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

FILED
CITY CLERK'S OFFICE
2014 JUN 26 PM 4 22
CITY OF LINCOLN
NEBRASKA

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) CK-87861

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

NAME:	Old Federal Place, LLC.		
ADDRESS:	129 N 10th St.		
CITY:	Lincoln	**ZIP:**	68508

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

BUILDING NAME:	Grand Manse		
ADDRESS:	100 N 9th	**CITY:**	Lincoln
ZIP:	68508	**COUNTY & COUNTY:**	Lancaster 2

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☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 8/30/14	Date	Date	Date	Date	Date
Hours From 8am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2am	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A

(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:
○Dance ○Reception ○Fund Raiser ☒Beer Garden ○Sampling/Tasting
Other: _____

7. Description of area to be licensed
Inside building, dimensions of area to be covered **IN FEET** 40 x 34
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 58 x 77
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?
X fence ____snow fence ____chain link ____cattle panel ____tent
other: 3.5' white picket fence

8. How many attendees do you expect at event? 200

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

wristbands/ 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES☒ NO☐
a. Are there separate toilets for both men and women? 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 _____ (includes wineries) Both _____ BYO _____

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): _____

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: Allyssa Kipling

Signature of Event Supervisor: Allyssa Kipling

Event Supervisor phone: Before 402-476-4560 During 402-936-1414

Email address: akipling@grandmanse.com

Consent of Authorized Representative/Applicant

15. 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 Lisa Froehlich — Owner — 6-23-14

Authorized Representative/Applicant — Title — Date

Lisa Froehlich

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:	Pavilion Tailgate		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	~~9/27/14~~ 8/30/14	Hours:	8am - 2am
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? ____ Yes X No

How will you ensure that minors will not be served or consume beverages containing alcohol: Fenced in/ Security/ Wristbands for eligible ID'd guests

Will food be served? X Yes ____ No If yes, please list food to be served: tailgating food

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: pepsi products

Who will serve the beverages containing alcohol? Grand Manse staff
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? X Yes ____ No

Will there be a charge for admission? ____ Yes X 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 X No If so, explain: ____

Allyssa Kipling
Applicant's Signature

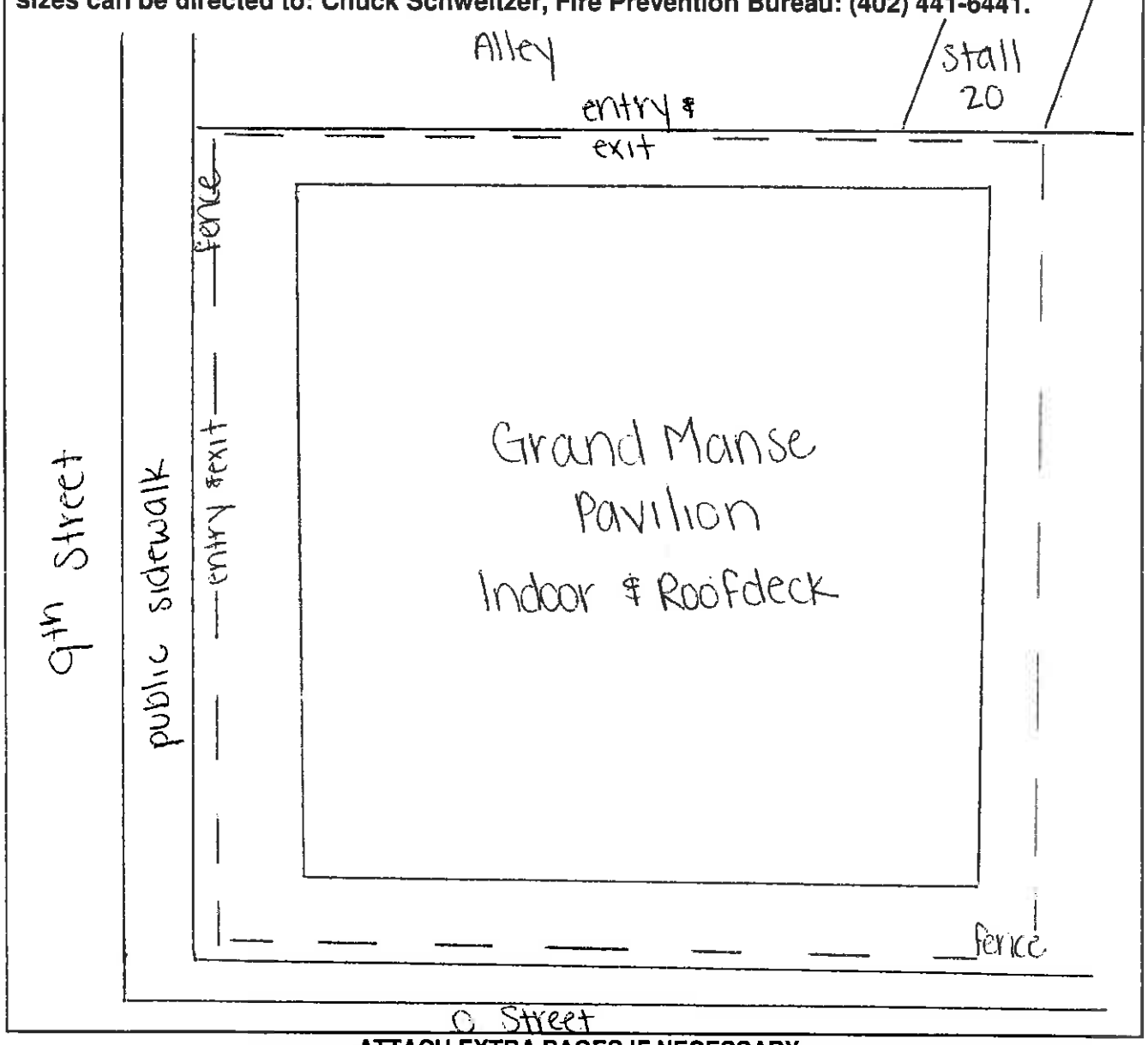
6/19/2014
Date

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: (2 7 ' x 4 ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (58 x 77)
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. 3.5' White Picket Fence

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.



ATTACH EXTRA PAGES IF NECESSARY

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.
This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Lisa Petersen	8/4/62	402.499.3608	No
Scott Ryan	5/16/62	402.613.7767	No
Cindie Farnsworth	7/15/71	402.202.3163	NO
Rana Schreiber	4/29/69	402.304.4527	NO
Lauren Owens	3/24/93	402.213.1864	NO
Weslyn Ramaekers	3/3/91	831.430.6461	NO
Chris Zubrod	2/28/86	402.460.7164	NO
Austin Jarvis	7/10/92	336.813.2598	No
Demea Carter	12/8/85	313.617.3108	No
Allyssa Kipling	3/19/92	402.936.1414	No

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

FILED
CITY CLERK'S OFFICE
2014 JUN 23 PM 12 35
CITY OF LINCOLN
NEBRASKA

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) CK-87861

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

NAME:	Old Federal Place, LLC.		
ADDRESS:	129 N 10th St.		
CITY:	Lincoln	**ZIP:**	68508

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

BUILDING NAME:	Grand Manse		
ADDRESS:	129 N 10th St.	**CITY:**	Lincoln
ZIP:	68508	**COUNTY & COUNTY:**	Lancaster 2

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 ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 9/27/14	Date	Date	Date	Date	Date
Hours From 8am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2am	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A

(**Alternate date or location must be specified in local approval)**

6. Indicate type of activity to be carried on during event:
○Dance ○Reception ○Fund Raiser ⊗Beer Garden ○Sampling/Tasting
Other: _____

7. Description of area to be licensed
Inside building, dimensions of area to be covered **IN FEET** 40 x 34
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 58 x 77
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?
X fence ____snow fence ____chain link ____cattle panel ____tent
other: 3.5' white picket fence

8. How many attendees do you expect at event? 200

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

wristbands / 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES☒ NO☐
a. Are there separate toilets for both men and women? 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 _____ (includes wineries) Both _____ BYO _____

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): _____

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: Allyssa Kipling

Signature of Event Supervisor: Allyssa Kipling

Event Supervisor phone: Before 402-476-4560 During 402-936-1414

Email address: akipling@grandmanse.com

Consent of Authorized Representative/Applicant

15. 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 Lisa Froehlich — Owner — 6-23-14

Authorized Representative/Applicant — Title — Date

Lisa Froehlich

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:	Pavilion Tailgate		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	9/27/14	Hours:	8am - 2am
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? _____ Yes __X__ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Fenced in/ Security/ Wristbands for eligible ID'd guests

Will food be served? __X__ Yes _____ No If yes, please list food to be served: tailgating food

Will non-alcoholic beverages be served: __X__ Yes _____ No
If yes, please list non-alcoholic beverages to be served: pepsi products

Who will serve the beverages containing alcohol? Grand Manse staff
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? __X__ Yes _____ No

Will there be a charge for admission? _____ Yes __X__ 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 __X__ No If so, explain: _____

Allyssa Kipling
Applicant's Signature

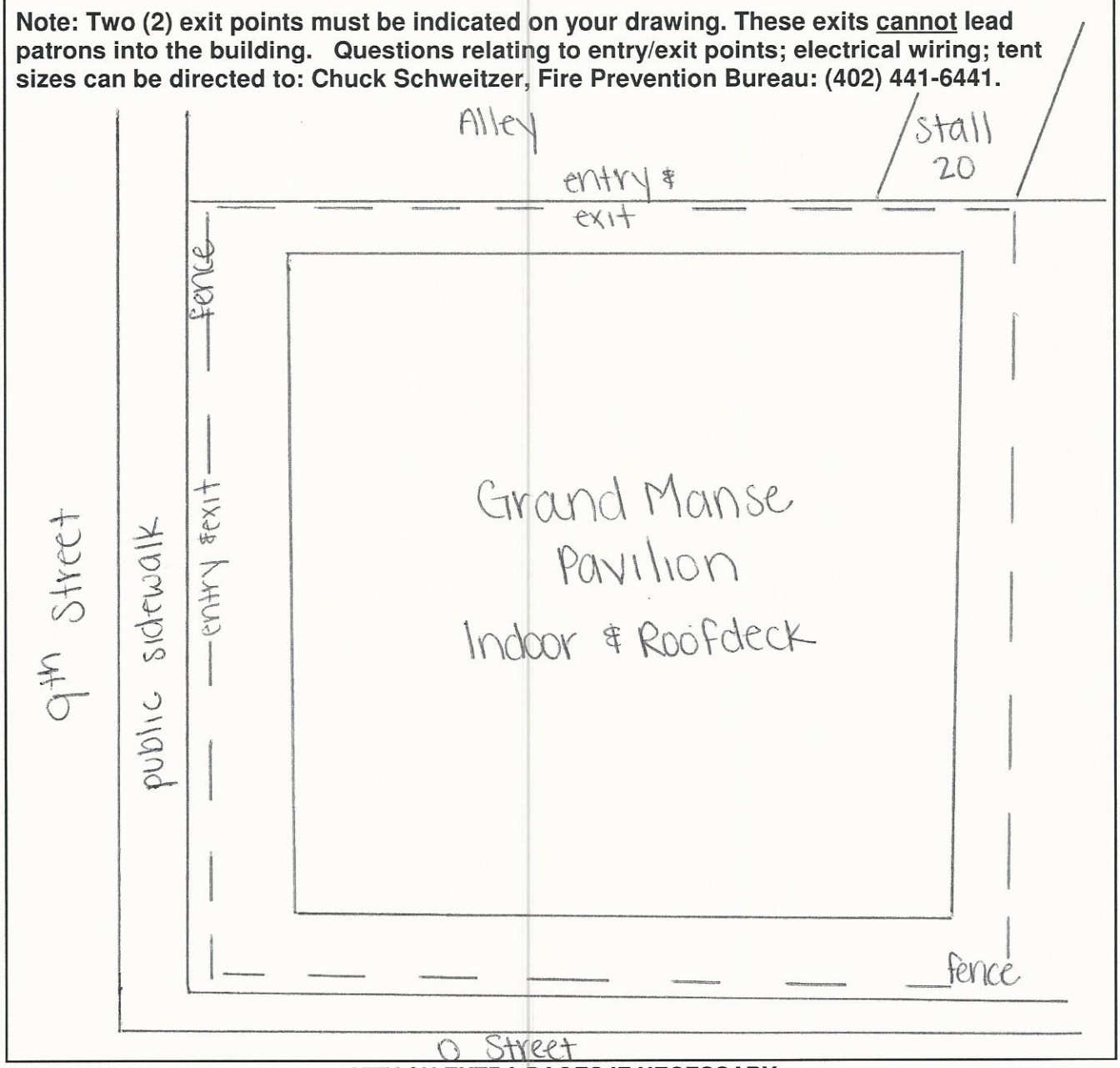
6/19/2014
Date

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: 2 (7' x 4')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (58 x 77)
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. 3.5' White Picket Fence

Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> 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.



ATTACH EXTRA PAGES IF NECESSARY

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Lisa Petersen	8/4/62	402.499.3608	No
Scott Ryan	5/16/62	402.613.7767	No
Cindie Farnsworth	7/15/71	402.202.3163	NO
Rana Schreiber	4/29/69	402.304.4527	NO
Lauren Owens	3/24/93	402.213.1864	NO
Weslyn Ramaekers	3/3/91	831.430.6461	NO
Chris Zubrod	2/28/86	402.460.7164	NO
Austin Jarvis	7/10/92	336.813.2598	No
Demea Carter	12/8/85	313.617.3108	No
Allyssa Kipling	3/19/92	402.936.1414	No

200

FILED
CITY CLERK'S OFFICE
JUN 12 AM 9 27
CITY OF LINCOLN
NEBRASKA

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

Event Dates: 10/25 & 11/1
Home Football GameDays

1. Beer ☒ Wine ☒ Distilled Spirits ☒

2. Liquor license number and class (i.e. C55441, CK55441)
(If you're a nonprofit organization leave blank) CK - 87861

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

NAME:	Old Federal Place, LLC		
ADDRESS:	129 N 10th St.		
CITY:	Lincoln	**ZIP:**	68508

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

BUILDING NAME:	Grand Manse		
ADDRESS:	129 N 10th St.	**CITY:**	Lincoln
ZIP:	68508	**COUNTY & COUNTY:**	Lancaster 2

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 ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 10/25/14	Date	Date	Date	Date	Date
Hours From 8am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2am	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A

(**Alternate date or location must be specified in local approval)**

6. Indicate type of activity to be carried on during event:

○Dance ○Reception ○Fund Raiser ☒Beer Garden ○Sampling/Tasting

Other: _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** 40 x 34

(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 58 x 77

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?

X fence ____snow fence ____chain link ____cattle panel ____tent

other: 3.5' White picket fence.

8. How many attendees do you expect at event? 200

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

wristbands/ 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES☒ NO☐

a. Are there separate toilets for both men and women? YES☐ NO☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 11/1/14	Date	Date	Date	Date	Date
Hours From 8am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2am	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A

(**Alternate date or location must be specified in local approval)**

6. Indicate type of activity to be carried on during event:
○Dance ○Reception ○Fund Raiser ☒Beer Garden ○Sampling/Tasting
Other: _____

7. Description of area to be licensed
Inside building, dimensions of area to be covered **IN FEET** 40 x 34
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 58 x 77
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?
X fence ____snow fence ____chain link ____cattle panel ____tent
other: 3.5' White picket fence.

8. How many attendees do you expect at event? 200

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Wristbands / 21 and over only event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES☒ NO☐
a. Are there separate toilets for both men and women? 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 _____ (includes wineries) Both _____ BYO _____

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): _____

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: Allyssa Kipling

Signature of Event Supervisor: Allyssa Kipling

Event Supervisor phone: Before 402-476-4560 During 402-936-1414

Email address: akipling@grandmanse.com

Consent of Authorized Representative/Applicant

15. 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 Lisa R Froehlich — Authorized Representative/Applicant

Owner — Title

6-11-14 — Date

Lisa R Froehlich — 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:	Pavilion Tailgate		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	10/25/14 & 11/1/14	Hours:	8 am - 2 am
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? _____ Yes X No

How will you ensure that minors will not be served or consume beverages containing alcohol: Fenced in / Security / Wristbands for eligible ID'd guests

Will food be served? X Yes _____ No If yes, please list food to be served: tailgating food

Will non-alcoholic beverages be served: X Yes _____ No
If yes, please list non-alcoholic beverages to be served: pepsi products

Who will serve the beverages containing alcohol? Grand Marise staff
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? X Yes _____ No

Will there be a charge for admission? _____ Yes X 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 X No If so, explain: _____

Alyssa Kipling
Applicant's Signature

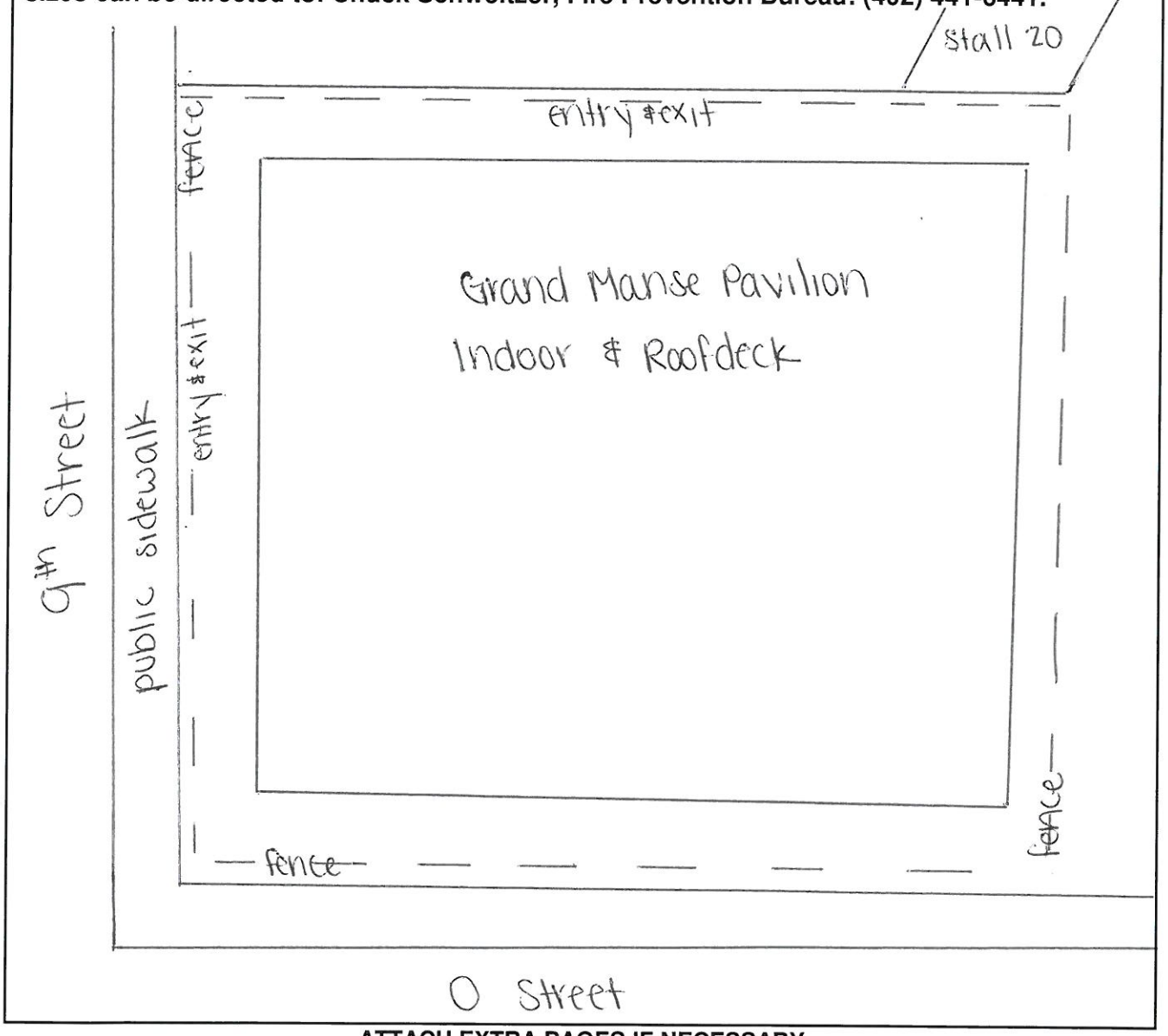
6/9/14
Date

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: 2 (7' x 4')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (58 x 77)
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. 3.5' White picket fence

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.



ATTACH EXTRA PAGES IF NECESSARY

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Lisa Petersen	8/4/62	402.499.3608	No
Scott Ryan	5/16/62	402.613.7767	No
Cindie Farnsworth	7/15/71	402.202.3163	No
Rana Schreiber	4/29/69	402.304.4527	No
Lauren Owens	3/24/93	402.213.1864	No
Weslyn Ramaekers	3/3/91	831.430.6461	No
Chris Zubrod	2/28/86	402.460.7164	No
Austin Jarvis	7/10/92	336.813.2598	No
Demea Carter	12/8/85	313.617.3108	No
Allyssa Kipling	3/19/92	402.936.1414	No

JUNE 30, 2014

OLD FEDERAL PLACE LLC
DBA GRAND MANSE
129 N 10TH ST
LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

APPLICANT OR DESIGNATED REPRESENTATIVE IS REQUIRED TO ATTEND THIS HEARING.

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on Mon., the 14 day of July, 2014 at 3:00 p.m., for the following applications of:

OLD FEDERAL PLACE LLC DBA GRAND MANSE **PAVILION** FOR OUTDOOR SDL'S AT 129 N 10TH ST ON HOME FOOTBALL SATURDAY'S, OCT. 25 & NOV. 1, 2014 FROM 8A - 2A

***Please note: Even if you have had this event in the past, you are still required to attend this meeting.**

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SINCERELY,

TERESA J. MEIER
CITY CLERK