

**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

Rise's Drive-In Liquor, Inc.

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

1900 E. Military Ave. #284, Fremont, NE 68025, Dodge Co. #5

Retail Liquor License Address or Non-Profit Business Address

DK-74918

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s): DEC. 5 2020

Event Start Time(s): 1:00 PM

Event End Time(s): 1:00 AM

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: PLATTE VALLEY EQUIPMENT

Event Street Address/City: 2221 COUNAY RD. Q

Indoor area to be licensed in length & width: 100' X 300'

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

Type of Event: RECEPTION Estimate # of attendees: 200

Type of alcohol to be served: Beer Wine Distilled Spirits

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

Jeff Rise 402-721-7778

Event Contact Name: _____ Event Contact Phone Number: _____

davesfremont@gmail.com

Event Contact Email: _____

*Signature Authorized Representative:  Printed Name JEFF RISE

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