

**APPLICATION FOR LIQUOR LICENSE
LIMITED PARTNERSHIP
INSERT – FORM 2b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

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|------------|
| Office Use |
|------------|

All Partners, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States**
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 – 006)**
- 3) Must provide a copy of their certified birth certificate or INS papers, or US Passport**
- 4) Fingerprints are required. See Form 147 for further information, this form MUST be included with your application**
- 5) Must sign the signature page of the Application for License form**
- 6) Primary Partner may be required to take a training course**

Name of Primary Partner: _____

Last Name: _____

First Name: _____ MI: _____

Home Address: _____ City: _____

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: _____

Driver's License Number: _____ State: _____

Are you married? (Please call the NLCC office for special circumstances such as separations, etc)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: _____

Spouses First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Name of Partner:

Last Name: _____

First Name: _____ MI: _____

Home Address: _____ City: _____

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: _____

Driver's License Number: _____ State: _____

Are you married? (Please call the NLCC office for special circumstances such as separations, etc)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: _____

Spouses First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

In compliance with the ADA, this partnership insert form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.