

# PERSONAL DATA SHEET

Business Name (dba) \_\_\_\_\_

EACH OWNER, PARTNER, PRINCIPAL SHAREHOLDER, CORPORATE OFFICER, PRINCIPAL OFFICERS, AND/OR LOTTERY CHAIRPERSONS OF THIS BUSINESS/ORGANIZATION MUST COMPLETE AND SIGN A PERSONAL DATA SHEET. (USE AS MANY ADDITIONAL SHEETS AS NECESSARY.)

NAME (LAST, FIRST, M.I.)		MAIDEN NAME/ALIAS		
SOCIAL SECURITY NO. *	DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.	
HOME ADDRESS (NO., STREET)		CITY	STATE	ZIP
HOME PHONE NUMBER ( ) ( )	CELL PHONE NUMBER ( ) ( )	EMAIL ADDRESS	TITLE	% OWNERSHIP

\* PROTECTED BY FEDERAL PRIVACY LAWS AND STATE CONFIDENTIALITY REQUIREMENT

1. Full name of spouse \_\_\_\_\_

2. I or my spouse previously held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation: (attach additional sheets if necessary)

RETAILER NUMBER	STORE NAME	ADDRESS
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3. If you are not a U.S. citizen - are you a registered alien? YES  NO  or do you have a Visa? YES  NO

4. Have you ever legally changed your name? YES  NO

From \_\_\_\_\_ to \_\_\_\_\_

5. Have you ever been known by any other names? YES  NO

Give names \_\_\_\_\_

6. List all misdemeanor or felony convictions, excluding only minor traffic offenses (include alcohol related convictions): (attach additional sheets if necessary)

DATE	PLACE	CHARGE	DISPOSITION
DATE	PLACE	CHARGE	DISPOSITION

7. Has this business/organization or have you individually ever been investigated or penalized by a state or federal agency? (For example: violations involving liquor, food stamps, tobacco, lottery, etc.)

YES  NO  If yes, attach explanation that includes the date, location, charge, disposition, and the government agency involved.

8. Has this business/organization or have you individually ever failed to pay any taxes, fees, or other obligations owed to the U.S. government, a state government, or any local governmental subdivisions?

YES  NO  If yes, attach explanation that includes date of default, type of tax or fee in default and date cleared.

9. Have you ever had any involvement in a personal or business bankruptcy or business in receivership?

YES  NO  If yes, attach explanation.

10. Are there currently any lawsuits pending against you or your business/organization?

YES  NO  If yes, attach reason for suit, plaintiff, amount(s) of uninsured potential damages.

**WARNING: Rule 432.4 provides that the Retailer's license may be immediately suspended or revoked or its renewal rejected if the application for a license contains false or misleading information.**

I HAVE EXAMINED THIS INFORMATION AND VERIFY IT IS COMPLETE AND CONTAINS NO MISREPRESENTATIONS OR FALSE STATEMENTS. I AUTHORIZE THE RELEASE OF ALL INFORMATION REGARDING MY PERSONAL/BUSINESS CREDIT AND CRIMINAL HISTORY TO THE MICHIGAN LOTTERY. I UNDERSTAND IT IS MY RESPONSIBILITY TO REPORT ANY CHANGES IN THE ABOVE INFORMATION. I ACCEPT THAT ANY VIOLATION OF THE LOTTERY ACT, RULES, CONTRACT, DIRECTIVES, INSTRUCTIONS, OR COMMUNICATIONS MAY BE CAUSE FOR REVOCATION OF ANY LOTTERY LICENSE.

SIGNATURE	DATE
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COMPLETION: Required.  
 PENALTY: Denial of application.

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