NEBRASKA Good Life, Great Service. DEPARTMENT OF REVENUE

Nebraska Application for Cash Device License • No fee is required to be attached to this form.

140 ice is required to be attac	inca to time for
Incomplete applications will	be returned.

FORM 57

	Do you hold or have you previously held a Nebraska ID Number? YES NO If yes, give number Please Do Not Write In This Space				
2 Federal Employer ID Number					
3 Type of Application New Rene	ewal Report Changes Cancel (Please enclos	se license.)			
Busine	ss Name and Location Address		Business Name and Maili	ng Address	(If Different)
Name		Name			,
Trade Name of Business (If Di	fferent Than Above)	Street or 0	Other Mailing Address		
Street Address		City	State		Zip Code
City	State Zip Code				
4 County of Business Location	n in Nebraska	Business Square Footage (Operators only, please include diagram of retail space ONLY if square footage exceeds 5,000 sq. ft.)			
6 Type of Applicant					
Distributor	Operator				
7 Type of Ownership Sole Proprietorship Partnership		reign Corporation Limited Liability Company onprofit Corporation or Organization Other:			
	ber and date of birth are required under the Mechai	•		Other: oe used to re	quest criminal history
information from law	enforcement agencies to determine if the legal req	uirements	for a cash device distributor	r or operator	's license are met.
 a. If a sole proprietorship, b. If a partnership, list each c. If a corporation, list each of the debt or equity of the liability company, or each company or corporation. d. If a limited liability comp 	h partner and spouse. n officer and spouse and each person holding ten percent or mothe applicant corporation is a partnership, limited liability compath officer of such corporation and every person holding 10% or rany, list each member and spouse. on or nonprofit corporation, list each officer and the person desponse.	ore of the de any, or corpo more of the	ebt or equity of the applicant corpor ration, list each partner of such par debt or equity of any such partners	ation. If any per	son holding 10% or more member of such limited
Social Security Number	Name, Address, City, State, Zip Code			Date of Birth	Type of Involvement and Percentage of Ownership
Has your business obtainer	and a calca tay normit?				
	s, does your business issue receipts for all sales?				
10 Are multiple businesses lo					
	s, are there physical walls separating the businesses?s, does this business have its own dedicated entrance/exit to t	the outside	of the building?		
11a Has anyone listed in line 8 or nolo contendere to a fel	8 ever been convicted of being a proprietor of a gambling hous lony under the laws of the State of Nebraska, laws of any othe s, see instructions.	se, or any of	her crime or misdemeanor oppose	ed to decency a	nd morality, or pled guilty
	Bever been convicted of, or pled guilty or nolo contendere to a s, see instructions.	any felony p	receding the date of this application	า?	

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
Does anyone else not listed in line 8 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.
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.
Signature of Owner, Partner, or Officer listed in line 8, or Person Authorized by Attached Power of Attorney Title Date Phone Number

Mail the original application to:

E-Mail Address

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 date of issuance, 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.

Line 13. Identify any individuals not listed in line 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 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.

Line 14. Provide information of the individual to be used if an issue regarding the application arises, necessitating contact by the Nebraska Department of Revenue.

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 <u>Power of Attorney</u>, 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.