LANCASTER COUNTY, NEBRASKA
LOCKSMITH CERTIFICATE REGISTRATION APPLICATION
LICENSING FEE: $5.00

Please complete the following questions, sign the application, enclose the registration fee and mail to: **Lancaster County Clerk, 555 S. 10th Street, Room 108, Lincoln, NE 68508**.

If additional space is needed for any questions, you may attach a separate sheet to the application. Please contact the County Clerk's Office at (402)441-7484 if you have questions.

Pursuant to Nebraska State Statute §28-1402, "All locksmiths, as defined in section 28-1315, shall be required to hold a valid registration certificate issued by the County Clerk in the county in which the locksmith's business is located." Per §28-1404, "The registration certificate shall remain valid until such time as the name of the individual, the name of the place of business, or the address of the place of business changes. At the time of such change a new registration shall be required."

Date:_____ County:_____

Applicant is (check one): Individual ☐ Partnership ☐ Corporation ☐ LLC ☐

Applicant's Full Name:_____ Telephone No:_____

Social Security#:_____

Applicant's Address:_____

Name of Business:_____

Name(s) of Owner(s):_____

Business Address:_____

Owner's Address:_____

If the applicant is a **corporation** or **limited liability company**, list the names, addresses and titles of the officers of the business.

_____

_____

_____

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Have you ever been engaged in any kind of locksmith work? ☐ Yes ☐ No

If yes, when? _____ List the city and state:_____

If in Lancaster County, NE, please include previous license number:_____

Have you ever been licensed in any other county or state as an owner or manager of a locksmith business?

☐ Yes ☐ No **If yes, list the city and state:_____**

EMPLOYMENT HISTORY - List your employment for the last five years:

Name of business_____ Supervisor_____
Address_____
Title_____ Employed from_____ To_____
Description of duties_____

Name of business_____ Supervisor_____
Address_____
Title_____ Employed from_____ To_____
Description of duties_____

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Address_____
Title_____ Employed from_____ To_____
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Has your application for a license as a locksmith ever been refused or revoked? ☐ Yes ☐ No

If yes, please explain giving exact dates, places and full details.

_____

_____

_____

Have you ever been convicted of any criminal offense or is there any criminal charge against you now pending (other than minor traffic violations)? ☐ Yes ☐ No **If yes, please explain giving exact dates, places, parties involved, and full details (attach a separate sheet if necessary).**

_____

_____

_____

Please list the names and addresses of three people unrelated to you who can attest to your reputation for honesty and fair dealings.

Name_____

Address_____

Name_____

Address_____

Name_____

Address_____

I, _____, hereby state that I am the owner, duly qualified officer, or employee of the above named business and that I have personally prepared the foregoing application, and that I have read and understand Nebraska State Statutes 28-1402 through 28-1405 regarding locksmiths and 28-1315 and 28-1316 relating to locks and keys.

_____ _____

Signature Date

_____ _____

Full Name (Print Legibly) Title

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The Nebraska locksmith registration certificate fee is $5.00 and should be included at the time of application.

METHOD OF PAYMENT (check one)

☐ CHECK ENCLOSED (made payable to the Lancaster County Clerk)
☐ DEBIT/CREDIT CARD (see instructions below)
☐ CASH (**please do not send cash through the mail**)

DEBIT/CREDIT CARD INFORMATION

If you would like to pay the $5.00 registration fee with a debit/credit card, please fill out the information below and return this form with your application. Please note, the total amount of your debit/credit card transaction will reflect pricing through the Nebraska.gov electronic payment processor. (Total collected: $5.12)

_____
Name as it appears on card

_____ _____ _____ _____
Billing Street Address City State Zip

_____ _____
Debit/Credit Card Number Card Type (Visa/MC/AE/Discover)

_____ _____
Expiration Date CCV Code (3 digits on back of card)

_____ _____
Signature Date

_____
Name (print legibly)

Office Use Only:
☐ FEE REC'D ☐ BGC SENT ☐ BGC REC'D
LIC. SENT DATE_____ BY_____