

# EXAMPLE

## LOTTERY SALES AGENT LICENSE RENEWAL APPLICATION DIV OF SPECIAL REVENUE

4/01/2006 TO 3/31/2007

AGENT #: 000000

TOWN CODE: 000

BUSINESS NAME: **ABC STORE**  
NO. & STREET: **123 ANY STREET**  
CITY OR TOWN: **ANYTOWN** ST: **CT**  
BUSINESS PHONE: **(000)000-0000**  
LIQUOR #: **P000000**  
OWNERSHIP TYPE: CORPORATION  
**Mailing Address** MAILING NAME: **JOHN A. SMITH**  
NO. & ST.: **345 MAIN STREET** CITY OR TOWN: **ANYTOWN** STATE: **CT** ZIP: **00000**

SSN/FID TYPE: **F**  
SSN/FID #: **12-3456789**  
ZIP: **00000**  
SALES TAX #: **0000000-000**  
CORP. NAME:

TITLE: **OWNER** LAST: **SMITH** FIRST: **JOHN** MI: **A** GENDER (M/F): **M**  
ADDR: **345 MAIN STREET** ANYTOWN, CT ZIP: **11111**  
HOME PHONE: **(000)000-0000** BIRTH DATE: **11/11/1911** PIC: **N** SS #: **000-00-0000**

TITLE: **PIC** LAST: **SMITH** FIRST: **JOAN** MI: **B** GENDER (M/F): **F**  
ADDR: **345 MAIN STREET** ANYTOWN, CT ZIP: **11111**  
HOME PHONE: **(000)000-0000** BIRTH DATE: **11/22/1922** PIC: **Y** SS #: **000-00-0000**

NATURE OF BUS.: **CONVENIENCE** (HOURS OF BUSINESS)  
NAME OF CHAIN: START: **0000** END: **0000**

1. Since the date of the original application or latest renewal, have any of the above-named individuals (and in the case of a corporation or LLC, any of its officers or members, whether listed above or not):

a. Been convicted of any crime, felony, misdemeanor, or other offense, including motor vehicle crimes (other than a traffic violation)?  Yes  No

b. Been subject to any disciplinary action, past or pending, for any violation of any statute, rule, regulation, or ordinance by any federal, state, or local governmental body?  Yes  No

2. Is your business in default of any taxes, fees, or other obligations owed to any city, town, state or government agency?  Yes  No

ANY POSITIVE RESPONSE REQUIRES ATTACHMENT OF AN EXPLANATION.

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 be cause for rejection or revocation of Sales Agent's license, and I agree to abide by the Division of Special Revenue Regulations for the Operation of the State Lottery.

APPLICANT SIGNATURE (In ink)		APPLICANT NAME (print/type)	TITLE(Owner,Partner,Etc)
SUBSCRIBED AND SWORN TO BEFORE ME:	DATE	SIGNATURE NOTARY/JP/COMM. SUP. CT.	TITLE/EXP. DATE

**MUST BE NOTARIZED**

# *EXAMPLE*