Nebraska Department of REVENUE

NEBRASKA SCHEDULE III
County/City Lottery Worker Application
• Incomplete applications will be returned.

FORM 50G Schedule III

1 Nebraska I.D. Number of County, City, or Village

2 County, City, or Village Name as Shown on Form 50G

PLEASE DO NOT WRITE IN THIS SPACE

LOTTERY WORKER INFORMATION

Your social security number and date of birth are required under the Nebraska County and City Lottery Act and will be used to request criminal history information from law enforcement agencies to determine if the legal requirements for a lottery worker's license are met.

3 Social Security Number

4 Date of Birth

5 Type of Application
☐ New ☐ Inactive ☐ Report Changes ☐ Renewal ☐ Cancel

Name (Last name, first name, middle name)

Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise

Street or Other Mailing Address

City State Zip Code County

DOR USE ONLY

DOB Check

☐ Y ☐ N

Date

6 Provide a brief description of your duties as a county/city lottery worker by checking the boxes that apply to you.

REQUIRED TO BE FINGERPRINTED (see 6a and 6b)
☐ Keno Manager
☐ Individual other than keno manager who has authority over verification of winning number selection by a manual or automated ball draw device

☐ Accounting
☐ Administration
☐ Audit
☐ Authorized Representative
☐ Governing Official
☐ Keno Runner
☐ Keno Writer
☐ Lottery Operator Officer or Owner
☐ Sales Outlet Officer or Owner
☐ Security
☐ Other (specify) _____

6a 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: _____

6b 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:_____

If you answered No to lines 6a and 6b, **see the Instructions** on the reverse side of this application. Liquor License Number:_____

• You must answer questions 7 through 9 accurately.

7 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 If you answered Yes, **see the Instructions** on the reverse side of this application.

8 Have you been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any other felony within ten years preceding the date of this application?
☐ NO ☐ YES If you answered Yes, **see the Instructions** on the reverse side of this application.

9 **For New Applicants Only.** For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:
☐ I am a citizen of the United States; or
☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

LOTTERY OPERATOR INFORMATION (Required unless working at a county, city, or village location.)

10 Nebraska Identification Number	Name, Address, City, State, Zip Code

LOTTERY SALES OUTLET LOCATION INFORMATION (Required if working at a sales outlet location.)

11 Nebraska Identification Number	Name, Address, City, State, Zip Code

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct. I hereby attest that my response and the information provided in Line 9 and any related application for public benefits are true, complete, and accurate. I understand that this information may be used to verify my lawful presence in the United States. I will comply with the provisions of the Nebraska County and City Lottery Act and the regulations adopted under this Act.

sign here ▶ Signature of Applicant _____ Date _____ ( ) Daytime Telephone Number _____

AUTHORIZATION – Signature of Governing Official or Authorized Representative

I declare that I have examined this application and authorize the applicant to submit it to the Nebraska Department of Revenue for approval.

sign here ▶ Signature of Governing Official or Authorized Representative _____ Title _____ Date _____ ( ) Daytime Telephone Number _____

Printed Name of Official or Representative _____ E-Mail Address _____

Mail this application to: **NEBRASKA DEPARTMENT OF REVENUE, CHARITABLE GAMING DIVISION, P.O. BOX 94855, LINCOLN, NE 68509-4855**

INSTRUCTIONS

WHO MUST FILE. Any individual who intends to perform any work directly related to the conduct of a county/city lottery must complete and file this application. A county/city lottery worker license applicant must be at least 19 years of age. Work directly related to the conduct of a lottery means any work involving the actual day-to-day conduct of the lottery, including, but not limited to, ticket writing, working as a keno runner, winning number selection, prize payments to winners, record keeping, shift checkout, review of keno writer banks, security, and compiling or filing county/city lottery tax return information. Please refer to Regulation 35-619 of the County and City Lottery Regulations for a detailed description of individuals who are required to file this application.

WHEN AND WHERE TO FILE. A properly completed and signed application must be filed with the Nebraska Department of Revenue (Department) prior to a lottery worker beginning his or her duties. The application will be considered on file with the Department once the Nebraska Schedule III has been received by the Department, or as of the date postmarked or electronically transmitted to the Department, provided the application is received by the Department within 10 days after the date postmarked or electronically transmitted. An application not received within 10 days of the date postmarked or electronically transmitted is not considered filed. The applicant must cease performing any duties for the lottery until the Nebraska Schedule III is on file with the Department. A separate Nebraska Schedule III must be submitted for each county, city, or village for which the applicant will be performing duties related to the conduct of the lottery. Incomplete applications will be returned to the county, city, or village and the lottery worker license applicant must immediately cease working with the lottery until a properly completed application is on file with the Department. In order to determine whether a license application has been filed with the Department, contact our office by telephone or visit **www.revenue.ne.gov/gaming**. In order to access the lottery worker database on the Web site, the User Name and Password are needed. Only county/city lottery licensees, governing officials, and their designated authorized representatives may access the lottery worker database. The User Name and Password may be obtained by contacting our office.

All lottery worker licenses expire on May 31 of odd-numbered years, and may be renewed biennially. All applications for license renewal must be submitted at least 60 days prior to the expiration date of the license.

The Nebraska Schedule III may also be utilized after an initial filing to report changes in the application information, or to report that the license is inactive or void. If a lottery worker is no longer working with a county/city lottery, the Department must be notified by marking inactive on a Schedule III and filing the form with our office. Any changes in the information originally submitted on the application form must be promptly reported to the Department. These changes are also to be reported to the county, city, or village.

Each applicant should review the questions on the application carefully and provide accurate responses. If any of the information provided by the applicant is found to be false, the applicant will be disqualified and a notice of disqualification and intended license application denial may be issued. Disqualified workers may not work for a county/city lottery at any time. If the responses of a licensed lottery worker reporting changes are found to be false, notice of license suspension, cancellation, or revocation, as applicable, may be issued.

There are three methods that can be used to file the Nebraska Schedule III. (1) Mail the Nebraska Schedule III and any attachments to the Nebraska Department of Revenue, Charitable Gaming Division, P.O. Box 94855, Lincoln, Nebraska 68509-4855. (2) Transmit the Nebraska Schedule III and any attachments electronically to (402) 471-5600 and mail the original. (3) Personally deliver the Nebraska Schedule III to any of the Department's offices in Grand Island, Lincoln, Norfolk, North Platte, Omaha, or Scottsbluff. Original signatures are required in order to process the application. Make a copy of the Nebraska Schedule III for your records and provide a copy to the county, city or village listed at the top of the form.

SPECIFIC INSTRUCTIONS

LINE 1. NEBRASKA IDENTIFICATION NUMBER. Enter the state identification number assigned to the county, city, or village. This number is found on every county/city lottery license issued by the Department and is identified as 35-xxxxxxx. If this number is unknown or not assigned, this space may be left blank.

LINE 2. COUNTY, CITY, OR VILLAGE NAME. Enter the name of the county, city, or village for whom the applicant will be working. This information is found on the license displayed at the location of the lottery or on the Nebraska Application for County/City Lottery, Form 50G. List only the county, city, or village on the license. If the lottery is conducted jointly with another county, city, or village, file one Schedule III and indicate the name of each county, city, or village involved.

LINE 5. A new application is required for each new lottery worker and anyone who has terminated employment or is currently inactive, but wishes to resume work at a later date. If reporting changes to a previously-filed license application, check the "report changes" box. Check the "inactive" box when an individual is no longer actively working with a county/city lottery. The "cancel" box is to be marked only by a lottery worker to request cancellation of his or her license. **The "cancel" box may not be used by a county, city, village, or lottery operator to report that an individual is no longer working for the county, city, village, or lottery operator.**

LINES 6, 6a, AND 6b. FINGERPRINTING REQUIREMENTS. If a box in the left-hand column is marked and the applicant answered "No" to lines 6a and 6b, 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.

LINES 7 AND 8. If the "Yes" box is checked, provide an attachment with the following information, if known:

1. The date and place the incident occurred;
2. The court case or docket number under which it is filed'
3. The original charge and ultimate disposition of the matter; and
4. A description of the events which are the subject of the incident.

LINE 9. For purposes of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, all **new** lottery worker license applicants are required to complete this section. This information will be used by the Department to verify the license applicant's lawful presence in the United States. A license application will be denied if the information provided is false.

LINE 10. Enter the state identification number and name of the lottery operator.

LINE 11. Enter the state identification number and name of each lottery sales outlet location only if the applicant performs work at the sales outlet location's place of business. If a state identification number has not yet been assigned, this space may be left blank. Enter only one sales outlet location per line. If additional space is needed, attach a separate sheet listing the additional locations.

AUTHORIZED SIGNATURES. The application must be signed by the applicant and by a governing official or their designated, authorized representative to be valid.

Any questions regarding the completion of this application 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 at (877) 564-1315. Additional information and forms may be obtained at **www.revenue.ne.gov/gaming**.