

OLC Online Application Retailer Instructions

Thank you for applying to become an Oklahoma Lottery retailer. Our application process is now completely online for your convenience. This document will serve as a guide through the application process. If for any reason during this process, you have questions, please contact our Sales Administrative Coordinator at 405-522-7735.

To access the Retailer Application please visit our website at:
lottery.ok.gov/retailers/become-a-retailer

CREATE AN ACCOUNT

Create account by clicking on Create an Account button (shown below):

Sign In to My Application

Email

Password

Sign In
Forgot your password?

OR

Create an Account

I am interested in becoming a Lottery Retailer

NOTES: You can apply to become a Oklahoma Lottery Retailer by filling in the required forms electronically and then submitting them via this site. You will first need to create an application account using an email and password. Once you have filled in all the required forms you can submit the application by following the instructions on the site. You can track the progress of your application by logging in and reviewing your Application status at any time.

Fill in all information fields (shown below):

Create Account

First Name *

Last Name *

Email *

Re-Type Email *

Password *

Re-Type Password *

Password must meet following requirements:

- Must be at least 8 characters long
- At least one Uppercase letters (A, B, C, ...)
- At least one Lowercase letters (a, b, c, ...)
- At least one Numbers (0, 1, 2, ...)
- At least one Special characters (-!@#\$%^&*()_+[]{}|?)

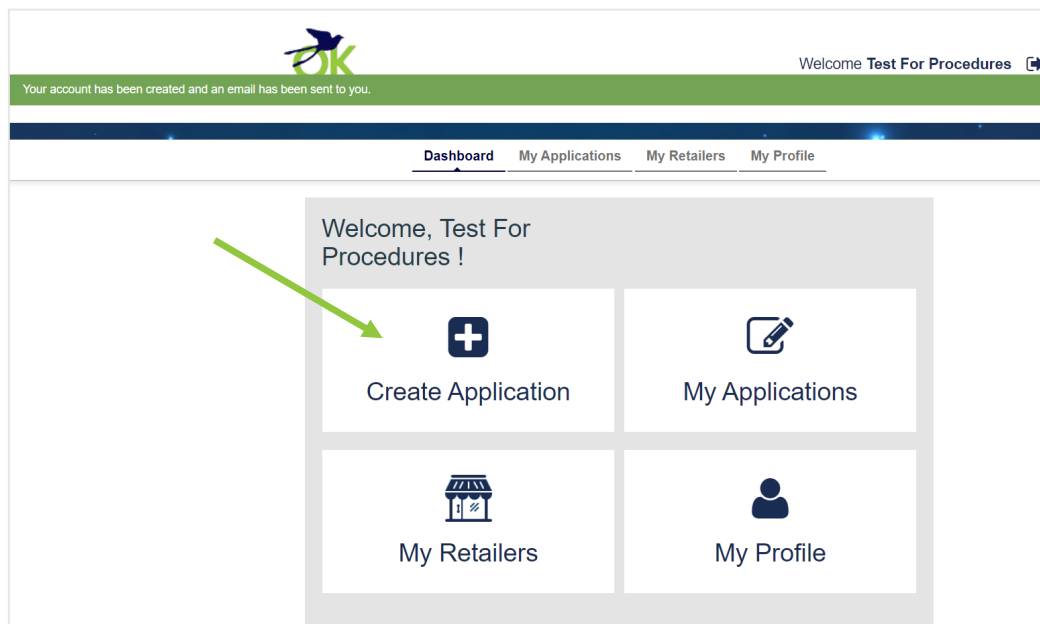
Cancel

Create

Click Create

CREATE APPLICATION

To begin filling out the Oklahoma Lottery Retailer Application, click Create Application (shown below):



APPLICATION TYPE

Select the appropriate application type from the drop-down menu (shown below):

Select application type from the following choices:

- Application for Individual Store (less than five stores)
- New Chain First Store (own five or more stores and are applying for the first time)
- Additional Chain Store (own five or more stores and already sell lottery in at least one of them)
- Change of Bank Account (already a retailer and need to update bank account information)

Once application type is selected, click Start Application.

APPLICATION HOME SCREEN

You will see the screen below. The online retailer application has seven (7) sections.

1. Basic Store Information
2. Ownership Information
3. Personal Questionnaires
4. General Information
5. Marketing / Sales Information
6. Electronic Funds Transfer (EFT) Information
7. Certification Signature

Dashboard My Applications My Retailers My Profile

Test Retailer Store (Application for Individual Store) Incomplete

Click each text label (link) to open the form.

In order to assist in completing the forms, please have the following information available to prevent delay:

- Federal Tax ID number
- Bank Account and Routing Number
- Store location information
- Store personnel information

Note For Tribal-owned Business or Tribal-owned Land

- Tribal-owned Business or Tribal-owned land
- Tribal-owned business NOT on Tribal-owned land

If the business is a Tribal-owned business or on Tribal-owned land, you will not be able to complete or submit this application. If the Tribal-owned business is on Tribal-owned land, current legal interpretation is that you need to have a compact with the State of Oklahoma to sell lottery tickets. If a Tribal-owned business is located on Non-tribal-owned land, there is a separate application that needs to be completed and submitted. Please contact our Sales Unit at 405-522-7700 for more information.

Please note:

- You will have 30 days to complete and submit your application. After 30 days, your application will no longer be available, you will be prompted to start a new application.
- Application and Bond Fees will be swept on the 1st invoice after activation.

Retailer Application Form

Basic Store Information	All required fields aren't complete yet.
Ownership Information	All required fields aren't complete yet.
Personal Questionnaires	Awaiting response from other member(s)
General Information	All required fields aren't complete yet.
Marketing / Sales Information	All required fields aren't complete yet.
Electronic Funds Transfer (EFT) Information	All required fields aren't complete yet.
Certification and Signature	Certification and Signature must be accepted.

SECTION 1: BASIC STORE INFORMATION

Please read information at the top of the screen, then select Basic Store Information from the Retailer Application Form by clicking on “Basic Store Information.” See screen shot below:

Retailer Application Form

- Basic Store Information**
- Ownership Information
- Personal Questionnaires
- General Information
- Marketing / Sales Information
- Electronic Funds Transfer (EFT) Information
- Certification and Signature

Please enter information in all fields. Required fields are denoted with a red asterisk as shown below:

Lottery Retailer Application - Test Retailer Store (Application for Individual Store)

1. Basic Store Information

Basic Store Information

STORE Name* STORE Phone*

Test Retailer Store

Street Address Line 1*

Enter a location

Street Address Line 2

City* State* ZIP Code*

Oklahoma

County*

-

The seven sections are shown on the left-hand side of the screen as shown above.

Street Address - The OLC's online retailer application website uses Google Maps. It offers to auto-populate the address fields based on information you type. You may select the correct one or you may manually type the entire address.

STORE Name*

Test Retailer Store

Street Address Line 1*

401 Main Street

401 West Main Street Norman, OK, USA

401 West Main Street Oklahoma City, OK, USA

401 West Main Street Edmond, OK, USA

401 West Main Street Yukon, OK, USA

401 North Main Street Seminole, OK, USA

Continue to fill out all fields. Once completed, click Next (as shown below) to save your information and proceed to the next section.

Download as PDF Save Next

SECTION 2: OWNERSHIP INFORMATION

Lottery Retailer Application - 7

1. Basic Store Information

2. Ownership Information

3. Personal Questionnaires

4. General Information

5. Marketing / Sales Information

6. Electronic Funds Transfer (EFT) Information

7. Certification and Signature

Ownership

1. How is the

☐ Sole Pro
(Any and al

☐ Corporat
(Any and al

☐ Corporat
(Any and al

☐ Limited L
(Any and al

☐ Partners
(Any and al

☐ Limited L
(Any and al

☐ Other
(Any and al



Enter information in all fields and click Next to continue to the following section-
Section Three - Personal Questionnaires.

SECTION 3: PERSONAL QUESTIONNAIRES

Answer all questions and enter all applicable information. At the bottom of this page, click the +ADD PERSON to enter owner information. Each owner will have to complete a separate Personal Questionnaire.

Members, Officers, Directors, Owners and Oklahoma Contacts:*

TITLE	NAME	EMAIL	OWNERSHIP %
Click Add Person to add first Member, Officer, Director or Owner			



Add Another Person

First Name (legal first name) *

Last Name (current legal last name) *

Title *

-

Ownership Percentage

0



Personal Email *


Cancel

Save

Once all owners are entered, the ownership % MUST equal 100% as shown below. Click Save. After all individuals have been added, click Next.

Members, Officers, Directors, Owners and Oklahoma Contacts:*

TITLE	NAME	EMAIL	OWNERSHIP %
 Other President			100% 

 Add Person

Download as PDF


Back

Save

Next

Click the edit box (shown below-square box with pencil icon) to begin entering information for your Personal Questionnaire.

**Personal Questionnaire
business:**

TITLE / RELATIONSHIP
 LLCMember

Cancel

Fill Now

Email this Form

Click Fill Now to fill out Personal Questionnaire at that time.

To email this form to another owner, partner, etc., click Email this Form. Please use a unique email for each owner or partner.

Enter all information and answer all questions.

If you answer Yes to the “Are you married?” question, please enter your spouse’s information as shown below.

Are you married? * ☒ Yes ☐ No

Spouse First Name *

Spouse Last Name *

Spouse Middle Name

Spouse Maiden Name

Answer all questions by clicking on the appropriate radio button to the right of each question as shown below:

1. Have you ever been required to file state taxes in Oklahoma? * ☐ Yes ☐ No
2. Have you been convicted of a criminal offense related to the security or integrity of the lottery in this or any other jurisdiction? OR are you waiting sentencing on a plea of guilt or nolo contendere for such an offense? * ☐ Yes ☐ No
3. Have you been convicted of any illegal gambling activity, false statements, false swearing, or perjury in this or any other jurisdiction? OR are you awaiting sentencing on a plea of guilt or nolo contendere to such an offense? * ☐ Yes ☐ No
4. Have you been convicted of any crime punishable by more than one(1) year of imprisonment or a fine of more than One Thousand Dollars(\$1,000.00) or both? OR are you awaiting sentencing on a plea of guilt or nolo contendere to such a crime? * ☐ Yes ☐ No
5. Have you violated the provisions of the Oklahoma Education Lottery Act, or any rule, policy, or procedure of the Oklahoma Lottery Commission within the last ten(10) years? * ☐ Yes ☐ No
6. Are you a vendor or an employee or agent of a vendor doing business with the Lottery Commission? OR, do you reside in the same household as the executive director, any board member, or any employee of the Lottery Commission? * ☐ Yes ☐ No
7. Have you made a false statement to the Lottery Commission knowing such statement to be false? * ☐ Yes ☐ No
8. In your business, will you be selling merchandise or services other than lottery tickets? * ☐ Yes ☐ No

PLEASE INDICATE YOUR AGREEMENT TO THE FOLLOWING STATEMENTS.

- I agree to review and become familiar with the Oklahoma Lottery laws, rules and regulations before I sell any lottery tickets. * ☐ Yes ☐ No
- I agree to notify the Oklahoma Lottery of any proposed change of ownership, business name, or address prior to making any such changes. * ☐ Yes ☐ No
- During the term of my retailer license (if issued), I consent to the entrance and inspection by Oklahoma Lottery official(s), without a warrant or other process, of my licensed premises to determine whether I am complying with the Oklahoma Lottery laws, rules, and regulations. * ☐ Yes ☐ No
- I consent to an investigation of my background, including a review of police, credit, and records of any other kind and description, and hereby waive any rights and causes of action against the Oklahoma Lottery and any disclosing individual or agency relating in any way to the release and review of these records. * ☐ Yes ☐ No
- I agree to return all property of the Oklahoma Lottery and/or its contractors to the Oklahoma Lottery upon demand. I further agree that I will return all property of the Oklahoma Lottery and/or its contractors to the Oklahoma Lottery in the event that I close my business, and will do so before the date of closing. * ☐ Yes ☐ No

PLEASE INDICATE YOUR AGREEMENT TO THE FOLLOWING STATEMENTS.

I agree to review and become familiar with the Oklahoma Lottery laws, rules and regulations before I sell any lottery tickets. * ☐ Yes ☐ No

I agree to notify the Oklahoma Lottery of any proposed change of ownership, business name, or address prior to making any such changes. * ☐ Yes ☐ No

During the term of my retailer license (if issued), I consent to the entrance and inspection by Oklahoma Lottery official(s), without a warrant or other process, of my licensed premises to determine whether I am complying with the Oklahoma Lottery laws, rules, and regulations. * ☐ Yes ☐ No

I consent to an investigation of my background, including a review of police, credit, and records of any other kind and description, and hereby waive any rights and causes of action against the Oklahoma Lottery and any disclosing individual or agency relating in any way to the release and review of these records. * ☐ Yes ☐ No

I agree to return all property of the Oklahoma Lottery and/or its contractors to the Oklahoma Lottery upon demand. I further agree that I will return all property of the Oklahoma Lottery and/or its contractors to the Oklahoma Lottery in the event that I close my business, and will do so before the date of closing. * ☐ Yes ☐ No

I HEREBY CERTIFY THAT :

The information I have provided above is true and complete. I have read and agree to comply with all terms and conditions of the Oklahoma Lottery Commission's Lottery Retailer Sales Contract Requirements and all information provided herein Oklahoma Lottery Commission Lottery Retailer Sales Contract Application comprise of the Oklahoma Lottery Retailer Contract.

I authorize OLC to conduct or cause to be conducted investigations into my financial records, credit history, criminal offenses, civil, criminal and regulatory actions and allegations, and any other matter pertaining to this application and the authenticity of the statements made herein, including information of a confidential or privileged nature

I hereby authorize any individual, governmental or private entity to release and provide to the OLC or its designees any information relating to such an investigation.

I hereby release the OLC, its officers, directors, employees and agents, and any individual, governmental or private entity from any liability arising out of the investigation and release of information authorized herein. Any duplicate, copy or photocopy of this release and authorization shall be binding and valid.

TERMS OF ACCEPTANCE and SIGNATURE

I, the Principal for this Application, warrant the truthfulness of the information provided in this application.

Electronic Signature *

Please type your First and Last Name

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance *

- Type name in the Electronic Signature Box
- Click in the box if you agree with the statement
- Click Save

If there is an error in any section and you attempt to move to the next section, you will receive an error message:

Are you married? * ☒ Yes ☐ No

Spouse First Name * **Required**

Spouse Last Name * **Required**

Spouse Middle Name

Spouse Maiden Name

Address Section:

Where have you lived for the last 5 years? * (include any out-of-country addresses as well as your current residence)
Please provide addresses for the last 5 years and click the 'Save Address' button to save each one

From * **To ***

Address *

City * **State** **Country *** **ZIP Code ***

[Save Address](#) [Remove Address](#) [Cancel](#)

- The user must enter information in the country and zip code fields before the state information is populated.
- The user Must click [Save Address](#) before this section can be saved.
If the user does not save the address, an error will result in this section.

SECTION 4: GENERAL INFORMATION

This section contains three questions that must be answered in order to move to the following section. Complete and click Next.

1. Basic Store Information		
2. Ownership Information		
3. Personal Questionnaires		
4. General Information		

General Information

1. Is the business property leased? * ☐ Yes ☐ No

2. Is the business located on Indian Tribal Lands? * ☐ Yes ☐ No

3. Is this business location insured? * ☐ Yes ☐ No

SECTION 5: MARKETING / SALES INFORMATION

Enter information in all fields, click Next to proceed to the next section.

1. Basic Store Information	Marketing / Sales Information 1. Is this location a(n):* <input type="text"/> 2. Business location:* <input type="text"/> 3. Is this retail location currently a licensed lottery retailer? * <input type="radio"/> Yes <input type="radio"/> No 4. Will the owner be on the premises daily? * <input type="radio"/> Yes <input type="radio"/> No 5. Number of Cash Registers: * <input type="text"/> Approximate Customers Daily? * <input type="text"/> 6. What are the store hours? * <input type="checkbox"/> Open 24 Hours Monday <input type="checkbox"/> <input type="text"/> to <input type="text"/> Tuesday <input type="checkbox"/> <input type="text"/> to <input type="text"/> Wednesday <input type="checkbox"/> <input type="text"/> to <input type="text"/> Thursday <input type="checkbox"/> <input type="text"/> to <input type="text"/> Friday <input type="checkbox"/> <input type="text"/> to <input type="text"/> Saturday <input type="checkbox"/> <input type="text"/> to <input type="text"/> Sunday <input type="checkbox"/> <input type="text"/> to <input type="text"/> 7. Please indicate which most accurately describes your business type: *
2. Ownership Information	
3. Personal Questionnaires	
4. General Information	
5. Marketing / Sales Information	
6. Electronic Funds Transfer (EFT) Information	
7. Certification and Signature	

SECTION 6: EFT INFORMATION

The EFT information does not have to be completed prior to submitting your application but it must be completed prior to the OLC approving the application. Please complete this section by filling out all fields then read the text after Retailer Authorization. Click the box next to Retailer Authorization if you agree with the statement and to certify your bank account has been properly set up as “In Trust of the Oklahoma Lottery.”

Electronic Funds Transfer (EFT) Information ⓘ

☐ I Do Not Have EFT Details

Bank Name *

Bank Nickname

Account Holder's Name *

Bank Account Type *

☐ Checking ☐ Savings

Bank Routing Number *

Bank Account Number *

Bank Representative Name *

Bank Representative Phone *

Bank Representative Email *

☐ **Retailer Authorization:**

I hereby acknowledge and verify the bank account indicated above is set up "IN TRUST OF THE OKLAHOMA LOTTERY COMMISSION." I authorize the OLC to initiate debit and credit entries in any available and appropriate amount to the account at the specified depository financial institution. Retailer agrees that it shall receive and hold in trust all proceeds from any sale of tickets, lottery funds, or revenues derived from being a licensed OLC Retailer (the "Trust Revenue"). Retailer agrees it is prohibited from commingling the Trust Revenue with its own property or funds. I CONSENT THAT THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL WRITTEN CONFIRMATION OF A BANK AND/OR ACCOUNT CHANGE IS RECEIVED BY OLC OR UNTIL 30 DAYS FOLLOWING TERMINATION OF THE LOTTERY RETAILER CONTRACT. *

Download as PDF

Back

Save

Next

If you do not have your EFT banking information when you fill out your online application, you may select the “I Do Not have EFT Details” button shown below. You will have to log in at a later time to complete.

Electronic Funds Transfer (EFT) Information



I Do Not Have EFT Details

As part of the OLC’s review process, we will verify EFT information with your bank. If the bank refuses to verify information over the phone, you will be required to print out and take a manual form for the banker to complete. If this occurs, we will reject the EFT section of the application, and the system will send you an automated email with the form needed to be filled out by you and the bank.

OKLAHOMA LOTTERY COMMISSION LOTTERY RETAILER SALES CONTRACT APPLICATION Electronic Funds Transfer Authorization	
<small>INSTRUCTIONS: The Retailer must establish a separate electronic funds transfer (EFT) bank account for the preservation and transfer of lottery funds. The separate bank account must be specified “IN TRUST FOR THE OKLAHOMA LOTTERY COMMISSION.” The Retailer’s depository institution must confirm the establishment of the Oklahoma Lottery Commission Trust Account by signing in the space below. The Retailer may NOT use their business account in lieu of this requirement.</small>	
1. Legal Name of the Business: _____	
<small>2. RETAILER REPRESENTATION AND AUTHORIZATION: I hereby authorize the OLC to initiate debit and credit entries in any available and appropriate amount to the account at the depository financial institution named below. I acknowledge that the origination of ACH transactions to the account must comply with the provision of U.S. law. I hereby further authorize and direct the depository institution named below to release any information regarding such account, including, but not limited to, account balance information, payment history, overdraft information and access to online viewing of account information to the OLC upon request by an authorized representative of the OLC. My authorization is given in accordance with subsection (e)(2) of Section 6802 of the “Gramm-Leach-Bliley Act of 1999” (15 U.S.C.A. 6802) and shall remain in effect during the term of my contract with OLC. Retailer agrees that it shall receive and hold in trust all proceeds from any sale of tickets, lottery funds, or revenues derived from being a licensed OLC Retailer (the “Trust Revenue”). Retailer agrees it is prohibited from commingling the Trust Revenue with its own property or funds. If retailer generated funds and revenue are commingled with Trust Revenue, Retailer agrees that all commingled proceeds and other property shall be impressed with a trust in favor of the OLC in an amount equal to the amount of the Trust Revenue due the OLC. The trust relationship created hereby is both contractual and statutory. The Trust Revenue, as trust funds, do not constitute “property of the estate” as described in 11 U.S.C. § 541 and retailer agrees that whenever a retailer receives proceeds from the sale of lottery tickets or shares in the capacity of a lottery retailer becomes insolvent or dies insolvent, the proceeds in any account established pursuant to this authorization due to the OLC from the person or the estate of the person shall have preference over all debts or demands. I CONSENT THAT THIS REPRESENTATION AND AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL WRITTEN CONFIRMATION OF A BANK AND/OR ACCOUNT CHANGE IS RECEIVED BY OLC OR UNTIL 30 DAYS FOLLOWING TERMINATION OF THE LOTTERY RETAILER CONTRACT. I HAVE ATTACHED TO THIS FORM FOR THE ACCOUNT REFERENCED ABOVE A DEPOSIT SLIP OR DOCUMENT ON BANK LETTERHEAD THAT HAS BOTH THE ABA ROUTING NUMBER AND BANK ACCOUNT NUMBER.</small>	
TO BE COMPLETED BY APPLICANT	
a. Authorized Business Signature: _____ Date: _____	
b. Title of Authorized Representative of Business: _____	
<small>3. DEPOSITORY INSTITUTION ACKNOWLEDGMENT: The above account has been established “IN TRUST FOR THE OKLAHOMA LOTTERY COMMISSION.” We acknowledge that our customer, the Retailer, has opened an account with us as provided above for the Oklahoma Lottery Commission (OLC) and has directed us to provide information concerning the above referenced account to the OLC upon request by an authorized representative of the OLC. We further acknowledge that the Retailer has directed us to provide this information to OLC pursuant to the consent granted in part 2 above and the Retailer has authorized the OLC staff to contact our representative listed below to verify this information.</small>	
TO BE COMPLETED BY BANKING INSTITUTION REPRESENTATIVE	
c. Bank Name: _____ Branch: _____	
d. Street Address: _____	
City: _____	State: _____ Zip: _____
e. EFT Bank Route Transit Number: _____ EFT Bank Account Number: _____ <small>(no temporary account numbers)</small>	
f. Depository Institution Representative’s name (print): _____	
g. Title: _____	Phone: _____
h. Signature of Depository Institution Representative: _____	

SECTION 7: RETAILER CERTIFICATION

The last section is the Retailer Certification. Please read all Contract Requirements text in the box with the scroll bar. You cannot move forward until you read/scroll through all the text. It is very important to read and know your responsibilities and requirements.

- Click the Retailer Certification box
- Sign name electronically by typing your name
- Click Save

PLEASE NOTE

If you have not submitted your EFT information or you are missing information, you will see an Incomplete status in the upper right-hand corner of the next screen as shown below:







Please complete any missing information or sections to be able to submit your application.


When a section has been submitted successfully, a green check mark in a circle will appear as shown below:


Retailer Application Form	 
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INFORMATION UPLOADS

Certificate of Insurance If this location is insured, attach a copy of the Certificate of Insurance from your insurance agent	
Identification - (USER NAME APPEARS HERE) Upload an image of a government issued photo ID.	
W9	
Minority Business Information (Optional)	

To complete the next items, click on the up arrow to upload the requested information, i.e. Identification, Certificate of Insurance and the voluntary Minority Business Information. You can choose a file from your computer or device and select Upload.

Upload 'Certificate of Insurance' 



W-9

To enter the W9 information, click on the W9 text to bring up the following form:

Save & Return

Filled Not Filled yet Must be Filled

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

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

2 Business name/disregarded entity name, if different from above
Test Retailer Store

3 Check appropriate box for federal tax classification; 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) **S**
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) **S**

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.)
401 W Main St

6 City, state, and ZIP code
Norman Oklahoma 73069

7 List account number(s) here (optional)

Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

123456789

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 on page 3.

Sign Here

Signature of U.S. person **S**

Date **MM-DD-YYYY**

3 Check appropriate box for federal tax classification; 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) **S**
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) **S**

For question three, chose one of the 6 federal tax classifications:

- If you select LLC, you must designate the tax classification by typing in a C, S or P.
 - (If this classification is not selected, the OLC will reject this form and you will have to complete again. The system will send an automatically generated email of the rejection and to complete the requested information.)
- Certain information will be auto-populated from data entered in your application. Enter the remaining required information.
- Click signature line. The pop-up shown below will appear. Please type name and read and select the authorization box if you agree.

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 on page 3.

Sign Here Signature of U.S. person ▶

General Instructions
Section references are to the Internal Revenue Code.
Future developments. Information about future developments in legislation enacted after we release it.

Purpose of Form
An individual or entity (Form W-9 request) must obtain your correct TIN, to report on your return, or other amount reportable on an information return, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including tax-exempt interest)
• Form 1099-MISC (various types of income)
• Form 1099-B (stock or mutual fund sales and certain other transactions by a broker or dealer)

TERMS OF ACCEPTANCE and SIGNATURE
I, the Applicant for this Application, warrant the truthfulness of the information provided in this application.

Electronic Signature
Please type your First and Last Name

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Save **Cancel**

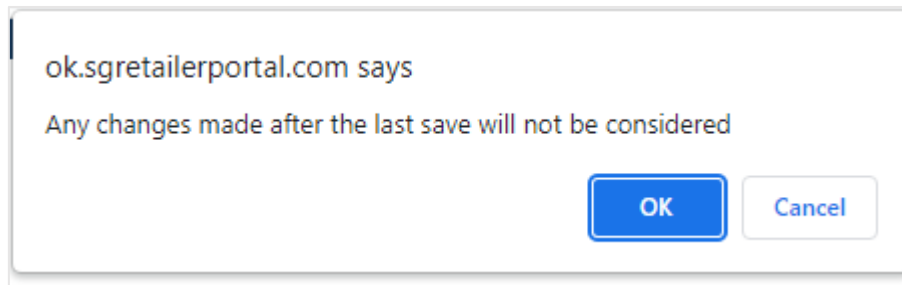
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are not a U.S. person, your allocable share of income, or business is not subject to the backup withholding, or

You will be returned to application home screen. When all required information is entered, a Submit Application button will appear. Click to submit your application for OLC review and processing.

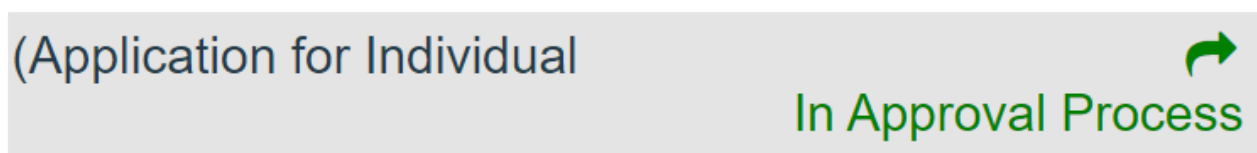
(Application for Individual Store)

Submit Application

A verification/notification pop-up will appear.



When OK is clicked, the application will be changed to “In Approval Process.”



You will be notified by the online retailer application system when your application has been approved. The email will contain your Certificate of Authorization. Please print and post this certificate in a viewable location within your store. An example email follows:

EXAMPLE EMAIL:

17 May 2022

OLC Retailer Name

Street Address

City, State Zip Code

Dear Lottery Retailer 000000,

Attached is your Oklahoma Lottery Commission Certificate of Authority for the retail location listed above.

Title 3A, Section 717-D of the Oklahoma Lottery Statutes requires the Oklahoma Lottery Commission to issue the enclosed certificate of authority to all contracted lottery retailers.

You must post and conspicuously display this certificate at your location at all times. By doing so, you also agree to comply with the law, rules, retailer directives, and procedures of the Oklahoma Lottery Commission.



OKLAHOMA LOTTERY

Oklahoma Lottery Commission

OLC RETAILER NAME



Retailer Identification Number 000000

The above named entity is authorized to sell Oklahoma Lottery products and is bound by and has agreed to comply with the law, rules, retailer directives and procedures of the Oklahoma Lottery Commission as provided heretofore and/or hereafter.

This certificate authorizes the sale of Oklahoma Lottery products solely at the specific location hereon described.

This certificate is non-assignable and is non-transferable.

THIS CERTIFICATE OF AUTHORITY MUST BE CONSPICUOUSLY DISPLAYED AT ALL TIMES ON THE ENTITY'S PREMISES.

