LOTTERY RETAILER LICENSE APPLICATION

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LOTTERY DIVISION
SFN 53858 (05-2026)

OFFICE USE ONLY	
Control Number	
License Number	Chain Store Number

Please type or print. Read all instructions before completing application.

(Check One) ◯ New Site ◯ Re-Application ◯ Change in Ownership for current licensed retailer	Number of Chain Store Apps. of Expected Date of Business Purchase

Name (as shown on your tax return)	ND Sales Tax Permit Number

DBA Business name (if different than above)	Contact Person	Business Telephone Number

Business Street Address	County	City	State	ZIP Code
Mailing Address (if different than business address)		City	State	ZIP Code

Federal Tax Classification (check one)	NOTE: If LLC, how did you file taxes? (check one)
◯ C-Corporation ◯ S-Corporation ◯ Partnership ◯ Limited Liability Company ◯ Sole Proprietorship	◯ Partnership ◯ Single Member ◯ S-Corporation or C-Corporation

Taxpayer Identification Number (TIN)	If Sole Proprietor, Enter Your Social Security Number

Business Type (check one)	Building Type (check one)
◯ Convenience Store/Gas ◯ Gas/Service Station ◯ Restaurant/Club ◯ Bar/Casino ◯ Liquor Store ◯ Truck Stop/Plaza ◯ Grocery/Supermarket ◯ Other Specify	◯ Free-standing ◯ Strip Shopping Center ◯ Mall ◯ Other Specify

Privacy Act Statement

If you are a sole proprietorship, your Social Security number is requested to enable the Office of Attorney General to determine whether any taxes, interest or penalties are due the State of North Dakota pursuant to N.D.C.C. section 53-12-13(1)(d) 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 cross check with the ND Tax Department and may decline to process the retailer license application.

Please answer these questions by checking the proper box or providing the information:

Within the last 10 years, has a sole proprietor, partner, shareholder of a corporation (owning more than 10% of the stock), a director, or an officer been convicted of a felony? (If yes, explain on a separate sheet).	◯ Yes ◯ No
Is a sole proprietor, partner, shareholder for a corporation (owning more than 10% of the stock), a director, or an officer, under the age of 18?	◯ Yes ◯ No
Within the last 7 years, has the business been bankrupt or in receivership? (if yes, explain on a separate sheet).	◯ Yes ◯ No
Within the last 5 years, has the business violated North Dakota law by selling tobacco or alcohol products to underage persons? (If yes, explain on a separate sheet).	◯ Yes ◯ No

Has the business ever had a complaint issued to it, an application for a retailer license denied, a license suspended or revoked, or a monetary fine assessed by the North Dakota Lottery?	◯ Yes ◯ No
Does the business owe delinquent taxes, interest or penalties to the State of ND that are not formally disputed/appealed?	◯ Yes ◯ No
Is the business accessible to individuals with disabilities as may be required under Title III of the Americans with Disabilities Act? (If no, explain on a separate sheet).	◯ Yes ◯ No
Within the last 5 years, has the business operated under a different DBA name? (If yes, explain on a separate sheet).	◯ Yes ◯ No
Does the business have a video surveillance and/or an alarm system?	◯ Yes ◯ No

Indicate how long the business has operated at its location		Indicate business hours		
Years	Months	Weekdays	Saturday	
			Sunday	

Indicate the business' average number of customer sales transactions per day:

Indicate the "Total Sales" amount reported by the retailer on line 1 of the North Dakota Sales and Use Tax Return(s) filed for the 12 months ended June 30 of the current year (do no include cents)

Describe how the business would actively market and promote the sale of lottery tickets:

APPLICATION FEES	**Amount(s)** (Do not enter cents)
Number of retailer license applications (If not a chain store, enter 1. If a chain store, enter the total number of license applications submitted as a group for the chain stores.) Number of applications @ $50 each =	
Credit Check (please check one) ◯ Sole Proprietor ($3) ◯ Corporation ($35) ◯ Partnership ($35) Applicable fee (from left) =	
Number of North Dakota Record Checks (If a sole proprietor, enter 1. Otherwise, enter the number of partners or, for a corporation, number of shareholders (who own more of the stock) and each corporate director and officer who is primarily responsible for financial affairs. Attach "Lottery Record/Credit Check" form(s). Number of forms @ $15 each =	

Out-of-State Record Checks (enter fee from "Fee Scheduler for Out-of-State Record Checks") *Please type or print names of sole proprietor or partners, or for a corporation, and names of shareholders who own 10% or more of stock, and names of each corporate director and officer who is primarily responsible for financial affairs, who have lived in another state during the previous 5 years. If more lines are needed, make copies of this page.

*Name	State	Fee	
Make check or money order payable to: "Office of Attorney General" and remit with this form.		TOTAL AMOUNT DUE	0

I certify that i am the owner or person authorized to make application to the North Dakota Lottery for a license and enter into an agreement to be a retailer for the sale of lottery tickets. I certify that the information I have provided is true and complete. I understand that a false or misleading statement or a material omission of information on this application is cause for denial of this application, or suspension/ revocation of the retailer license. I authorize the Office of Attorney General to investigate criminal history, financial and credit information, delinquent taxes, and penalties, and all other matters relating to the accuracy of any information provided on or attached to this application, including applications of related chain stores. I authorize the North Dakota Office of State Tax Commissioner to disclose confidential tax information on file with the Office of State Tax Commissioner to the Office of Attorney General to enable the Office of Attorney General to act upon this application.

Legal Business name (do not abbreviate)	DBA Business Name (if different than legal name)
Print Owner/Authorized Person's Full Name	Title
Daytime Telephone Number	Email Address

Signature of Owner/Authorized Person	Date

Checklist:	OFFICE USE ONLY
☐ 1. Completed all fields and answered all questions on the form? ☐ 2. Completed and attached all necessary "Lottery Record/Credit Check" form(s)? ☐ 3. If applicable, attached "Out-of-State Record Check Authorization and Release" form(s)? ☐ 4. Remitted a check or money order for the total amount due? ☐ 5. Signed application? Return to: Office of Attorney General, Lottery Division, 1720 Burlington Drive Suite C, Bismarck, ND 58504-7736 Questions: Contact Lottery Division at (701) 328-1574	

CREDIT CHECK (Partnership or Corporation) - **OFFICE USE ONLY**

◯ Pass ◯ Fail	By
Comments	