

**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

Steven Dahl
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
116 N Main St Fremont NE
Retail Liquor License Address or Non-Profit Business Address

122212
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 7-15-20
Event Start Time(s): 5:30
Event End Time(s): 10:00
Alternate Date: N/A

Alternate Location Building & Address: _____

Event Building Name: Hazel K Keene Lodge
Event Street Address/City: 3402 W Military Fremont 68025
Indoor area to be licensed in length & width: 18 X 25 Kerrigan Room

Outdoor area to be licensed in length & width: 12 X 25 (Diagram Form #109 must be attached) 12x25

Type of Event: Retirement Party Pinnacle Bank Estimate # of attendees: 45-50

Type of alcohol to be served: Beer X Wine X Distilled Spirits X
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Steven Dahl Event Contact Phone Number: 402-720-6471

Event Contact Email: Lori Dahl Steven_Dahl@MSN.com

*Signature Authorized Representative: See Del' Printed Name Steven Dahl

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 _____