

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR SACRAMENTAL WINE PERMIT

Church or religious organization desiring sacramental wine permit:

Premise Name: _____

Premise Address: _____

City: _____ State: _____ Zip Code: _____

Premise County: _____ Premise Phone Number _____

Email _____ Federal ID# _____

Contact Name: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Contact County: _____ Contact Phone Number _____

Email _____

CONTACT SIGNATURE: _____

DATE: _____, 2010

Currently have permit # _____, it is lost need a new one.

Do not need/utilize permit. If you have permit indicate permit # _____, date issued _____.