

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
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108489YK **NIOBRARA VALLEY VINEYARDS LLC**

License # _____ Licensee Name/Non-Profit Organization _____

Event location name: **Mitchell Airfield**

Event address/location: **Intersection of Mitchell So. Rd & Hawk Rd.**

Event date(s): **08/10/24** _____

Event start time(s): **4:00p.m.** _____

Event end time(s): **10:00p.m.** _____

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: **100** X **100** (Must submit a diagram)

Estimated number of attendees: **3000**

Alternate dates/times: **N/A**

Alternate location name/location: **N/A**

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

Event contact name: **Greg Nollette** Event contact phone number: **402-389-1346**

Event contact Email: **greg@nvv-ne.com**

*Signature Authorized Representative: _____

Local Governing Body completes below:

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

Local Governing Body Authorized Signature

Date