



Affidavit by Spouse for Waiver of Fingerprinting and/or Personal History Record and Background Disclosure Form for Charitable Gaming Licenses

Date _____

SECTION I — Applicant's Information

Last Name	First Name	Middle Name	Social Security Number
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SECTION II — Charitable Gaming License Information

Business Name	Nebraska ID or Social Security No.
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Type of License:

- | | |
|---|--|
| <input type="checkbox"/> Bingo/Pickle Card Distributor | <input type="checkbox"/> County/City Lottery Operator or Sales Outlet Location |
| <input type="checkbox"/> Bingo/Pickle Card Manufacturer | <input type="checkbox"/> County/City Lottery Manufacturer-Distributor |

SECTION III — Spouse's Information

Last Name	First Name	Middle Name	Social Security Number
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Alias(es), Nickname(s), Maiden Name, Other Name Changes, Legal or Otherwise	Date of Birth
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Present Residence Address, Street or RFD	City, Post Office	State	Zip Code
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AFFIDAVIT

The undersigned individual acknowledges that he/she will have no proprietary interest, directly or indirectly, in the operation or profit derived from the activities of his or her spouse as a corporate stockholder, corporate debtholder, corporate officer, corporate director, partner, manager, or limited liability company member of the business named in this affidavit and applying for or holding the charitable gaming license(s) identified in Section II of this form. The undersigned further states that he/she will not actively assist or advise in the conduct of the activities of his/her spouse in his/her capacity as a corporate stockholder, corporate debtholder, corporate officer, corporate director, partner, manager, or limited liability company member of the business named in this affidavit.

Under penalties of law, I declare that I have examined this affidavit, and to the best of my knowledge and belief, it is correct.

Dated this _____ day of _____, 20_____.

Spouse's Signature

Subscribed in my presence and sworn to before me this _____ day of _____, 20_____

Seal

Notary Public