



## Video Lottery Placement Drawing Application

Legal Business Name: \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

Primary Contact Person's Name: \_\_\_\_\_

Primary Contact Person's Phone: \_\_\_\_\_

Primary Contact Person's Email Address:\*

*\*Required*

Have you or any of the managing officers been convicted of a felony?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I certify that a copy of the security management plan is attached.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The \$100 application fee (payable to the City of Sioux Falls) is enclosed with this lottery application.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**CERTIFICATE:** The undersigned applicant certifies under penalties of perjury that all statements provided herein are correct to the best of the applicant's knowledge and that this application complies with the legal requirements in Sioux Falls Ordinance Chapter 111.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_.

(Notary seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_