



Nonprofit Organization Personal Data Form

WISCONSIN LOTTERY
 2135 Rimrock Road
 PO Box 8941
 Madison, WI 53708-8941
 (608) 267-4804
 FAX (608) 264-6644

NOTE: Form must be completed for each individual listed in #19 of the Application for a Temporary Retail Contract by a Nonprofit Organization or for any new officer upon renewal.

- Please print or type.
- Copy/Print if additional forms are needed.

1. Organization Name		
2. Individual's Full Name		Social Security Number
		/ /
Street Address	City	Zip Code
Individual's Relationship to Organization		Phone Number
<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		()

3. Have you been convicted of, or entered a plea of guilty or no contest to a felony, any gambling-related offense, fraud or misrepresentation in any connection or a violation of any provision under state law (sec. 565.10 Wis. Stats.) or a rule of the Wisconsin Lottery, within the last 10 years and not been pardoned? YES NO

4. Are you an employee of the Wisconsin Lottery? YES NO

Is any relative living with you an employee of the Wisconsin Lottery? YES NO

NOTE: Relative means spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, or stepparent.

DISCLOSURE STATEMENT: I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact or material omission on the application. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any Lottery contract issued. I authorize the Wisconsin Lottery to investigate any or all matters set forth in this "Personal Data Form" pursuant to the Lottery Act. I understand that further information may be requested of me in regard to this investigation, and I waive all rights or causes of action I may have against the Lottery and/or any other individual or agency disclosing or releasing such information to the Lottery.

Type or Print Name	Title
Signature	Date

*** Federal Privacy Act Notice:** Completion of this form is required under state law (sec. 565.10, Wis. Stats.), and provides the authority for requesting and using your social security number. Disclosure of your social security number is voluntary. Failure to complete the form may delay processing the application for a Lottery Retailer Contract to which this Personal Data Form will be attached. Form information including social security number will be used to investigate eligibility or continuing eligibility for a Wisconsin Lottery Retailer Contract, and may be disclosed to federal, state and local law enforcement agencies, and federal and state tax authorities.