

# CHANGE OF CORPORATE OFFICERS AND/OR STOCKHOLDERS

301 CENTENNIAL MALL SOUTH  
 PO BOX 95046  
 LINCOLN, NE 68509-5046  
 PHONE: (402) 471-2571  
 FAX: (402) 471-2814  
 Website: [www.lcc.nebraska.gov/](http://www.lcc.nebraska.gov/)

## COMPANY INFORMATION

Corporate Name Liquor License Number

Corporate Address City State Zip Code

Contact Name Contact Telephone Number

Corporate Email Address

## CORPORATE OFFICERS *after completion of changes, officers will be as follows:*

<b>PRESIDENT/CEO</b>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Number of Shares	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<b>VICE PRESIDENT</b>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Number of Shares	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<b>SECRETARY</b>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Number of Shares	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

BAR CODE

<b>TREASURER</b>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Number of Shares	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<b>STOCKHOLDER</b>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Number of Shares	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<b>DIRECTOR</b>	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Number of Shares	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

The following needs to be complete by new stockholder(s):

1. **READ CAREFULLY, ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or your 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 pending charges at the time of this application. If more than one party, please list charges by each individual's name. **INCLUDE TRAFFIC VIOLATIONS.** Commission must be notified of any arrests and/or convictions that may occur after the date of signing this form.

YES       NO

If yes, explain below or attach a separate page

If yes, complete the following:

Name: (Last, First Middle)	Conviction Date (mm/yyyy)	Charge	Where convicted (city, state)	Disposition

Fingerprint are required for each new stockholder over 25% new Present/CEO and spouse(s), submit form 147 if fingerprints required. If the spouse(s) have no involvement in the day to day operation of the business they may file an affidavit of non-participation in lieu of fingerprint.

**Certification by Corporate Contact**

***Applicant Notification and Record Challenge:*** *Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

Under penalty of perjury, I hereby certify that each member is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the LLC that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

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Print Name

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Title

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Signature

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Date