

# APPLICATION FOR FARM WINERY BRANCH OUTLET

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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License  
Class: \_\_\_\_\_

License Number: \_\_\_\_\_

Office Use only

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

**Office Use Only**

NEW / REPLACING

TOP Yes / No

Hot List Yes / No

Initial: \_\_\_\_\_

## PLEASE READ CAREFULLY

See directions on the next page. Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

### CURRENT CLASS Y LICENSE INFORMATION

License # \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Trade Name (DBA) \_\_\_\_\_

Address \_\_\_\_\_

City/County/Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

BARCODE

# DIRECTIONS

Each item must be included with your application

1. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
2. If building is being leased, send a copy of signed lease in the name of the applicant. Lease term must run through the license year being applied for.
3. Submit a copy of your business plan.

**PREMISES INFORMATION**

Trade Name (doing business as) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Premises Telephone number \_\_\_\_\_

Business e-mail address \_\_\_\_\_

Is this location inside the city/village corporate limits      YES      \_\_\_\_\_      NO      \_\_\_\_\_

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

Check if same as premises

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED**

IN THE SPACE PROVIDED BELOW OR ATTACH A DRAWING OF THE AREA TO BE LICENSED.

DO NOT SEND BLUEPRINTS, ARCHITECT OR CONSTRUCTION DRAWINGS

PROVIDE LENGTH X WIDTH IN FEET (NOT SQUARE FOOTAGE)

INDICATE THE DIRECTION OF NORTH

Building length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there a basement?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there an outdoor area?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Number of floors of the building \_\_\_\_\_

**PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET**

**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.

***Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

**Must be signed by all applicant(s) and spouse(s) owning more than 25% (YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)**

\_\_\_\_\_  
Signature of APPLICANT

\_\_\_\_\_  
Signature of SPOUSE

\_\_\_\_\_  
Printed Name of APPLICANT

\_\_\_\_\_  
Printed Name of SPOUSE