

CHANGE/UPDATE/LCC MEMBERS OR OFFICER/STOCKHOLDERS

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
EMAIL: lcc.frontdesk@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License
Class: _____

License Number: _____

Office Use only

Date Stamp **HERE ONLY**
Do not stamp any of the following pages

INSTRUCTIONS

- All members and spouses must be listed
- Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the application
- Managing/Contact member and all members holding over 25% interest and their spouses must submit fingerprints. See Form 147 for further information
- If changes include a member being married or divorced a copy of the marriage certificate or divorce degree must be include.
 - If new spouse, they must include:
 - Form 147 and submit fingerprint card
 - OR file an affidavit of non-participation form 116
- If member or spouse has passed away a photocopy of death certificate must be included.
 - Personal representative (PR) papers may be required

PREMISES INFORMATION

Licensee Name _____

Trade Name (doing business as) _____

Street Address _____

City _____ County _____ Zip Code _____

LIST ALL LLC MEMBERS OR CORPORATE OFFICERS

<u>MANAGING MEMBER/PRESIDENT</u> <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<u>MEMBER/ VICE PRESIDENT</u> <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<u>MEMBER/ SECRETARY</u> <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<u>MEMBER/ TREASURER</u> <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

<u>MEMBER/ DIRECTOR</u> <input type="checkbox"/> NEW <input type="checkbox"/> CURRENT PERCENTAGE _____	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Email address	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their 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. If more than one party, please list charges by each individual's name.

Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

_____ YES _____ NO

If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

Certification by Corporate Officer

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 LLC 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.

Applicant Notification and Record Challenge: *Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

Print Name

Title

Signature

Date