

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

Police
 City Attorney
 Bureau of Fire Prevention

DATE: 8/26/03
Return by: 9/10/03

CATERER: X

NON-CATERER:

APPLICANT: **K-SARA ENTERPRISES**

APPLICANT'S ADDRESS: **3540 VILLAGE DRIVE #200**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **6833 TELLURIDE,
HUSKER AUTO GROUP**

DATE(S) OF EVENT: **TWO DAYS: SEPTEMBER 26 AND 27, 2003**

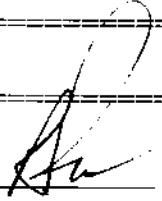
TIME(S) OF EVENT : **4:00 P.M. TO 12:00 A.M.**

DETAILS ON ATTACHED APPLICATION.

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RECOMMENDATION OF APPROVAL OR DENIAL

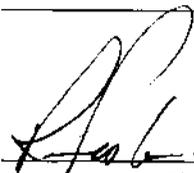
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 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 #843
Signature

8-26-03
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: SEPTEMBER 15, 2003

(SDLRPT.JER)

641
A3-096748

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
- Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- LOCAL APPROVAL must be included with this application
- A Signed Statement from Local Police Chief or County Sheriff (question #12)
- NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits

2. Status of the Applicant (check one)
 Municipal Corporation Political Corporation Fine Arts Museum Fraternal Corporation Religious Corporation Charitable Corporation Retail Licensee Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) 52692 D/K

K-Sara Enterprises 3540 Village Dr., Ste 200 Lincoln, NE 68516

4. Address or location of premises to be covered by license. (City, County Number, Zip Code)

6833 TELLURIDE LINCOLN, NE 68521

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Husker Auto Group 6833 TELLURIDE LINCOLN, NE 68521

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable law ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Kevin Meier 420-7100

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

FRI-SAT, SEPT. 26, 27 2003

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER

9. Time(s) of event (example 3am to 1am, this is considered one day)

FROM: 4:00 PM TO: 12:00 AM 9/27: 4 PM to 12:00 AM

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

ELVIS TRIBUTE ARTISTS FUNDRAISER TO BENEFIT MAKE-A-WISH

11. Provide an estimated number of attendees at this event 1000. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

13. List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
**APPLICATION FOR SPECIAL DESIGNATED LICENSE
 UNDER NEBRASKA LIQUOR CONTROL ACT**

14. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: _____ x _____. Please draw in the space provided below, the area where liquors will be sold and consumed.
 LENGTH WIDTH (In feet)

SEE ATTACHED

If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? YES NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? YES NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.
ALCOHOLIC BEVERAGES PURCHASED FROM LICENSED WHOLESALERS.

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? YES NO

19. Are there separate toilets for both men and women? YES NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? YES NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by person directly responsible to the holder of this Special Designated License.

sign here *[Signature]* PRESIDENT 8-17-03
 Authorized Representative/Applicant Title Date

sign here *[Signature]* PRESIDENT 8-17-03
 Supervisor Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
 A ten day advance period is requested in writing to produce the alternate format.

#641

SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: HUSKER AUTO GROUP / MAKE-A-WISH BENEFIT

Applicant and Sponsoring Organization or Person (if applicable): _____

Date of Event: FRI; SAT SEPT. 26-27, 2003 Time of Event: 4:00 PM TO 12:00 MIDNIGHT AM

Has the applicant applied for and received liquor liability insurance? Yes No

Number of persons expected to attend: 300-400 Number of persons under 21 expected: 50-75
Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol:
WAISTBANDS MUST BE OBTAINED FROM WAISTBAND TABLE

Will food be served? Yes No If yes, please list food to be served: BARBEQUE - CATERED

Will non-alcoholic beverages be served: Yes No If yes, please list non-alcoholic beverages to be served: SOFT DRINKS, H2O, ICE TEA

Please identify the beverages containing alcohol that will be served: Wine Beer Distilled Spirits

Will this be a cash or complimentary bar? Cash Complimentary

Who will serve the beverages containing alcohol? KEVIN MEROL EMPLOYEES STAFF
Have the designated servers received responsible beverage service training? Yes No

Will there be a charge for admission? Yes No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No If so, explain:

PLEASE USE REVERSE TO PROVIDE A SITE PLAN
(This is mandatory)

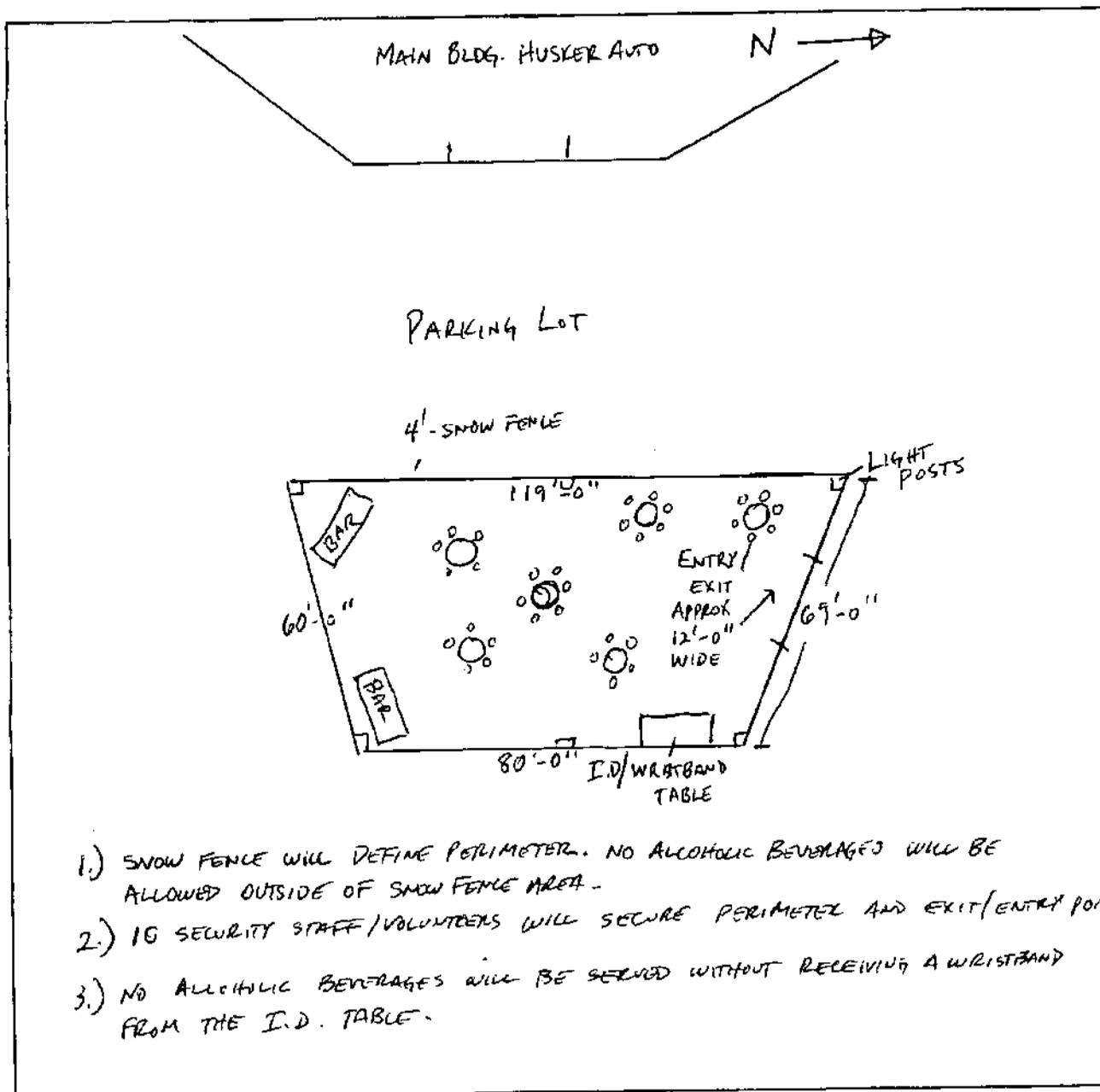
[Signature]
Applicant's Signature

8-25-03
Date

SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

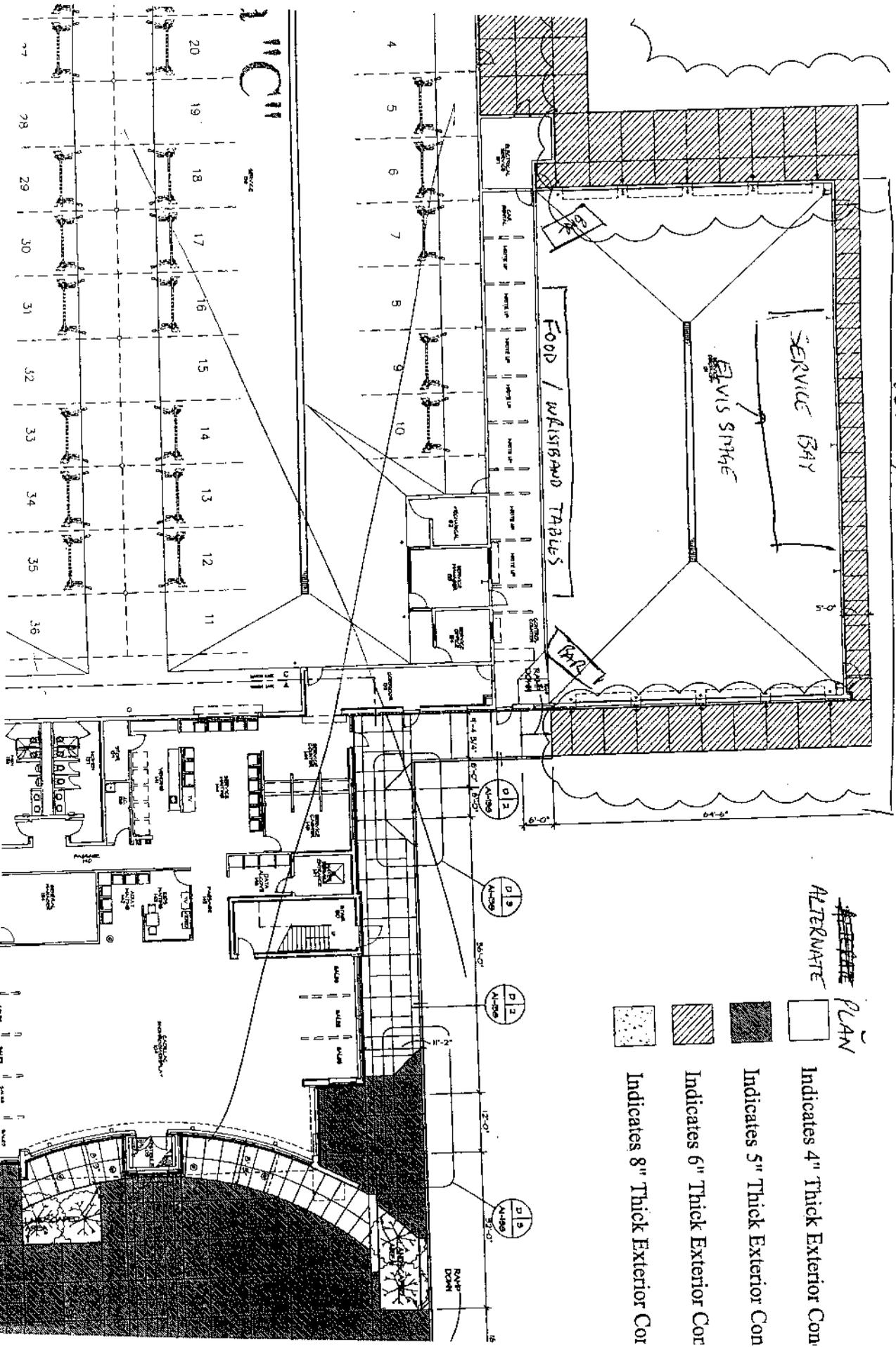
1. Number of Entry & Exit Points & Dimensions: (12' ^{WIDTH} x 4' ^{HEIGHT}) 1 EXIT/ENTRY POINT
2. Size & location of tent(s) (heights, width, depth) → NO TENTS
3. Size of area being used (____ x ____) - SEE DIMENSIONS BELOW
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show dimensions & site on drawing.
6. Height & type of Fencing to be used. - 4' SNOW FENCE



USE ABOVE BOX FOR YOUR DRAWING/ATTACH EXTRA PAGES IF NECESSARY

IN CASE OF BAD WEATHER...

90'-0"



~~PLAN~~ PLAN

ALTERNATE

-  Indicates 4" Thick Exterior Con
-  Indicates 5" Thick Exterior Con
-  Indicates 6" Thick Exterior Cor
-  Indicates 8" Thick Exterior Cor