

SDL – LOCAL RECOMMENDATION

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.sdl.licensing@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License # _____ Licensee Name/Non-Profit Organization _____

Event location name: _____

Event address/location: _____

Event Type: _____

Event date(s): _____

Event start time(s): _____

Event end time(s): _____

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: _____ X _____ (Must submit a diagram)

Estimated number of attendees: _____

Alternate dates/times: _____

Alternate location name/location: _____

Type of alcohol to be served: Beer _____ Wine _____ Distilled Spirits _____

Event contact name: _____ Event contact phone number: _____

Event contact Email: _____

*Signature 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