

CHANGE OF CORPORATE OFFICERS

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: _____



LLC INFORMATION

LLC Name _____

Trade Name (doing business as) _____

Street Address _____

City _____ County _____ Zip Code _____

LIST ALL CORPORATE OFFICERS

PRESIDENT <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

VICE PRESIDENT <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

SECRETARY <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

TREASURER <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE <hr/>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

DIRECTOR <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE <hr/>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

Certification by Corporate Officer

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