



Dear Retailer:

Your contract with the North Carolina Education Lottery is due for renewal. As such, please complete all areas on the enclosed renewal: answer the three questions in Section B, indicate the ownership percentage and Date of Birth for owner(s) in Section C, sign and ensure the notary completes all fields in Section D.

Please note, any renewal received with a blank area(s) will delay your contract renewal or may be regrettably rejected. Once completed, you can fax the renewal to: 919.715.2716, email it to: creditcontracts@lotterync.net or mail it to:

North Carolina Education Lottery
Attention: RCA
2728 Capital Boulevard
Suite 144
Raleigh, NC 27604

If the NCEL does not receive a fully executed renewal by the date required, your terminal will be suspended. You have 90 days from the date you are suspended to provide a complete renewal, or you will be terminated and your terminal will be removed. After termination, if you wish to reapply you may. If you have any questions you can call Retailer Contacts at 1.877.382.4530 and speak with a member of the background investigation team.

As required by North Carolina General Statue Chapter 18c, an applicant to be a retailer must undergo three background investigations: criminal, taxation, and credit. As a part of the renewal process, the NCEL may perform these reviews and any unsatisfactory issues will need to be resolved in order to continue as a lottery retailer. Upon approval, your contract be renewed for a period of three (3) years and a new Certificate of Authority will be issued.

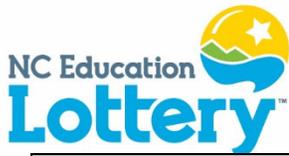
It is stipulated "Retailers(s) shall attend training sessions from time to time, as requested by the NCEL. Retailers that change owners will be required to attend a retailer training class even in situations when the same manager and/or employees are retained at the retailer location."

In support of the NCEL's Responsible Gaming program, we request that at least one representative from each store complete the responsible gaming training at: <https://learningwizard.lotteryservices.net/ncs> once every three (3) years. Click on the NCEL logo, enter your Retailer ID XXXXXX and welcome for the password.

We look forward to the opportunity to continue our partnership. With that in mind, there will be no renewal application fees charged. Thank you for your work to enhance education in North Carolina, and good luck as a North Carolina Education Lottery retailer!

Sincerely,

RCA Department
North Carolina Education Lottery



2728 Capital Blvd., Suite 144
 Raleigh, NC 27604
 Phone: 877.382.4530
 TTY: 888.663.0154
 Fax: 919.715.2716

Retailer Contract Renewal Application

★ Please confirm information for the Business		
Retailer ID:	Legal Tax Name as it appears on tax returns:	
Store Name:	Store Address:	
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> Other		
NC Sales and Use ID:		
★ Please confirm information for Owner(s), if there are additional Owner(s), or information has changed please indicate on separate piece of paper.		
OWNER INFORMATION AND OWNER DIVERSITY QUESTIONNAIRE		
*In accordance with N.C.G.S. §143-48, the NCEL encourages and promotes the use of minority contractors, physically handicapped contractors, and women contractors in State purchasing of goods and services. All State agencies, institutions and political subdivisions shall encourage the use of minority contractors, physically handicapped contractors, and women contractors in achieving the effective and economical acquisition, management and disposition of goods and services.		
NOTE: Owner Diversity Questionnaire answers are NOT used to evaluate applications. They are only used for internal tracking purposes to evaluate the NCEL's utilization of diverse retailers.		
Owner/Officer #1 Full Legal Name:	Date of Birth:	Ownership %:
Home Address:	Home/Cell #:	
Email address:		
*Race/Ethnicity: (check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer or N/A		
*Gender: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer or N/A	*Designation: (check one) <input type="checkbox"/> Disabled <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Veteran <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Prefer not to answer or N/A	
Owner/Officer #2 Full Legal Name:	Date of Birth:	Ownership %:
Home Address:	Home/Cell #:	
Email address:		
*Race/Ethnicity: (check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer or N/A		
*Gender: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer or N/A	*Designation: (check one) <input type="checkbox"/> Disabled <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Veteran <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Prefer not to answer or N/A	
Owner/Officer #3 Full Legal Name:	Date of Birth:	Ownership %:
Home Address:	Home/Cell #:	
Email address:		
*Race/Ethnicity: (check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer or N/A		
*Gender: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer or N/A	*Designation: (check one) <input type="checkbox"/> Disabled <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Veteran <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Prefer not to answer or N/A	



Please attest to the below.

Responsible Gaming: I certify that at least one representative from each of my stores handling lottery has completed the responsible gaming training at <https://learningwizard.lotteryservices.net/ncs> in the last three years.

Yes No

Criminal Background: Has any owner been convicted for a violation of any state or federal law, whether misdemeanor or felony including any offense relating to gambling?

Yes No

If yes, provide details and information that include the nature and date of offense, date of conviction, if any, jurisdiction of offense, dispositions and any orders of the court on a separate sheet of paper and include it in with the application.

Notary Certification Requirements, any lines left blank will cause the contract renewal to be rejected.

I have read and, on behalf of myself and the Retailer named above, agree to bound and abide by all laws, the current NCEL Retailer Contract and any Addendums, the NCEL Retailer Rules and Regulations, and AC outlet requirements for lottery equipment as they currently exist and as they may be amended from time to time and which can be found at: www.nclottery.com/RetailerDownloads

Owner Name: _____ **Owner Signature:** _____ **Date:** _____

Notarial certificate for an acknowledgement: County: _____ **State:** _____

I certify that the _____ personally appeared before me this day, acknowledging to me he/she signed the foregoing document.
Name of Principal

Printed Name of Notary: _____

Official Signature of Notary: _____

OFFICIAL SEAL

Date: _____ **My Commission Expires:** _____

RID _____

Updated 10/26/2023