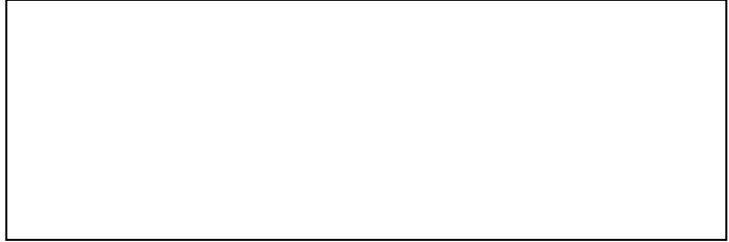


**APPLICATION FOR LIQUOR LICENSE
RAILROAD, AIRLINE
CHECKLIST**

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.ne.gov



§53-123.05 – Railroad or airline license; rights of license

(1) The commission may issue a license to any airline company, dining car company, sleeping car company, or railroad company operating in this state which authorizes the holder thereof to keep for sale and to sell or dispense alcoholic liquor for consumption in its airplanes, dining cars, sleeping cars, buffet cars, observation cars, and any other cars used for transportation or accommodation of passengers. **Each such company shall keep a duplicate of such license posted in each car or airplane where such alcoholic liquor is served.**

(2) Every such license shall expire on April 30 of each year. Each such license shall be good throughout this state as a state license. Only one such license shall be required for all cars or airplanes operated in this state by the same owner. No further license shall be required or tax levied by any county, city, or village for the privilege of selling or dispensing alcoholic liquor for consumption in such cars or airplanes. Nothing in the Nebraska Liquor Control Act shall apply to or affect the right of holders of such licenses to transport within this state or to import into this state alcoholic liquor to be kept for dispensing or sale or to be sold while actually en route in the cars or airplanes of such licensees.

Applicant Name _____

Name of Contact Person _____

a. Phone number of Contact Person _____

E-Mail Address: _____

Web Site Address: _____

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made.

Authorized Signature

Print Name

Date

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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

Type of License:

- Class R Railroad Application fee \$45 plus licensee fee \$100
Total \$145 (checks payable to Nebraska Liquor Control Commission)

- Class P Airline Application fee \$45 plus licensee fee \$100
Total \$145 (checks payable to Nebraska Liquor Control Commission)

Duplicate Licenses

Each such company shall keep a duplicate of such license posted in each car or airplane where such alcoholic liquor is served.

- DUPLICATE LICENSE \$1.00/per duplicate Number of Duplicates: _____

Total Amounted Due: \$ _____

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Sole Proprietor (individual) complete section A
- Partnership License complete section B
- Corporate License complete section C
- Limited Liability Company (LLC) complete section D

PREMISE INFORMATION

Trade Name (doing business as) _____

Street Address #1 _____

Street Address #2 _____

City _____ County _____ Zip Code _____

Web address: _____

Mailing address (where you want to receive mail from the Commission)

Name _____

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

SOLE PROPRIETOR (INDIVIDUAL) – SECTION A

Individual Name _____

Date of Birth _____ Social Security Number _____

Home phone number _____

Home address _____ City _____

State _____ Zip Code _____

E-mail Address _____

PARTNERSHIP – SECTION B

Managing Partner Name _____

Date of Birth _____ Social Security Number _____

Home phone number _____

Home address _____ City _____

State _____ Zip Code _____

E-mail Address _____

CORPORATION – SECTION C

Name of Corporation _____

Corporation Address _____

City _____ State _____ Zip Code _____

Corporation Phone Number _____

Total number of shares issued out _____

President/CEO Name _____

Date of Birth _____ Social Security Number _____

Home phone number _____

Home address _____ City _____

State _____ Zip Code _____

E-mail Address _____

LIMITED LIABILITY COMPANY – SECTION D

Name of LLC _____

LLC Address _____

City _____ State _____ Zip Code _____

LLC Phone Number _____

Managing Member Name _____

Date of Birth _____ Social Security Number _____

Home phone number _____

Home address _____ City _____

State _____ Zip Code _____

E-mail Address _____

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

(Required for either the Sole Proprietor (Individual), Managing Partner, Managing Member, President/CEO)

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (All involved persons must be disclosed on application)

3. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

4. List any other individuals authorized to sign Commission documents on behalf of this application.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Signature of Applicant

ACKNOWLEDGEMENT

State of Nebraska
County of _____ The foregoing instrument was acknowledged before me this
_____ by _____
date name of person acknowledged

Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.