

REQUEST FOR TRANSFER OF ALCOHOL

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.ne.gov

Office Use only

Transfer request must meet the following conditions:

- **Active liquor licensee to active liquor licensee; 237-LCC2-003 of NLCC Rules and Regulations.**
- **Other than retailer to retailer transfer may be requested using this form plus written statement explaining the circumstances of how a non-licensee acquired liquor inventory.**
- **Must list alcohol inventory being transferred beginning on page 3 of this request; list brand name, container size and number of containers only.**
- **Only ONE (1) “Transferring Licensee” location and ONE (1) “Receiving Licensee” location per request.**
- **If business is closing, liquor license must be returned.**
- **Administrative review may take approximately 10 to 15 days.**

Office Use Only
Ready to Ratify

Transferring Licensee:	Office Use Only Doc # 0 Approved Action Code 0079	Receiving Licensee:	Office Use Only Doc # 0 Approved Action Code 0084
Class: _____ Lic #: _____		Class: _____ Lic #: _____	

LICENSEE Name

TRADE Name

PREMISE Address

_____, NE _____
CITY Zip Code

CONTACT Person

PHONE Number of Contact Person

EMAIL Address of Contact Person

LICENSEE Name

TRADE Name

PREMISE Address

_____, NE _____
CITY Zip Code

CONTACT Person

PHONE Number of Contact Person

EMAIL Address of Contact Person

Office Use Only

Reviewed by: _____

Approved Denied Blue Agenda **Date:** _____

Comments: _____

Office Use Only

BARCODE LABEL

Office Use Only Received Action Code: 0184 Denied Action Code: 0086 enter in both licenses.	Record # _____
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REASON for Transfer Request:

I acknowledge under oath, that this transfer as requested, complies in all respects with the requirements of the Liquor Control Act (Neb. Rev. Stat. §53-123.04 & §53-175)

Signature of **TRANSFERRING** Licensee or Officer

Signature of **RECIEVING** Licensee or Officer

Print Name

Print Name

State of Nebraska, County of _____

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

this _____ (date)

this _____ (date)

by _____

by _____

**Name of person acknowledged
(Individual signing document)**

**Name of person acknowledged
(Individual signing document)**

Notary Public Signature

Notary Public Signature

Affix Seal

Affix Seal

LIST OF ALCOHOL TO BE TRANSFERRED

Brand Name

Size

Qty.

Brand Name

Size

Qty.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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LIST OF ALCOHOL TO BE TRANSFERRED

Brand Name	Size	Qty.	Brand Name	Size	Qty.
_____	_____	_____	_____	_____	_____
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