

**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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

DATE RECEIVED	
Office Use Only	
Class: _____	License #: _____

Applicant Name:

(Corporation, LLC, Partnership or Individual)

Trade Name:

(Doing Business As)

() -

Phone Number

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our [website](#) under “Licensing” tab in “Guidelines / Brochures”. **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- Fee payment of **\$28.75 per person** must be made directly to the NSP;
It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp
Or checks made payable to NSP should be mailed directly to the following address:
**The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521**
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: _____ Date of Birth: _____ Last 4 SSN: _____

(Please print legibly)

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

2. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

3. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

4. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

5. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

6. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee 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.

Name (Print): _____ **Title:** _____

Signature: _____ **Date:** _____