

Applicant to submit to Nebraska Liquor Control Commission with Form 110 and Form 112

Attachment to Form 110 and Form 112

\_\_\_\_\_ The Applicant is currently subject to a state or local directed health measure (DHM), concerning Covid-19, where there is a need to reduce occupancy and/or provide more spacing between customer tables in order to protect the health of the public.

\_\_\_\_\_ The Applicant wishes to add a temporary addition to a currently licensed premise under the control of the Applicant.

\_\_\_\_\_ The Applicant has contemporaneously filed with the Nebraska Liquor Control Commission an Application for Addition to Liquor License (“Addition Application”) and an Application for Deletion to Liquor License (“Deletion Application”). The temporary addition identified in the Applicant’s Application for Deletion is hereby referred to as “Addition”.

\_\_\_\_\_ The Applicant understands and agrees that if a state or local DHM requires closure of a licensed premise, the Applicant will not sell or dispense liquor, or allow customers, in the requested Addition.

\_\_\_\_\_ The Applicant understands and agrees that the Addition shall only be approved for the period of time that a state or local DHM, concerning Covid-19, is in effect or no later than September 30, 2020, whichever occurs first.

\_\_\_\_\_ The Applicant agrees that upon expiration of a DHM, related to Covid-19, the Applicant’s Deletion Application is immediately effective and the Applicant will abandon the use of the Addition.

\_\_\_\_\_ The Applicant agrees that if the DHM, related to Covid-19, has not expired by September 30, 2020; the Applicant’s Deletion Application is immediately effective on September 30, 2020 and the Applicant will abandon the use of the Addition. The Applicant may use the Addition on September 30, 2020, but not after.

\_\_\_\_\_ The Applicant agrees that upon the expiration, suspension, or termination of the Applicant’s lease or permit, or other form of authority, to use the Addition; the Applicant’s Deletion Application is immediately effective and the Applicant will abandon the use of the Addition.

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| Printed Name of Applicant | Date | Applicant’s Signature |
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| Printed Name of Witness | Date | Witness Signature |
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