

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
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EMAIL: lcc.sdl.licensing@nebraska.gov
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025711 P.R.E.S DBA Rosita's Restaurant
License # Licensee Name/Non-Profit Organization

Event location name: Five Rock Amphitheater

Event address/location: 2505 D St, Gering, NE 69301

Event Type: Fall market

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

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

Event end time(s): 4:00pm 4:00pm

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

Outdoor area to be licensed in length & width: 822 X 466.97 (Must submit a diagram)

Estimated number of attendees: 700

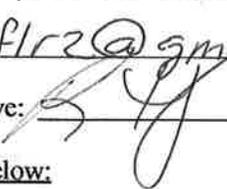
Alternate dates/times: _____

Alternate location name/location: _____

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

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

Event contact Email: rosylr2@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