No

If yes, what was the month and year? _____

What circumstances have changed since your previous request?

TYPE OF BUSINESS

____ Grocery Store/Supermarket (5400)

____ Drinking Place/Bar (5813)

____ Convenience Store (5401)

____ Department Store/Big Box (5311)

____ Convenience Store with Gas (5541)

____ Bowling Center (7933)

____ Liquor Store (5921)

____ Race Track/OTB/VLT Facility/Casino (7011)

____ Drug Store (5912)

____ Tobacco Store (5933)

____ Dollar Store (5331)

____ Transportation Outlet/Mall Kiosk (4581)

____ Restaurant (5812)

____ Other/Misc (9999)

Signature _____
Owner or Authorized Representative

Date _____