

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 P.R.E.S Inc DBA Rosita'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): 9/27/25 9/28/25

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

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

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

Outdoor area to be licensed in length & width: 1,300^{ft} X 900^{ft} (Must submit a diagram)

Estimated number of attendees: 200-400 people

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: Rosyflrzasmail.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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License #

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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):

10/11/25 10/12/25

Event start time(s):

9:30am 12:00pm

Event end time(s):

10:30pm 5:30pm

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

Outdoor area to be licensed in length & width: 1,300ft X 900ft (Must submit a diagram)

Estimated number of attendees:

200-400 people

Alternate dates/times: _____

Alternate location name/location: _____

Type of alcohol to be served: Beer

☒

Wine

☒

Distilled Spirits

☒

Event contact name:

Rosemary Florez

Event contact phone number:

308-641-0038

Event contact Email:

Rosyflrz@gmail.com

*Signature Authorized Representative:



Local Governing Body completes below:

The local governing body for the City of _____

County of _____

requested above.

OR

approves the issuance of a Special Designated License as

Local Governing Body Authorized Signature

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Licensee Name/Non-Profit Organization

Event location name:

Adams Family Pumpkin Patch

Event address/location:

230710 Highland Road Scottsbluff Ne 68361

Event Type:

Fall Festival/Pumpkin Patch

Event date(s):

10/4/25 10/5/25

Event start time(s):

9:30am 12:00pm

Event end time(s):

10:30pm 5:30pm

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

Outdoor area to be licensed in length & width: 1,300ft X 900ft (Must submit a diagram)

Estimated number of attendees:

200-400 people

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:

Rosyflr2@gmail.com

*Signature Authorized Representative:

[Signature]

Local Governing Body completes below:

The local governing body for the City of _____

County of _____

OR

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

Local Governing Body Authorized Signature

Date

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License #

P.R.E.S 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 69351

Event Type: Fall Festival/Pumpkin Patch

Event date(s): 10/18/25 10/19/25

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

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

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

Outdoor area to be licensed in length & width: 1300ft X 900ft (Must submit a diagram)

Estimated number of attendees: 200-400 people

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: Rosyflr2@gmail.com

*Signature Authorized Representative: 

Local Governing Body completes below:

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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 Fest'val / Pumpkin Patch

Event date(s): 10/25/25 10/26/25

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

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

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

Outdoor area to be licensed in length & width: 1,300ft X 900ft (Must submit a diagram)

Estimated number of attendees: 200-400 people

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: Rosyflr2@gmail.com

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