

South Dakota Lottery

711 E. Wells Avenue
 Pierre, SD 57501 Telephone:
 (605) 773-5770

**Individual History****DO NOT WRITE HERE**

Control # _____
 License # _____
 Oper. # _____
 Cash Access
 Tech I
 Tech II

This form and the "Investigation Authorization" form must be completed by every owner, partner, member, manager, director, officer of the applying entity, machine access personnel, and every stakeholder of 5 percent or more in the person, including a parent or subsidiary corporation. (This form may be duplicated.)

Business Name (Same as on application form)				Business Phone: _____	
				Home Phone: _____	
Last Name:		First Name		Middle Name:	
AKA (also known as i.e. maiden name, nickname, etc.)					
Date of Birth:	Place of Birth:	Social Security Number:	Drivers License Number:		State Issued
List all addresses where you have lived for the last five years including your present address. (Attach separate sheet if necessary.)					
Address		City / State / Zip		From:	To:
Present:					
Previous:					
Previous:					
Name of Spouse, if any:			AKA (also known as, i.e. maiden name/nickname, etc.)		
Spouse's Date of Birth:	Place of Birth:	Spouse's Social Security Number		Spouse's Occupation:	
Individual's relationship to business (owner/partner/officer/director/ stockholder – 5% or more/employee):				Percent of stock or business owned:	
Name of present employer, if different from business name:		Occupation or Title:		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach details	
Are you an employee of a vendor doing business with the South Dakota Lottery? Yes <input type="checkbox"/> No <input type="checkbox"/>				S.D. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List names of all relatives who are employees or Commission members of the South Dakota Lottery:					
READ THIS SECTION CAREFULLY					
Have you <u>ever</u> been arrested? If "Yes", list all arrests, including DUI's, regardless of when they occurred on a separate attached sheet. Include approximate date, location, charge and final disposition for each incident. Failure to disclose arrests may result in denial of application. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you consent, for the duration of the license, to inspection by any law enforcement official or duly authorized lottery official without a warrant or other process, of your licensed premises to determine whether you are complying with the provisions of the South Dakota Lottery Laws, Rules, and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you authorize the SD Lottery to release information from this form to the person(s) on whose behalf this form was filed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
STATE OF _____ COUNTY OF _____ SS.					
I understand that a false answer to any of the foregoing can subject the applicant to denial or suspension or revocation of a license. I certify that all the information in this Individual History form is complete and correct to the best of my knowledge and belief.					
Subscribed and sworn to before me this _____ day of _____ 20____.					
Witness my hand and official seal.				Signature of Applicant	
_____ Notary Public				(Affix Seal)	
My Commission Expires: _____					