

SDL – LOCAL RECOMMENDATION

NEBRASKA LIQUOR CONTROL COMMISSION

301 CENTENNIAL MALL SOUTH

PO BOX 95046

LINCOLN, NE 68509-5046

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EMAIL: lcc.sdl.licensing@nebraska.gov

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zk121072

Great Plains Distillery

License #

Licensee Name/Non-Profit Organization

Event location name: Maple Leaf Lodge

Event address/location: 270511 cr S Gering Nebraska

Event Type: reception

Event date(s): 06/17/2025

Event start time(s): 5:00 pm

Event end time(s): 12:00 pm

Indoor area to be licensed in length & width: 40 X 45

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

Estimated number of attendees: 50-100

Alternate dates/times: none

Alternate location name/location: none

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

Event contact name: Phil mitchell Event contact phone number: 3086723007

Event contact Email: greatplainsdistillery@gmail.com

*Signature Authorized Representative: Phil Mitchell

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