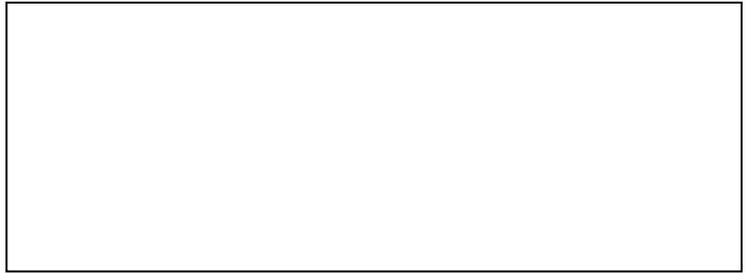


# APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov/](http://www.lcc.nebraska.gov/)  
Email Applications: michelle.porter@nebraska.gov



## Special Designated License (SDL) Application Quick Checklist

### Requirements:

- Application **MUST** include approval from the local governing body (city, village or county clerk of where the event is to be held). Contact this jurisdiction for further requirements. **EFFECTIVE MAY 1, 2015, applications will no longer be accepted without the local approval attached to the application.**
- Only 501c Non-profit organizations or Retail license holders can apply for a Special Designated License. No SDL will be issued to Retail license holders operating under a Temporary Operating Permit (TOP).
- Include \$40 fee for each day/area. Check is payable to the Nebraska Liquor Control Commission (NLCC). If you have a Catering license, there are no fees required. You may also pay online at [PAYPORT](#)
- **Applicant** is responsible for all paperwork and fees being sent to the NLCC office before the 10-day deadline. It is not the responsibility of the local governing body to send the application to the NLCC.
- When requesting alternate date(s) and/or location(s), approval from local governing body must include approval for these alternate date(s) and/or locations(s). If requesting sales on Sunday, attach copy of local ordinance or resolution.
- Application must be received in Nebraska Liquor Control Commission (NLCC) office a **MINIMUM** of ten (10) business days prior to date of event (weekends, holidays & date of event are not included in this count). **NO EXCEPTIONS!** \*See the [calendar](#)
- When requesting an outdoor area, you must include a box-type diagram of the area to be licensed.
- Non Caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days).
- Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license.

### Non Profit Application **MUST**:

- Include page five (5) of application showing Federal ID number.
- When requesting an exemption from NLCC rules; i.e. waiver of double fencing, request must be received in (NLCC) office a **MINIMUM** of 30 days prior to the date of the event; waiving double fence must complete Form 140.

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**DO YOU NEED POSTERS? YES\_\_NO\_\_**

**NON PROFIT APPLICANTS**

(Check one that best applies)

Municipal\_\_ Political\_\_ Fine Arts\_\_ Fraternal\_\_ Religious\_\_ Charitable\_\_ Public Service

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-055441)

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer \_\_ Wine\_\_ Distilled Spirits\_\_

2. Licensee name (last, first,), corporate name or limited liability company (LLC) name  
(As it reads on your liquor license)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

3. Location where event will be held; name, address, city, county, zip code

**BUILDING NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **COUNTY and COUNTY #** \_\_\_\_\_

a. Is this location within the city/village limits? YES\_\_NO\_\_

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES\_\_NO\_\_

c. Is this location within 300' of any university or college campus? YES\_\_NO\_\_

4. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application) If dates are non-consecutive, please complete a separate application.

Date _____	Date _____	Date _____	Date _____	Date _____	Date _____
<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____
To _____	To _____	To _____	To _____	To _____	To _____

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance\_\_\_ Reception\_\_\_ Fund Raiser\_\_\_ Beer Garden\_\_\_ Tasting\_\_\_

Other \_\_\_\_\_

6. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_  
(not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_

**\*SKETCH OF OUTDOOR AREA (or attach a diagram)**

If outdoor area, how will premises be enclosed?

\_\_\_ Fence; \_\_\_ snow fence \_\_\_ chain link \_\_\_ cattle panel

\_\_\_ other \_\_\_\_\_

\_\_\_ Tent

7. How many attendees do you expect at event? \_\_\_\_\_

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES \_\_\_ NO \_\_\_

a. Are there separate toilets for both men and women? YES \_\_\_ NO \_\_\_



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL