NEBRASKA	
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## **Nebraska Cash Device Approval Application and Return**

• Please attach \$500 non-refundable fee via check or money order to this application.

FORM **57A** 

1 Do you hold, or have you previously held, a Nebraska ID	Number? Please Do Not Write In This Space			<u>'</u>		
Yes No If Yes, provide the number						
2 Federal Employer ID or Social Security Number						
2 Federal Employer ID of Social Security Number						
Distributor Name and Mailing Address						
Name						
Ctuant or Other Mailing Address						
Street or Other Mailing Address						
City	State Zip Code			Zip Code		
,				р		
3 County Where Business is Located	Date Report Received (DOR Use Only	eport Received (DOR Use Only)  Device Provided to DOR (DOR Use Only)				
			Yes No			
Cash Device To Be Tested						
<ul> <li>Include all the required information in the columns below.</li> </ul>						
Device Software Name	Version Number	Version Number Manufacturer of Device		For DOR Use Only Approval Numbers		
				/ tppi o vai rvaiii boi o		
Under penalties of law, I declare that I ha	ve examined this application and return,	and to the best of m	y knowledge and belief, it	is correct and complete.		
sign						
here Signature of Owner, Partner, Corporate Officer,	or Person Title		Date	Daytime Phone Number		
Authorized by Attached Power of Attorney						
Email Address						

## Instructions

**Who Must File**. All distributors of cash devices covered by the Mechanical Amusement Device Tax Act must file an application. An application must be filed for each cash device to be approved, with a separate check or money order of \$500.00 issued for each application.

When and Where to File. This application, properly signed and accompanied by check or money order payable to the Nebraska Department of Revenue (DOR), must be filed within 90 days of the finalization of regulations governing cash devices, in order to ensure timely delivery of the approval letter for the cash device. Once issued, approval of a cash device does not expire unless the software of the device is altered in a manner that affects gameplay. At that point, a new approval of the cash device will be required.

**Business Name and Address**. Please provide the business name and mailing address of the distributor in order to receive a response from the Nebraska Department of Revenue.

Any incomplete or incorrect application will be rejected, and must be refiled.

## **Definitions**

**Cash Device (Device)**. A cash device is any mechanical amusement device capable of awarding (a) cash, (b) anything redeemable for cash, (c) gift cards, credit, or other instruments which have a value denominated by reference to an amount of currency, or (d) anything redeemable for anything described in subdivision (c) of this definition.

**Distributor**. A distributor is any person who sells, leases, or delivers possession or custody of a device to operators for a consideration either directly or indirectly received. Distributors are responsible for applying for approval of cash devices, as well as applying for decals to be placed on all cash devices owned by the distributor and currently in operation or to be put into operation.

Mail this form to:

Nebraska Department of Revenue, Charitable Gaming Division, PO Box 94855, Lincoln, NE 68509-4855.

Walk-in at: 137 NW 17th Street, Lincoln, NE 68528.

**Operator**. An operator is any person who operates a place of business in which a cash device owned by the operator is physically located, or any person who places and either directly or indirectly manages or controls any device. Even if a cash device is owned by a distributor, the owner of the establishment in which a cash device is placed is considered an operator. Operators who own the cash devices placed in their establishment outright are considered owner-operators, and must apply for cash device decals, while performing all tasks and responsibilities of distributors.

## **Specific Instructions**

- **Line 1**. If you have, or have ever had, a Nebraska ID number, enter it here.
- **Line 2**. If you currently have a Federal Employer ID number, enter it on this line. If not, enter your Social Security number. Enter the mailing name and address for your business as well.
- **Line 3**. Do not fill out the fields marked for Department of Revenue Use Only. Additionally, enter the required information regarding the cash device submitted for approval in the columns provided. If these columns are not filled out, the application will be returned.

**Authorized Signature**. The Nebraska Application for Cash Device Approval, Form 57A, must be signed by an owner, partner, officer, or member of the business, or a person authorized by an attached <u>Power of Attorney</u>, Form 33.

**Note**: Each Form 57A must be accompanied by a non-refundable check or money order for \$500.00. Failure to attach this application fee will result in a return of the application. The final report from the testing laboratory should be transmitted directly to the Department of Revenue by the laboratory. This application will not be considered complete until the report has been received by the Department of Revenue. The Department of Revenue will contact the signatory of this application to arrange delivery of the cash device.

If you need additional assistance, contact the Charitable Gaming Division, Nebraska Department of Revenue, 137 NW 17th Street, PO Box 94855, Lincoln, NE 68509-4855, or call 877-564-1315 or 402-471-5944.