

APPLICATION TO CONDUCT A LOTTERY / RAFFLE INFORMATION SHEET

Governed by Lincoln Municipal Code Chapter [9.32](#)

Revised 4/17/2020

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 and you are 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**, no permit is required.

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**, no permit is required.

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 AND PAYMENT TO: City Clerk's Office, 555 S. 10th St. Suite 103, 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 Funds may be withdrawn immediately and your check will not be returned.)

Questions Contact: Sony Phan, 402-441-7347, sphan@lincoln.ne.gov

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PLEASE PRINT USING BLUE OR BLACK INK!

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

PLEASE CHECK THE APPROPRIATE ONE: _____ LOTTERY _____ RAFFLE

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

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

	Beginning Date	Ending Date		Beginning Date	Ending Date
1.			3.		
2.			4.		

APPLICANT

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

ORGANIZATION (HEADQUARTERS ADDRESS, *if applicable*)

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

MAILING ADDRESS

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:					

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):**

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

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

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

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".