



NLCC Online Local Fee Sign Up/Update

NIC Nebraska

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NEBRASKA LIQUOR CONTROL ANNUAL LICENSE FEES §53-124.01 AND OCCUPATION TAXES §53-132(4)(d)

NIC Nebraska provides this service for free to all local city, village and county government bodies.

City/Village/County Name: _____

You will need to check all boxes for liquor licenses in your jurisdiction and provide the corresponding fees.

<input checked="" type="checkbox"/>	Class Type	License Fee	Occupation Fee	Publication Fee	Postage Fee
<input type="checkbox"/>	A	\$100			
<input type="checkbox"/>	AB	\$200			
<input type="checkbox"/>	ABK	\$200			
<input type="checkbox"/>	AD	\$300			
<input type="checkbox"/>	ADK	\$300			
<input type="checkbox"/>	AK	\$100			
<input type="checkbox"/>	B	\$100			
<input type="checkbox"/>	BK	\$100			
<input type="checkbox"/>	C	\$300			
<input type="checkbox"/>	CCS	\$300			
<input type="checkbox"/>	CCSG	\$300			
<input type="checkbox"/>	CG	\$300			
<input type="checkbox"/>	CK	\$300			
<input type="checkbox"/>	CKCS	\$300			
<input type="checkbox"/>	CKCSG	\$300			
<input type="checkbox"/>	CKG	\$300			

<input checked="" type="checkbox"/>	Class Type	License Fee	Occupation Fee	Publication Fee	Postage Fee
<input type="checkbox"/>	D	\$200			
<input type="checkbox"/>	DK	\$200			
<input type="checkbox"/>	E	\$300			
<input type="checkbox"/>	I	\$250			
<input type="checkbox"/>	IB	\$350			
<input type="checkbox"/>	IBK	\$350			
<input type="checkbox"/>	ID	\$450			
<input type="checkbox"/>	IDK	\$450			
<input type="checkbox"/>	IK	\$250			
<input type="checkbox"/>	K	\$100			
<input type="checkbox"/>	L	\$250			
<input type="checkbox"/>	LK	\$350			
<input type="checkbox"/>	M	\$300			
<input type="checkbox"/>	O	\$50			
<input type="checkbox"/>	Q	\$50			
<input type="checkbox"/>	Y	\$250			
<input type="checkbox"/>	YK	\$350			
<input type="checkbox"/>	Z	\$250			
<input type="checkbox"/>	ZK	\$350			

An email will be sent when local fees have been paid. Provide the information below on who should receive the notification(s):

Full Name 1: _____

Email Address: _____

Full Name 2: _____

Email Address: _____

- Check this box if you would like access to the NIC Payment Engine reporting system.