

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

025711 License # PRES inc DBA Rosita's Restaurant Licensee Name/Non-Profit Organization

Event location name: Adams Family Pumpkin Patch

Event address/location: 230710 Highland Road Scottsbluff, Ne 69361

Event Type: Fall Festival / Pumpkin Patch

Event date(s): 10/5/24 10/6/24

Event start time(s): 9:45am 12:00pm

Event end time(s): 10:30pm 5:15pm

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

Outdoor area to be licensed in length & width: 208 X 208 (Must submit a diagram)

Estimated number of attendees: 200-300

Alternate dates/times: _____

Alternate location name/location: _____

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

Event contact name: Rosemary Flores Event contact phone number: 308-765-1291

Event contact Email: Rosyflr2@gmail.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

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025711 License # PRES Inc DBA Rosita's Restaurant Licensee Name/Non-Profit Organization

Event location name: Acamas Family Pumpkin Patch

Event address/location: 230710 Highland Road Scottsbluff, Ne 69361

Event Type: Fall Festival / Pumpkin Patch

Event date(s): 10/11/24 10/12/24 10/13/24

Event start time(s): 6:30pm 9:45am 12:00pm

Event end time(s): 10:30pm 5:15pm 5:15pm

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

Outdoor area to be licensed in length & width: 208 X 208 (Must submit a diagram)

Estimated number of attendees: 200-300

Alternate dates/times: _____

Alternate location name/location: _____

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

Event contact name: Rosemary Florec Event contact phone number: 308-641-0038

Event contact Email: Rosf1r2@gmail.com

*Signature Authorized Representative: [Signature]

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
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Date

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025711 ^{DBA} PRES Inc Rosita's Restaurant
License # Licensee Name/Non-Profit Organization

Event location name: Adams Family Pumpkin Patch

Event address/location: 230710 Highline Road Scottsbluff, Ne 69361

Event Type: Fall Festival/ Pumpkin Patch

Event date(s): 10/19/24 10/20/24

Event start time(s): 9:45 AM 12:00 PM

Event end time(s): 10:30 PM 5:15 PM

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

Outdoor area to be licensed in length & width: 208 X 208 (Must submit a diagram)

Estimated number of attendees: 200-300

Alternate dates/times: _____

Alternate location name/location: _____

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

Event contact name: Rosemary Flores Event contact phone number: 308-765-1291

Event contact Email: Rosemaryr@gmail.com

*Signature Authorized Representative: 

Local Governing Body completes below:

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County of _____ approves the issuance of a Special Designated License as
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Local Governing Body Authorized Signature

Date

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025711 License # PRES Inc DBA Rosita's Restaurant Licensee Name/Non-Profit Organization

Event location name: Adams Family Pumpkin Patch

Event address/location: 230710 Highland Road Scottsbluff, NE 69361

Event Type: Fall Festival / Pumpkin Patch

Event date(s): 10/26/24 10/27/24

Event start time(s): 9:45am 12:00pm

Event end time(s): 5:15pm 5:15pm

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

Outdoor area to be licensed in length & width: 208 X 208 (Must submit a diagram)

Estimated number of attendees: 200

Alternate dates/times: -

Alternate location name/location: _____

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

Event contact name: Rosemary Flores Event contact phone number: 308-641-0038

Event contact Email: Rosyflr@gmail.com

*Signature Authorized Representative: [Signature]

Local Governing Body completes below:

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County of _____ approves the issuance of a Special Designated License as
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Local Governing Body Authorized Signature

Date

SDL – LOCAL RECOMMENDATION

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025711 P.R.E.S Inc. DBA R'site's Restaurant
License # Licensee Name/Non-Profit Organization

Event location name: Adams Family Pumpkin Patch
Event address/location: 230710 Highland Road Scottsbluff, Ne 69361
Event Type: Fall Festival / Pumpkin Patch
Event date(s): 10/28/24 10/29/24
Event start time(s): 9:45am 12:00pm
Event end time(s): 5:15pm 5:15pm

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

Outdoor area to be licensed in length & width: 208 X 208 (Must submit a diagram)

Estimated number of attendees: 200

Alternate dates/times: _____

Alternate location name/location: _____

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

Event contact name: Rosemary Forez Event contact phone number: 308-641-0038

Event contact Email: rosemaryforez@gmail.com

*Signature Authorized Representative: 

Local Governing Body completes below:

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County of _____ approves the issuance of a Special Designated License as
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Date