

**Nebraska Application for Commercial Lessor of a Bingo Premises**

- Incomplete applications will be returned.
- Attach [Nebraska Schedule I – Registration of a Bingo Premises](#).

**1** Do you hold or have you previously held a Nebraska ID number?  
 YES  NO If Yes, give number \_\_\_\_\_

**2** Federal Employer ID or Social Security Number \_\_\_\_\_

**3** County of Business Location in Nebraska \_\_\_\_\_

**Please Do Not Write In This Space**

Business Name and Location Address			Business Name and Mailing Address (If different from Location.)		
Name			Name		
Street Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code

**4 Type of Ownership**

Sole Proprietorship      Domestic Corporation      Limited Liability Company (LLC)  
 Partnership             Foreign Corporation        Other \_\_\_\_\_  
 Nonprofit Corporation or Organization      Domesticated Corporation

**5 Type of Application**

New             Renewal             Cancel  
 Report Changes (Complete only changed information and provide appropriate signatures.)

**6** If the applicant is a corporation or LLC, under the laws of which state has it been formed?  
 \_\_\_\_\_

All foreign corporations and LLC must be registered with the Secretary of State's Office. Attach a copy of the document verifying registration with the Nebraska Secretary of State's Office.

**7** Out-of-state applicants, which are not corporations or LLC, must designate an individual at least 19 years of age, who is a resident of, and living in, Nebraska as a resident agent.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**8** 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:

(a) If a sole proprietorship, list the individual owner;  
 (b) If a partnership, list each partner and spouse;  
 (c) If a corporation, list each officer and spouse and each person holding 10% 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, LLC, or corporation, list each partner of the partnership, each member of the LLC, or each officer of the corporation and every person holding 10% or more of the debt or equity of the partnership, LLC, or corporation;  
 (d) If an LLC, list each member and spouse; or  
 (e) If a nonprofit organization or nonprofit corporation, list each officer and the individual designated as manager.  
 (Attach a separate list if more space is required.)

**Your Social Security number and date of birth are required under the [Nebraska Bingo Act](#), and will be used to request criminal history information from law enforcement agencies to determine if the legal requirements for a commercial lessor's license are met.**

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

**9** Does any person other than those listed in section 8 have any ownership interest in the business named in the license application? (See instructions.)

YES      NO     If Yes, in the case of an individual, identify the Social Security number, full name, home address, date of birth, and type of ownership interest of each individual. In the case of a business, identify the federal employer ID number, business name, address, and type of ownership interest of each business. Attach additional sheets, if necessary.

Social Security Number	Name, Address, City, State, Zip Code	Date of Birth	Type of Ownership Interest

**10** Is the individual or business named in this application, the owner of the premises for which the commercial lessor's license is required?

YES      NO     If No, list the Social Security number, full name, address, date of birth, type of involvement, and percentage of ownership of each individual who has an ownership interest in the premises. Attach copies of all lease and sublease agreements with the owner of the premises.

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

Continued on reverse side.

11 Do any of the individuals listed in section 8 currently hold or previously held any other licenses issued under the [Nebraska Bingo Act](#), the [Nebraska Pickle Card Lottery Act](#), the [Nebraska Lottery and Raffle Act](#), or the [Nebraska County and City Lottery Act](#)?

YES

NO

If Yes, indicate the types of licenses held and their current status (active, canceled, revoked, or expired).

Name	Types of Licenses

12 Do any of the individuals listed in section 8 have a financial interest, directly or indirectly, in any company licensed as a manufacturer or distributor pursuant to the Nebraska Bingo Act, the Nebraska Pickle Card Lottery Act, or in any company licensed as a manufacturer-distributor pursuant to the Nebraska County and City Lottery Act?

YES

NO

If Yes, attach a detailed explanation of these interests.

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 Bingo Act and the regulations adopted under this Act.

**sign  
here** ▶

Signature of Owner, Partner, Officer, Member, or  
Person Authorized by Attached [Power of Attorney](#)

Title

Date

Daytime Phone Number

Email Address

Name of Person to Contact Regarding this Application:	Title	Daytime Phone Number

Email Address

Mail this application, attachments and license fee to:

**Nebraska Department of Revenue, Charitable Gaming Division, PO Box 94855, Lincoln, NE 68509-4855**  
**[revenue.nebraska.gov/gaming](http://revenue.nebraska.gov/gaming)**

**Retain a copy for your records.**

## Instructions

**Who Must File.** Any person who owns, or is a lessee of premises which is offered for lease or rent to a licensed organization to conduct bingo, and who receives more than \$250 per month as aggregate total rent from leasing the premises for bingo, must have a commercial lessor's license. To apply for and obtain a commercial lessor's license, a Nebraska Application for Commercial Lessor of A Bingo Premises, Form 50B, must be submitted to the Nebraska Department of Revenue (DOR). **A nonprofit organization renting its premises solely to its own auxiliary is not required to obtain a commercial lessor's license.**

**When And Where To File.** An individual or business, which has not been previously licensed, may submit the application at any time during the licensing period. All commercial lessor licenses expire on September 30 of each odd-numbered year and may be renewed on a biennial basis. All applications for license renewal must be submitted at least 45 days prior to the expiration date of the license.

Form 50B 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.

Form 50B and the appropriate registration fees (\$200 per premises) and schedules should be mailed to the Nebraska Department of Revenue, Charitable Gaming Division, PO Box 94855, Lincoln, NE 68509-4855. A properly completed [Nebraska Schedule I – Registration of a Bingo Premises](#), and the appropriate fees must be submitted for each bingo premises to be leased for the conduct of bingo. Please retain a copy of the application for your records.

Prior to leasing or renting any premises to a licensed organization for the conduct of bingo, you must have physical possession of the license issued by DOR.

## Specific Instructions

**Line 3.** Enter the Nebraska county where your business is located. If your business has more than one location in Nebraska, enter the county where the principal office of the business is located.

**Business Name and Location Address.** Enter the name and address of the business or individual applying for the license.

**Business Name and Mailing Address.** Enter the mailing address to which all information concerning commercial lessors and the conduct of bingo should be mailed.

**Line 4.** Enter the type of ownership of your business or organization. Partnership includes all types of partnerships (general, limited, and joint ventures). A domestic corporation is a corporation which is organized under the laws of Nebraska and is 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 7.** Out-of-state applicants, which are not corporations or limited liability companies, must designate an individual at least 19 years of age who is a resident of, and living in, Nebraska as a resident agent for the applicant in Nebraska.

**Line 9.** Identify any individuals not listed in section 8 which have an ownership interest in the business named in the application. "Ownership interest" means a right to share in the profits, losses, or liabilities of the business and includes loan guarantors who make actual debt payments for or contribute capital to an operation with a contingent right to share in the profits, losses, or liabilities of the operation. Do not include any stockholder holding less than 10% of the stock of the corporation. Also, do not include any financial institution organized or chartered under the laws of Nebraska, any other state, or the United States relating to banks, savings institutions, trust companies, savings and loan associations, credit unions, installment loan licensees, or similar associations organized under the laws of Nebraska and subject to supervision by the Department of Banking and Finance.

**Line 10.** If you are not the owner of the premises, identify the full name, address, Social Security number, date of birth, type of involvement, and the percentage of ownership of each person having an ownership interest in the premises. A commercial lessor, the owner of a premises, and all parties who lease or sublease a premises which is ultimately leased to a licensed organization for the conduct of bingo, cannot be involved directly with the conduct of any bingo occasion subject to regulation, including, but not limited to, the managing, operating, promoting, advertising, or administering of bingo. These persons may not derive any financial gain except those amounts authorized for: (1) a licensed pickle card operator pursuant to the [Nebraska Pickle Card Lottery Act](#); (2) a licensed lottery operator or sales outlet location licensed pursuant to the [Nebraska County and City Lottery Act](#); or (3) a contracted lottery game retailer pursuant to the State Lottery Act.

**Authorized Signatures.** Form 50B must be signed by an owner, partner, officer, or member listed in section 8, or a person authorized by an attached [power of attorney](#).

Any questions regarding the completion of Form 50B may be addressed to the Nebraska Department of Revenue, Charitable Gaming Division, PO Box 94855, Lincoln, NE 68509-4855, or phone 402-471-5937 or 877-564-1315. Additional information and forms may be obtained from DOR's website [revenue.nebraska.gov/gaming](http://revenue.nebraska.gov/gaming).