



Official Use Only

Rcpt #: _____

Lic. #: _____

Lic. Date: _____

BINGO/LUCKY 7 APPLICATION FOR A DISTRIBUTOR LICENSE

1. CONTACT INFORMATION			
Business Name:			
Contact Person's Name and Title:			
Address for Official Correspondences:			
_____		_____	_____
Street/PO Box	City:	State:	Zip
Phone Number(s):	Fax Number:	E-mail:	Web Address:
2. INFORMATION ABOUT THE BUSINESS			
Physical Location of Principle Place of Business in New Hampshire:			
_____		_____	_____
Street/PO Box	City:	State:	Zip
Products Distributed:			
<input type="checkbox"/> Bingo paper	<input type="checkbox"/> Electronic bingo player equipment	<input type="checkbox"/> Shared Bingo Systems	
<input type="checkbox"/> Lucky 7 tickets	<input type="checkbox"/> Lucky 7 ticket dispensing devices		
Will these products be distributed within the State of New Hampshire or warehoused for subsequent sale out of state?			
<input type="checkbox"/> Distributed within New Hampshire	<input type="checkbox"/> Warehoused for subsequent sale out of state	<input type="checkbox"/> Both	

BINGO/LUCKY 7 DISTRIBUTOR LICENSE APPLICATION

Application for _____
(Name of Distributor)

3. BUSINESS OWNERS, PARTNERS AND OFFICERS				
Provide the name(s) and contact information for: <ul style="list-style-type: none"> ◆ The Proprietor, if the business is individually owned, ◆ The Partners, if the business is a partnership, or ◆ The Director and any Officers, if the business is a corporation 				
Name (Last, First MI)	DOB (mm/dd/yy)	Position/Title	Home Address (Street, City/Town, State, Zip)	Phone number(s) (cell, business #s)

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4. CHARITABLE ORGANIZATIONS SERVED BY THE DISTRIBUTOR

Provide the name(s) and contact information of each of the New Hampshire licensed charitable organizations that has purchased, rented or leased bingo paper, electronic bingo player systems, lucky 7 tickets or Lucky 7 ticket dispensing devices from this business since last July.

Name of Charitable Organization	Contact Person (Last, First MI)	Phone number of Contact Person	Address of the Organization (Street, City/Town, State, Zip)

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5. MANUFACTURERS THAT SERVE THE DISTRIBUTOR			
Provide the name(s) and contact information of each of the licensed New Hampshire manufacturers that supplies bingo paper, electronic bingo player systems, lucky 7 tickets or Lucky 7 ticket dispensing devices to this business for resale in New Hampshire.			
Manufacturer's Name	Contact Person's Name (Last, First MI)	Phone number of Contact Person	Business Address (Street, City/Town, State, Zip)

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6. ATTESTATION

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form and on any of the supporting documentation is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

I further certify that neither I or any partner, director, or officer, as listed in Section 3 of this application, have been convicted of a felony, which has not been annulled by a court, within 10 years of the date of this application.

Printed Name and Title of Authorized Official*

Signature of Authorized Official*

Date

**The "Authorized Official" must be an owner, partner, or officer of the business. Proof of authority may be required.*

7. SUBMITTAL INSTRUCTIONS

1. Submit this completed application along with:

- A copy of the bond secured in the amount of \$50,000 and conditioned upon the licensee's compliance with all applicable gaming statute (RSA 287-E) and rules (Pari 1000 and Pari 1100); and
- The license fee in the amount of \$10,000, payable to the *NH Lottery Commission*.

2. Mail the completed application form, proof of bonding, and the licensing fee to:

NH Lottery Commission
14 Integra Drive
Concord, NH 03301

Questions? Call the New Hampshire Lottery Commission at 603-271-3391, and ask for Bingo/Lucky 7 licensing.