

This box is for Retailer Licensing Only

Retailer Number Assigned: _____



Additional Store to an Existing Chain or Independent Account Application

FORM A

In order to request the installation of a terminal at an additional location, the following information must be completed by an authorized individual of a current New Mexico Lottery retailer. The individual signing these forms must have a completed background check on file with the New Mexico Lottery Authority. The \$40 application fee will be waived. **Please complete this form in its entirety.**

Retailer number of existing Lottery location or 3-digit chain #:						
Existing Store or Chain Name:						
New Store Name:				DBA:		
Store Physical/Delivery Address:						
City:		County:		State:		Zip Code:
Store Phone:		Applicant Phone:			Store Fax:	
Authorized Store Contacts - Contacts listed are authorized to make decisions or changes to the Lottery account						
Primary Contact Name & Title:				Phone:		Fax:
Secondary Contact Name & Title:				Phone:		Fax:
Authorized Store Contacts - Contacts listed are authorized to receive billing/financial information						
Primary Billing/Financial Contact Name & Title:				Phone:		Fax:
Secondary Billing/Financial Contact Name & Title:				Phone:		Fax:
Bank Information: Use bank account on file? Yes ____ No ____ (If No, attach voided check to the Electronic Funds Transfer Authority.)						
Email Address:						
Federal Tax ID on File for Existing Stores:				(This number will be used for your new location. Please attach W-9 form.)		
State Tax ID on File for Existing Stores:				(This number will be used for your new location. If the new location is under a different State ID, please enter it here.)		
Business Registration ID:						
Opening Date:				Installation Date Preferred:		
Hours of Operation:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open:	Open:	Open:	Open:	Open:	Open:	Open:
Close:	Close:	Close:	Close:	Close:	Close:	Close:
Primary Business Type (circle only one):			11 Restaurant with Liquor &/or Beer License		51 Special Events and Locations	
01 Supermarket (more than 5 check stands)			12 Restaurant without Liquor License		71 Package Liquor	
02 Grocery Store (5 or fewer check stands)			13 Fast Food		72 Bar	
03 Convenience Store			14 Club or Association		73 Tribal/Casino	
04 Convenience Store with Gas Pumps			21 General Merchandise		74 Pueblo	
05 Convenience Store with Gas Pumps & Fast Food			31 Home & Auto Supplies		98 General Services	
06 Pharmacy			41 Apparel and Accessory Stores		99 Other/specify _____	
I also understand that a false or misleading answer to any part of this application packet will be grounds for denial of a Lottery Retailer Contract. I certify that all the information in this add-on application is correct to the best of my knowledge and belief.						
Owner or Authorized Signer on Primary Account:					Title:	
Signature*:					Date:	
*By signing above, you are authorizing the NMLA to install the necessary equipment at the above location and agreeing to pay a one-time installation fee of \$125 per terminal installed at your location, which will be charged to your account once you begin selling tickets.						

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Retailer Number: _____ **Retailer Name:** _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORITY

I HEREBY AUTHORIZE THE New Mexico Lottery to make automatic withdrawals or deposits each week from or into my business checking account which is at the following Depository Financial Institution (DFI) (name of your bank) _____ in (City) _____ and authorize the DFI to charge such withdrawals or deposits to my listed account. Adjusting entries to correct errors and to collect additional charges, which may include penalties and/or interest, are also authorized.

It is agreed that these withdrawals, deposits, and adjustments will be electronically made by the Electronic Funds Transfer System under the rules and regulations of the New Mexico Lottery and the National and Local Automated Clearing House (ACH) Associates. I understand that this Authority will remain in effect at least **fourteen (14)** days of submitting a change of account to the New Mexico Lottery. I HAVE ATTACHED A VOIDED CHECK (No deposit slips) TO THIS FORM FOR THIS ACCOUNT.

Check this box if this is to change the account used for an existing Retailer account.

Retailer #: _____ Retailer Name: _____

Account Name as shown on your bank account:

Business Name (this name MUST be registered with your bank):

Street Address (physical address of business where you sell New Mexico Lottery products):

City:	State:	Zip Code:
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STAPLE VOIDED CHECK OR COPY OF CHECK HERE FROM THE ACCOUNT TO BE USED FOR EFT SWEEP
 OR ATTACH A LETTER FROM YOUR FINANCIAL INSTITUTION INDICATING THE ACCOUNT NUMBER,
 ROUTING NUMBER, AND CONFIRMATION IT IS A CHECKING ACCOUNT
 NMLA CANNOT PROCESS PAYMENTS THROUGH SAVINGS ACCOUNTS
 DO NOT USE A DEPOSIT SLIP

Sign Here:	Print Name Here:	Date:
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This form must be signed by the owner of record or authorized signer

This box is for Retailer Licensing Only

Retailer Number: _____

Retailer Name: _____



NEW MEXICO LOTTERY AUTHORITY

FORM C

**Retailer Self-Certification Compliance
with the Americans with Disabilities Act (ADA)**

6-24-14 C; 5 of the New Mexico Lottery Act – “No person shall be a lottery retailer who... fails to certify to the chief executive officer that his premises are in compliance with the federal Americans with Disabilities Act of 1990.” Title III of the Americans with Disabilities Act (ADA) requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public.

Please Print or Type	
Business Name:	
Owner or Authorized Signer:	
Site Address:	
City, State, and Zip Code:	
Phone:	

Guidance

New Buildings: If your facility was designed and constructed for first occupancy after January 26, 1993, your facility must comply with the ADA Accessibility Guidelines for building and facilities – Appendix A to Part 36 of the Code of Federal Regulations.

Old Buildings: If your building was designed and constructed for first occupancy before January 26, 1993, you should remove architectural and communication barriers where such removal is readily achievable. “Readily achievable” means easily accomplishable and able to be carried out without much difficulty or expense.

In determining which barriers should be removed first, you should consider the following priorities:

- 1)** Take measures to provide access to the facility from public sidewalks, parking, or public transportation. These measures include, for example, installing an entrance ramp, widening entrances, and providing accessible parking spaces; take measures to provide access to the areas where New Mexico Lottery goods and services are provided.
- 2)** When a Retailer can demonstrate that a barrier removal in its facility is not readily achievable, you must make New Mexico Lottery goods and services available through alternative methods, if those methods are readily achievable. Such alternatives may include providing curb service and/or relocating activities to accessible locations.

The obligations to perform readily achievable barriers removal is a continuing one. If removal is not currently readily achievable, but becomes so in the future, it must be done then.

If alterations to facilities have been performed since January 26, 1992, the alterations must be readily accessible to and usable by individuals with disabilities. Alterations include but are not limited to remodeling, renovation, rehabilitation, reconstruction, historic restoration, changes or rearrangement in structural parts or elements, and changes or arrangement in the planned configuration of walls and full-height partitions.

RETAILER ADA SELF-CERTIFICATION

I understand that failure to ensure that my facility is in compliance with Title III of the Americans with Disabilities Act may jeopardize my eligibility as a New Mexico Lottery Retailer. I certify that I have inspected all my locations as included in this retailer application and that all my facilities are in compliance with Title III of the Americans with Disabilities Act.

Owner or Authorized Signer: _____
Print or Type Name

Owner or Authorized Signer: _____
Signature Date



**New Mexico Lottery Authority
Permission to Install Satellite or Cellular
Equipment and On-Line Terminal**

This box is for Retailer Licensing only

Retailer # _____

To sell New Mexico Lottery (Lottery) Tickets, a terminal connected to the Lottery by a satellite communications system or wireless communication device (cellular) must be installed in your place of business. This means that to participate, you must give the Lottery permission to install the necessary equipment. The retailer must provide an adequate power source within four (4) feet of the pre-determined terminal location. Ideally this will be a dedicated power source (not shared), but this is not a requirement. Extension cords are not permitted.

The satellite equipment includes several components that will be placed as close as possible to the Lottery terminal. These items include:

- A modem (also known as the IDU)
- Up to six (6) power supply units and assorted cables to connect the components

The cellular equipment includes several components that will be placed as close as possible to the Lottery terminal. These items include:

- A cellular modem
- Three (3) power supply units and assorted cables to connect the components

And may also include:

- A wireless communication device for the Check-A-Ticket device, Lottery Terminal, or Self-Service Lottery Terminal/vending machine
- A switch for routing CAT5 cable signals to the terminal
- A 4-6 outlet power strip

In addition, a satellite signal receiving dish or cellular modem will be placed as determined by the installation crew's site survey on the day of installation. The dish is typically mounted to a non-penetrating roof mount, which sits on a flat section of the roof at the retail location. Rubber mats protect the roof surface and the non-penetrating roof mount is secured by concrete blocks. The satellite components weigh approximately 300 pounds. Other satellite mounts may be available and will be determined by the installer on the date of installation. If a cellular modem is used, the modem is typically placed on top of the counter next to the terminal; therefore, there will be no structural infringement.

Intralot Inc. has been selected by the Lottery to implement and install these systems. For Intralot Inc. to proceed with the installation of the terminal and satellite equipment, this form must be completed and signed *by the building owner (or his/her designee)* indicating approval to install the above described systems. The signed form must be returned to the New Mexico Lottery along with the Retailer Contract.

Your signature on this form means that you agree to pay a one-time set up fee of \$125 per terminal installed at your location and that you will allow the necessary equipment to be installed as outlined above. This fee will be charged to your account once you begin selling New Mexico Lottery tickets.

Retailer Name: _____

Location Address: _____

City, State, Zip Code: _____

Building Owner or Designee: _____
Print or Type Name

Building Owner or Designee: _____
Signature Date

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they