

**AFFIDAVIT FOR CHANGE
OF CORPORATE OFFICERS
FOR SHIPPERS**

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov/

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CORPORATION INFORMATION

Company Name	Liquor License Number
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Company Address	City	State	Zip Code
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Company Contact Name	Contact Telephone Number
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Contact Email Address _____

OFFICERS *after completion of this change, officers will be as follows:*

PRESIDENT	Name: (Last, First, Middle)	
	Home Address: (Street)	City, State, Zip Code
		Percentage of ownership

VICE PRESIDENT	Name: (Last, First, Middle)	
	Home Address: (Street)	City, State, Zip Code
		Percentage of ownership

SECRETARY	Name: (Last, First, Middle)	
	Home Address: (Street)	City, State, Zip Code
		Percentage of ownership

TREASURER	Name: (Last, First, Middle)	
	Home Address: (Street)	City, State, Zip Code
		Percentage of ownership

Certification by 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.

Print Name

Title

Signature

Date