

**SPECIAL DESIGNATED LICENSE  
LOCAL RECOMMENDATION FORM**

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/

**Special Designated License  
Local Recommendation Form**

\_\_\_\_\_  
Name of Licensee/Business

\_\_\_\_\_  
Licensee/Business Address

\_\_\_\_\_  
License Number (IF APPLICABLE)

\_\_\_\_\_  
Email Address

Event Location: \_\_\_\_\_

Description of area to be licensed in length & width:

Indoor: \_\_\_\_ X \_\_\_\_      Outdoor: \_\_\_\_ X \_\_\_\_ (must include diagram)

Event Time & Date: \_\_\_\_\_

Alternate Date/Location: \_\_\_\_\_

(MUST BE SPECIFIED IN LOCAL APPROVAL)

Application:

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Clerk's Signature

\_\_\_\_\_  
Date