

# APPLICATION TO CONDUCT A LOTTERY / RAFFLE INFORMATION SHEET

Revised 3/26/10

Governed by Lincoln Municipal Code Chapter 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 you 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. 10<sup>th</sup> 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 Funds may be withdrawn immediately and your check will not be returned.)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 Teresa w/ City Clerk at 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!**

PLEASE ✓ THE APPROPRIATE ONE:    \_\_\_\_\_ LOTTERY                    \_\_\_\_\_ RAFFLE

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

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

	Beginning Date	Ending Date
1.		
2.		

	Beginning Date	Ending Date
3.		
4.		

<b>APPLICANT</b>				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:
PHONE #:		FAX #:		CELL #:
EMAIL ADDRESS:				

<b>ORGANIZATION (HEADQUARTERS ADDRESS, if applicable)</b>				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:
PHONE #:		FAX #:		CELL #:
EMAIL ADDRESS:				

<b>MAILING ADDRESS</b>				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

NAME & ADDRESS OF PRINCIPAL OFFICERS					
OFFICE	NAME	STREET	CITY	STATE	ZIP
President					
Vice-President					
Secretary					
Treasurer					

PERSON IN DIRECT CHARGE OF CONDUCTING THIS LOTTERY/RAFFLE					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:		CELL #:	
EMAIL ADDRESS:					

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:					

**PLEASE ANSWER ALL OF THE FOLLOWING:**

- How much money do you intend to raise: \_\_\_\_\_
- Price of Each Lottery/Raffle Ticket/Chance: \_\_\_\_\_ # of Tickets to be Sold: \_\_\_\_\_
- Specific nature & type of lottery/raffle to be conducted **(attach sample of ticket to be sold)**:  


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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS/EXPLANATION** *(use separate sheet if necessary):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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"***

# CITY OF LINCOLN LOTTERY / RAFFLE TAX REPORT

(TO BE SUBMITTED AT CONCLUSION OF LOTTERY / RAFFLE)

**Return to:** City Clerk's Office, Attn: Teresa, 555 S. 10<sup>th</sup> St., Lincoln, NE 68508

Nebraska Identification #: \_\_\_\_\_

For Quarter Ending (Month, Day & Year): \_\_\_\_\_

Licensee's Name: \_\_\_\_\_

Licensee's Street (or Mailing) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DATE OF EVENT	GROSS RECEIPTS	PAY-OUTS	TOTAL TAX DUE (5% of Gross Receipts)
<b>TOTAL FOR QUARTER REPORTING:</b>			

***Please sign & date with proper Identification in front of a Notary Public.***

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature

**NOTARY PUBLIC**

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

Subscribed & sworn to as being a true statement, before me, a Notary Public, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public