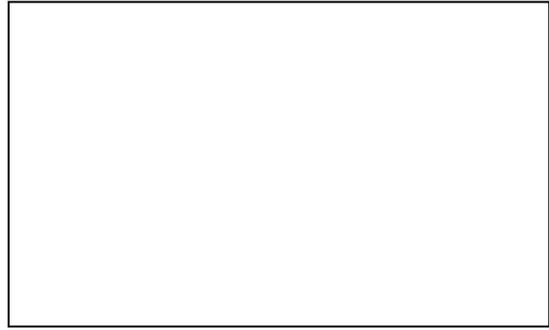


**LIMITED LIABILITY COMPANY (LLC)
CHANGE/UPDATE OF MEMBER(S)
INFORMATION**

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



LIMITED LIABILITY COMPANY (LLC) INFORMATION

LLC Name LLC Liquor License Number

DBA/TRADE NAME

LLC Address City State Zip Code

LLC Contact Name Contact Telephone Number

LLC Email Address

- All current and new members must be listed on this form (this info is cross checked). Any members receiving over 25% of interest must submit form 147 and have prints taken.
- If changes include a member being married or divorced a copy of the marriage certificate or divorce decree must be include.
 - If new spouse, they must include:
 - A photocopy of their US birth certificate, naturalization papers or current US passport
 - Form 147 and have prints taken
 - OR file an affidavit of non-participation form 116
- If member or spouse has passed away a photocopy of death certificate must be included.
 - Personal representative (PR) papers may be required



LIST ALL LLC MEMBER(S)

MEMBER <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT MEMBERSHIP PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT MEMBERSHIP PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT MEMBERSHIP PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT MEMBERSHIP PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT MEMBERSHIP PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

The following needs to be complete by all member(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

If over 25% membership interest fingerprint cards are required from new member(s) and spouse(s). 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 cards. Fingerprint cards are available at the Liquor Control Commission office upon request.

Certification by Limited Liability Company Contact

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.

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.*

Print Name

Title

Signature

Date