ALCOHOL TRANSFER REQUEST

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

Transfer request must meet the following conditions:

Active liquor licensee to active liquor licensee; 237-LCC2-003 of NLCC Rules and Regulations. Must include inventory including quantity, brand name, and container size

Transferring License #:_____	**Receiving License #:**_____

_____
LICENSEE Name

_____
TRADE Name

_____
PREMISE Address

_____, NE _____
CITY **Zip Code**

_____
CONTACT Person

_____
PHONE Number of Contact Person

_____
EMAIL Address of Contact Person

_____
LICENSEE Name

_____
TRADE Name

_____
PREMISE Address

_____, NE _____
CITY **Zip Code**

_____
CONTACT Person

_____
PHONE Number of Contact Person

_____
EMAIL Address of Contact Person

REASON for Transfer Request:

_____

I acknowledge under oath, that this transfer as requested, complies in all respects with the requirements of the Liquor Control Act (Neb. Rev. Stat. §53-123.04 & §53-175)

_____
Signature of transferring licensee

_____
Printed Name of transferring license

_____
Signature of receiving licensee

_____
Printed Name of receiving license

ALCOHOL INVENTORY

Brand Name	Size	Qty.	Brand Name	Size	Qty.