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Agenda

NEBRASKA LIQUOR CONTROL COMMISSION PHONE: (402) 471-2571 Website: <u>www.lcc.ncbraska.gov</u>

## 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

Refail License Number of Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  Event Start Time(s):  Loo  Event End Time(s):  Loo  Event Building Name:  Fivst State Bank of Fremont  Event Street Address/City:  Loo  Coutdoor area to be licensed in length & width:  Type of licensed in length & width:  Type of Event:  Manhor After Wine Distilled Spirits  (If not marked, you will not be able to serve this type of alcohol)  Event Contact Name:  Brooke Governed Event Contact Remail:  He Woode If Frest aurant @ gmail.  Signature Authorized Representative:  Printed Name:  Printed Name:  Prove of alcohol is the signation of prosentality of the body an analyticanse applicant and that the statements made on this application are true to the best of my knowledge and belief, I also consoit be an investigation of commission. In Pederaska State Paint of any coher dadding pole records. Lagra Code paint of the Spotal Designated Licenses applied for will not be used by any offer peace in progressing the process of the peace in the New York of the Spotal Designated Licenses as requested above. (Only one should be written above)  English Coverning Body completes below:  Phe local Governing Body for the City/Village of OR County of OR County of OR County of Approves he issuance of a Special Designated License as requested above. (Only one should be written above)	Local Governing Body Authorized Signature Date
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):   2	
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  2-6-22   Event Start Time(s):  4-00   Event End Time(s):  4-00   Event Building Name:  4-00   Event Building Name:  4-00   Event Street Address/City:  4-00   Event Contact In length & width:  4-00   Event Contact Name:  4-00   Event Contact Name:  4-00   Event Contact Name:  4-00   Event Contact Email:  4-00   *Signature Authorized Representative:  4-00   *Signature State Ball and lime authorized representative:  4-00   *Signature Authorized Representative:  4-00   *Signature Authorized Representative:  4-00   *Signature State Ball and lime authorized Representative:  4-00   *Signature Auth	al Governing Body completes below:
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  Event Start Time(s):  LOO  Event End Time(s):  Alternate Date:  Alternate Date:  Alternate Location Building & Address:  Event Building Name:  Fivst State Bank of Fremant  Event Street Address/City:  LOOS E 23rd St. Fremant  Indoor area to be licensed in length & width:  Type of Event:  [Namber Attacks]  (If not marked, you will not be able to serve this type of alcohol)  Event Contact Name:  Brooke Covacke Event Contact Phone Number:  4 Signature Authorized Representative:  1 declare that I am the authorized Representative:  2 Printed Name Brooke Covacke  1 declare that I am the authorized Representative:  2 Printed Name Brooke George In Investigation of my background including all records of every kind including police records. Lagrandian for will not be used by any other person, group, organization or copposition for profit or not for profit and that the twent will be supervised by persons directly responsible to the holder of this Special Dosignated License.	
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  2-6-22   Event Start Time(s):  4.00   Event End Time(s):  6.00   Alternate Date:  Alternate Location Building & Address:  Event Building Name: First State Bank of Trement  Event Street Address/City:   COS E 23rd St. Fremont  Indoor area to be licensed in length & width:   X	clare that I am the authorized representative of the beorg named incense applicant and that the statements made on this application are true to the form knowledge and belief, I also consent to an investigation of my background including all records of every kind including police records. I agree valve any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing to 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 are person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the ler of this Special Designated License.
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  Event Start Time(s):  Event End Time(s):  Alternate Date:  Alternate Location Building & Address:  Event Building Name:  Event Street Address/City:  Event Street Address/City:  Indoor area to be licensed in length & width:  Type of Event:  (In amber Affect Hows  Estimate # of attendees:  (If not marked, you will not be able to serve this type of alcohol)	
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  2-6-22   Event Start Time(s):  4.00   Event End Time(s):  6.00   Alternate Date:  Alternate Location Building & Address:  Event Building Name: First State Bank of Fremant  Event Street Address/City:   005	(If not marked, you will not be able to serve this type of alcohol)
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only  2-6-22    Event Date(s):  2-6-22    Event Start Time(s):  4,00    Event End Time(s):  6,00    Alternate Date:    Alternate Location Building & Address:    Event Building Name: Fivst State Bank of Tremont    Event Street Address/City:   005 E 23rd St. Fremont    Indoor area to be licensed in length & width: 20 x 30	pe of Event: Chamber After Hours Estimate # of attendees: 200
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  2-6-22   Event Start Time(s):  4.00   Event End Time(s):  6.00   Alternate Date:  Alternate Location Building & Address:  Event Building Name: First State Bank of Tremont  Event Street Address/City: 1 005 E 23rd St. Fremont	
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  2-6-22   Event Start Time(s):  4.00   Event End Time(s):  6.00   Alternate Date:  Alternate Location Building & Address:  Event Building Name: First State Bank of Trement	
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Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s):  2-6-22  Event Start Time(s): 4:00	
Retail License Number or Non-Profit Federal ID #  Consecutive Dates only Event Date(s): 12-6-22	vent Start Time(s):
Retail License Number or Non-Profit Federal ID #	vent Date(s): 12-6-LL
7) 4 4 4 1 4	
Retail Liquor License Address or Non-Profit Business Address	etail Liquor License Address <u>or</u> Non-Profit Business Address
980 County Road W Track   Fremont, NE 68025	•
ANDGO LLC BBA: The Wasdeliff Restaurant  Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)	INDGO LLC BBA: The Wasteliff Restaurant