

MAY 15, 2015

D.O. & J.O. INC
DBA O'ROURKE'S
1329 O 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 **MONDAY, JUNE 1, 2015 AT 3:00 P.M.**, for the following applications of:

APPLICATION OF D.O. & J.O. INC. DBA O'ROURKE'S TAVERN FOR AN SDL AT FRONTIER HARLEY DAVIDSON AT 205 NW 40TH ST. ON JUNE 6, 2015 FROM 4:30P - 12 P.M.

Liquor License Applications are the second group to appear on the Agenda, therefore, we advise that you arrive at the County-City Building **no later than 3:00 p.m.**

***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.

Failure to appear before the City Council on said date may lead to a denial. A denial by the City Council will lead to a hearing before the Nebraska Liquor Control Commission. This **will** delay issuance of your Liquor License.

PLEASE CONTACT ME NO LATER THAN TUES., MAY 26, 2015, TO CONFIRM THE FOLLOWING: (1) RECEIPT OF NOTICE and (2) THAT APPLICANT WILL ATTEND THE HEARING. YOU MAY CONTACT ME EITHER VIA EMAIL AT tmeier@lincoln.ne.gov OR VIA TELEPHONE AT (402) 441-7438.

TERESA J. MEIER, CITY CLERK

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

FILED
 MAY 14 2015
 CITY CLERK'S OFFICE



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. Type of alcohol to be served and/or consumed: Beer Wine Distilled Spirits

2. Liquor license number and class (i.e. C55441, CK55441) (If you're a nonprofit organization leave blank)
 C-008/07

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

NAME:	D.O. & J.O. Inc dba O'Rourke's Tavern		
ADDRESS:	1329 0 st		
CITY:	LINCOLN	ZIP:	68508

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

BUILDING NAME:	FRONTIER HARLEY-DAVIDSON		
ADDRESS:	305 NW 40 TH STREET	CITY:	LINCOLN
ZIP:	NE	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 <i>6/4/15</i>	Date	Date	Date	Date	Date
Hours From <i>4:30</i>	Hours From	Hours From	Hours From	Hours From	Hours From
To <i>12 P.M.</i>	To	To	To	To	To

- a. Alternate date: _____
- b. Alternate location: _____
 (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 160' x 175' & 160' x 40'
 (not square feet or acres)

*Outdoor area dimensions of area to be covered IN FEET 160' x 190' & MORE
 *SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

attached copy

If outdoor area, how will premises be enclosed?
 fence snow fence _____ chain link _____ cattle panel _____ tent
 other: _____

8. How many attendees do you expect at event? 500

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)
we do not expect any minors other than young children. Just in case, we will have wristbands for both adults & minors, which will be put on at check in at front entrance.

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 _____ 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): _____

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: DOUG McLEESE OR JODY McLEESE

Signature of Event Supervisor: *Doug McLeese*

Event Supervisor phone: Before 402-470-6541 During SAME
402-432-8326

Email address: McLeese@aol.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

Doug McLeese
Authorized Representative/Applicant

co-owner / President
Title

5/11/15
Date

Doug McLeese
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:	<u>HOG WITH A HEART</u>		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	<u>6/4/15</u>	Hours:	<u>7-10 pm, (4:30-12pm)</u>
Alternate Date(s):	<u>-</u>	Hours:	<u>-</u>

Is the event open to the public? Yes No

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

Will food be served? Yes No If yes, please list food to be served: _____
reheated pre cooked pulled pork sandwiches, baked beans, chips

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: soda, bottled water

Who will serve the beverages containing alcohol? O'Rourke's Tavern Employees
Must complete Server/Seller Applicant Information Sheet. see attached list

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: _____

Tom McLeave
Applicant's Signature

5/11/15
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.

see attached map

ATTACH EXTRA PAGES IF NECESSARY

Employee List Indicating Food Handler Permit Status RB = LNK DEMMIS

The Lincoln Food Code requires all food establishments to maintain a list of their current employees including their food handler permit status. Upon request, this list must be made available to representatives of LLCHD.

Responsible Party Gary Linnell RB LNK

Last Name	First Name	Permit Type	Permit Number	Date of Expiration	Date of Hire
Miller	Doug	RB-0004881	LNK0015173	03/30/16	
Schellert	Erin	RB-0004881	LNK-0015627	3/19/16	4/1/16
DeMunn	Anthony	RB-0007411	LNK-0015213	3/30/16	3/30/16
Smith	Megan	RB-0006957	LNK-0014868	3/29/16	3/29/16
Burman	Thomas (Tom)	RB-0007439	LNK-0016133	3/31/16	4/7/16
Miller	Shawna	RB-0029357	LNK-0029358	4/6/17	4/6/17
Mark Ross	Ray		LNK-00041715	4/28/2018	
Walt	Stacy	RB-0005137	LNK-0003480	3/20/16	3/20/16
Voors	Lorena	RB-0007416	LNK-0015210	3/30/16	3/30/16
Beattie	John	RB-0008293	LNK-0015978	4/4/16	4/4/16
Beattie	Teresa	RB-0007640	LNK-0015624	3/31/16	4/1/16
Mark	Robert		LNK0014459	03/27/16	
Miller	Nick	RB-0004847	LNK-0013262	3/18/16	3/18/16
Samuel	John		LNK0015271	03/30/16	
Rob	Wanda		LNK0027465	02/20/17	
Rob	John	RB-0008914	LNK-0016792	4/13/16	4/13/16
Demm	Tom	RB-0008503	LNK-0016386	4/10/16	4/10/16

THIS LISTING MUST BE KEPT CURRENT

DATE UPDATED: _____

FRONTIER HARLEY-DAVIDSON
205 NW 40th St.
Lincoln

