SDL – LOCAL RECOMMENDATION

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
EMAIL: lcc.sdl.licensing@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

163264 — License #

City of Albion DOA Albion Public Library — Licensee Name/Non-Profit Organization

Event location name: Albion Public Library

Event address/location: 437 S 3rd Street Albion NE 68620

Event Type: Fundraiser

Event date(s): Oct 3rd

Event start time(s): 2pm

Event end time(s): 10pm

Indoor area to be licensed in length & width: 110 X 115

Outdoor area to be licensed in length & width: _____ X _____ (Must submit a diagram)

Estimated number of attendees: 100

Alternate dates/times: none

Alternate location name/location: _____

Type of alcohol to be served: Beer X Wine X Distilled Spirits X

Event contact name: Staci Wright Event contact phone number: 402-741-5137

Event contact Email: albionpubliclibrary@gmail.com

*Signature Authorized Representative: Staci Wright.

Local Governing Body completes below:

The local governing body for the City of Albion OR
County of Boone approves the issuance of a Special Designated License as requested above.

Local Governing Body Authorized Signature

Date

NEBRASKA LIQUOR CONTROL COMMISSION
PHONE: (402) 471-2571
Website: www.lcc.nebraska.gov

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

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

1420 Road N, Suite D York, NE 68467
Retail Liquor License Address or Non-Profit Business Address

Z-125408
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): Oct 3
Event Start Time(s): 2 pm
Event End Time(s): 10 pm

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: Albion Public Library

Event Street Address/City: 437 S 3rd Street / Albion

Indoor area to be licensed in length & width: 110 X 115

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

Type of Event: Tasting & Sales **Estimate # of attendees:** 100

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: Derek Keller **Event Contact Phone Number:** 402-363-1662

Event Contact Email: blended.distilling@hotmail.com

***Signature Authorized Representative:** Derek Keller **Printed Name** Derek Keller

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**