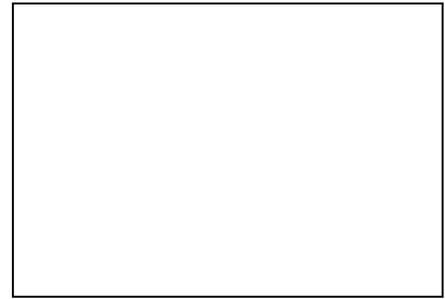


NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR LICENSE TO SHIP TO WHOLESALERS

301 CENTENNIAL MALL SOUTH, 5TH 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
Nlcc.spiritwinedesk@nebraska.gov



CHECKLIST

This application is to obtain a liquor license to ship alcohol to licensed Nebraska wholesalers.

MUST SUBMIT APPLICATION FEE OF \$1,000.00

MADE PAYABLE TO: NEBRASKA LIQUOR CONTROL COMMISSION or you may pay online at
www.ne.gov/go/NLCCpayport

- This is an annual license that runs May 1st through April 30th. This fee is not pro-rated. If applying in the middle of a license year, you may indicate a start date on the application.
- An email will be sent to the email address provided on the application 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>
- If at any time during the year you have changes from the original application, notify our office immediately at: nlcc.spiritwinedesk@nebraska.gov

Liquor Shipper Class S Spirits and Wine

Instructions and form for filing your monthly report tax return (form 7080) may be found at this link: <http://www.lcc.nebraska.gov/spiritwinediv.html>. This report is due on or before the 15th of each month; even if no shipments were made during the month.

Liquor Shipper Class T Beer

Instructions and form for filing your monthly report tax return (form 7099) may be found at this link: <http://www.lcc.nebraska.gov/beerdiv.html>. This report is due on or before the 15th of each month; even if no shipments were made during the month.

NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR LICENSE TO SHIP TO WHOLESALERS

301 CENTENNIAL MALL SOUTH, 5TH 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
nlcc.spiritwinedesk@nebraska.gov



MUST SUBMIT APPLICATION FEE OF \$1,000.00
LICENSES RUN MAY 1 – APRIL 30 (NO PRORATION)

MADE PAYABLE TO: NEBRASKA LIQUOR CONTROL COMMISSION or you may pay online at
www.ne.gov/go/NLCCpayport

CLASS OF APPLICATION

- S SPIRITS AND WINE (SHIPMENT TO WHOLESALER ONLY)
 T BEER (SHIPMENT TO WHOLESALER ONLY)

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/WHOLESALER (defined under Neb Rev Stat §53-103.41)
 AUTHORIZED AGENT—Include an appointment letter on letterhead from the supplier you represent.

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 30th of each year

Renewal notification will be sent by email to the email address provided on the application the first of February. Notify us immediately of any changes (including corporate name, corporate officers, addresses, contact individuals and email contact listed below). Please email changes to nlcc.spirtwinedesk@nebraska.gov

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

NO PAPER RENEWAL FORMS WILL BE ACCEPTED

Monthly reporting is required – on or before the 15th

PREMISES INFORMATION

TRADE NAME (DBA)

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

WEB ADDRESS: _____

E-MAIL ADDRESS : _____

(E-mail address is mandatory. 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 _____ Social Security Number _____

Phone number _____ Fax number _____

Home address _____ City _____

State _____ Zip Code _____

PARTNERSHIP

Managing Partner Name _____

Date of Birth _____ Social Security Number _____

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 _____ Social Security Number _____

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.

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.