

Nebraska Lottery Retailer Background Information

PART 2 OF 3

• This form must be attached to Nebraska Lottery Retailer Application.

• This form must be completed in its entirety.

	Tills form must be c	ompleted in its entire	ery.		
		NFORMATION			
 If you answer "YES" to any of the 1-8 questions below, attach a separate sheet with a detailed explanation. 					
Trade Name as Shown on Nebraska Lottery Reta	iller Application	Nebraska T	ax Identification Number	Federal Empl	oyer Identification Number
Has the business or any owner, partner, member any other governing officer ever been convicted of sons ever been convicted of any other felony with YES NO Has the business or any owner, partner, member	of a felony or misdemeand nin ten (10) years precedi	or involving gambling, ng the date of this app	moral turpitude, disho dication for a contract	nesty, or the ?	ft and have such per-
any other governing officer ever been convicted of Raffle Act, the Nebraska Pickle Card Lottery Act,	of a violation of the Nebra	ska Bingo Act, Nebras	ka County and City L		
YES NO 3 Has the business or any owner, partner, member any other governing officer ever previously had a City Lottery Act, the Nebraska Lottery and Raffle Lottery Act? YES NO	license or contract termin	nated, revoked, or den	ied under the Nebras	ka Bingo Act,	Nebraska County and
4 Has the business or any owner, partner, member any other governing officer had a license or contr such lottery or by a court of such jurisdiction?					
YES NO 5 Has the business or any owner, partner, member YES NO	or officer ever been sued	or have outstanding	claims or judgements	?	
6 Has the business or any owner, partner, member	or officer ever filed for ba	nkruptcy in Nebraska	or any other state?		
7 Has the business or any owner, partner, member	or officer ever operated u	ınder different busines	s names?		
8 Is the business or any owner, partner, member, co any other governing officer delinquent in the paym					the corporation or
YES NO 9 List all financial institutions in which you have bu	cinoce accounts (attach s	additional list if nocces	ean/\		
Name, Address, City, State, Zip Code	Silless accounts (attach a	duliionai list, ii necess	Type of Acco	nunt	Account No.
realite, reducess, only, orace, 21p code			1990 0171000	June	Account No.
10 How long has applicant's business been in opera Also complete the following (if a partnership of				n).	
Place of Incorporation	Date of Incorporation	Other states or jurisdic	isdictions where registered to do business		
11 If you are a Corporation, LLC or Partnership, have	e you filed with the Nebra	ska Secretary of State	to conduct business	in Nebraska'	?
Note: The Retailer is required and hereby agrees to employees physically performing services with the work authorization program authorized by the E-Verify Program, or an equivalent federal authorized to verify the work eligibility status of the applicant is an individual or sole property. A.The applicant must complete the United Submit with this application.	in the State of Nebraska. the Illegal Immigration Re program designated by t f a newly hired employee rietorship, the following	A federal immigration form and Immigrant Fine United States Departure of the Immigrant Fine United States Departure of the Immigration of the Immi	verification system m lesponsibility Act of 19 rrtment of Homeland 9	eans the elec 196, 8 U.S.C. Security or ot	ctronic verification of 1324a, known as her federal agency
B. If the applicant indicates on such Attestati Immigration Services documentation requ Verification for Entitlements (SAVE) Progr C. The applicant understands and agrees the contract terminated if such lawful presence	ired to verify the Contract am. at lawful presence in the I	or's lawful presence in United States is require	the United States used and the Contractor	ing the Syste	ematic Alien
I, the undersigned, do hereby certify that I have not knot are cause for denial of the application and/or termination of Security to investigate any or all matters set forth in this "N requested of me with regard to this investigation and I wait	of any contract. I authorize the Nebraska Lottery Retailer App	ne Director of the Lottery dication" pursuant to the	Division and/or the Nebr State Lottery Act. I under	aska Departme stand that furth	ent of Revenue Lottery ner information may be
sign					
here Signature of Owner, Partner, Member or Corp	orate Governing Officer	Title			Date