

**APPLICATION FOR FARMERS MARKET
SPECIAL DESIGNATED LICENSE**

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

**Please submit with Farmers' Market Permit issued by the local governing body.
Applicant agrees to have a safety and security plan. This plan is to be available upon request by the NLCC and law enforcement.**

Retail Liquor License Name and number

Farmers' Market Location:

Farmers' Market Street Address/City/Zip

Authorized Representative's Name & Phone Number

Authorized Representative's Email

I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

Signature of Authorized Representative

Local Governing Body completes below:

The local governing body for the City of _____ **OR**

County of _____ approves the issuance of a Special Designated License as

requested above.

Local Governing Body Authorized Signature

Date