



**Hickman Community Center**  
**115 Locust Street, Hickman, NE**  
**Application for Permission to Consume Alcohol**  
**21 Day Notice Required**

If alcohol will be consumed and available during any event at the Community Center, a retail liquor license holder is required to obtain permission from the City of Hickman and procure a Special Designated License (SDL) from the Nebraska Liquor Control Commission. The alcohol caterer can advise you of application deadlines or you can call the City Clerk with questions regarding the SDL application at 402-792-2212. This application is required to facilitate requests to consume alcoholic beverages at the Community Center and to ensure a safe and successful event. A separate event application form is required for all rentals.

EVENT APPLICANT NAME \_\_\_\_\_

SCHEDULED DATE \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

**ASSURANCES:**

I understand that I must contract with a retail liquor license holder to procure a Special Designated License from the City of Hickman and Nebraska Liquor Control Commission.

I further understand that I must hire security for the event in the number as required by the Nebraska Liquor Control Commission, Lancaster County Sheriff's Office, and/or City of Hickman. A professional insured company that regularly provides private security services may be required. The security must be hired at least two weeks prior to the event and proof of security must be provided to the City via a copy of the service contract.

I acknowledge that a 21 day notice prior to the scheduled event is required if alcohol is planned to be served. A \$50.00 fee may be assessed to the applicant if this form is not submitted 21 days prior to the scheduled event.

I have read and understand the printed requirements above and request permission to consume alcohol beverages for the above scheduled event.

I acknowledge the ending time for all events: Sunday-Thursday events end at 10:00 pm, Friday and Saturday events end at 12:00 am.

\_\_\_\_\_  
 Print Name (Applicant)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address, City , State, Zip

\_\_\_\_\_  
 Phone

Office Use Only

\_\_\_\_\_  
 Signature of City Staff

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

Date Received \_\_\_\_\_

\$50 Late Fee (Circle One) YES NO WAIVED

Payment Received \_\_\_\_\_

RES2017-02 Local Approval Form Attached