## **UPDATE RETAIL LICENSE INFORMATION**

Requested change forms can be found on our website: <a href="https://lcc.nebraska.gov/licensing-forms">https://lcc.nebraska.gov/licensing-forms</a> Please complete and fax back to 402-471-2814 or email to lcc.frontdesk@nebraska.gov

CHANGE IN MANAGER

| Has there been a change<br>If so, complete Form 103                                |                                                                 | No                             |                          |                                |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------|--------------------------|--------------------------------|
| CHANGE IN "MAIL T                                                                  | O" ADDRESS; wh                                                  | nere you wish notice, i        | nformation and forn      | ns mailed.                     |
| Name, Street Address, C                                                            |                                                                 |                                |                          |                                |
|                                                                                    |                                                                 |                                |                          |                                |
| CHANGE IN NONPROPlease attach a current list                                       |                                                                 | s (president vice pres         | ident secretary trea     | surer)                         |
|                                                                                    | _                                                               |                                | racin, secretary, trea   | suror).                        |
| CHANGE IN PREMIS                                                                   | ES INFORMATIO                                                   | <u> </u>                       |                          |                                |
| Premises name (doing bu                                                            | isiness as)                                                     |                                |                          |                                |
| Premises phone number                                                              |                                                                 |                                |                          |                                |
| CHANGE IN CORPOR                                                                   | RATE OR LLC IN                                                  | FORMATION                      |                          |                                |
| Has there been a change<br>If so, complete Change o<br>or<br>Change of LLC Limited | f Corporate Officers                                            | s/Stockholders Form 1          |                          |                                |
| Change in corporation or                                                           | , ,                                                             |                                |                          |                                |
| 2. Passed a                                                                        | renewal form;<br>marital status<br>way<br>iich individuals have |                                |                          | umber for the NLCC to call and |
| Any criminal convictions                                                           | s within the last year                                          | r or pending charges (         | except minor traffic     | violations):                   |
| Name of Licensee                                                                   | Date of<br>Conviction<br>(month/year)                           | Where Convicted (city & state) | Description of<br>Charge | Disposition                    |
|                                                                                    |                                                                 |                                |                          |                                |
|                                                                                    |                                                                 |                                |                          |                                |

If more space is needed please attach a separate sheet of paper