

APPLICATION TO CONDUCT A LOTTERY / RAFFLE INFORMATION SHEET

Revised 7/23/13

- **FOR ALL RULES & REGULATIONS:** please read Lincoln Municipal Code Chapter 9.32 which is available on our website www.lincoln.ne.gov. 1) Click on "Government", 2) under "City of Lincoln", click on "Departments", 3) click on "City Attorney", 4) click on "Lincoln Municipal Code", 5) Click on "Title 9", click on "9.32".
- Applicant must be a non-profit organization & **provide proof of non-profit status** as determined by the Internal Revenue Service or State Dept. of Revenue.
- **You must first determine the amount of money you wish to raise.** To do so, simply take the dollar amount of each ticket multiplied by the number of tickets you hope to sell. (For example, a ticket costs \$1 & you're going to hopefully sell 500 tickets, the amount of money you hope to raise is \$500.)
- **If your prize includes Cash/Gift Cards or is a combination of Merchandise (quilts) AND Cash/Gift Cards, you are conducting a LOTTERY.** Please answer the following:
Are you intending to raise less than \$1,000? Yes No
If **Yes**, you can apply for a Solicitation Permit. That is not this form.
Are you intending to raise more than \$1,000? Yes No
If **Yes**, complete this form.
- **If your prize is strictly Merchandise (quilts, gift baskets, etc.) and does not include Cash or Gift Cards, you are conducting a RAFFLE.** Please answer the following:
Are you intending to raise less than \$5,000? Yes No
If **Yes**, you can apply for the Solicitation Permit. That is not this form.
Are you intending to raise more than \$5,000? Yes No
If **Yes**, complete this form.
- **State Dept. of Revenue Lottery/Raffle Permit:** If your are raising more than \$5,000 total, you must apply for a Lottery/Raffle permit from the State Dept. of Revenue & **attach a copy** of your State permit to this application. You may contact them at (402) 471-5937.
- **FEE:** \$10.00 **per** raffle **plus** you must pay a 5% tax on the Gross Proceeds which is due within 60 days of the expiration date. This is **your** responsibility so note your calendar!
- Application must be signed by an Officer of the Organization.
- Each question must be completely answered OR your application will be returned as **incomplete!**
- Submit Application **at least** 2 weeks prior to your starting date.
- Return Application & Payment to: City Clerk's Office, 555 S. 10th St., Lincoln NE 68508.
Make checks payable to **City of Lincoln**. (Please note: Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately and your check will not be returned.)
- If you have any questions, please contact Sandy w/ City Clerk at (402) 441-7437.

APPLICATION TO CONDUCT A LOTTERY / RAFFLE

Please PRINT (or type) using blue or black ink only.

Each question must be completely answered OR your application will be returned as **incomplete!**

1. PLEASE ✓ THE APPROPRIATE ONE: _____ LOTTERY _____ RAFFLE

2. # OF LOTTERIES / RAFFLES TO BE CONDUCTED DURING THE TERM OF THIS PERMIT (ie., 1, 2, _____ etc.):

3. DATE LOTTERY/LOTTERIES OR RAFFLE(S) WILL BEGIN & END:

	Beginning Date	Ending Date
1.		
2.		

	Beginning Date	Ending Date
3.		
4.		

4. **APPLICANT**

NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE #:	FAX #:	CELL #:	
EMAIL ADDRESS:			

5. **ORGANIZATION (HEADQUARTERS ADDRESS, if applicable)**

NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE #:	FAX #:	CELL #:	
EMAIL ADDRESS:			

6. **MAILING ADDRESS**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

7. **NAME & ADDRESS OF PRINCIPAL OFFICERS**

OFFICE	NAME	STREET	CITY	STATE	ZIP
President					
Vice-President					
Secretary					
Treasurer					

8. **PERSON IN DIRECT CHARGE OF CONDUCTING THIS LOTTERY/RAFFLE**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:		CELL #:	
EMAIL ADDRESS:					

9. **PERSON(S) RESPONSIBLE FOR THE PROPER UTILIZATION OF THE GROSS RECEIPTS FROM THIS LOTTERY/RAFFLE:**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:		CELL #:	
EMAIL ADDRESS:					

10. How much money do you intend to raise: _____

11. Price of Each Lottery/Raffle Ticket/Chance: _____

12. # of Tickets to be Sold: _____

13. Specific nature & type of lottery/raffle to be conducted **(attach sample of ticket to be sold)**:

14. Describe method of selecting winning ticket (for example: put ticket stubs in hat & someone draws, put names in a barrel & someone draws, etc.): _____

15. List the specific purpose(s) to which the profits from the conduct of the lottery/raffle are to be devoted:

16. Describe the prizes, money, or merchandise to be given away (**be specific** & use separate sheet if necessary):

17. List **All** Locations within the City of Lincoln where the lottery/raffle tickets (chances) are to be sold:

THE FOLLOWING MUST BE ATTACHED PRIOR TO SUBMITTING TO THE CITY CLERK:

- If raising more than \$5,000 total, attach proof of applicant's authority to conduct a lottery/raffle, pursuant to State Law. (Copy of your State permit.)
- Proof of non-profit status granted by the Internal Revenue Service or State Dept. of Revenue **must** be provided.
- Sample of Ticket to be sold

Printed Name of Officer

Date

Officer's Signature

Applications are available on the City's web site at "www.lincoln.ne.gov"

