

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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12326

BJX ENTERPRISES LLC DBA THE CORNER LIQUOR STORE

License #

Licensee Name/Non-Profit Organization

Event location name: **CRETE CITY LIBRARY**

Event address/location: **1515 FOREST AVE., CRETE, NE 68333**

Event Type: **FUNDRAISER**

Event date(s): **10/23/2026**

Event start time(s): **5:00PM**

Event end time(s): **9:00PM**

Indoor area to be licensed in length & width: **58** X **45**

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

Estimated number of attendees: **100**

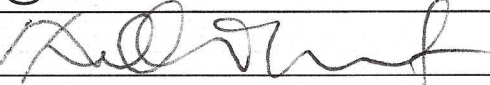
Alternate dates/times: _____

Alternate location name/location: _____

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

Event contact name: **LAURA HUGHES** Event contact phone number: **609-273-7559**

Event contact Email: **LRMHUGHES@AOL.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