

**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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](http://www.lcc.nebraska.gov)

DATE RECEIVED	
Office Use Only	
Class: _____	License #: _____

Applicant Name:

\_\_\_\_\_  
(Corporation, LLC, Partnership or Individual)

Trade Name:

\_\_\_\_\_  
(Doing Business As)

( ) -

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our [website](#) under “Licensing” tab in “Brochures”.
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices will be released to the applicants;  
*Fingerprint cards should be submitted with the application.*
- Fee payment of **\$28.75 per person** must be made directly to the NSP;  
You may submit the payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
or checks made payable to NSP should be mailed directly to the following address:  

**The Nebraska State Patrol – CID Division**  
**3800 NW 12<sup>th</sup> Street**  
**Lincoln, NE 68521**
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;  
*Include a list of names covered by your payment to insure proper application of payment.*
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

**Please complete information on the following pages for EACH person fingerprinted.**

1. Name: \_\_\_\_\_

(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How was payment made to NSP?** NSP PAYPORT **Or** CHECK SENT TO NSP Ck # \_\_\_\_\_

2. Name: \_\_\_\_\_

(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How was payment made to NSP?** NSP PAYPORT **Or** CHECK SENT TO NSP Ck # \_\_\_\_\_

3. Name: \_\_\_\_\_

(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How was payment made to NSP?** NSP PAYPORT **Or** CHECK SENT TO NSP Ck # \_\_\_\_\_

4. Name: \_\_\_\_\_

(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How was payment made to NSP?** NSP PAYPORT **Or** CHECK SENT TO NSP Ck # \_\_\_\_\_

5. Name: \_\_\_\_\_

(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How was payment made to NSP?** NSP PAYPORT **Or** CHECK SENT TO NSP Ck # \_\_\_\_\_

6. Name: \_\_\_\_\_

(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How was payment made to NSP?** NSP PAYPORT **Or** CHECK SENT TO NSP Ck # \_\_\_\_\_

I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee 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.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_