

APPLICATION FOR SPECIAL DESIGNATED LICENSE
CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDER

NON PROFIT APPLICANT

Non Profit Status (check **one** that best applies):

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

COMPLETE ALL QUESTIONS

1. Beer Wine Distilled Spirits

2. Liquor license number and class (i.e. **C55441, CK55441**)
(If you're a nonprofit organization leave blank)

104580ck

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (**As it reads on your liquor license**)

NAME:	Pinnacle Bank Arena		
ADDRESS:	400 Pinnacle Arena Drive		
CITY:	Lincoln	ZIP:	68508

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	Pinnacle Bank Arena		
ADDRESS:	400 Pinnacle Arena Dr.	CITY:	Lincoln
ZIP:	68508	COUNTY & COUNTY #:	Lancaster

a. Is this location within the city/village limits? YES NO

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES NO

c. Is this location within 300' of any university or college campus? YES NO

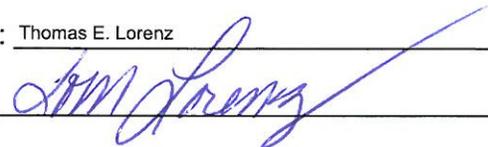
11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler Retailer Both BYO
(includes wineries)

12. Will there be any games of chance operating during the event? YES NO
If so, describe activity: _____

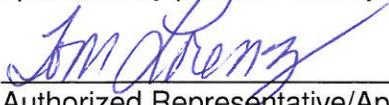
NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special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

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): N/A

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Thomas E. Lorenz
Signature of Event Supervisor: 
Event Supervisor phone: Before 402-904-4444 During 402-416-5227
Email address: tlorenz@smglincoln.com

15. Consent of Authorized Representative/Applicant
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 persons directly responsible to the holder of this Special Designated License.

sign here 
Authorized Representative/Applicant _____ General Manager _____ March 26, 2014 _____
Title _____ Date _____
Thomas E. Lorenz _____
Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

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.

**SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS**

(Including those for Non Profit Organizations)

Name of Event:	2014 Capital City Beerfest		
Applicant and Sponsoring Organization or Individual (if applicable):	Pinnacle Bank Arena		
Date(s) of Event:	Saturday, May 3, 2014	Hours:	5pm to 9pm
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: _____

Trained PBA employees will check ID's at the appropriate stations where alcohol will be served. Must be 21 to attend this event with a valid ID.

Will food be served? Yes No If yes, please list food to be served: Popcorn, nachos, hot dogs, pretzels

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: Bottle water & Pepsi products

Who will serve the beverages containing alcohol? Trained PBA employees

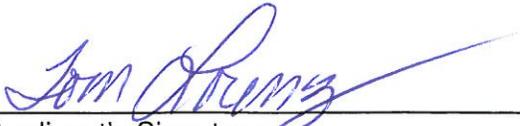
Must complete Server/Seller Applicant Information Sheet.

Please See attached sheets for list of Names.

Have the designated servers received responsible beverage server 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: _____


Applicant's Signature

March 26, 2014

Date

SITE PLAN INFORMATION REQUIRED FOR **ALL** OUTDOOR EVENTS

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: (_____ ' x _____')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____ x _____)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

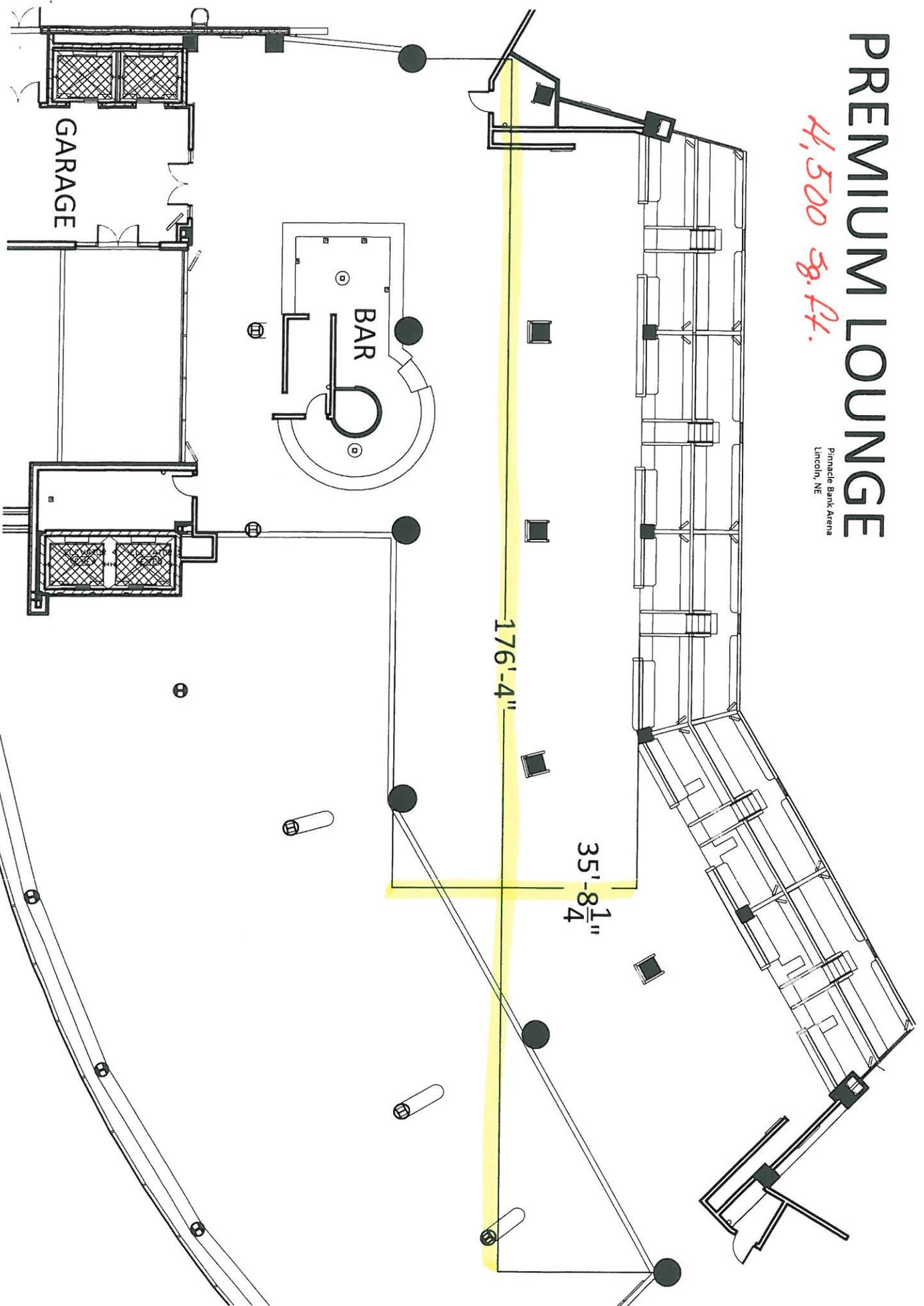
PLEASE SEE ATTACHED MAPS

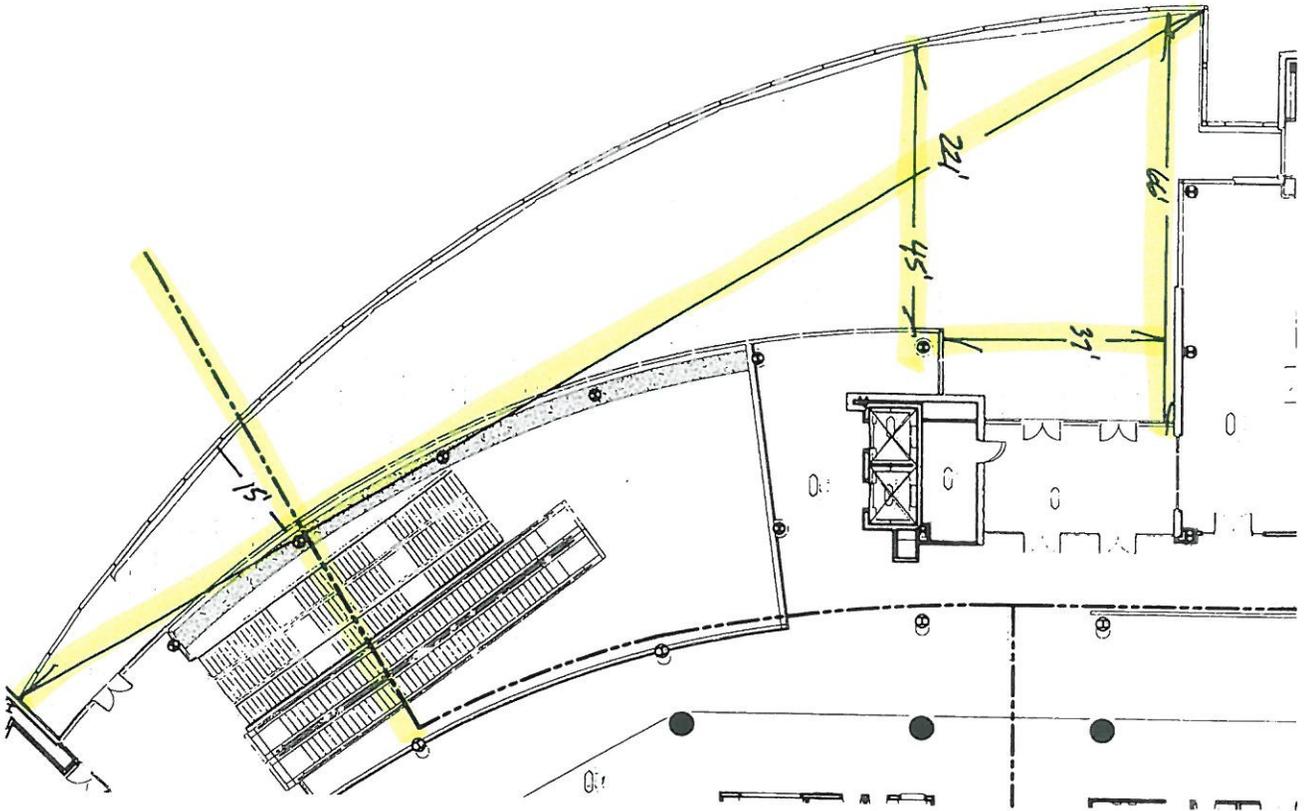
ATTACH EXTRA PAGES IF NECESSARY

PREMIUM LOUNGE

4,500 Sq. Ft.

Pinnacle Bank Arena
Lincoln, NE





Capital Terrace
6,800 sq. ft.



Stadium Terrace
13,000 sq. ft.