



GUIDE TO FILLING OUT A RETAILER NUMBER APPLICATION

This guide is not intended as an interpretation of applicable laws or rules of the Société des loteries du Québec. Should information on their interpretation or application be required, the original texts of such laws and regulations must necessarily be reviewed.

Note: In this guide, the masculine gender is used solely to lighten the text without discrimination.

In our continuing endeavour to offer the best possible support to our future retailers, Loto-Québec has developed this guide to assist you in filling out a RETAILER NUMBER APPLICATION.

To fill out the RETAILER NUMBER APPLICATION online, please:

- » provide all required information;
- » save the file;
- » print it;
- » sign it;
- » date it.

Documents to review

Please review the following documents:

- Consent to Background Investigation
- Retailer Agreement
- Code of Conduct

The applicant will be required to sign these documents at a later stage, if appropriate.

Once you have completed the form, please send it by one of the following methods:

E-mail: gestiondetailants@loto-quebec.com

Fax: 514-499-8631

Mail:

Loto-Québec

Retailer Services

500 Sherbrooke Street West, 21st Floor

Montréal, Québec H3A 3G6

Definition

What is a retailer?

A retailer is a sole proprietorship, a corporation, a partnership or an organization that is authorized to sell Loto-Québec lottery products in a commercial establishment or a kiosk.

100 Retail Store Identification

101 Name

Indicate the name under which the retail store is known by the general public.

102 Branch Nbr.

Indicate the branch number, if applicable.

The following information applies to your retail store.

103 Retail store address

104 City

Indicate the name of the city.

105 Business phone

Indicate the telephone number of your retail store.

106 Extension

Indicate the extension number, if appropriate.

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- 107 ☛ *Fax*
Indicate the fax number, if appropriate.
- 108 ☛ *Website*
Indicate your retail store's website, if appropriate.
- 109 ☛ *E-mail*
Indicate your retail store's e-mail address, if appropriate.

200 Applicant Identification

Applicant

The applicant is the physical person or corporation that is responsible for the retail store. It may be an individual, a corporation, a partnership or an organization.

SECTION A – SOLE PROPRIETORSHIP

- 201 ☛ *Representative*
The representative is the physical person responsible for the retail store.
- 202 ☛ *Mr. or Ms.*
Indicate the representative's courtesy title.
- 203 ☛ *Last name*
Indicate the representative's last name.
- 204 ☛ *First name*
Indicate the representative's first name.
- 205 ☛ *SIN*
Indicate the representative's social insurance number.
- 206 ☛ *Date of birth*
Indicate the representative's date of birth.
- 207 ☛ *Québec Enterprise Number (NEQ)*
Indicate the Québec Enterprise Number of the sole proprietorship. The Québec Enterprise Number of a sole proprietorship always begins with 22.
- 208 ☛ *Home address*
Indicate the representative's home address.
- 209 ☛ *Home phone*
Indicate the representative's home phone number.
- 210 ☛ *Cell phone*
Indicate the representative's cell phone number.
- 211 ☛ *E-mail*
Indicate the representative's e-mail address, if appropriate.

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SECTION B – CORPORATION, PARTNERSHIP OR ORGANIZATION

- 212 • *Name of the corporation, partnership or organization*
Indicate the Québec business number of the corporation, partnership or organization that is responsible for the retail store.
- 213 • *Québec Entreprise Number (NEQ)*
Indicate the Québec Enterprise Number of the sole proprietorship. The Québec Enterprise Number of a corporation always begins with 11. For companies, it always begins with 33.
- 214 • *Address of the corporation, partnership or organization*
Indicate the complete address of the corporation, partnership or organization that is responsible for the retail store.
- 215 • *Business phone*
Indicate the business phone number of the corporation, partnership or organization responsible for the retail store.
- 216 • *Extension*
Indicate the extension number, if appropriate.
- 217 • *Fax*
Indicate the business fax number of the corporation, partnership or organization responsible for the retail store.
- 218 • *Website*
Indicate your corporate website, if appropriate.
- 219 • *E-mail*
Indicate your retail store's e-mail address, if appropriate.

SECTION C – AUTHORIZED REPRESENTATIVE OF THE CORPORATION, PARTNERSHIP OR ORGANIZATION

- 220 • A corporation, partnership or organization must always be represented by an individual person. **There may only be one representative per corporation, partnership or organization.**
- 221 • *Mr. and Ms.*
Indicate the representative's courtesy title.
- 222 • *Last name*
Indicate the representative's last name.
- 223 • *First name*
Indicate the representative's first name.
- 224 • *SIN*
Indicate the representative's social insurance number.
- 225 • *Date of birth*
Indicate the representative's date of birth.
- 226 • *Home address*
Indicate the representative's home address.
- 227 • *Home phone*
Indicate the representative's home phone number.



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- 228 ☛ *Cell phone*
Indicate the representative's cell phone number.
- 229 ☛ *E-mail*
Indicate the representative's e-mail address, if appropriate.

300 Business Information

- 301 ☛ *Type of business*
Check off the type of retail store.
- 302 ☛ *Other type of business*
Indicate the type of business if different from the above.
- 303 ☛ *Seasonal business*
A business is seasonal when it is in operation for only part of the year. Indicate whether your retail store is seasonal by checking the appropriate box. If your retail store is seasonal, also check the season of operation.
- 304 ☛ *Customer traffic*
Indicate the approximate number of customers per week that come into your retail store.
- 305 ☛ *Business hours*
Indicate your retail store's business hours, from Monday to Sunday. If the retail store is open 24 hours a day, 7 days a week, check the appropriate box.
- 306 ☛ *Opening date*
If your retail store is already open, check the appropriate box. If your retail store is not yet open, indicate the expected opening date.
- 307 ☛ *Language*
Indicate the applicant's preferred language of correspondence, i.e. the language in which Loto-Québec should address him. The only choices are English or French. Indicate the applicant's usual language if different from the preferred language of correspondence.

400 Required Signature

- 401 ☛ *Resppresentative or authorized Representative of the Corporation, Partnership or Organization*
The representative or authorized representative whose name appears on the form must sign and date the RETAILER NUMBER APPLICATION.

If you have any other questions regarding the RETAILER NUMBER APPLICATION, please call our Retailer Assistance Line, from 8 a.m. to 5 p.m., Monday to Friday, at the following phone numbers:

Montréal: 514-499-5211

Toll free elsewhere in Québec: 1-800-363-9568