



**LOTTERY RECORD/CREDIT CHECK**  
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
 LOTTERY DIVISION  
 SFN 53859 (06-2018)

OFFICE USE ONLY

Control Number	Chain Store Number	Record/Credit Check of
----------------	--------------------	------------------------

Please type or print Fee \$15.00

(Check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> General Manager <input type="checkbox"/> Corporate Director/Officer (primarily responsible for financial affairs) <input type="checkbox"/> Corporate Shareholder (10% or more stock)			
DBA Business Name	Business Street Address	City	County
Social Security Number	Date of Birth	Place of Birth (City & State)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Last Name	First Name	Middle Name	
Have you now or previously used any other first or last name, including a maiden name or nickname? If Yes, list all other names used. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Home Street Address		Name of Employer (if different from DBA business name)	
Previous Home street Address (if lived here within the previous 2 years)		Home Telephone Number	Work Telephone Number
City		State	ZIP Code

**STATE OF RESIDENCE OF PREVIOUS 5 YEARS**

Have you lived in a state other than North Dakota in the last 5 years?  Yes  No

If yes, a record check must be performed in the states in which you have lived in the previous 5 years. A fee schedule and out-of-state Record Check Authorization and Release form are attached. Please fill out a form for each past state of residence and remit the additional fees indicated on the schedule for that state.

State	Year	State	Year	State	Year
-------	------	-------	------	-------	------

**AUTHORIZATION**

I declare the information on this form to be true and correct. I authorize the Office of Attorney General to investigate my criminal history record and other files necessary for the licensing process.

Sole Proprietors: I authorize the Office of Attorney General to investigate financial and credit information.

Signature	Date
-----------	------

**Privacy Act Notification**

Your social security number is requested to enable the Office of Attorney General to conduct proper criminal history record and credit checks pursuant to N.D.C.C. sections 53-12-13 and 53-12-14 and N.D.C.C. section 10-16-02-03 for determining whether the applicant is eligible to be a lottery retailer. Disclosure of your social security number is voluntary. However, if you do not provide your social security number, the Office of Attorney General may be unable to conduct a record or credit check and may decline to process the retailer license application.

State	Amount	Remitted	OFFICE USE ONLY - Action/Result/Comment
ND	\$ 15	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**RECORD CHECK**

<input type="checkbox"/> Pass <input type="checkbox"/> Fail	By	Date
<input type="checkbox"/> No information is available because no information exists or dissemination is prohibited. <input type="checkbox"/> Criminal record found (read attached copy of report of arrest and prosecution)		
Comments		

**CREDIT CHECK (Sole Proprietor)**

<input type="checkbox"/> Pass <input type="checkbox"/> Fail	By	Date
Comments		