

Nebraska Application for Cash Device License

FORM
57

- No fee is required to be attached to this form.
- Incomplete applications will be returned.

1 Do you hold or have you previously held a Nebraska ID Number?

☐ YES ☐ NO If yes, give number _____

2 Federal Employer ID Number or Social Security Number

3 Type of Application

☐ New ☐ Renewal ☐ Report Changes ☐ Cancel (Please enclose license.)

Please Do Not Write In This Space

Business Name and Location Address

Name

Trade Name of Business (If Different Than Above)

Street Address

City State Zip Code

Business Name and Mailing Address (If Different)

Name

Street or Other Mailing Address

City State Zip Code

4 County of Business Location in Nebraska

5 Business Square Footage (Operators only, please include diagram of retail space ONLY if square footage meets or exceeds 5,000 sq. ft.)

6 Type of Applicant

☐ Distributor ☐ Operator

7 Type of Ownership

☐ Sole Proprietorship ☐ Domestic Corporation ☐ Foreign Corporation ☐ Limited Liability Company
☐ Partnership ☐ Domesticated Corporation ☐ Nonprofit Corporation or Organization ☐ Other: _____

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 cash device distributor or operator's license are met.

8 Ownership Information:

List the Social Security number, full name, home address, date of birth, type of involvement, and percentage of ownership for each of the following persons involved with the applicant:

- If a sole proprietorship, list the individual owner.
 - If a partnership, list each partner and spouse.
 - If a corporation, list each officer and spouse and each person holding ten percent or more of the debt or equity of the applicant corporation. If any person holding 10% or more of the debt or equity of the applicant corporation is a partnership, limited liability company, or corporation, list each partner of such partnership, each member of such limited liability company, or each officer of such corporation and every person holding 10% or more of the debt or equity of any such partnership, limited liability company or corporation.
 - If a limited liability company, list each member and spouse.
 - If a nonprofit organization or nonprofit corporation, list each officer and the person designated as manager.
- (Attach additional sheet if necessary.)

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

9 Has your business obtained a sales tax permit?

☐ YES ☐ NO If Yes, does your business issue receipts for all sales? _____

10 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.

11 Has anyone listed in line 8 ever been convicted of being a proprietor of a gambling house, or any other crime or misdemeanor opposed to decency and morality, or pled guilty or nolo contendere to a felony under the laws of the State of Nebraska, laws of any other state, or under United States federal law?

☐ YES ☐ NO If Yes, see instructions.

12 If you are applying as an operator, is your business licensed by the State of Nebraska to sell either alcohol or Nebraska Lottery products?

☐ YES ☐ NO

(Continued on the reverse side.)

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 8,**
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. Provide the county where the business location resides in Nebraska.

Line 5. Provide the square footage of the business applying for a license. 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.

Line 6. Indicate the role of the business applying for a license. Distributor means the business will assume the role described in Neb. Rev. Stat. § 77-3001. Operator means the business will assume the role described in Neb. Rev. Stat. 77-3001.

Line 7. 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 8. Provide the information requested for all required individuals in ownership roles as described.

Lines 11a and 11b. 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 12. If you are an operator, indicate whether you sell either alcohol or Nebraska Lottery products. If you are applying as a distributor, you may skip this question.

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.