



Nearly \$2 Billion and Counting for our Schools

Dear Prospective NH Lottery Retailer,

Thank you for your interest in becoming a New Hampshire Lottery Retailer. Since 1964, retailers helped the NH Lottery Commission raise nearly \$2 billion for public education in New Hampshire.

To become a NH Lottery Retailer, you must complete and submit an application and all required documentation. Only original applications will be accepted. E-mailed, faxed or photocopies will not be accepted.

The approval process will begin when all required documents are received, including the results of your personal credit history and criminal background checks. If required information is missing, the application will be considered incomplete and returned to you. An incomplete application can delay the process. Please be aware that, if your credit history fails to meet the threshold set by the NH Lottery, **you may be required to provide a surety bond.**

KENO 603 will only be authorized when the city or town where games will be played has voted to allow the operation of keno within its jurisdiction. A licensing fee of \$500 must also be included with this application. This fee will be refunded if the application is denied.

Once the application has been approved, a Lottery Sales Representative (LSR) will perform a physical survey of your location to ensure compliance with The Americans with Disabilities Act (ADA). If the location does not meet ADA requirements, you will be notified in writing, and given 30 days to comply. Information regarding the ADA requirements for small businesses can be found at www.ada.gov/smbustxt.htm.

NH Lottery Retailers are also required to:

- Provide a dedicated outlet to be used exclusively for the Lottery terminal. A dedicated electrical circuit originates from the circuit breaker panel and terminates in a dual electrical outlet. This must be located within 10 feet of the terminal location and nothing else can be plugged into this outlet at any time. A lottery terminal cannot be installed without this dedicated outlet.
- Attend a mandatory training. This training must be completed prior to the terminal being activated. Our office will contact you to schedule the training.
- If a new location, have a site survey completed by our vendor. This site survey is done to determine the type of communication needed to connect to your terminal. This is typically done at no expense to the Retailer.

Please allow a minimum of 4 weeks for completion of all the steps necessary to process the application.

NH Lottery Retailer licenses are non-transferable. If you are purchasing an existing business you must apply for your own Lottery license prior to taking ownership.

If you have any questions or need further guidance, please contact the Licensing department at 603-271-3391, Monday through Friday, 8:00 a.m. to 4:00 p.m.

NH LOTTERY RETAILER APPLICATION

1. TYPE OF APPLICATION

New Retailer – *Seeking to become licensed as a NH Lottery Retailer and/or Keno 603 Retailer*

- *If not currently in operation, provide the anticipated date the business will be open: _____*

Ownership Change – *New ownership of a licensed NH Lottery Retailer.*

- *Provide the anticipated date of change of ownership: _____*
- *Allow 14 days for processing of this license*

KENO 603 – *Existing Retailer adding KENO 603*

- *To be eligible to operate KENO 603, the applicant must hold a current liquor license as specified in RSA 284:45, VI(a). See section 3 for more information.*
- *Include a \$500 license fee with this application. This fee will be refunded if the application is denied.*

2. NH LOTTERY PRODUCTS TO BE SOLD BY THE RETAILER

KENO 603/On-Line Games/Instant Games
 KENO 603/On-Line Games (no Instant Games)

On-Line/Instant Games (no KENO 603)

3. BUSINESS INFORMATION

Name of Store/Retailer *Tax ID Number/EIN*

Name of Store/Retailer Owner/ (First MI Last) *Name of Store/Retailer Manager (First MI Last)*

Physical Street Address of Store/Retailer *City/Town* *State* *Zip*

*Mailing Address of Store/Retailer** *City/Town* *State* *Zip*
**Complete only if the mailing address is different than physical address noted above*

Store/Retailer Phone Number *Store/Retailer E-mail Address*

Is the business currently licensed as a NH Lottery Retailer? Yes No

Do you currently have an instant/on-line ticket vending machine at this location? Yes No

Do you currently have KENO 603 equipment at this location? Yes No

If seeking to offer KENO 603, has the city/town where the game will be operated approved keno? Yes No

NH LOTTERY RETAILER APPLICATION

3. BUSINESS INFORMATION - Continued

Is the business' trade name, corporation or partnership registered with the NH Secretary of State? Yes No
 If yes, provide copy of documentation with this application.

Does the location that you are applying for currently hold a valid State of NH liquor license? Yes No
 If yes, provide current liquor license number: _____

* RSA 284:45, VI(a) requires that, to be eligible to operate KENO 603, the applicant hold a valid liquor license as one of the following: (1) A Restaurant/hotel licensed under RSA 178:20, II, RSA 178:21, II(a) or (b), or RSA 178:22, V(q); (2) A brew pub licensed under RSA 178:13; (3) A ballroom licensed under RSA 178:22, V(c); (4) A veterans' club, private club, or social club licensed under RSA 178:22, V(h); (5) A Convention center licensed under RSA 178:22, V(i); (6) A Hotel licensed under RSA 178:22, V(k); (7) A racetrack licensed under RSA 178:22, V(n); or (8) A sports recreation facility licensed under RSA 178:22, V(v).

Indicate the type of business that is applying for this retailer license (check one):
 Sole Proprietor Partnership Corporation LLC Non-Profit Corp.

If the business is a corporation or an LLC, the following information **MUST** be provided:

<i>Name of Corporation/LLC</i>	<i>Tax ID Number/EIN</i>	
<i>Corporate/LLC Contact Person</i>	<i>Phone Number</i>	<i>E-mail Address</i>
<i>Corporate/LLC Mailing Address</i>	<i>City/Town</i>	<i>State</i> <i>Zip</i>

Is the business seasonal? Yes No
 If yes, what months of the year will the business be open? _____

What are the business' hours of operation?

	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN							
CLOSED							

NH LOTTERY RETAILER APPLICATION

4. PROPERTY OWNER INFORMATION

Does the Store/Retailer own the property where the NH Lottery products will be sold? Yes No

If "No", provide the following owner information:

Property Owner's Name

Property Owner's Mailing Address

City/Town

State

Zip

Property Owner's Phone Number

Property Owner's E-mail Address

5. OWNERSHIP/MANAGEMENT INFORMATION

List the names of all current owners, partners, members, managers and/or officers of the business. Each individual listed below must provide their personal information, and submit a *Criminal Record Release Authorization* form and a copy of a photo ID.

First Name

MI

Last Name

Title/Affiliation

Do any of the individuals listed above currently hold a license to sell lottery products in NH? Yes No

If "yes", provide the following information:

Retailer Name

NH Lottery Retailer Number

Physical Address of Retailer Location

City/Town

State

Zip

NH LOTTERY RETAILER APPLICATION

5. OWNERSHIP/MANAGEMENT INFORMATION - Continued

Provide the following personal information for each owner, partner, member, manager and/or officer of the business listed above.

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>/ /</i> <i>Date of Birth</i>	<i>Social Security #</i>
<i>Current Mailing Address</i>		<i>City/Town</i>	<i>State</i>	<i>Zip</i>
<i>Previous Mailing Address*</i>		<i>City/Town</i>	<i>State</i>	<i>Zip</i>
<i>*Only required if the individual has lived at their current address for fewer than 5 years</i>				
<i>Home/Business Phone Number</i>	<i>Personal/Business Cell Phone Number</i>		<i>E-mail Address</i>	
<i>I certify that I have not been convicted of a felony or a Class A misdemeanor within the previous 10 years, which has not been annulled by a court, or a class B misdemeanor within the past 5 years, which has not been annulled by a court, or I have not violated any of the statutes or rules governing charitable gambling in the past in this or any other state. By signing below I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.</i>				
<i>I further certify my understanding that a check will be performed of my credit history. I also understand that, if my credit history does not meet the threshold set by the NH Lottery, <u>I may be required to provide a surety bond</u> naming the commission as obligee, and conditioned upon my compliance with payment obligations relative to weekly settlement and remittances.</i>				
<i>Signature</i>	<i>Title/Affiliation with Store/Retailer</i>		<i>Signature Date</i>	

Print additional copies of this page if needed to provide information for all owners, partners, members, managers and/or officers of the business.

NH LOTTERY RETAILER APPLICATION

5. OWNERSHIP/MANAGEMENT INFORMATION - Continued

Provide the following personal information for each owner, partner, member, manager and/or officer of the business listed above.

First Name	MI	Last Name	/ / Date of Birth	Social Security #
Current Mailing Address		City/Town	State	Zip
Previous Mailing Address*		City/Town	State	Zip
*Only required if the individual has lived at their current address for fewer than 5 years				
Home/Business Phone Number	Personal/Business Cell Phone Number		E-mail Address	
<p><i>I certify that I have not been convicted of a felony or a Class A misdemeanor within the previous 10 years, which has not been annulled by a court, or a class B misdemeanor within the past 5 years, which has not been annulled by a court, or I have not violated any of the statutes or rules governing charitable gambling in the past in this or any other state. By signing below I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.</i></p> <p><i>I further certify my understanding that a check will be performed of my credit history. I also understand that, if my credit history does not meet the threshold set by the NH Lottery, <u>I may be required to provide a surety bond naming the commission as obligee, and conditioned upon my compliance with payment obligations relative to weekly settlement and remittances.</u></i></p>				
Signature	Title/Affiliation with Store/Retailer		Signature Date	

Print additional copies of this page if needed to provide information for all owners, partners, members, managers and/or officers of the business.

NH LOTTERY RETAILER APPLICATION

5. OWNERSHIP/MANAGEMENT INFORMATION - Continued

Provide the following personal information for each owner, partner, member, manager and/or officer of the business listed above.

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>/ /</i> <i>Date of Birth</i>	<i>Social Security #</i>
<i>Current Mailing Address</i>		<i>City/Town</i>	<i>State</i>	<i>Zip</i>
<i>Previous Mailing Address*</i>		<i>City/Town</i>	<i>State</i>	<i>Zip</i>
<i>*Only required if the individual has lived at their current address for fewer than 5 years</i>				
<i>Home/Business Phone Number</i>	<i>Personal/Business Cell Phone Number</i>		<i>E-mail Address</i>	
<i>I certify that I have not been convicted of a felony or a Class A misdemeanor within the previous 10 years, which has not been annulled by a court, or a class B misdemeanor within the past 5 years, which has not been annulled by a court, or I have not violated any of the statutes or rules governing charitable gambling in the past in this or any other state. By signing below I also affirm my consent for the NH Lottery Commission to conduct a check on my credit history.</i>				
<i>I further certify my understanding that a check will be performed of my credit history. I also understand that, if my credit history does not meet the threshold set by the NH Lottery, <u>I may be required to provide a surety bond</u> naming the commission as obligee, and conditioned upon my compliance with payment obligations relative to weekly settlement and remittances.</i>				
<i>Signature</i>	<i>Title/Affiliation with Store/Retailer</i>		<i>Signature Date</i>	

Print additional copies of this page if needed to provide information for all owners, partners, members, managers and/or officers of the business.

NH LOTTERY RETAILER APPLICATION

6. AUTHORIZED REPRESENTATIVE OF THE BUSINESS

I certify that I am authorized to submit this application on behalf of the Business.

I further certify that the business will not allow any employee to operate KENO 603 games if such person has been convicted of a felony within the previous 10 years, which has not been annulled by a court, or a misdemeanor involving falsehood or dishonesty within the previous 5 years, which has not been annulled by a court, or has violated the statutes or rules governing charitable gaming in this or any state.

I further certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form and on any of the supporting documentation is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

_____	_____	_____	_____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Title/Affiliation with Store/Retailer</i>
_____			_____
<i>Authorized Representative's Mailing Address</i>			<i>City/Town State Zip</i>
_____		_____	
<i>Authorized Representative's E-mail Address</i>		<i>Authorized Representative's Phone Number</i>	
_____		_____	
<i>Signature of Authorized Official*</i>		<i>Signature Date</i>	

**Proof of authority to submit this application on behalf of the business may be required.*

NH LOTTERY RETAILER APPLICATION CHECKLIST

Your application packet must include the following items:

- A completed *NH Lottery Retailer Application*;
- If applicable, proof of registration with the NH Secretary of State, Corporation Division;
 - ✓ A person conducting business under any name other than his/her own legal name must register with the NH Secretary of State. For example, John D. Smith doing business as "John D. Smith" does not have to register; however, if he conducts business as "John Smith Enterprises" he **does** have to register as "Enterprises" is not part of his legal name.
- A *State of New Hampshire Alternate W-9* form;
- An Authorization Agreement for Withdrawals (ACH form for weekly EFT's);
- A copy of voided check, or bank verification if savings account;
- A signed *NH Lottery Retailer Agreement*;
- A photocopy of a state or government issued ID for each owner, partner, member, manager, or officer of the business identified in Sections 5 of the application.
 - ✓ Photo ID can be a photocopy of a driver's license or passport;
- A signed and notarized *Criminal Record Release Authorization* form for each owner, partner, member, manager or officer of the business identified in Section 5 of the application, along with payment of the processing fee.
 - ✓ Please refer to the *Criminal Record Release Authorization* form for current fees.
 - ✓ Checks must be made payable to: "State of NH – Criminal Records".
 - ✓ All Criminal Record Release forms **MUST** be notarized and mailed along with this application to the NH Lottery Office.
 - ✓ Failure to follow these rules will delay your application process.
- If applying for a KENO 603 license, the \$500 license fee. Make checks payable to: NH Lottery Commission. The license fee will be refunded if an application is denied.

The completed application and all required supporting documentation must be delivered to:

NH Lottery Commission
14 Integra Drive
Concord, NH 03301

If your application does not include all of the items listed above, is illegible, or if portions of the application are missing required information, it will be considered incomplete and returned. Your application will not be processed until the Licensing department receives all required criminal records from the State Police.

New Hampshire Lottery Commission
Authorization Agreement for Variable Withdrawals (ACH Debits)

I hereby authorize the New Hampshire Lottery Commission to make withdrawals each week from the account identified below at _____ (Depository Financial Institution, or DFI) and authorize the DFI to charge such withdrawals to my listed account. The amount of such weekly withdrawals will be equal to the amount shown on my weekly invoice for gaming transactions, of which I will maintain a record. Adjusting entries to correct errors are also authorized.

It is agreed that these withdrawals may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days advanced notice of termination or change of account is given to the New Hampshire Lottery Commission. I acknowledge receipt of a completed copy of this authorization.

		Tax I.D. Number	
Name as shown on checking Account (please print)	Signature of Authorizing Party (Owner, Partner, Officer)		Date
Address: Street, P.O. Box	City	State	Zip Code
FOR LOTTERY USE ONLY			
Checking Account Only	DFI's Routing and Transit Number	Account Number	



CONCORD NH 03301-6398
STATE OF NEW HAMPSHIRE
ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____
(Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

INDIVIDUAL/LEGAL/BUSINESS NAME: _____

Doing Business As Name: _____

TAX/PAYMENT ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ Fed ID # (EIN/FIN): _____

PRINCIPAL ACTIVITY

[] Service Provider [] Product/Merchandise Provider [] Other Provider

List the principal type of service, product or other that is provided: _____

[] Medical/Health Care Services [] Legal Services [] 1099 Grant Reportable

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

[] Individual/Sole-Proprietor [] Corporation (S) [] Government
Single Member LLC
[] LLC (C Corporation) [] Corporation (C) [] Travel/Intern
[] LLC (S Corporation) [] Partnership [] Refund/Reimbursement
[] LLC (P Partnership) [] Estate or Trust [] Tax-Exempt

EXEMPTIONS: _____ Exemption from FATCA reporting: _____

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ CELL PHONE #: _____ FAX #: _____

SIGNATURE: _____ DATE: _____

Website: _____ E-Mail (Main Office): _____

PLEASE RETURN WHEN COMPLETED TO:

(Phone) 603-271-3391
(FAX) 603-271-1160

NH LOTTERY
14 INTEGRA DR
CONCORD NH 03301



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RETAILER AGREEMENT FOR SALE OF NEW HAMPSHIRE LOTTERY™ TICKETS

THIS AGREEMENT, made this ____ day of _____, 20__ by and between the New Hampshire Lottery Commission, hereinafter referred to as the "Commission" and

_____, hereinafter referred to as the "Retailer or "Lottery Games Retailer".

THE PARTIES HERETO agree as follows:

- 1) The Lottery Games Retailer agrees:
 - a) To provide services for the Commission for the sale of Lottery tickets in accordance with instructions from the Commission as may be amended from time to time.
 - b) That his/her service shall be held to the standard of the reasonably prudent businessperson.
 - c) That he/she is financially responsible to the Commission for all revenues derived from the sale of Lottery tickets; he/she also agrees to keep a separate accounting of money received from the sale of tickets.
 - d) To prominently post point-of-sale and other promotional materials supplied by the Commission.
 - e) To attend such training sessions as the Commission shall deem necessary, to ensure that the Retailer and his/her employees are properly trained in the operation of the computer terminal for the sale of Lottery tickets.
 - f) To have the computer terminal available and operational for the sale and redemption of Lottery tickets during all hours and days that the Retailer's business is open.
 - g) To provide space for all Lottery-supplied equipment including, but not limited to, a lottery terminal, playslip reader, barcode reader, customer ticket checker (prize checker), customer display unit., and advertising monitor.
 - h) To publicly display any Lottery-supplied peripherals to the Lottery terminal that the Lottery may require, said equipment including a customer ticket checker (prize checker), customer display unit, and advertising monitor.
 - i) To provide a twin-receptacle 110 volt electric outlet, the use of which shall be exclusively for Lottery-supplied equipment.



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- j) The terminal will be located (indoors) within the Retailer's premises in a location acceptable to the Commission. The Retailer shall not move the terminal and any move of the terminal must be pre-approved by the Commission; said move will be conducted only by the Lottery's on-line vendor.
- k) To exercise due care in the operation of the terminal and other Lottery-supplied equipment, and to immediately notify the on-line vendor (who is responsible for the maintenance of all computer terminals and communications) of any terminal and other Lottery-supplied equipment malfunction by calling its toll-free number.
- l) Not to perform any mechanical or electrical maintenance of the terminal or any modifications to Lottery equipment.
- m) To ensure the physical security of the terminal and other Lottery-supplied equipment.
- n) To have available sufficient funds to instantly pay (either by cash or check) all claimed prizes up to and including \$599.00.
- o) To inquire of winning numbers and post them prominently as soon as possible, following the drawing of each on-line game.
- p) To be bound by the terms of the Commission's rules and regulations as they pertain to Lottery Games.
- q) To notify the Commission, at least **14 days in advance**, of the Retailer's intent to cease operations of his business either temporarily (due to vacation) or permanently.
- r) To participate in Electronic Funds Transfer (EFT) pertaining to payment of money due the Commission. Participation in Electronic Funds Transfer will entail a weekly withdrawal from the retailer's bank account equal to the amount due the Commission. The retailer may determine the amount due by taking a weekly statement from the terminal. The retailer is responsible for any expenses related to participation in Electronic Funds Transfer.
- s) To be responsible for all instant tickets they have been issued. Retailers are financially responsible even if the tickets are lost, stolen or destroyed.
- t) To settle fully sold lots (books or packs of tickets) prior to the scheduled visit by the sales representative of the Commission. A book of tickets is said to be settled when it is moved from Active status to Settled status and payment of the book becomes due to the Lottery.



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- u) That the Retailer's right to sell Lottery tickets may be terminated by the Commission for violation of any of the provisions of this agreement. The Commission reserves the right to remove an on-line computer terminal, and other Lottery-supplied equipment, from the Lottery Retailer's location when the Retailer fails to meet the minimum sales volume requirements of an average of \$500.00 per week over a period of 10 consecutive weeks or for any violation of the provisions of this agreement or the rules and regulations of the Commission. The Retailer, upon demand by the Commission, shall allow free access to the premise for purpose of such removal of the terminal.
 - v) The Lottery Commission reserves the right to terminate a retailer's right to sell lottery tickets, if the retailer does not sell sufficient quantity of tickets per week, to meet expenses of maintaining the retailers account.
- 2) IN CONSIDERATION of all services to be performed under this agreement, the Commission agrees:
- a) To pay the Lottery Retailer 5 percent commission on all valid sales. This commission may be changed from time to time, as determined by the State of New Hampshire, and may be increased by additional bonuses and other incentives.
 - b) To pay the Lottery Retailer a 1% cashing commission on all prizes (up to and including \$599) paid by the Retailer; this cashing commission applies to instant scratch tickets and TriState Pick 3/Pick 4 only.
 - c) To provide a computer terminal and other equipment as described in Section 1(g) above to the Retailer at no installation cost and to provide training for the operation of same.
 - d) To install required communications systems for the operation of terminals at no expense to the Retailer.
 - e) To furnish ticket stock, bet slips, and other forms necessary to produce tickets from the sales terminals.
 - f) To supply instant ticket dispensers, Point Of Sale and other publicity material plus other equipment to facilitate the sale of lottery products.
 - g) To provide routine terminal maintenance.
- 3) The term "Retailer" as used in this agreement includes the natural person, in his/her individual capacity, who has signed this agreement on behalf of a corporation, limited partnership, partnership or any other entity. In affixing his/her signature to this agreement on



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behalf of any entity, the said natural person agrees to be personally bound by the provisions of this agreement and agrees to be held personally liable for any breach.

- 4) A survey of ADA requirements will be conducted by the Lottery prior to licensing and periodically thereafter as required by the Commission. A retailer is required to meet ADA (Americans with Disabilities Act) Guidelines under Title II.
- 5) This agreement shall take effect immediately and shall continue until terminated as provided by the terms of the agreement.

Witnessed By:

Owner's Signature

Signature

Print Name

Print Name

Date

Date

Lottery Director

Date



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to NH RSA 641.3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NH LOTTERY

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS _____
14 INTEGRA DR CONCORD NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH - Criminal Records.