

BINGO/LUCKY 7 DISTRIBUTOR APPLICATION

OFFICIAL USE ONLY
Check #:
Amount:

1. BUSINESS INFORMATION										
Business Entity Name:										
Entity's Mailing Address:										
St	City/I	Гошп	State	Zip						
Physical Location in New Hampshire:										
	City/Town State Zip			Zip						
Entity's Phone Number:	Entity's Email:									
IRS Federal EIN#:			Web Address	Web Address:						
Type of Business (check	one):									
Sole Proprie	etor Part	nership	Corporation	LLC	☐ Trust/Esta	ate Other				
2. POINT OF CONTACT INFORMATION										
Name:			Position Title	Position Title:						
Phone Number:	Email:									
3. PRODUCTS OFFERED										
Check off all products the	hat will be offe	ered for distrib	oution in New I	Hampshire.						
☐ Bingo Paper ☐ Card-Minding Systems ☐ Ticket Dispensing Devices										
☐ Lucky 7 Tickets ☐ Shared Bingo Systems ☐ Other Related Supplies (describe below)										
Will these products be d	listributed with	nin the State of	f New Hampsh	ire or warehou	sed for subseque	ent sale out of state?				
☐ Distributed in NH ☐ Warehoused for Out-of-State Sales ☐ Both										
4. MANUFACTURERS THAT SERVE THE DISTRIBUTOR										
Provide the following information for each licensed Manufacturers from whom the applicant has purchased Lucky 7 deals and/or supplies from within the past year or anticipate will make such purchases in the coming year.										
MANUFACTURER	RESS	CONTAC	T PERSON	PHONE #						

BINGO AND/OR LUCKY 7 DISTRIBUTOR APPLICATION

5. BUSINESS OWNERS/PARTNERS/OFFICERS

INDIVIDUALS

%

Identification depends on the business type you selected in section 1:

- For sole proprietorship, complete for all owner(s).
- For partnership, complete for all general partners.

> For corporation:

- O Non-publicly traded, complete for the president, secretary, and treasurer.
- O Publicly traded, complete for the chief operating officer and chief financial officer.
- For limited liability corporations, complete for all managers and members.
- For trusts and estates, complete for all trustee(s) and executor(s).

NAME	TITLE	LEGAL ADDRESS	PHONE #	% OWNERSHIP				
		6. ATTESTATION						
I hereby certify that I am an official of the business entity listed in Section 5 above and authorized to sign and submit this application.								
I further certify that neither the applicant nor any of the individuals listed in section 5 above have been convicted of a felony, which has not been annulled by any court, within 10 years from the date of the application.								
Under penalty of unsworn falsification pursuant to RSA 641:3, I certify that the information provided on this form and on any of the supporting documentation submitted with this application is true, accurate and complete, and that there are no willful misrepresentations in, or falsifications of the information provided herein. I acknowledge that giving false information is grounds for denial, suspension, or revocation of a gaming license.								
Signature of Author		 Date						
* Authorized Official must be an individual listed in section 5 of the application. Proof of authority may be required.								

INSTRUCTIONS FOR COMPLETING A BINGO AND/OR LUCKY 7 DISTRIBUTOR APPLICATION

A. LICENSING FEE

Submit the following payment with the application:

Payment of a \$10,000.00 license fee, payable to "NH LOTTERY COMMISSION".

B. BOND REQUIREMENT

A copy of a bond must be submitted with the application. The bond must:

- ➤ Be secured in the amount of \$50,000;
- > Be conditioned up on the licensee's compliance with all applicable gaming statute and rules; and
- ➤ Identify the New Hampshire Lottery Commission as the oblige.

The bond may be issued using the "Bingo/Lucky 7 Distributor Bond Form" available at on the Division's website at www.compliance.lottery.nh.gov.

C. SUBMITTING THE APPLICATION

This application must be received by the New Hampshire Lottery Commission at least 60-days to the expiration of the new or current license.

Submit the completed application, license fee, and supporting documentation to:

NEW HAMPSHIRE LOTTERY COMMISSION ATTN: INVESTIGATION & COMPLIANCE DIVISION 14 INTEGRA DR, CONCORD, NH 03301

Applications that are incomplete, illegible or do not include correct fee payments will be returned to the applicant, which will delay the processing.

If any information provided on or with the application changes or is found to be inaccurate, the applicant must submit updated or corrected information to the NH Lottery's Investigation & Compliance Division within 10 days of the event that resulted in the change, or discovery of the inaccuracy.

D. QUESTIONS OR CONCERNS

Questions regarding this application? Contact the NH Lottery Investigation & Compliance Division by phone at (603) 271-7613, by email at licensing@lottery.nh.gov, or visit our website at www.compliance.lottery.nh.gov. for more information.