



Dear Lottery Retailer:

Thank you for applying to become an Idaho Lottery retail partner. Our valued retail partners are a vital part of our success in bringing fun and entertaining games to hundreds of thousands of Idaho Lottery players.

One prerequisite to approving Idaho Lottery retail applicants is acceptance of our plan to ensure their businesses are accessible to the public and serve the public convenience. Federal requirements dictate that we take a further step to determine that the sales of lottery tickets are accessible to all persons who wish to buy them, including those with disabilities.

The Idaho Lottery has implemented a plan aimed at assuring that all Lottery retailers are in compliance with the American with Disabilities Act (ADA) with regard to lottery ticket access and purchase. We cannot issue a permanent license to sell lottery tickets if you are not in compliance with the ADA as it applies to access to lottery products. However, in certain circumstances a provisional license may be issued.

If you meet other retail application requirements and receive a provisional license, we'll schedule a visit by one of our ADA Site Surveyors to your establishment. The survey will provide direction on what actions, if any, are needed to achieve ADA compliance.

Our goal is to help you achieve ADA compliance with minimum disruption and cost to your operation. The cost of achieving compliance with ADA regulations for lottery sales will never exceed 10% of your lottery gross profit in any single year.

If you have questions regarding your establishment's ability to achieve compliance, please contact Tina Miller at 208-334-2277 or 1-800-432-5688.

Sincerely,

Andrew Arulanandam
Director

NEW RETAILER ACKNOWLEDGEMENT

By signing below you acknowledge receiving notification concerning the Idaho Lottery's Americans with Disabilities Requirements as it applies to access to lottery products. This acknowledgement must be signed and returned with your New Retailer application packet.

Retailer Name: _____

Retail Address: _____

Printed Name: _____

City: _____

Zip: _____

Signature: _____