

APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814

Office Use

- Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- Seller's liquor license will terminate upon issuance of the TOP.
- If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

SELLER'S LICENSE #:

On (date) seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

BARCODE
for office use only

Signature of **SELLER**

Signature of **BUYER**

Print Name

Print Name

State of Nebraska, County of _____

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

this _____ (date)

this _____ (date)

by _____
Name(s) of Person(s) Acknowledged [individual(s) signing document]

by _____
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

Notary Public signature

Affix Seal

Affix Seal

ADMINISTRATIVE REVIEW – Office use only		
Date: _____	Rep: _____	Application Number: _____
<input type="checkbox"/> Approved _____	<input type="checkbox"/> Denied _____	
Reason for Denial:		

