

REQUEST FOR CHANGE IN PARTNERSHIP

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

Licensee Name Liquor License Number

Premises Address City Zip Code

Contact Name Contact Telephone Number

List current Partners
Submit document showing transfer of ownership

PARTNER	Name: (Last, First, Middle)	Date of Birth	Social Security No.
	Home Address : (Street)	City, State, Zip Code	
	Telephone Number		
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security No.

PARTNER	Name: (Last, First, Middle)	Date of Birth	Social Security No.
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number		
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security No.

PARTNER	Name: (Last, First, Middle)	Date of Birth	Social Security No.
	Home Address : (Street)	City, State, Zip Code	
	Telephone Number		
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security No.

PARTNER	Name: (Last, First, Middle)	Date of Birth	Social Security No.
	Home Address : (Street)	City, State, Zip Code	
	Telephone Number		
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security No.

The following needs to be completed by any new partner:

1. Have you or your spouse ever been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application.

YES NO

If yes, complete the following:

Name: (Last, First, Middle)	Conviction Date	Charge	Disposition	Location

Fingerprints will be required all new members and their spouses. Affidavit of non-participation may be filed by the spouse in lieu of fingerprints, if the spouses they has no involvement in the LLC. Fingerprint cards are available at the Liquor Control Commissions office upon request; fingerprints must to be filed with this affidavit along with processing fee of \$38 per person, check made out to the Nebraska State Patrol.

Birth Certificates or naturalization papers from the INS, need to be filed on all new members and spouses.

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 corporation 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.

_____ Title

_____ Date