

APPLICATION FOR TEMPORARY OPERATING PERMIT

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

Name of current licensee (seller): _____

Name of applicant (buyer): _____

On this date _____ buyer and seller entered into a contract for sale of the alcohol
(date)

related business known as: _____
(Name of business currently licensed)

Located at:

_____, NE _____
(Street Address) (City) (Zip Code)

Requested effective date of Temporary Operating Permit: _____
(date)

Seller hereby declares that they have no outstanding balances on all accounts with all Nebraska licensed wholesalers under Revised Section 53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

Signature of Seller Printed Name Date

Buyer seeks to obtain a Temporary Operating Permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee subject to approval by the Nebraska Liquor Control Commission for a period not to exceed 90 days.

Signature of Buyer Printed Name Date

Business Purchase Agreement

Purchase Date _____

Name of Business Currently Licensed _____

Address of Business:

Applicant: _____

Current Licensee: _____

Signature of Seller (licensee)

Date

Signature of Purchaser (applicant)

Date

