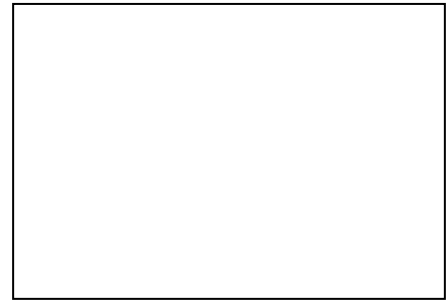


# NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR LICENSE TO SHIP DIRECT TO CONSUMERS (S1)

301 CENTENNIAL MALL SOUTH, 5<sup>TH</sup> FLOOR  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814 or (402) 41-2374  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)



## CHECKLIST

1. This application is to obtain a liquor license to ship alcohol direct to consumers in the State of Nebraska.
2. This is an annual license that runs May 1st through April 30th. An email will be sent, the first week of February as a reminder of the renewal period; however, it is your responsibility to renew prior to expiration. Link to renew: <https://www.nebraska.gov/nlcc/renewals/index.cgi>
3. If at any time during the year you have changes from the original application, notify our office immediately at: [nlcc.spiritwinedesk@nebraska.gov](mailto:nlcc.spiritwinedesk@nebraska.gov)
4. Instructions and form for filing your annual tax return (form 7140) may be found at this link: <http://www.lcc.ne.gov/spritwinediv.html>. This report and excise taxes owed are due on or before the 25th of January. Sales tax is owed to the Nebraska Department of Revenue for further information go to: [www.revenue.ne.gov](http://www.revenue.ne.gov)
5. Complete a Nebraska Tax Application, form 20
6. Manufacturers, Craft Breweries, Craft Distilleries & Farm Wineries must file a list of brand name(s) on company letterhead of alcoholic liquor requesting authority to ship into Nebraska direct to Nebraska Wholesalers

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**MUST SUBMIT APPLICATION FEE OF \$500.00**  
MADE PAYABLE TO: NEBRASKA LIQUOR CONTROL COMMISSION

## TYPE OF APPLICATION (check one)

- INDIVIDUAL
- PARTNERSHIP
- LIMITED LIABILITY COMPANY (LLC)
- CORPORATION

## TYPE OF OPERATION AS DESCRIBED IN §53-123.15 (check one)

- MANUFACTURER/BREWER (defined under Neb Rev Stat §53-103.20)
- IMPORTER/WHOLESALE (defined under Neb Rev Stat §53-103.41)

## IF RETAILER CHECK BOX

- LICENSED RETAILER (defined under Neb Rev Stat §53-103.31)
  - Within Nebraska
  - Outside Nebraska

## FEDERAL BASIC PERMIT

- Federal Basic Permit number \_\_\_\_\_
- Copy of permit is enclosed**

## STATE INFORMATION

- State License number \_\_\_\_\_
- Name of State License issued \_\_\_\_\_
- Copy of license is enclosed**

**RENEWAL INFORMATION**

**License expires April 30<sup>th</sup> of each year**

Renewal notification will be sent by email the first of February. Notify us immediately of any changes (including corporate name, corporate officers, addresses, contact individuals and email contact listed below)

Renewal period starts February 1<sup>st</sup>; renew your license on-line at <https://www.nebraska.gov/nlcc/renewals/index.cgi>

**NO PAPER RENEWAL FORMS WILL BE ACCEPTED**  
No monthly reporting is required – annual report is due January 25<sup>th</sup>

**PREMISE INFORMATION**

TRADE NAME (DBA) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

(This address will be used to request any information needed on application or questions on future reports and notification of renewal)

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**COMPLIANCE COMPANY INFORMATION**

- Check, if this is a compliance company
- Compliance company name \_\_\_\_\_
- Name of compliance company contact \_\_\_\_\_
- Email of compliance company contact \_\_\_\_\_

**SOLE PROPRIETOR**

Individual Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARTNERSHIP**

Managing Partner Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enclose a list of all partners, show names only.

**LIMITED LIABILITY CORPORATION (LLC)**

Name of Corporation \_\_\_\_\_

Corporate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Managing Member Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home phone number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enclose list of all members of the LLC, must show names only.

**CORPORATION**

Name of Corporation \_\_\_\_\_

Corporate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Corporate Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Total number of shares issued out \_\_\_\_\_

President/CEO Name \_\_\_\_\_

Number of shares issued \_\_\_\_\_

Phone number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enclose a list of all officers and stockholders, **must include** title, names, and **number of shares or percentage of ownership.**

**QUESTIONS**

- 1. Do you have more than one shipping point?     YES     NO  
If yes, list all points \_\_\_\_\_
- 2. Will the premises and shipping points listed above be open and records available for inspection by our examiners at all reasonable hours?     YES     NO  
If yes, list address, days and hours \_\_\_\_\_
- 3. Have you had any previous license or permit relating to alcoholic liquors, municipal, state or federal, issued to you ever been revoked or suspended?     YES     NO  
If yes, when and where \_\_\_\_\_
- 4. For individual or partnership, does any partner or owner hold a retail, wholesale, or distributor license under the Nebraska Liquor Control Act?     YES     NO  
If yes, who and where \_\_\_\_\_
- 5. If a corporation or LLC, does any employee, officer or agent of the company, or any person holding more than 25% of the corporate stock or membership, hold a retail, wholesale, or distributor license under the Nebraska Liquor Control Act?     YES     NO  
If yes, who and where \_\_\_\_\_
- 6. Is this license to replace an existing license?     YES     NO  
If yes, list license number \_\_\_\_\_

7. In consideration of the issuance of this license, we agree to the following and understand that failure of full compliance may result in suspension or revocation of the license:
- a. To comply with and be bound by the provisions of Neb Rev Stat §53-162, §53-164.01 and §53-165; as amended, pertaining to the making and filing of returns, and the keeping of records.
  - b. To permit and be subject to all of the powers granted by the provisions of Neb Rev Stat §53-164.01 and §53-165, as amended, to the Nebraska Liquor Control Commission or its duly authorized employees or agents for inspection and examination of the premises and the records; and to pay actual expenses excluding salary, reasonably attributable to such inspections and examinations made by duly authorized employees of the Nebraska Liquor Control Commission, if within the United States; and
  - c. To comply with and be bound with §53-192 and §53-194.03; and
  - d. If any licensee violates any of the provisions of this application or of the provisions of the Nebraska Liquor Control Act, or the rules and regulations of the Nebraska Liquor Control Commission that apply to manufacturers, the Commission may revoke or suspend such license as provided by law.

**SIGNATURE OF APPLICANT**

THE UNDERSIGNED AGREES TO PROVIDE any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application 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.

Signature required of applicant; if partnership, primary partner, CEO or President of corporation, managing member of LLC.

**Applicant agrees to notify any wholesaler licensed in Nebraska that has been authorized to distribute such brands that application has been filed for a shipping license in writing on company letterhead all brands to be distributed**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name**

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