

**APPLICATION FOR LIQUOR LICENSE  
PARTNERSHIP  
INSERT – FORM 2**

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

Office Use
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**Partner(s), including spouses, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States**
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 – 006)**
- 3) Must provide a copy of their certified birth certificate, INS papers or US Passport**
- 4) Fingerprints are required. See Form 147 for further information, this form MUST be included with your application**
- 5) Must sign the signature page of the Application for License form**
- 6) Primary Partner may be required to take a training course**
- 7) Be a registered voter in the State of Nebraska, include a copy of voter registration card with application**

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: \_\_\_\_\_

Spouses First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: \_\_\_\_\_

Spouses First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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If necessary, this page can be copied for additional partner information

In compliance with the ADA, this partnership insert form 2 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.