

# Nebraska Application for Cash Device License

• Fee based on license applied for.  
• Incomplete applications will be returned.

<b>1</b> Do you hold or have you previously held a Nebraska ID Number? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give number _____	<b>Please Do Not Write In This Space</b>
<b>2</b> Federal Employer ID Number or Social Security Number _____	

<b>3</b> Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Report Changes <input type="checkbox"/> Cancel (Please enclose license.)	<b>4</b> Type of Applicant <input type="checkbox"/> Distributor <input type="checkbox"/> Operator <input type="checkbox"/> Manufacturer
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Business Name and Location Address	Business Name and Mailing Address (If Different)
Name _____	Name _____
Trade Name of Business (If Different Than Above) _____	Street or Other Mailing Address _____
Street Address _____	City _____ State _____ Zip Code _____
City _____ State _____ Zip Code _____	<b>5a</b> Will devices be placed in operation at the location? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide business square footage and diagram.
County of Business Location in Nebraska _____	<b>5b</b> Do you own the devices? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>6</b> Does the business hold a liquor license under the Nebraska Liquor Control Act? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide license number.	<b>7</b> Is the business a fraternal benefit society organized and licensed under sections 44-1072 to 4-10,109 or a recognized veterans organization as defined in section 80--401.01? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**8** Type of Ownership

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Domesticated Corporation	<input type="checkbox"/> Nonprofit Corporation or Organization	<input type="checkbox"/> Other: _____

**9 Your social security number and date of birth are required under the Mechanical Amusement Device Act, and will be used to request criminal history information from law enforcement agencies to determine if the legal requirements for a license are met. If the applicant does not possess a valid liquor license under the Nebraska Liquor Control Act, see instructions for finger print requirements.**

Identify all Owners, Partners, Members, or Corporate Officers (one of the listed individuals or a person authorized by a Power Attorney, Form 33 must sign as the applicant). (Attach additional sheet if necessary.)

Social Security Number	Name, Address, City, State, Zip Code	Date of Birth	Type of Involvement and Percentage of Ownership

**License Fee**

<b>10</b> For manufacturer licenses, the license fee is \$5,000 .....	<b>10</b>	
<b>11</b> For distributor licenses placing devices <b>at this location</b> , \$100 multiplied by the number of devices you will place in operation for play at this location subject to square footage limitations.....	<b>11</b>	
<b>12</b> For distributor licenses placing devices <b>at any location statewide</b> , \$100 multiplied by the number of devices you will place in operation in the state, maximum \$5,000 .....	<b>12</b>	

**13** Has your business obtained a sales tax permit?  
 YES  NO If Yes, does your business issue receipts for all sales? \_\_\_\_\_

**14** Are multiple businesses located at the address above?  
 YES  NO If Yes, note that your application will be evaluated in accordance with REG-54-102.05D.

**15** Has anyone listed in line 9 ever been convicted of, forfeited bond upon a charge of, or pleaded guilty or nolo contendere to any offense or crime, whether a felony or a misdemeanor, involving any gambling activity or fraud, theft, willful failure to make required payments or reports, or filing false reports with a governmental agency at any level.  
 YES  NO

**16** Has anyone listed in line 9 been cited for a violation of the Nebraska Liquor Control Act and had a liquor license suspended, canceled, or revoked by the Nebraska Liquor Control Commission for illegal gambling activities on or about the premises licensed by the commission pursuant to the Nebraska Liquor Control Act or the rules and regulations adopted and promulgated pursuant to such act?  
 YES  NO

**17** Has anyone listed in line 9 failed to pay any taxes and additions to taxes, including penalties and interest required by the act or any other taxes imposed pursuant to the Nebraska Revenue Act of 1967?  
 YES  NO

**18** If you answered "No" in line 6, has each of the individuals listed in line 9 above complied with the Instructions for Completing Fingerprint Application?  
 YES  NO

**19** If devices will be placed in operation this location, is an employee present during all operating hours?  
 YES  NO

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of the Nebraska Mechanical Amusement Device Act and the regulations adopted under such Act.

sign  
here

Signature of **Owner, Partner, or Officer listed in line 9,**  
or Person Authorized by Attached Power of Attorney

Title

Date

Phone Number

E-Mail Address

Mail the original application to:

**Nebraska Department of Revenue, Charitable Gaming Division, PO Box 94855, Lincoln, NE 68509-4855**  
**Please make a copy for your records.**

## Instructions

**Who Must File.** Any sole proprietorship, limited liability company, partnership, or corporation which desires to distribute or operate a cash device in the State of Nebraska.

**Eligibility Criteria.** To qualify for a distributor cash device license, the applicant must be legally allowed to conduct business in the State of Nebraska. To qualify for an operator cash device license, the applicant must hold a retail license for the sale of goods from the Nebraska Department of Revenue.

**When and Where to File.** A business which has not been previously licensed, may submit the application at any time during the licensing period. All cash device licenses expire at the end of the calendar year found in the effective date, and must be renewed annually. All applications for license renewal must be submitted at least 60 days prior to the expiration date of the license. File the original application and not a photocopy. Please make a copy of the application for your records. This license application may also be used during the licensing period to report changes in the application information originally submitted or to cancel the license. If requesting cancellation of the license, please include the original license certificate issued by DOR.

**Scope of Cash Device License.** The cash device license is valid for the business in whose name it was issued, including all employees and agents of the business at that location. A cash device license may not be transferred under any circumstances, including change of ownership.

## Specific Instructions

**Line 1.** Provide the Nebraska ID Number of the business applying for licensure (if applicable).

**Line 2.** Provide the Federal Employer ID Number of the applicant, or the Social Security Number if no Federal Employer ID Number exists.

**Line 3.** Indicate the type of application: new; renewal; report changes; or cancel. If cancellation is requested, the original license certificate must be returned to DOR with the cancellation request.

**Business Name and Location Address.** Enter the name, trade name (if applicable), and physical location of the business or organization applying for the cash device license. The cash device license is valid only for the location indicated.

**Business Name and Mailing Address.** Enter the name and mailing address to which all information concerning cash device distribution or operation should be mailed.

**Line 4.** Indicate which license you are applying for. Distributor means any person who places and who either directly or indirectly controls or manages a mechanical amusement device within a retail establishment within the State of Nebraska. Operator means any person who operates a place of business in which a mechanical amusement device owned by him or her is physically located. Manufacturer means an individual, partnership, corporation, or limited liability company that manufactures, builds, rebuilds, fabricates, assembles, produces, programs, designs, or otherwise makes modifications to cash devices or associated equipment for use or place of cash devices.

**Line 5a and 5b.** If cash devices will be placed in operation at the location, provide the square footage. Any business with a total square footage meeting or exceeding 5,000 sq. ft. must provide a diagram showing the amount of space that business occupies. Acceptable forms of documentation for retail space are a printout from the assessor's office, a printout from the Nebraska Liquor Control commission, or a copy of the lease for the business showing the square footage of the business. Mark Yes if you own the devices which will be placed at the location. Mark No if a separate entity with ownership interest in the devices will bring the devices to the location.

**Line 8.** Enter the type of ownership of your business or organization. Partnership includes all types of partnerships such as general, limited, and joint ventures. A domestic corporation is a corporation which is organized under the laws of Nebraska and has qualified to do business in this state. A foreign corporation is a corporation which is organized under the laws of another state. A domesticated corporation is a foreign corporation that has been domesticated in accordance with Nebraska law. A nonprofit organization or corporation is one in which no part of the income is distributed to its members, directors, or officers.

**Line 9.** Provide the information requested for all required individuals in ownership roles as described.

**Lines 15 and 16.** If you answered Yes to either of these questions, to the extent this information is available, provide: the date and place the incident occurred; the court case or docket number under which it is filed; the original charge or ultimate disposition of the matter; and a description of the events which are the subject of the incident. If you fail to answer the question, your license application will be returned to you and the issuance of your license may be delayed. Failure to disclose a material fact to DOR on your license application may also be considered grounds for license application denial.

**Line 18.** Fingerprinting Requirements. If you do not possess a valid liquor license issued by the Nebraska Liquor Control Commission, all individuals listed in line 9 as well as other employees whose duties are not purely ministerial must comply with the Instructions for Completing Fingerprint Application. The applicant must also submit a Background Check Waiver form and the fingerprinting processing fee to the Department.

**Authorized Signature.** The Nebraska Application for Cash Device License, Form 57, must be signed by an owner, partner, officer, or member listed in line 8, or a person authorized by an attached [Power of Attorney, Form 33](#).

Any questions regarding the completion of the application may be addressed to the Nebraska Department of Revenue, Charitable Gaming Division, PO Box 94855, Lincoln, NE 68509-4855, or by calling 402-471-5944.

Additional information and forms may be obtained from DOR's website at [revenue.nebraska.gov/gaming](http://revenue.nebraska.gov/gaming).