



New Applicant
 Renewal
 1 year
 2 years
 3 years

PLEASE TYPE OR PRINT CLEARLY. Complete the entire application or your application will be deemed incomplete and may not be considered.

DEALER'S LICENSE APPLICATION

DEALER'S INFORMATION

1. Name (as appears on ID):		
2. Date of Birth:	3. Place of Birth:	4. Dealer Number:
5. Mailing Address:		
6. City:	7. State:	8. Zip Code:
9. Home Phone:	10. Work Phone:	11. Cell Phone:
12. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Are you a Naturalized Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Date Naturalized _____		
15. Certificate of Naturalization# _____		
16. Alien Registration/Work Permit# _____		
17. Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. If Yes, explain conviction: _____		

ALL APPLICANTS MUST PROVIDE VALID PROOF OF CITIZENSHIP OR PERMANENT RESIDENCY BY PRESENTING:

ONE OF THE FOLLOWING (CURRENT):

ALL ITEMS LISTED BELOW:

<input type="checkbox"/> V.I. Driver's License <input type="checkbox"/> Real ID <input type="checkbox"/> Passport	<input type="checkbox"/> Original Police Record
<input type="checkbox"/> Passport Card <input type="checkbox"/> Government Issued ID	<input type="checkbox"/> TWO (2) wallet size photographs (2x2)
<input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> License Fee (\$25.00 per year, 3 years max.)

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THE FOLLOWING INFORMATION:

I certify that the information on this application and its supporting documents are accurate, true and complete as submitted to the Virgin Islands Lottery (VIL). I understand and agree that failure to fully complete this form or omission of facts represents grounds for elimination from consideration for a VIL Dealer's License, or termination after a VIL Dealer's License has been approved. Further, I understand that any misrepresentation or falsification of documents may result in criminal charges, imprisonment and/or fines, applicable to the laws of the U.S. Virgin Islands.

Applicant's Signature _____ Date _____

INTERNAL USE ONLY

Date Reviewed:	REVIEWED BY:	LICENSE FEE/TITLE RECEIPT NUMBER

APPLICATION STATUS	APPROVED	DISAPPROVED
SIGNATURE OF EXECUTIVE DIRECTOR		PENDING
_____		Date _____
Raymond J. Williams		Date



Virgin Islands Lottery Dealer Agreement

This agreement entered into this _____ day of _____ 20__ and between the Virgin Islands Lottery, hereinafter referred to as "the Lottery", acting by and through its Executive Director, and _____, hereinafter referred to as the "Dealer", witnesseth, that the parties hereto, and in consideration of \$_____, paid to the Lottery, receipt of which is hereby acknowledged, and the mutual promises and consideration hereinafter set forth, agree as follows:

- 1) The Executive Director of the Lottery hereby designates and approve _____ as a Dealer of the Lottery, in accordance with the provisions of **32 V.I.C. 247(e)**.
- 2) The Dealer agrees to purchase from the Lottery, and the Lottery agrees to sell to the Dealer, a minimum of **35 sheets** of Lottery tickets each drawing at the prevailing rate per sheet for cash, check, or credit/debit card.
- 3) All special numbers and extra tickets assigned as the Dealer's quota must be purchased by the Dealer no later than the first working day of the week of the scheduled drawing. Tickets not purchased by the deadline date shall be removed from the Dealer's quota and sold to any other on a "first come" basis.
- 4) All checks presented to the Lottery for the purchase of Lottery tickets, which are returned by the banks, for whatever reason(s) shall be returned to the Dealer, who presented same to the Lottery. The Dealer shall, within ten (10) days after notice, make good the total amount due to the Lottery, either by sufficient deposit to the Dealer's account, or by redeeming the check in exchange for cash, certified check, bank draft or money order. A **\$50.00** fee is charged for each return check.
- 5) If the Dealer fails to pay the Lottery the total amount due within thirty (30) calendar days after notice, his/her license shall be suspended until such time all outstanding checks are cleared by his/her bank, or redeemed by the Dealer in exchange for cash, certified check, bank draft or money order.
- 6) The Dealer hereby gives consent to the Lottery to publish or relay his/her name in any lawful manner, in the event that he/she sells a major prize in any drawing.
- 7) This Agreement is made in accordance with, and is subject to all terms and provision of the Virgin Islands Code and the rules and regulations of the Lottery.
- 8) This agreement shall be enforced and effective immediately upon execution by the parties, and shall automatically expire on _____; the date that appears on your identification card. Provided, however that this agreement may be extended at the discretion of the Executive Director, for successive one-year periods, so long as the Dealer remains in good standing with the Virgin Islands Lottery. **PROVIDED FURTHER, THAT THIS AGREEMENT MAY BE**

CANCELLED BY EITHER PARTY AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE PROPOSED DATE OF CANCELLATION.

- 9) If the Dealer fails to purchase his/her quota of tickets for two (2) consecutive drawings, his/her quota may be reduced, and/or his/her license suspended or revoked at the discretion of the Executive Director, upon fifteen (15) calendar days of written notice to the Dealer.

IN WITNESS WHEREOF, the parties here to have executed this Agreement on the day and year first written above.

DEALER:

PRINT NAME

WITNESS SIGNATURE

SIGNATURE

EXECUTIVE DIRECTOR'S SIGNATURE:

Raymond J. Williams
EXECUTIVE DIRECTOR

WITNESS SIGNATURE



Dealer Authorization Form

Name of Dealer: _____

Dealer License#: _____

In order to be in compliance with the Virgin Islands Lottery Memorandum No. 28-86, dated February 6, 1986, I am hereby requesting that the following person(s) be authorized to purchase:

NAME: _____

ADDRESS: _____

Expires: _____

NAME: _____

ADDRESS: _____

Expires: _____

NAME: _____

ADDRESS: _____

Expires: _____

NAME: _____

ADDRESS: _____

Expires: _____

MAXIMUM PROXIES: FOUR (4)

I further understand and agree that my dealership will be held liable for all transactions and purchases performed by the person(s) listed above.

The name(s) listed on this form shall comply with the rules and regulations of the Virgin Islands Lottery, as well as all applicable agreements and memorandum.

Lottery Dealer

Date