

PLEASE DO NOT WRITE IN THIS SPACE

1 Licensed Organization's Name

2 Nebraska Identification Number of Licensed Organization

3 Type of Application

New  Renewal  Report Changes  Cancel (Return license)

**SALES AGENT INFORMATION (Attach additional sheet, if necessary)**

|                        |                |          |        |
|------------------------|----------------|----------|--------|
| Social Security Number | Name           |          |        |
|                        | Street Address |          |        |
| Date of Birth          | P.O. Box       | City     | State  |
|                        |                | Zip Code | County |

• Your social security number and date of birth are required under the Nebraska Pickle Card Lottery Act, and will be used to request criminal history information from law enforcement agencies to determine if the legal requirements for a sales agent's license are met.

4 Are you an active and bona fide member of the licensed organization named above?  
 NO  YES If Yes, indicate the date (month/day/year) you became a member: \_\_\_\_\_

5 Do you or your spouse have any interest, directly or indirectly, in any business licensed as a pickle card operator or as a manufacturer or distributor of bingo equipment and/or pickle card units in Nebraska?  
 NO  YES If Yes, provide detailed explanation: \_\_\_\_\_

6 Do you hold or have you previously held any other licenses issued under the Nebraska Bingo Act, the Nebraska Pickle Card Lottery Act, the Nebraska Lottery and Raffle Act, or the Nebraska County and City Lottery Act?  
 NO  YES If Yes, indicate the types of licenses and check current status: \_\_\_\_\_  
 Active  Suspended  Cancelled  Revoked  Expired

7a Have you been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any **FELONY OR MISDEMEANOR AT ANY TIME** involving fraud, theft, any gambling activity, willful failure to make required payments or reports, or filing false reports with a governmental agency at any level? This **INCLUDES** shoplifting or issuing bad checks.  
 NO  YES

7b Have you been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any felony other than those listed in 7a within the last 10 years?  
 NO  YES  
If you answered Yes to 7a or 7b, indicate 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.

8 Are you a director, manager, trustee, or member of the governing committee, board or body of the licensed organization for which you will function as a sales agent?  
 NO  YES If Yes, what is your responsibility? \_\_\_\_\_

9 Will you receive any commission, salary, fee, or other type of compensation from the licensed organization for functioning as a sales agent?  
 NO  YES If Yes, explain the compensation which you will receive: \_\_\_\_\_

10 Have you ever been fingerprinted for a license under the Nebraska Bingo Act, the Nebraska Pickle Card Lottery Act, or the Nebraska County and City Lottery Act?  
 NO  YES If Yes, indicate the approximate date you were fingerprinted and the type of license involved Date: \_\_\_\_\_  
Type of License: \_\_\_\_\_

11 Have you ever been fingerprinted by the Nebraska Liquor Control Commission in conjunction with an application for a liquor license?  
 NO  YES If Yes, indicate the approximate date you were fingerprinted and the number of the liquor license Date: \_\_\_\_\_  
Liquor License Number: \_\_\_\_\_

If you answered No to lines 10 and 11, see the instructions for lines 10 and 11 on the reverse side of this application.

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 Pickle Card Lottery Act and the regulations adopted under such Act.

**sign  
here**

Signature of Applicant

Date

( )  
Daytime Telephone Number

**LICENSED ORGANIZATION AUTHORIZATION — Signature of Utilization of Funds Member**

I declare that I have examined this application and approve the person to act as a sales agent on behalf of the above-named licensed organization.

**sign  
here**

Signature of Utilization of Funds Member

Date

( )  
Daytime Telephone Number

**FOR CANCELLATION ONLY — Release by Licensed Organization**

We, the undersigned, do hereby release the above-named individual from his or her responsibility as a sales agent for the above-named licensed organization. We further certify that the above-named individual has satisfied all legal obligations he or she has to the organization in connection with the organization's lottery by the sale of pickle card activity.

**sign  
here**

Signature of Utilization of Funds Member

Date

( )  
Daytime Telephone Number

Signature of an Officer of the Organization

Title

Date

( )  
Daytime Telephone Number

Mail the original application and \$100 fee to:  
**NEBRASKA DEPARTMENT OF REVENUE, CHARITABLE GAMING DIVISION, P.O. BOX 94855, LINCOLN, NE 68509-4855**

**PLEASE MAKE A COPY FOR YOUR RECORDS.**

## INSTRUCTIONS

**WHO MUST FILE.** Any nonprofit organization or volunteer fire company or volunteer first-aid, rescue, ambulance, or emergency squad licensed to conduct a lottery by the sale of pickle cards on the premises of one or more licensed pickle card operators (Class II licensee) must license a sales agent. The sales agent is responsible for the marketing, selling, and/or delivery of pickle card units to licensed pickle card operators. The Nebraska Application for Pickle Card Sales Agent, Form 50E, must be filed by any individual wishing to function as a sales agent for a Class II licensed organization. A sales agent may operate as such for only one licensed organization.

**WHEN AND WHERE TO FILE.** A sales agent license issued to an individual for a nonprofit organization holding a certificate of exemption under section 501(c)(3) or (c)(4) of the Internal Revenue Code expires on September 30 of each odd-numbered year and may be renewed biennially. A sales agent license issued to an individual for a nonprofit organization holding a certificate of exemption under section (501(c)(5), (c)(7), (c)(8), (c)(10), or (c)(19) of the Internal Revenue Code or any volunteer fire company or volunteer first-aid, rescue, ambulance, or emergency squad expires on September 30 of each even-numbered year and may be renewed biennially. All applications for license renewal must be submitted with the nonprofit organization's lottery by the sale of pickle cards license renewal application at least 45 days prior to the expiration date of the license. An individual who has not been previously licensed as a sales agent may submit the application at any time during the licensing period. License fees are due in full for the biennial licensing period. However, if a new license application is received by the Department and the license will become effective on or after October 1 of the second year of the biennial licensing period, the license fee to be remitted to the Department is one-half of the biennial fee. Checks written to the Department of Revenue may be presented electronically.

The 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 the Department.

The application and the required license fee are to be mailed to the Nebraska Department of Revenue, Charitable Gaming Division, P.O. Box 94855, Lincoln, Nebraska 68509-4855. The fee is not required for changes or cancellations. **Please make a copy of this application for your records.**

An individual must have physical possession of the license issued by the Department before he or she may function as a sales agent for the licensed organization.

### SPECIFIC INSTRUCTIONS

**LINE 3.** Indicate the reason for filing: new, renewal, report changes, or cancel.

**LINE 4.** An applicant for a sales agent license must have been an active and bona fide member of the licensed organization for at least one year prior to his or her application for a license. Indicate the month-day-year in which you became a member of the licensed organization. The Department may request additional information from the applicant as proof of membership.

**LINE 5.** Provide a complete explanation of any interest which you or your spouse may have in any business licensed as a pickle card operator or as a distributor or manufacturer of bingo equipment and/or pickle cards in Nebraska.

For purposes of line 5, interest would include, but not be limited to, ownership of any type which you or your spouse have in a sole proprietorship, limited liability company, partnership, or corporation licensed as a distributor, manufacturer, or pickle card operator in Nebraska.

**LINE 6.** Identify any licenses you currently hold or have previously held which were issued under the Nebraska Bingo Act, the Nebraska Pickle Card Lottery Act, the Nebraska Lottery and Raffle Act, or the Nebraska County and City Lottery Act. Include an indication of the status of such licenses (active, suspended, canceled, revoked, or expired). Attach additional sheets if necessary.

A person licensed as a utilization of funds member cannot be licensed as a sales agent.

**LINES 8 AND 9.** If you answer "Yes" to line 8, you may receive no compensation other than reimbursement for reasonable and necessary expenses incurred from your duties as a sales agent.

**LINES 10 AND 11.** If you answered "No" to lines 10 and 11, two fingerprint cards and the proper fees must be submitted to the Nebraska State Patrol for criminal background investigation purposes. To obtain fingerprint cards and instructions for their completion, contact the Charitable Gaming Division at the address or telephone number listed below.

**LICENSED ORGANIZATION AUTHORIZATION.** The application must be signed by the utilization of funds member of the licensed organization for which you will function as a sales agent. The signature of the utilization of funds member is necessary to establish that the licensed organization approves you to function as a sales agent for the organization.

**FOR CANCELLATION ONLY.** A person may be licensed as a sales agent for only one licensed organization. You may discontinue your relationship with one licensed organization and become licensed as a sales agent for another licensed organization, provided you have obtained a written release from the licensed organization for which you were previously licensed.

In order to obtain a sales agent's license for another licensed organization, a separate Nebraska Application for Pickle Card Sales Agent, Form 50E, and the license fee must be submitted to the Department. The licensed organization for which you were previously licensed must submit a separate Nebraska Application for Pickle Card Sales Agent, Form 50E, requesting cancellation of your license and releasing you of any legal obligations to the licensed organization. The written release must be signed by the utilization of funds member and an officer of the licensed organization stating that you have satisfied all legal obligations to that organization with respect to its lottery by the sale of pickle cards.

Any questions regarding the completion of the Nebraska Application for Pickle Card Sales Agent, Form 50E, should be addressed to the Nebraska Department of Revenue, Charitable Gaming Division, P.O. Box 94855, Lincoln, Nebraska 68509-4855, telephone (402) 471-5937 or toll free (877) 564-1315.