

**APPLICATION FOR LIQUOR LICENSE
CRAFT BREWERY (BREW PUB)
CHECKLIST**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH, 5th FLOOR
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

HOT LIST: YES/NO	NEW/REPLACING #	
CLASS TYPE	LICENSE NUMBER	INITIAL

Applicant Name _____

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. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. 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. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

- _____ 1) Application fee \$400 plus licensee fee \$250
Total \$650 (check payable to Nebraska Liquor Control Commission)
- _____ 2) Copy of Brewers Notice Application – entire application including the diagram of Federal Bonded Area to be approved by Alcohol and Tobacco Tax and Trade Bureau (TTB)
- _____ 3) Alcoholic Liquor Tax Bond, \$1,000 minimum including the Power of Attorney documentation
(May use [form 115](#))
- _____ 4) Submit diagram to include:
 - a. Facility dimensions and description
 - b. Identify production area
 - c. Any storage area

<p>Office use only</p> <p>PAYMENT TYPE _____</p> <p>AMOUNT _____</p> <p>RECEIVED _____</p>	<p>BARCODE</p>
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- _____ 5) Copy of business plan
- _____ 6) Name of Brew Master _____
- a. Phone number of Brew Master _____
- _____ 7) Fingerprints are required for each person as defined in new application guide, found on our website under “Licensing Tab” in “Applicant Guidelines”. See [Form 147](#) for further information, this form **MUST** be included with your application.
- _____ 8) Enclose the appropriate application forms
- Individual License (requires insert [form 1](#))
 - Partnership License (requires insert [form 2](#))
 - Corporate License (requires insert [form 3a & 3c](#))
 - Limited Liability Company (LLC) (requires [form 3b & 3c](#))
- _____ 9) If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the applicant either as individual, partnership, corporation (Inc) or limited liability company (LLC) making application. Lease term must run through the license year being applied for (May 1 – April 30).
- _____ 10) Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Nebraska Secretary of State’s Office.
- _____ 11) License will not be issued until we are in receipt of a copy of your Brewers Notice issued by TTB.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Authorized Signature

Print Name

Contact Phone Number

Date

PREMISE INFORMATION

Trade Name (doing business as) _____

Street Address #1 _____

Street Address #2 _____

City _____ County _____ Zip Code _____

Premise Telephone number _____

Business e-mail address _____

Is this location inside the city/village corporate limits: YES _____ NO _____

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

Name _____

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length _____ x width _____ in feet

Is there a basement? Yes _____ No _____ If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes _____ No _____ If yes, length _____ x width _____ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

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. **Include traffic violations.** Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

YES _____ NO _____

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

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

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number _____

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:

- a) Attach temporary operating permit (TOP)([form 125](#))
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender _____

6. 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)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner. _____

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

11. 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.

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed [Form 116](#) – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed [Form 116](#) – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed [Form 116](#) – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed [Form 116](#) – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

For list of NLCC certified [training programs](#)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? _____

15. What will be the main nature of business? _____

16. What are the anticipated hours of operation? _____

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO

If necessary attach a separate sheet.

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.

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.*

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See [guideline](#) for required signatures.

Signature of Applicant

Signature of Spouse

Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of _____

The foregoing instrument was acknowledged before me this

_____ by _____
date

_____ by _____
name of person(s) acknowledged (individual(s) signing)

Notary Public signature

Affix Seal

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.