Change in Ownership

If you are Closing Your Business

1. Print and complete the ["Notification of Retailer Intent to Change or Authorize"](#) form below to submit changes.
2. 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 Retailer Licensing at (505) 342-7600.
3. 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:

     New Mexico Lottery Authority
     Attn: Retailer Licensing
     P.O. Box 93130
     Albuquerque, NM 87199-3130

   - Email the form to: custservice@nmlottery.com

4. If you have any questions please call Retailer Licensing at (505) 342-7600.

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.

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

o   I hereby authorize (please print) _____ to receive financial/billing information

o   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.

o   Misc. _____
    _____
    _____

o   Change of Ownership:
    New Owner/s: Name/s: _____

        Address: _____

        City _____ State: _____ Zip: _____

        Phone Number/s: _____

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

o   Adding an owner/s (names & phone #'s) _____
        _____
        _____
        Note: adding owners must complete security forms E, F, and G

o   Temporarily Closing store/s due to_____
    Disable my terminal/terminals (Date/Time) _____ to (Date/Time) _____

o   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.

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