

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: lcg.sdl.licensing@nebraska.gov
WEBSITE: www.lcg.nebraska.gov

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 6-14-2025 KB. Verbal ok Harris, Blue, Heisig**

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 ☒ Wine ☒ Distilled Spirits ☒

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 **Scotts Bluff** approves the issuance of a Special Designated License as
requested above.

Phil Mitchell
Local Governing Body Authorized Signature

6-2-2025
Date