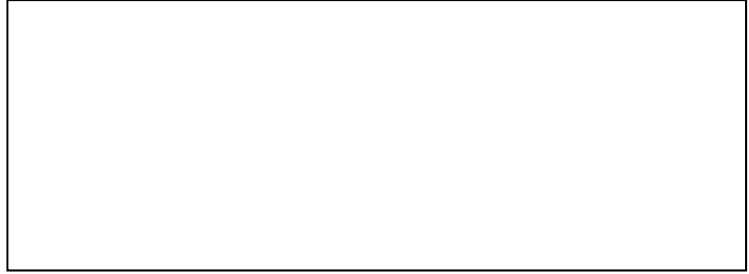


# APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/



## Special Designated License (SDL) Application Quick Checklist

### Requirements:

- ✓ Application must be received in Nebraska Liquor Control Commission (NLCC) office a **MINIMUM** of ten (10) working days prior to the date of event (when counting days exclude weekends and holidays) **NO EXCEPTIONS**
- ✓ Application **MUST** include approval from the local governing body (city, village or county clerk of where the event is to be held)
- ✓ When requesting an exemption from NLCC rules, i.e. waiver of double fencing, request must be received in (NLCC) office a **MINIMUM** of 30 days prior to the date of the event
- ✓ All questions on application must be completed legibly
- ✓ Include \$40 fee, for each day/area applying for, checks made payable to Nebraska Liquor Control Commission (NLCC), if liquor caterer no fees required
- ✓ When requesting alternate date(s) or location(s), approval from local governing body must include approval for these alternate date(s) or locations(s)
- ✓ When requesting an outdoor area you must include a sketch of area to be licensed

### Non Profit Application **MUST**:

- ✓ Include page five (5) of application showing federal ID number

### Information:

- ✓ Non caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
- ✓ Applications may be submitted via e-mail to [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov) or faxed to (402) 471-2814
- ✓ Must use the most current form 108. Forms are available on our web site at [www.lcc.ne.gov/formsdiv.html](http://www.lcc.ne.gov/formsdiv.html), or by calling our main number (402) 471-2571
- ✓ Reference statutes: §53-124.11, rules 2-013.01 and 6-019.01W 1,2,3
- ✓ Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license

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**DO YOU NEED POSTERS? YES \_\_\_ NO \_\_\_**

RETAIL LICENSE HOLDERS \_\_\_

NON PROFIT APPLICANTS \_\_\_

Non Profit Status (check one that best applies)

Municipal \_\_\_ Political \_\_\_ Fine Arts \_\_\_ Fraternal \_\_\_ Religious \_\_\_ Charitable \_\_\_ Public Service \_\_\_

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer \_\_\_ Wine \_\_\_ Distilled Spirits \_\_\_

2. Liquor license number and class (i.e. C-55441)  
(If you're a nonprofit organization leave blank)

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name  
(As it reads on your liquor license)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

4. Location where event will be held; name, address, city, county, zip code

**BUILDING NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **COUNTY and COUNTY #** \_\_\_\_\_

a. Is this location within the city/village limits? YES \_\_\_ NO \_\_\_

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES \_\_\_ NO \_\_\_

c. Is this location within 300' of any university or college campus? YES \_\_\_ NO \_\_\_

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date _____	Date _____	Date _____	Date _____	Date _____	Date _____
<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____	<b>Hours</b> From _____
To _____	To _____	To _____	To _____	To _____	To _____

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_

**(Alternate date or location must be specified in local approval)**

6. Indicate type of activity to be carried on during event:

Dance     Reception     Fund Raiser     Beer Garden     Sampling/Tasting

Other \_\_\_\_\_

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_  
(not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_

**\*SKETCH OF OUTDOOR AREA (or attach copy of sketch)**

If outdoor area, how will premises be enclosed?

Fence; snow fence  chain link  cattle panel  other \_\_\_\_\_

Tent

8. How many attendees do you expect at event? \_\_\_\_\_

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES  NO

a. Are there separate toilets for both men and women? YES  NO



**This page is required to be completed by Non Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL