



BINGO AND/OR LUCKY 7 DISTRIBUTOR APPLICATION

OFFICIAL USE ONLY	
Receipt #:	_____
License #:	_____
Date:	_____

1. BUSINESS INFORMATION

Business Entity Name:			
Entity's Mailing Address:			
_____	_____	_____	_____
<i>Street/PO Box</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
Physical Location in New Hampshire:			
_____	_____	_____	_____
<i>Street</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
Entity's Phone Number:		Entity's Email:	
IRS Federal EIN#:		Web Address:	
Type of Business (<i>check one</i>):			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other			

2. DISTRIBUTOR CONTACT INFORMATION

Name:	Position Title:
Contact's Phone Number:	Contact's Email:

3. PRODUCTS OFFERED

Check off all products that will be offered for distribution in New Hampshire.		
<input type="checkbox"/> Bingo Paper	<input type="checkbox"/> Card-Minding Systems	<input type="checkbox"/> Ticket Dispensing Devices
<input type="checkbox"/> Lucky 7 Tickets	<input type="checkbox"/> Shared Bingo Systems	<input type="checkbox"/> Other Related Supplies
(Explain): _____		
Will these products be distributed within the State of New Hampshire or warehoused for subsequent sale out of state?		
<input type="checkbox"/> Distributed in New Hampshire <input type="checkbox"/> Warehoused for Out-of-State Sales <input type="checkbox"/> Both		

4. MANUFACTURERS THAT SERVE THE DISTRIBUTOR

Provide the name(s) and contact information for each of the licensed Manufacturers that the Distributor has purchased Lucky 7 deals and/or supplies from within the past year or anticipate will make such purchases in the coming year.			
MANUFACTURER	BUSINESS ADDRESS	CONTACT PERSON	PHONE # OF CONTACT PERSON

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5. BUSINESS OWNERS/PARTNERS/OFFICERS

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:
 - Non-publicly traded, complete for the president, secretary, and treasurer.
 - 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).

INDIVIDUALS

NAME	TITLE	LEGAL ADDRESS	PHONE #	% OWNERSHIP

BUSINESSES

NAME	IRS FEIN#	LEGAL ADDRESS	PHONE #	% OWNERSHIP

6. ATTESTATION

I hereby certify that I am an official of the business entity authorized to sign and submit this application. I further 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 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 Authorized Official**

Printed Name

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.

Checks and/or money orders must be made payable to “NH LOTTERY COMMISSION”.

B. SUPPORTING DOCUMENTATION

Submit the following supporting documentation with the application:

- Surety bond, obtained in accordance with RSA 287-E:23, III. Bond obligee **must** be “NH LOTTERY COMMISSION – 14 INTEGRA DR CONCORD, NH 03301” and the amount of the bond must be for \$50,000.00. Initial surety bond should be issued using the following form “*Surety Bond Template-Distributor*”.

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

Incomplete or incorrect applications **will be returned** to the applicant. This **will delay** the issuance of a license.

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 in regards to this application? Contact the NH Lottery Investigation & Compliance Division by phone at (603) 271-7613 or by email at licensing@lottery.nh.gov **OR** visit our website at www.racing.nh.gov.