

**Special Designated License
Local Recommendation (Form 200)**

Applications must be entered on the portal after local approval -- no exceptions
Late applications are non-refundable and will be rejected

Hooper's Office Bar & Grill Llc

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

121N Main Hooper, Ne 68031

Retail Liquor License Address or Non-Profit Business Address

097458

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only 02/25/2022

Event Date(s):

Event Start Time(s): 5:00

Event End Time(s): 12:00

Alternate Date: N/A

Alternate Location Building & Address: N/A

Event Building Name: Christiansen Field

Event Street Address/City: 1710 W 16th

Indoor area to be licensed in length & width: 150 X 120

Outdoor area to be licensed in length & width: ___ X ___ (Diagram Form #109 must be attached)

Type of Event: Meeting/Swap Meet Estimate # of attendees: 150

Type of alcohol to be served: Beer Wine Distilled Spirits

(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Kevin Meyer Event Contact Phone Number: 402-319-5868

Event Contact Email: ngast@midlands.net

*Signature Authorized Representative: Kevin Meyer Printed Name KEVIN MEYER

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.

*Retail licensee - Must be signed by a member listed on permanent license

*Non-Profit Organization - Must be signed by a Corporate Officer

Local Governing Body completes below:

The local governing body for the City/Village of _____ OR County of _____ approves the issuance of a Special Designated License as requested above. (Only one should be written above)

Local Governing Body Authorized Signature

Date