

**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

Sesostris Shrine

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

1050 Saltillo Rd., Roca, NE 68430

Retail Liquor License Address or Non-Profit Business Address

CK078664

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s): 3/30/19 _____

Event Start Time(s): 6:00 PM _____

Event End Time(s): 9:00 PM _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: Sesostris Shrine

Event Street Address/City: 1050 Saltillo Rd., Roca, NE 68430

Indoor area to be licensed in length & width: 98 x 60

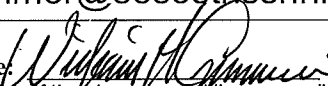
Outdoor area to be licensed in length & width: _____ X _____ (Diagram Form #109 must be attached)

Type of Event: Wine and beer tasting Estimate # of attendees: 150

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: Keith Plummer Event Contact Phone Number: 402-474-6890

Event Contact Email: keith.plummer@sesostrisshrine.org

*Signature Authorized Representative:  Printed Name William H. Cummings

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