

**AFFIDAVIT FOR CHANGE
OF LIMITED LIABILITY
COMPANY (LCC) MEMBER
FOR SHIPPERS**

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name Limited Liability Company Liquor License Number

Limited Liability Company Address City State Zip Code

Limited Liability Company Contact Name Contact Telephone Number

LIMITED LIABILITY COMPANY MEMBERS *after completion of this LLC change, members will be as follows:*

MEMBER	Name: (Last, First, Middle)		
	Home Address: (Street)		City, State, Zip Code
	Telephone Number		Percentage of membership

MEMBER	Name: (Last, First, Middle)		
	Home Address: (Street)		City, State, Zip Code
	Telephone Number		Percentage of membership

MEMBER	Name: (Last, First, Middle)		
	Home Address: (Street)		City, State, Zip Code
	Telephone Number		Percentage of membership

Certification by Limited Liability Company Contact

Under penalty of perjury, I hereby certify that each member is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the LLC that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Print Name

Title

Signature

Date