

APPLICATION FOR LIQUOR LICENSE NONBEVERAGE

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

License
Class: _____

License Number: _____

Office Use only

Date Stamp **HERE ONLY**
Do not stamp any of the following pages

Nonbeverage user means every manufacturer of any of the products set forth and described in subsection (4) of section §53-160, when such product contains alcoholic liquor, and all laboratories, hospitals, and sanatoria using alcoholic liquor for nonbeverage purposes.

APPLICANT NAME _____

TRADE (DBA) NAME _____

CONTACT NAME AND PHONE NUMBER _____

CONTACT EMAIL ADDRESS _____

Office use only	BARCODE
PAYMENT TYPE _____	
AMOUNT: _____	
RCPT: _____	
RECEIVED: _____	

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

Term of license runs from May 1 – April 30

Type of License:

- Class N Nonbeverage Application fee \$45 plus license fee as follows
(check payable to Nebraska Liquor Control Commission)

License Fee

- Class N1 – not to exceed 100 gallons \$5
 Class N2 – not to exceed 1,000 gallons \$25
 Class N3- not to exceed 5,000 gallons \$50
 Class N4 – not to exceed 10,000 gallons \$100
 Class N5 - in excess of 10,000 gallons \$250

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Sole Proprietor (individual) complete section A
 Partnership License complete section B
 Corporate License complete section C
 Limited Liability Company (LLC) complete section D

PREMISES INFORMATION

Trade Name (doing business as) _____
Street Address #1 _____
Street Address #2 _____
City _____ County _____ Zip Code _____

MAILING ADDRESS (where you want to receive mail from the Commission)

Name _____
Street Address _____
City _____ State _____ Zip Code _____

SOLE PROPRIETOR (INDIVIDUAL) – SECTION A

Individual Name _____
Date of Birth _____ Social Security Number _____
Home phone number _____
Home address _____ City _____
State _____ Zip Code _____
E-mail Address _____

PARTNERSHIP – SECTION B

Managing Partner Name _____
Date of Birth _____ Social Security Number _____
Home phone number _____
Home address _____ City _____
State _____ Zip Code _____
E-mail Address _____

CORPORATION – SECTION C

Name of Corporation _____

-
Corporation Address _____

City _____ State _____ Zip Code _____

Corporation Phone Number _____

Total number of shares issued out _____

President/CEO Name _____

Date of Birth _____ Social Security Number _____

Home phone number _____

Home address _____ City _____

State _____ Zip Code _____

E-mail Address _____

LIMITED LIABILITY COMPANY – SECTION D

Name of LLC _____

LLC Address _____

City _____ State _____ Zip Code _____

LLC Phone Number _____

Managing Member Name _____

Date of Birth _____ Social Security Number _____

Home phone number _____

Home address _____ City _____

State _____ Zip Code _____

E-mail Address _____

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

(Required for either the Sole Proprietor (Individual), Managing Partner, President/CEO, Managing Member)

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (All involved persons must be disclosed on application)

3. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

4. List any other individuals authorized to sign Commission documents on behalf of this application.

PERSONAL OATH AND CONSENT OF INVESTIGATION

SIGNATURE PAGE –

PLEASE READ CAREFULLY

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed by applicant.

(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)

Signature of APPLICANT

Printed Name of APPLICANT