

Invoice Signature Exemption Form

Retailer DBA: _____

License # _____

Contact Info:

Contact Name _____

Address _____

Phone # _____

Reason for Exemption: _____

Retailer (Print Name) _____ Date _____

Retailer (Sign Name) _____ Date _____

Authorized Person (Print Name) _____ Date _____

Authorized Person (Sign Name) _____ Date _____

Date emailed to Nebraska Liquor Control Commission _____

Emailed by _____

Copy of this form to be kept on file and available for review or audit