



## Instructions for Lottery Chain Account Retailers Adding an Additional Location to Retailer Contract

*Applications for adding a location to a chain should be submitted through the chain's central office rather than by the new location.*

WISCONSIN LOTTERY  
2135 Rimrock Road  
PO Box 8941  
Madison, WI 53708-8941  
(608) 267-4804  
FAX (608) 264-6644

- Please read the following instructions carefully before completing the forms included in this package.
- Be sure your application is complete when submitted to avoid any delay.

A completed application includes one form that must be completed and mailed to the Wisconsin Lottery, Attn: Retailer Contracting, P.O. Box 8941, Madison, WI 53708-8941:

1. Application to Add Location to Existing Retailer Chain Contract (WL-366), signed by individual authorized to bind the retailer.

### APPLICATION TO ADD LOCATION TO EXISTING RETAILER CHAIN CONTRACT

**Please type or neatly print the information required • Retain a copy for your records • Each question must be answered**

1. ORIGINAL APPLICATION INFORMATION & RETAILER NUMBER(S). The name listed on your original headquarters application and your chain number.
2. LOCATION NAME The name of the business you wish to add to the contract as it is commonly known.
3. LOCATION STREET ADDRESS, CITY, ZIP CODE AND COUNTY List the street address, city, zip code and county of your new location. Do not use a P.O. Box number as this will not permit locating your business for ticket delivery.
4. LOCATION MAILING ADDRESS The mailing address for your location. You may use a P.O. Box if applicable.
5. SELLERS PERMIT NUMBER List your Wisconsin Seller's Permit Number issued by the Department of Revenue.
6. UNEMPLOYMENT COMPENSATION FUND NUMBER List your UC number issued by the Department of Industry, Labor and Human Relations.
7. FEDERAL EMPLOYER IDENTIFICATION NUMBER The number utilized in payment of social security taxes or other federal taxes, also commonly known as the federal tax number.
8. CONTRACT TYPE You may initially apply for either a contract to sell instant (scratch or rub-off) tickets, break-open (pull-tab) tickets or both. If this location has an established instant ticket sales record with the Lottery and network terminals become available, your location may be considered for a Lottery terminal. Lottery terminals are limited and placed only in locations with a proven sales record. If a Lottery terminal already exists at the location, it is the Lottery's decision whether or not the Lottery terminal will remain at the location. Your Corporate Account Manager will be happy to discuss any of these options with you.
9. CONTACT NAME AND TELEPHONE NUMBER List the name and business telephone number (if different than location phone number) of the person who will be the primary location contact with the Lottery.
10. LOCATION PHONE List the telephone number for the new location.
11. BUSINESS OPERATIONAL HOURS List all hours location is open.
12. TYPE OF BUSINESS Check only one box that most accurately describes your location. If none of the descriptions are accurate, mark other and describe your business.
13. CONTRACT AMENDMENT AND WARRANTY The name and signature of the individual authorized to bind the retailer are required. Enter the date the application is signed.

### GENERAL INFORMATION ABOUT THE ADDED LOCATION

The bank account for this location will be the same as your other chain locations.

The Certificate of Authority will expire the same date as the chain headquarters regardless of the date issued

When the additional location is approved, a \$25 contract fee will be charged to your EFT account.

### QUESTIONS

If you have questions, please call (608) 267-4804 and ask to speak to a Retailer Contract Assistant or Corporate Account Manager.



# Application to Add Location to Existing Retailer Chain Contract

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## Chain Information

Chain Retailer Name ("Retailer")	Chain Number
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## New Location Information

Location Name ("Location")	County
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Location STREET Address	Location MAILING Address
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City	Zip Code	City	Zip Code
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Seller's Permit	UC Number	FEI Number
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Contract Type:     Instant     Pull-tab     Instant and Pull-tab     Lotto (Check ONLY if terminal exists at location)

Location Contact Name	Location Phone (    )
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Business Operational Hours	Location Contact Phone (if different) (    )
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Business Name of Prior Owner (if applicable)

Were Lottery products sold at the above address by a previous owner?     Yes     No  
 If yes, is there a Lottery terminal installed? .....     Yes     No

Type of Business (check one)

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Convenience With Gas	<input type="checkbox"/> Drug Store
<input type="checkbox"/> Grocery Store / Market	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Tavern
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Other (describe) _____

## CONTRACT AMENDMENT AND WARRANTY

The Retailer identified above certifies that the above Location, for which application for a Lottery Retailer Contract and Certificate of Authority are herein made, is wholly owned by it. Retailer requests that its Lottery Retailer Contract be amended to extend to this Location, and it agrees to abide by the terms and conditions of its existing Contract in regard to this Location.

Retailer further agrees to pay a \$25.00 contract fee for this additional location and to pay the customary charges for a Lottery terminal if the Lottery determines to retain an existing Lottery terminal at this Location.

Retailer understands that this Contract Amendment shall not become effective or binding upon the Lottery unless and until accepted by the Executive Director. Acceptance shall be evidenced by issuance of a Certificate of Authority to Retail for the Location.

The individual who signs below and executes this Contract Amendment warrants and represents to the Executive Director that he or she has full right, power and authority to execute the Contract Amendment on behalf of the Retailer and to fully bind the Retailer to this Contract Amendment.

\_\_\_\_\_  
Type or Print Name of Individual Signing Below

\_\_\_\_\_  
Signature of Individual Authorized to Bind Retailer

\_\_\_\_\_  
Date