APPLICATION TO CONDUCT A LOTTERY / RAFFLE
INFORMATION SHEET

- **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, 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 & 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 Sony 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:**

<table>
<thead>
<tr>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Beginning Date</th>
<th>Ending Date</th>
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<td>2.</td>
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4. **APPLICANT**

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<tr>
<th>NAME:</th>
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<tr>
<td>STREET ADDRESS:</td>
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<td>CITY:</td>
<td>STATE:</td>
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<td>PHONE #:</td>
<td>FAX #:</td>
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<td>EMAIL ADDRESS:</td>
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5. **ORGANIZATION (HEADQUARTERS ADDRESS, if applicable)**

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6. MAILING ADDRESS

NAME: ____________________________
STREET ADDRESS: ____________________________
CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

7. NAME & ADDRESS OF PRINCIPAL OFFICERS

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<thead>
<tr>
<th>OFFICE</th>
<th>NAME</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<td>President</td>
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<td>Vice-President</td>
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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

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*Applications are available on the City’s web site at “www.lincoln.ne.gov”*
# CITY OF LINCOLN LOTTERY / RAFFLE TAX REPORT

**RETURN TO: City Clerk’s Office, Attn: Sony, 555 S. 10th St., Lincoln, NE 68508**

Nebraska Identification #: ________________________________

For Quarter Ending (Month, Day & Year): ________________________________

Licensee’s Name: ________________________________________________

Licensee’s Street (or Mailing) Address: ________________________________

City: ________________________________  State: __________  Zip: __________

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

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

________________________  __________________________  ___________
Authorized Signature  Title  Date

**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