APPLICATION FOR CIGAR SHOP CERTIFICATION

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

Office Use		

MUST BE SUBMITTED WITH A \$1,000 NON REFUNDABLE APPLICATION FEE, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

PREMISES INFORMATION			
Trade Name (doing business as)			
Business Street Address			
City Coun	ityZip Co	Zip Code	
Premises Phone Number			
Contact Name and phone number if different from	premises		
Class C liquor license number (if currently license			
PREMISES DESCRIPTION AND DIAGRAM OF	STRUCTURE		
 Do you serve food?	□NO tion		
2. How many square feet are the premises?			
3. Do the premises have a walk in humidor?	□YES □NO		
4. Does the humidor have a humidification an	d temperature control system? YES	□NO	
5. How many square feet is the humidor?			
Provide photos of the humidor			
Office use only PAYMENT TYPE		FORM 121	
AMOUNT:	BARCODE	FORM 121 REV JUNE 2015 PAGE 1 OF 2	

Received: _

BUSI	NESS INFORMATION			
1.	Has your business been cited for any liquor license violations? If yes, explain			
2.	What was your total revenue for the business last year? Enclose copies of financial statements showing total sales vs. sales of tobacco and tobacco related products.			
3.	How much was generated by tobacco and tobacco related products (not including cigarettes)?			
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	conspicuous location slightly above or next to the door, with the following statement: "SMOKING OF CIGARS AND PIPES IS ALLOWED INSIDE THIS BUSINESS. SMOKING OF CIGARETTES IS NOT ALLOWED."			
✓	Effective November 1, 2015, all employees must sign a waiver acknowledging they will be exposed to second-hand smoke. A copy of this waiver must be filed with the Nebraska Liquor Control Commission. See Form 180 available on our website (https://lcc.nebraska.gov/licensing-forms).			
	eure of Applicant e signed by anyone named on the liquor license			

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