

This form can be emailed, faxed or mailed.
Email: Licensing@ialottery.com
Fax: (515) 725-7902
Mail: Attn: Licensing
Iowa Lottery, 13001 University Ave., Clive, IA 50325

For Office Use Only

Retailer Number _____



Retailer Notice of Changed Information

Consistent with the requirement of Iowa law, rules, and Lottery terms and conditions, the Retailer listed below is providing this update to its original application for a lottery license and its authorization to conduct lottery activities. The Retailer shall complete all applicable sections of this form, and will sign the accompanying certification.

Changes listed below may necessitate additional documentation, review, or approval by the Lottery up to and including the issuance of a new or revised license from the Lottery. Upon receipt of this notice, the Lottery will notify the Retailer of any additional requirements.

Retailer Business Name _____

Retailer Address _____

1) Change in Retailer Sales Location

Retailer requests to change its location for the sale of Lottery tickets as follows (attach additional pages if necessary):

Current Location

Name/DBA _____

Address _____

City and Zip _____

Telephone _____

New Location

Effective Date _____

Address _____

City and Zip _____

Telephone _____

2) Change in Controlling Persons

Retailer hereby advises the Lottery of the changes regarding the following new officer(s), director(s), partner(s), member manager(s), owner(s), or other controlling person(s) (attach additional pages if necessary)

Current Contact

Name (Last, First, Maiden, Middle Initial)

Title

Home Address

City, State, Zip

Date of Birth

New Contact

Name (Last, First, Maiden, Middle Initial)

Title

Home Address

City, State, Zip

Date of Birth

3) Change in Business Information

Retailer hereby advises the Lottery of the following change(s) in the Retailer's business information:

A. Structure of the Organization (from sole proprietorship to partnership; partnership to corporation; etc.)

1. Current Structure _____

2. New Structure _____

B. Federal Identification Number

New _____

C. State Identification Number

New _____

4) Change of Retailer Name

Retailer hereby advises the Lottery of the following changes(s) in the Retailer's business name.

A. Current Name _____

B. New Name _____

C. Effective Date _____

5) Iowa Business License Update

Retailer hereby advises the Lottery of the following change(s) to the status of any of its current Iowa business licenses.

A. Type of License Impacted _____

B. Nature of Sanction Imposed _____

C. Effective Dates _____

6) Criminal Conviction Update:

Retailer hereby advises the Lottery of the following criminal convictions (excluding minor traffic offenses) involving the Retailer or its officer(s), director(s), partner(s), member manager(s), owner(s), or other controlling person(s).

A. Nature of Offense _____

B. Date of Conviction _____

7) Additional Information:

This section can be used to provide additional information about Sections 1-6.

Retailer

I hereby certify that I am the duly authorized representative of the Retailer. Under penalty of perjury, I certify that the information provided herein is true and complete to the best of my knowledge and belief and is provided to the Lottery to maintain a current lottery license, I acknowledge that the knowing and intentional submission of a false statement within this form or in other lottery application materials may be a criminal offense pursuant to Iowa Code Chapter 99G. I understand the information contained in this form may necessitate a new license application or a review of the status of an existing lottery license.

Signature

Date

Printed Name

Title