

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

MAMAT AND PAPAD

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

1155 SOUTH BROAD

Retail Liquor License Address or Non-Profit Business Address

CK 122193

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s):

9-18-2021

Event Start Time(s):

8:00 AM

Event End Time(s):

1:00 AM

Alternate Date:

Alternate Location Building & Address:

Event Building Name:

Fremont SRA Group Lodge

Event Street Address/City:

5350 State Lakes Rd Fremont 68025

Indoor area to be licensed in length & width:

40x80

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

Type of Event:

Weddings

Estimate # of attendees:

100

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:

Tia Mentzer

Event Contact Phone Number:

402 219-4248

Event Contact Email:

WOODENWINDMILL@GMAIL.COM

*Signature Authorized Representative:

Tia Mentzer

Printed Name

Tia Mentzer

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