# Personal Data Form

Submit a Personal Data Form (WL-266) for each individual listed on the retailer contract application or new officer on renewal.

- Please print or type.
- Attach additional sheets if necessary.


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


Business Name _____

| 1. Individual's Full Name | | Social Security Number | Date of Birth / / |
|---|---|---|---|
| Street Address | City | | Zip Code |
| Business Address | City | | Zip Code |
| Business Operational Hours | | Business Phone Number ( ) | |
| 2. Individual's Relationship to Business ☐ Owner ☐ Partner ☐ Principal ☐ Stockholder (5% or more) | | | |
| 3. If Partnership, what type? ☐ Limited ☐ General | If Partnership, what % owned? | If Stockholder, what % owned? | |

4. Have you been convicted of, or entered a plea of guilty or no contest to a felony, any gambling-related offense, fraud or misrepresentation in any connection or a violation of any provision of the Lottery Statute (Ch. 565, Stats.) or a rule of the Wisconsin Lottery, within the last 10 years and not been pardoned? .... ☐ YES ☐ NO

**INFORMATION IN #5 IS REQUIRED FOR SOLE PROPRIETORS AND PARTNERS IN PARTNERSHIP**

| 5. Individual's Spouse's Name | Social Security Number | Date of Birth / / |
|---|---|---|

5a. Are you an employee of the Wisconsin Lottery? ..... ☐ YES ☐ NO

5b. Is any relative living with you an employee of the Wisconsin Lottery? ..... ☐ YES ☐ NO

NOTE: Relative means spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, or stepparent.

*DISCLOSURE STATEMENT: (READ CAREFULLY)*
*I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact or material omission on the application. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any lottery contract issued. I authorize the WISCONSIN LOTTERY to investigate any or all matters set forth in this "personal data form" may be requested of me in regard to this investigation, and I waive any other individual or agency disclosing or releasing such information to Lottery.*

_____ _____
*Type or Print Name* *Title*

_____ _____
*Signature* *Date*

*NOTE: IF YOU ARE MARRIED AND SOLE PROPRIETOR OR PARTNER IN A PARTNERSHIP, WISCONSIN LAW REQUIRES AUTHORIZATION BY YOUR SPOUSE TO COMPLETE A CREDIT INVESTIGATION.*
*I understand that any obligation incurred by my spouse in contracting with the Wisconsin Lottery is an obligation incurred in the interest of the marriage or family.*
*I further understand that any such obligation may be satisfied from our marital property and all property of the incurring spouse.*
*I authorize the Wisconsin Lottery to investigate our financial records and financial sources, as is necessary, in the course of the Lottery's credit check of my spouse. If my spouse is selected to contract with the Wisconsin Lottery, I hereby waive any right I might have to a written notice describing the nature of the credit extended to my spouse by the Wisconsin Lottery.*

_____ _____
*Type or Print Name* *Title*

_____ _____
*Signature* *Date*

* **Federal Privacy Act Notice**: Completion of this form is required pursuant to s. 565.10, Wis. Stats. The authority for requesting and using your social security number is s. 565.10, Wis. Stats. The social security number is voluntary. Failure to complete the form may delay processing the application for a Lottery Retailer Contract to which this Personal Data From will be attached. From information including social security number will be used to investigate eligibility or continuing eligibility for a Wisconsin Lottery Retailer Contract, and may be disclosed to federal, state and local law enforcement agencies, and federal and state tax authorities.