

CORPORATION/LLC STRUCTURE

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

1. All officers, directors and stockholders and their spouses must be listed on this form.
 2. All owner's owning more than 25%, and their spouses must be submit fingerprint cards and the Fingerprint Submission/Privacy Act Statement signed form.
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Name of Corporation/LLC: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Corporation Phone Number: _____

Total Number of Corporation Shares Issued: _____

Name of President/CEO/Managing Member

Name and information must be listed on following page

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Percentage of Ownership: _____

Spouse's Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Percentage of Ownership: _____

Spouse's Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Percentage of Ownership: _____

Spouse's Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Percentage of Ownership: _____

Spouse's Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Percentage of Ownership: _____

Spouse's Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Percentage of Ownership: _____

Spouse's Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Is the applying LLC/Corporation owned 100% by another LLC/corporation?

☐ YES

☐ NO

If yes, provide a Corporation Structure Form for the owning corporation.

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: _____ Ending Date: _____

Is this a Non-Profit Corporation?

☐ YES

☐ NO

If yes, provide the Federal ID # _____