



RETAILER EVALUATION

Retailer Instructions:

1. Read the requirements on page two (2) and if you meet those requirements, then complete page three (3).
2. Once completed, return to:

**Hoosier Lottery Licensing Department
1302 N. Meridian Street
Indianapolis, IN 46202
(317) 264-4952 - phone
(317) 264-4621 - fax**

3. Upon completion of the evaluation, you will be notified with an approval or denial letter.



RETAILER EVALUATION

Requirements

- In order to qualify as a Hoosier Lottery retailer, the applicant must meet the following criteria:
 1. Must be willing to carry both instant and draw game categories.
 2. Must be willing to redeem up to \$25.
 3. Must carry either:
 - a. An 18-bin set of Scratch-off tickets following the Hoosier Lottery plan-o-gram. The initial inventory investment will be \$9,100 and bins must be kept full at all times.
 - b. A 24-bin set of Scratch-off tickets following the Hoosier Lottery plan-o-gram. The initial inventory investment will be \$12,400 and bins must be kept full at all times
- In our current seasoned retailers:
 - An 18-bin set produces an average of \$7,000 per month or an annual volume of \$84,000.
 - A 24-bin set produces an average of \$11,000 per month or an annual volume of \$132,000.
- As a new lottery retailer, we would expect a minimum of half that volume in the first twelve months of operation.
 - An 18-bin set must produce an average of \$3,500 per month or an annual volume of \$42,000.
 - A 24-bin set must produce an average of \$5,500 per month or an annual volume of \$66,000.
 - In the event the retailer does not fulfill the minimum volume requirements at the end of twelve months, the retailer will be given 30 days notice of contract nullification.
- Must be ADA compliant



hoosier lottery™

RETAILER EVALUATION

Change of Ownership

Existing _____ Remodel _____ Date change will take effect: _____

New Retailer

Existing _____ New Construction _____ Opening Date: _____

Business Name: _____

Address: _____

City / Zip: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Contact Mailing Address:
(If different from Business Address) _____

City / Zip: _____

Previously applied? _____ Yes _____ No

If yes, approximate date: _____

What circumstances have changed since your previous evaluation?

Signature of Owner

Date:

Type of Business:

_____ Grocery Store/Market
_____ Convenience Store w/gas
_____ Convenience Store w/out gas
_____ General Merchandise Store

_____ Tobacco Store
_____ Drug Store
_____ Liquor Store
_____ Restaurant/Bar/Lounge
_____ Other -describe:
