

# Nebraska Application for Pickle Card Operator

- Include \$100 license fee.
- Incomplete applications will be returned.

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

|  |  |
|--|--|
| <b>3</b> County of Business Location in Nebraska | <b>4</b> Type of Application<br><input type="checkbox"/> New <input type="checkbox"/> Renewal<br><input type="checkbox"/> Report Changes <input type="checkbox"/> Cancel (Please enclose license.) |
|--|--|

| Business Name and Location Address               |       | Business Name and Mailing Address |       |          |
|--|-------|-----------------------------------|-------|----------|
| 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                          |       |          |

**5** 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: _____              |

**6** Liquor License Information

Class of Liquor License: \_\_\_\_\_ Liquor License Number: \_\_\_\_\_

a. If purchasing an existing business, have you applied for a Temporary Operating Permit and filed a Liquor License Application with the Nebraska Liquor Control Commission?  
 YES  NO

b. Description of premises covered by liquor license (Attach additional sheet if necessary): \_\_\_\_\_

**Your social security number and date of birth are required under the Nebraska Pickle Card Lottery Act, and will be used to request criminal history information from law enforcement agencies to determine if the legal requirements for a pickle card operator's license are met.**

**7** 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 percent 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 ten percent 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 |
|------------------------|--------------------------------------|---------------|---|
|                        |                                      |               |   |
|                        |                                      |               |   |
|                        |                                      |               |   |
|                        |                                      |               |   |
|                        |                                      |               |   |
|                        |                                      |               |   |
|                        |                                      |               |   |

**8** Does any individual listed in line 7 have any interest, directly or indirectly, with any distributor or manufacturer of pickle card units licensed in Nebraska?  
 YES  NO If Yes, attach a detailed explanation of the individuals involved and the nature of these interests.

**9** Is anyone listed in line 7 licensed as a sales agent or utilization of funds member of an organization licensed to conduct a lottery by the sale of pickle cards in Nebraska?  
 YES  NO If Yes, attach a list of the names of the individuals and the corresponding licensed organizations involved.

**10** Is anyone listed in line 7 a director, manager, trustee, or member of the governing committee, board, or body of the licensed organization for which you will be selling pickle cards?  
 YES  NO If Yes, attach a list of the names and responsibilities of the individuals and the corresponding licensed organizations involved.

**11a** Has anyone listed in line 7 ever been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any felony or misdemeanor **at any time** involving any gambling activity or fraud, theft, willful failure to make required payments or reports, or filing false reports with a government agency at any level? (This includes shoplifting or issuing bad checks.)  
 YES  NO If Yes, see instructions.

**11b** Has anyone listed in line 7 ever been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any other felony within ten years preceding the date of this application?  
 YES  NO If Yes, see instructions.

**(Continued on the reverse side.)**

12 Does anyone else not listed in line 7 have an ownership interest in the business named in this application? (See instructions.)

YES  NO If Yes, indicate the Full Name, Home Address, Social Security Number, Date of Birth, and Title of the individual(s) involved and the nature of their interest.

13 Name of Person to Contact Regarding This Application:

Name \_\_\_\_\_ Title \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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 Pickle Card Lottery Act and the regulations adopted under such Act.

**sign  
here**

Signature of **Owner, Partner, Officer or Member listed in line 7**, or Person Authorized by Attached Power of Attorney

Title \_\_\_\_\_

Date \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mail the original application and \$100 fee 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 sell individual pickle cards on behalf of an organization licensed to conduct a lottery by the sale of pickle cards in Nebraska must apply for and obtain a pickle card operator’s license.

**Eligibility Criteria.** To qualify for a pickle card operator’s license, the applicant must hold a retail license for the sale of alcoholic liquor for consumption on the premises or a retail license for the sale of alcoholic liquor for consumption off the premises issued by the Nebraska Liquor Control Commission.

**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 pickle card operator licenses expire on September 30 of each odd-numbered year and may be renewed biennially. All applications for license renewal must be submitted at least 60 days prior to the expiration date of the license. License fees are due in full for the biennial licensing period. However, if a new license application is received by the Nebraska Department of Revenue (Department) and the license will become effective on or after October 1 of the second year of the biennial licensing period, the license fee to be remitted to the Department is one-half of the biennial fee. Checks written to the Nebraska Department of Revenue may be presented electronically.

The license application and fee are to be mailed to the Nebraska Department of Revenue, Charitable Gaming Division, P.O. Box 94855, Lincoln, Nebraska 68509-4855. 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 the Department.

**Scope of Pickle Card Operator’s License.** The pickle card operator’s license is valid for the business in whose name it was issued, including all employees and agents of the business at that location. A pickle card operator’s license may not be transferred under any circumstances, including change of ownership.

### Specific Instructions

**Business Name and Location Address.** Enter the name, trade name (if applicable), and location of the business or organization applying for the pickle card operator’s license. The pickle card operator’s license is valid only for the location indicated.

**Business Name and Mailing Address.** Enter the name and mailing address to which all information concerning pickle card operators and the conduct of a lottery by the sale of pickle cards should be mailed.

**Line 4.** Indicate the type of application: new; renewal; report changes; or cancel. If cancellation is requested, the original license certificate must be returned to the Department with the cancellation request.

**Line 5 Type of Ownership.** 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 6.** Indicate the classes of liquor licenses held by your business or organization and the license numbers assigned by the Nebraska Liquor Control Commission.

Indicate if you are currently operating the business named in this application under a Temporary Operating Permit issued by the Nebraska Liquor Control Commission.

Provide a brief description of the building or portion of the building where pickle cards will be sold. A pickle card operator's license is valid for the area covered by the liquor license except for any outdoor area. For example: 1810 West 10<sup>th</sup> Street - East portion approximately 50' x 100' of main floor of three story building.

**Lines 9 and 10.** The Nebraska Pickle Card Lottery Act prohibits a sole proprietor, partner in a partnership, officer or director of a corporation, or member in a limited liability company licensed as a pickle card operator from holding a license as a sales agent or serving as a director, manager, trustee, or member of any governing committee, board, or body of the licensed organization for which the pickle card operator sells individual pickle cards. If this conflict exists, provide the names of the individuals involved, the names of the licensed organizations affected, and an indication of the nature of the individual's involvement.

**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 the Department on your license application may also be considered grounds for license application denial.

**Line 12.** Identify any individuals not listed in line 7 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 percent of the stock of the corporation or 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.

**Authorized Signatures.** The Nebraska Application for Pickle Card Operator, Form 50D, must be signed by an owner, partner, officer, or member listed in line 7, 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, P.O. Box 94855, Lincoln, NE 68509-4855, or by calling 877-564-1315 or 402-471-5949. Additional information and forms may be obtained from the Department's website at [revenue.nebraska.gov/gaming](http://revenue.nebraska.gov/gaming).