

**AFFIDAVIT OF SWEEPSTAKES ESTABLISHMENT EXISTENCE  
AND OPERATION IN THE STATE OF OHIO**

State of Ohio

County of \_\_\_\_\_  
(Above field for completion by notary public only)

I \_\_\_\_\_ on behalf of \_\_\_\_\_  
(Affiant) (Sweepstakes Establishment)  
submit this affidavit to comply with S.B. 115 on this form prescribed by the Attorney General.

**MUST BE COMPLETED LEGIBLY**

<b>A. Legal Name of Sweepstakes Establishment Owner</b>			
<b>B. DBA (Doing Business As) or Trade Names</b>			
<b>C. Name of Sweepstakes Establishment (if different than DBA or Trade Name)</b>			
<b>D. Type of Organization</b>	Select: Sole Proprietorship   Corporation   LLC   Partnership   LLP   Association/Trust   Other		
<b>E. Federal Tax ID Number (e.g. 12-3456789)</b>		<b>F. Secretary of State Charter Number</b>	
<b>G. Principal Business Address of Owner</b> <small>Fill-in full Address: Street, City, Zip and State</small>			
<b>H. Sweepstakes Establishment Address</b> <small>Fill-in full Address: Street, City, Zip and State</small>			
<b>I. Sweepstakes Establishment County</b>			
<b>J. Date that the Sweepstakes Establishment First Conducted Sweepstakes Open to the Public</b>	____/____/____ <small>Month Day Year</small>	<b>*Attach Certificate of Occupancy*</b>	
<b>K. Date received local government license or permit</b>	____/____/____ <small>Month Day Year</small>	<b>*Attach License or Permit*</b>	
<b>L. Vendor License Number</b>			

**M.** Fill in the name, title, and legal residence of the sweepstakes establishment owner, sweepstakes establishment employees (including independent contractors) and any person (individual or corporate) with an ownership interest in the sweepstakes establishment including as an associate, trustee, shareholder, or partner and whether the interest is general, limited or silent.

Name	Address <small>Provide full residential address: Street, City, Zip and State</small>	Title	Ownership Interest

Supplement item M if necessary using an attachment

**N.** Fill-in the name(s) and address(es) of all vendors or suppliers and any other person or entity that provides consulting services, sales, technical support, internet services, ATM machines, sweepstakes operator software, sweepstakes devices and computer equipment, and sweepstakes-related products such as telephone cards or internet time, and any other services related to sweepstakes establishment listed above and what they provide.

Name	Address Provide full business address: Street, City, Zip and State	Provides

Supplement item N if necessary using an attachment

**O.** Has any individual that provided service for the sweepstakes establishment ever been convicted of a felony or gambling offense in any jurisdiction? If yes, provide each individual's name.

Name	Address Provide full residential address: Street, City, Zip and State	Date of Birth	Offense

Supplement item O if necessary using an attachment

**P.** Please attach a copy of all sweepstakes rules and restrictions that apply to each sweepstakes conducted by the sweepstakes establishment named above. Please update this affidavit whenever changes are made to rules and restrictions.

The undersigned hereby swears and affirms that he or she is authorized to sign on behalf of the Sweepstakes Establishment Owner and that all contents and attachments to this *Affidavit of Sweepstakes Establishment Existence and Operation in the State of Ohio* as prescribed by the Attorney General are true and accurate.

Signed,

Printed Name: \_\_\_\_\_

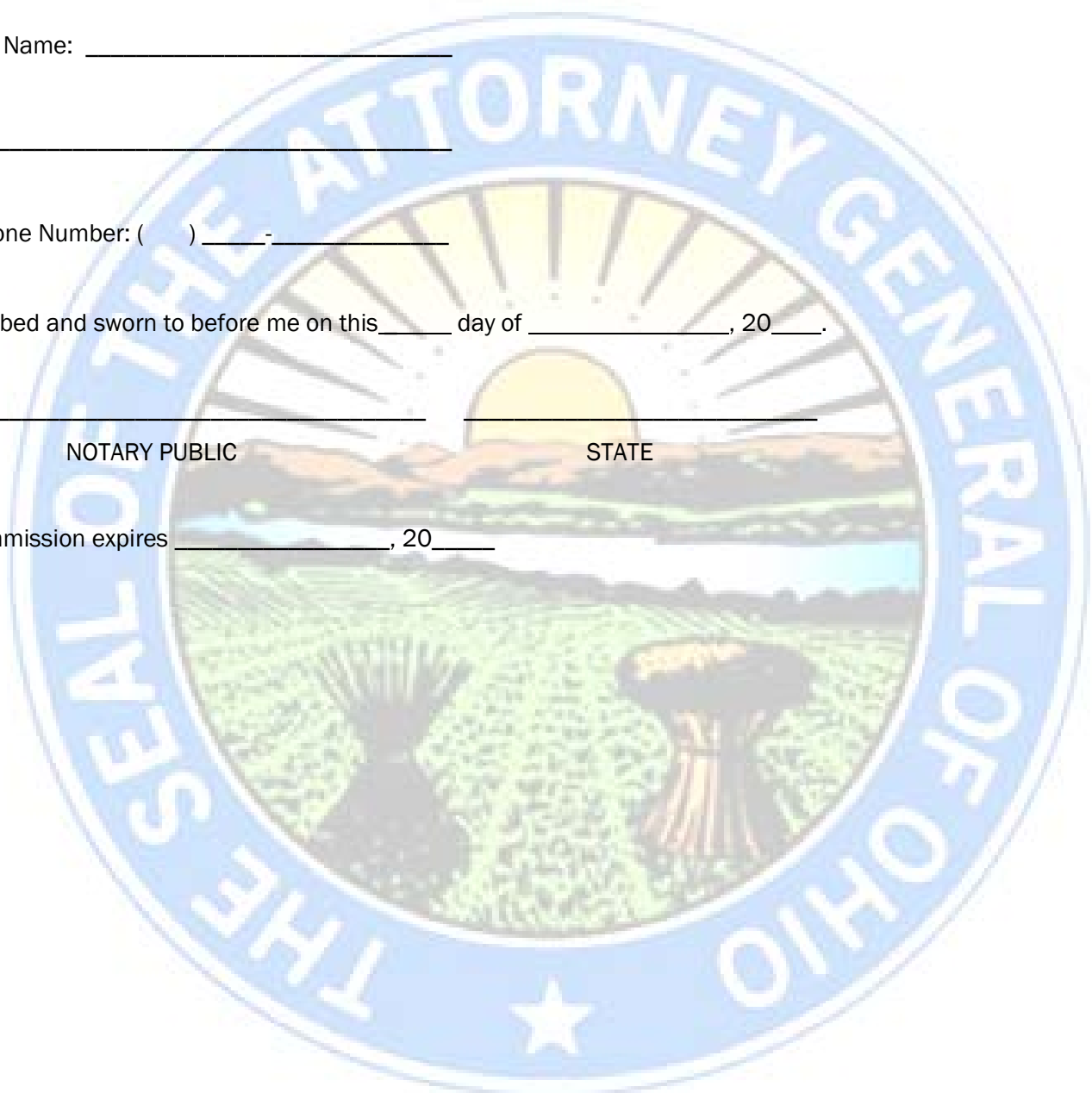
Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC STATE

My commission expires \_\_\_\_\_, 20\_\_\_\_



\*Return the notarized form to the following address:

Ohio Attorney General  
Gambling Unit  
150 E. Gay St., 23rd Floor  
Columbus, OH 43215





