

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

125088 License # BR Entertainment LLC - Hights Tavern Licensee Name/Non-Profit Organization

Event location name: Adam's Family Pumpkin Patch

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

Event Type: Seasonal Pumpkin Patch Activities

Event date(s): 10-5-24

Event start time(s): 11:00 am

Event end time(s): 4:00 pm

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

Outdoor area to be licensed in length & width: 50 X 50 (Must submit a diagram)

Estimated number of attendees: 50

Alternate dates/times: N/A

Alternate location name/location: N/A

Type of alcohol to be served: Beer Wine Distilled Spirits

Event contact name: Ben Rodriguez Event contact phone number: 308-672-8495

Event contact Email: brodriguez@accsinc.net

*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

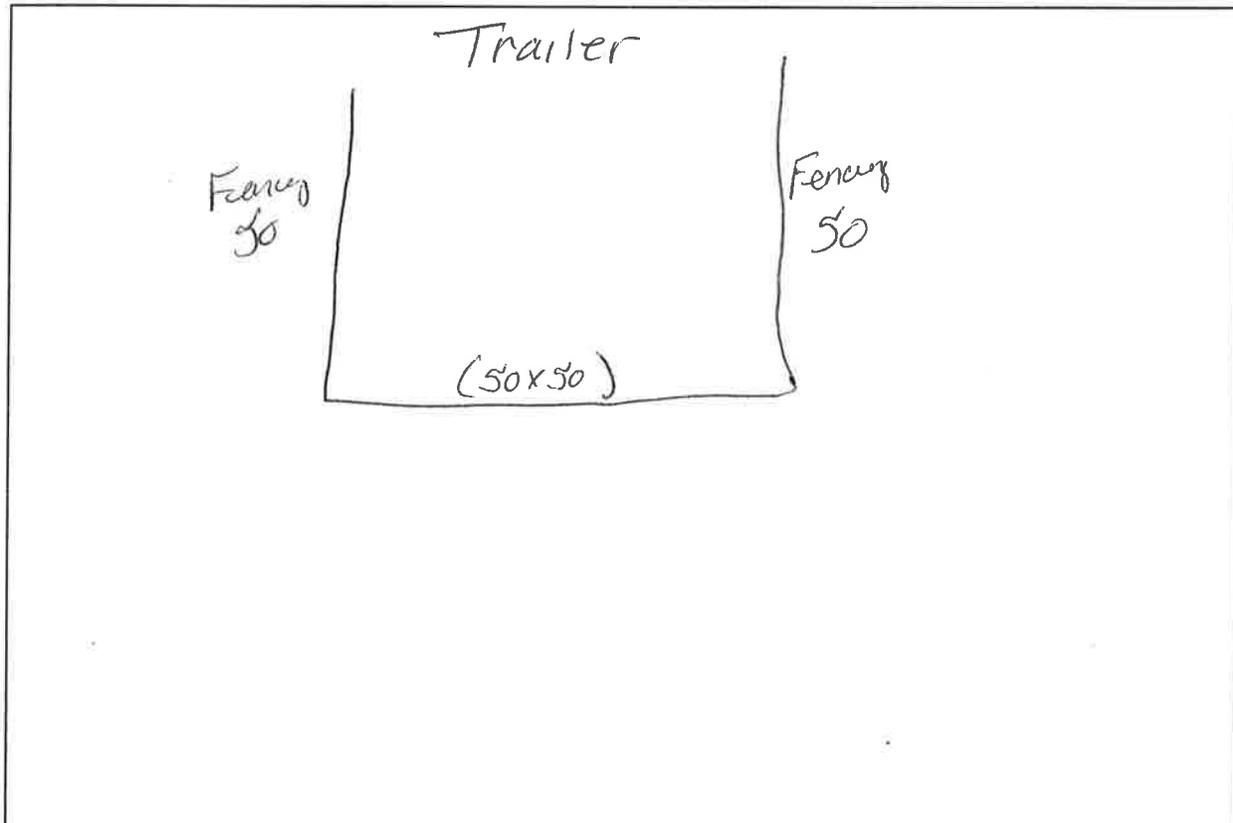
SDL – OUTDOOR AREA DIAGRAM

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- IF APPLICABLE, OUTDOOR AREA MUST BE CONNECTED TO INDOOR AREA IF INDOOR AREA IS LICENSED
- MEASUREMENT OF OUTER WALLS OF AREA TO BE LICENSED MUST INCLUDED LENGTH & WIDTH IN FEET

HOW AREA WILL BE PATROLLED: Wrist bands, Bartender Whorepicker Fencing

DIAGRAM OF PROPOSED AREA:



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125088

License #

BR Entertainment LLC - Hights Tavern

Licensee Name/Non-Profit Organization

Event location name:

Adams Family Pumpkin Patch

Event address/location:

230710 Highland Rd Scottsbluff, NE 69361

Event Type:

Seasonal Pumpkin Patch Activities

Event date(s):

10-12-24

Event start time(s):

11:00 am

Event end time(s):

2:00 pm

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

Outdoor area to be licensed in length & width: 50 X 50 (Must submit a diagram)

Estimated number of attendees:

50

Alternate dates/times:

N/A

Alternate location name/location:

N/A

Type of alcohol to be served:

Beer Wine Distilled Spirits

Event contact name:

Ben Rodriguez

Event contact phone number:

308-672-8495

Event contact Email:

brodriguez@accsinc.net

*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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HOW AREA WILL BE PATROLLED: Wrist bands, Bartender, Whitepicket Fencing

DIAGRAM OF PROPOSED AREA:

