

**APPLICATION FOR FARMERS MARKET
SPECIAL DESIGNATED LICENSE ENDORSEMENT FORM #202**

NEBRASKA LIQUOR CONTROL COMMISSION

FAX OR EMAIL FORM: (402) 471-2814 or lcc.sdl.licensing@nebraska.gov

- **Application fee of \$15.00 paid via PayPort. Payment receipt copy needs to be submitted with form.**
- **Each farmers market location requires a separate form and payment.**
- **Applicant must be a craft brewery, microdistillery, or farm winery licensed to produce their product. Only product produced by the applying applicant can be dispensed.**
- **A separate application is required for each producing license.**
- **Applicant is responsible for contacting the local governing body. The local governing body will notify the commission after the authorization of the permit.**
- **\$15.00 renewal fee must be paid yearly for each location. Special Designated License Endorsement is valid for the license year of applicant and shall be renewed separate from the retail license.**

Retail Liquor License Number

Retail Liquor License Name

Farmers Market Location: _____

Farmers Market Street Address/City/Zip: _____

Is this location within the city/village limits? YES _____ NO _____

Is this location within 150' of a church, school, hospital or home for aged/indigent or for veterans and/or wives?

YES _____ NO _____

Is this location within 300' of any university or college campus? YES _____ NO _____

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

Will off-sale bottles be sold? YES _____ NO _____ Posters needed: _____

Estimated # of attendees: _____ Are there separate toilets for men and women: YES _____ NO _____

Event Supervisor: _____ Event Supervisor Phone Number: _____

Authorized Representative's Email: _____

Applicant agrees to have a safety and security plan. This plan is to be available upon request by the NLCC and law enforcement.

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 Authorized Representative: _____ **Printed Name** _____