

# Change in Ownership

## If you are Closing Your Business

- ☐ Print and complete the “ Notification of Retailer Intent to Change or Authorize” form below to submit changes.
- ☐ The form will need to be signed by an owner of record or an authorized signer.☐ If you are unsure whether you are authorized or not you can contact your Lottery Sales Representative or call ☐☐☐☐ at ☐☐
- ☐ To submit the changes you can do **ONE** of the following:
  - Submit the form to your Lottery Sales Representative on a regular visit
  - Mail the form to:  
  
☐☐  
☐☐☐☐☐  
☐  
☐☐☐☐
  - Email the form to: [custservice@nmlottery.com](mailto:custservice@nmlottery.com)

4.☐ If you have any questions please call ☐☐☐☐ at ☐☐

**Notification of Retailer Intent to Change or Authorize**

**(Please print all information except where signature is required)**

Date: \_\_\_\_\_

Retailer Number: \_\_\_\_\_ Chain Number (if applicable): \_\_\_\_\_

Retailer Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective (date) \_\_\_\_\_, the following changes will be implemented to the above store/s.

I hereby authorize (please print) \_\_\_\_\_ to sign contracts, agreements, make purchases and decisions regarding Lottery.

I hereby authorize (please print) \_\_\_\_\_ to receive financial/billing information

I request an addition terminal be installed at the location outlined above and I agree to the \$100 installation fee which will be reflected in the billing statement.

Misc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change of Ownership:  
New Owner/s: Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Business changing from \_\_\_\_\_ to \_\_\_\_\_  
(i.e.: from Partnership to Corporation, etc.-attach new W-9

Adding an owner/s (names & phone #'s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: adding owners must complete security forms E, F, and G**

Temporarily Closing store/s due to \_\_\_\_\_  
Disable my terminal/terminals (Date/Time) \_\_\_\_\_ to (Date/Time) \_\_\_\_\_

Permanently closing store/s due to: \_\_\_\_\_  
Effective date to remove equipment and inventory: Date/Time \_\_\_\_\_

Owner of record or authorized signer: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the New Mexico Lottery Authority to take appropriate action necessary pursuant to the changes I am requesting above.