

SDL – LOCAL RECOMMENDATION

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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124187

Andreasen LLC

License # _____ Licensee Name/Non-Profit Organization _____

Event location name: **Sid Dillon Chevrolet Blair, NE**

Event address/location: **2261 South Highway 30 Blair, NE 68008**

Event Type: **Retirement Reception for Jim Nelson**

Event date(s): **5-7-26**

Event start time(s): **4 PM**

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

Indoor area to be licensed in length & width: **110** X **50**

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

Estimated number of attendees: **150**

Alternate dates/times: **None**

Alternate location name/location: **None**

Type of alcohol to be served: Beer Wine Distilled Spirits

Event contact name: **Tom Andreasen** Event contact phone number: **402-237-9286**

Event contact Email: **tandreasen75@gmail.com**

*Signature Authorized Representative: *Thomas Andreasen*

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