

# LIMITED LIABILITY COMPANY (LLC)

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

## INSTRUCTIONS

1. All members and spouses must be listed
2. Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the application
3. Managing/Contact member and all members holding over 25% interest and their spouses must submit fingerprints. See Form 147 for further information
4. Attach copy of Articles of Organization

### Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Name of Registered Agent: \_\_\_\_\_

LLC Address: \_\_\_\_\_

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

LLC Phone Number: \_\_\_\_\_ LLC Fax Number \_\_\_\_\_

### Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Signature of Managing/Contact Member

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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Percentage of member ownership \_\_\_\_\_

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Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Is the applying Limited Liability Company owned 100% by another corporation/LLC?

YES                       NO

If yes, Form 185 is required

Indicate the company'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 #. \_\_\_\_\_