

SOLICITATION APPLICATION INFORMATION SHEET

- Governed by Lincoln Municipal Code Chapter 5.18. Please be sure to read the Ordinance **before** applying.
- The purpose of the Solicitation Permit is to raise funds for a **non-profit**, charitable purpose from the general public. For organizations, **proof of non-profit status** granted by the Internal Revenue Service or State Dept. of Revenue **must** be provided.
- If you are raising funds on behalf of an individual/family, a letter from that individual/family **must be provided** stating that they are aware you are raising funds on their behalf. This must be attached to the application at the time you submit it.
- This permit does **not** apply to the following: organizations raising funds amongst their members, school bands trying to raise money for trips, churches raising funds amongst their congregations, etc.
- **FEES: 90 Day Permit:** \$10.00; **Annual:** \$20.00; only organizations headquartered in Lincoln, Nebraska may obtain an Annual Permit.
- **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 Funds may be withdrawn immediately and your check will not be returned.)
- Each question must be completely answered OR your application will be returned as **incomplete!** If a question does not apply, please mark it "N/A".
- **No Fundraising** may begin until permit is issued!
- A minimum of **14 DAYS** is required for the City Clerk to review & make a recommendation on all solicitation applications. **Note: In the event a Paid Promoter is involved, more time may be required.**
- **Nonprofit Organizations:** Proof of your tax exempt Status from the Nebraska Dept. of Revenue or the Internal Revenue Service **must be attached !**
- Within 60-days after the completion of any solicitation campaign, the permit holder **must** submit a **Financial Report** to the City Clerk. *Exception: In the case of any organization granted an **ANNUAL PERMIT**, then said report shall be filed at the end of the permit period.* **Failure to file such report will be considered a violation of Section 5.18.050 of the Lincoln Municipal Code.**
- All solicitors may be required to carry a facsimile of the solicitation permit by the City Clerk.

(continued on next page)

- If your method of fundraising is conducting a **lottery or raffle**, please note the following:
 - If raising more than \$5,000 by Lottery/Raffle, you must apply for a **State Raffle/Lottery Permit** through the State Dept. of Revenue.
 - Prize is merchandise & raising less than \$5,000, apply for the Solicitation permit. **This is the correct form.**
 - Prize is merchandise & raising more than \$5,000, must apply for a **Raffle** permit. **If this is what you are doing, this is the wrong form. You need to apply for a Lottery-Raffle Permit.**
 - Prize is cash & raising less than \$1,000, apply for the Solicitation Permit. **This is the correct form.**
 - Prize is cash & raising more than \$1,000, must apply for a **Lottery** Permit. **If this is what you are doing, this is the wrong form. You need to apply for a Lottery-Raffle Permit.**

Note: If a combination of cash, gift certificates and/or merchandise are prizes, the **cash** takes precedence & you would need the **Lottery** Permit.

- When conducting a Lottery or Raffle as part of the Solicitation Permit, there are **two reports** that you will need to submit. At the conclusion of the Lottery or Raffle, you will need to complete a Lottery/Raffle Tax Report & pay 5% of the gross proceeds of the Lottery/Raffle. At the conclusion of the Solicitation Permit, you will need to complete the Solicitation Permit Financial Report which will include the proceeds from the Lottery or Raffle (but no tax is paid).

Questions? Call Sandy, Deputy City Clerk, at (402) 441-7437.

SOLICITATION APPLICATION

Revised 07/23/13

Please PRINT using blue or black ink only.

1	APPLYING FOR....		
	Please Check One:	<input type="checkbox"/> 90 Day Permit	<input type="checkbox"/> Annual Permit

2	APPLYING AS....			
	Please Check One:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation or Association

3	DATE SOLICITATIONS WILL BE MADE (allow 14 days for processing) (permits cannot be issued AFTER your Start date):			
	Start:		Finish:	

4	APPLICANT (INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION)					
	NAME:					
	STREET ADDRESS:					
	CITY:		STATE:		ZIP:	
	PHONE #:					
	EMAIL ADDRESS:					

5	CONTACT PERSON w/ ORGANIZATION				
	NAME:				
	PHONE #:				
	EMAIL ADDRESS:				

6	ORGANIZATION INFORMATION	
	LOCATION OF LEGAL ESTABLISHMENT:	
	DATE OF LEGAL ESTABLISHMENT:	

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MAILING ADDRESS FOR PERMITS & CORRESPONDENCE. IF DIFFERENT FROM ABOVE					
NAME:					
ATTENTION:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

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IF APPLICANT DOES <i>NOT</i> MAINTAIN AN OFFICE IN THE STATE OF NEBRASKA, PLEASE GIVE THE NAME, ADDRESS & TELEPHONE NUMBER OF THE PERSON HAVING CUSTODY OF THE FINANCIAL RECORDS OF THE APPLICANT BELOW:					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			
EMAIL ADDRESS:					

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PURPOSE OF ORGANIZATION	

10

NAME(S) UNDER WHICH THE APPLICANT HAS SOLICITED, INTENDS OR DOES SOLICIT CONTRIBUTIONS:	

11

OFFICERS OF ORGANIZATION						
OFFICE	NAME	ADDRESS	CITY	STATE	ZIP	PHONE #
PRESIDENT						
VICE-PRES.						
SECRETARY						
TREASURER						

12

NAME & ADDRESS OF PRINCIPAL SALARIED EXECUTIVE STAFF OFFICER(S)				
NAME	STREET	CITY	STATE	ZIP

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PERSON IN DIRECT CHARGE OF CONDUCTING THIS SOLICITATION

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

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PERSON WHO SHALL HAVE FINAL RESPONSIBILITY FOR CUSTODY OF CONTRIBUTIONS RECEIVED

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

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PERSON RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTIONS

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

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IS THE APPLICANT, OR HAS THE APPLICANT BEEN IN THE PAST, AUTHORIZED OR LICENSED BY, OR REGISTERED WITH, ANY OTHER GOVERNMENTAL AUTHORITY FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS?

Yes	No	If YES , list all such authorizations, licensures, or registrations:

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HAS ANY SUCH AUTHORIZATION, LICENSE, OR REGISTRATION EVER BEEN REVOKED, SUSPENDED, OR WITHDRAWN?

Yes	No	If YES , explain:

18 **IS THE APPLICANT, OR ANY OF ITS CHAPTERS, BRANCHES, OR AFFILIATES, CURRENTLY, OR IN THE PAST EVER BEEN ENJOINED BY ANY COURT FROM SOLICITING CONTRIBUTIONS:**

Yes	No	If YES , explain:

19 **PURPOSE & INTENDED USE OR DISPOSITION OF ANY RECEIPTS OF THIS SOLICITATION (*BE SPECIFIC*):**

20 **PLEASE OUTLINE *IN DETAIL* HOW MONEY WILL BE RAISED (FOR EXAMPLE: DOOR-TO-DOOR CONTACT, PRODUCT TO BE SOLD, GIVE NAME OF EVENT, IF APPLICABLE; IS IT AN AUCTION, RAFFLE, ETC.):**

21 **ESTIMATED TOTAL DOLLAR AMOUNT OF FUNDS TO BE RAISED DURING THIS SOLICITATION**

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22 **PROJECTED SCHEDULE OF WAGES, FEES, COMMISSIONS, EXPENSES, OR EMOLUMENTS TO BE EXPENDED OR PAID TO ANYONE IN CONNECTION WITH SUCH SOLICITATION & TO WHOM WILL THESE BE PAID (example: printing fees for fliers, tickets, etc. from XYZ Printing)**

23 **AMOUNT OF WAGES, FEES, COMMISSION, EXPENSES, ETC. TO BE EXPENDED OR PAID TO ANYONE IN CONNECTION WITH THIS SOLICITATION (example: Paid Promoter fees, printing fees, supplies, etc.):**

24 **EXPLAIN, *IN DETAIL*, THE CHARACTER & EXTENT OF CHARITABLE, RELIGIOUS, OR EDUCATIONAL WORK BEING DONE BY APPLICANT ORGANIZATION WITHIN THE CITY OF LINCOLN:**

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25 **ESTIMATED PERCENTAGE (%) OF THE COSTS OF SOLICITATION & DISBURSEMENT WITH THE PROJECTED COLLECTIONS:**

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26 **NAME & ADDRESS OF ANY OFFICER, DIRECTOR, TRUSTEE, PARTNER, OR ANY CURRENT AGENT OR EMPLOYEE ENGAGING IN SOLICITATION OF FUNDS WHO HAS BEEN CONVICTED OF A FELONY OR OF A MISDEMEANOR INVOLVING MORAL TURPITUDE WITHIN THE PAST FIVE YEARS, NATURE OF THE OFFENSE, LOCATION WHERE SUCH CONVICTION OCCURRED & THE YEAR OF SUCH CONVICTION:**

NAME	ADDRESS	NATURE OF OFFENSE	LOCATION OF CONVICTION <i>(City & State)</i>	YEAR OF CONVICTION

27 **HAS THE APPLICANT OR ANY OFFICER, DIRECTOR, TRUSTEE, PARTNER, OR ANY CURRENT AGENT OR EMPLOYEE ENGAGED IN SOLICITATION OF FUNDS, BEEN ENGAGED IN ANY SOLICITATION OR TRANSACTION OR ENTERPRISE FOUND TO BE FRAUDULENT IN EITHER A CIVIL OR CRIMINAL ACTION?**

Yes	No	If YES , explain:

28 **PAID PROMOTER INFORMATION**

The Paid Promoter **must** complete a separate application to be filed with the City Clerk & must comply with all applicable sections of Chapter 5.18 of the Lincoln Municipal Code prior to Solicitation Permit being issued.

Do you intend to hire a paid promoter to assist with conducting this solicitation: ___ YES ___ NO
 If **YES**, please provide the following information:

NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

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PAID PROMOTER INFORMATION (cont'd)			
CONTACT PERSON:		PHONE #:	
EMAIL ADDRESS:			
FEE TO BE PAID TO PROMOTER:			

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RAFFLE / LOTTERY INFORMATION			
If part or all of your method of fundraising is conducting a raffle or lottery, please provide the following information:			
Check One: _____ Raffle _____ Lottery			
Date Lottery/raffle Will Be Held:	From: _____		To: _____
# of Tickets to be sold:	_____	Price Per Ticket:	_____
Describe, IN DETAIL , ALL prize(s) to be given away: _____ _____ _____			
Notes: 1) Attach a sample of the ticket to be sold. 2) At the conclusion of the Lottery or Raffle, you will need to complete the Lottery/Raffle Tax Report & pay a 5% tax on the gross proceeds.			

ATTACHMENTS	
The following items <i>must</i> be ATTACHED to the application. Please put a Check (✓) mark next to those items you have attached.	
ITEM	ATTACHED
Nonprofit Organizations: Proof of your tax exempt Status from the Nebraska Dept. of Revenue or the Internal Revenue Service	
If you are raising funds on behalf of an individual/family, a letter from that individual/family	
Sample of Ticket to be sold for Lottery/Raffle	

Applications from an Organization must be signed by an officer of the organization, with proper Identification, in front of a Notary Public.

By signing this application, the applicant hereby states that all the information contained herein is true & correct & further states that the granting of a permit shall in **no way** be used or represented in any way as an endorsement by the City of Lincoln.

_____ Date

_____ Applicant's Signature

_____ Status in Organization

Subscribed & sworn to as being a true statement, before me, a Notary Public, in and for the State of _____, this _____ day of _____, _____.

_____ Notary Public

FINANCIAL REPORT

(You must **KEEP** this sheet to submit later.)

Lincoln Municipal Code Section 5.18.050 **requires** that a Financial Report be submitted **no later than 60 Days after the conclusion of the fundraiser**. **The report must be signed before a Notary Public, with proper I.D.**

Submit to: City Clerk's Office, 555 S. 10th St., Lincoln NE 68508.

NON-PROFIT ORGANIZATION NAME: _____

CAMPAIGN/PROJ. NAME IF DIFFERENT FROM ABOVE: _____

DATE SOLICITATION MADE: From: _____ To: _____

INCOME

EXPENSES

Contributions: \$ _____

Program Services and/or supplies: \$ _____

Merchandise Sales: _____

Administration (printing, telephone, mailing, etc.) _____

Ticket Sales: _____

Fundraising (Promoter's Fee, if applicable) _____

Advertising: _____

Membership Fees: _____

Investments: _____

Bequests & Wills: _____

Other: _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

NET INCOME OR LOSS: \$ _____

EXPLANATION OF HOW FUNDS RAISED ARE TO BE USED OR HAVE BEEN USED, AFTER EXPENSES HAVE BEEN MET:

Signature of Individual from
Non-Profit Group Providing
Information

Printed Name

Capacity in Organization

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