

SPECIAL DESIGNATED LIQUOR LICENSE APPLICATIONS

I, Teresa J. Meier, City Clerk of Lincoln, Nebraska, and duly appointed agent by the City Council of Lincoln, Nebraska, after receiving input from various City Departments & reviewing said Special Designated License Application do hereby approve the following attached applications:

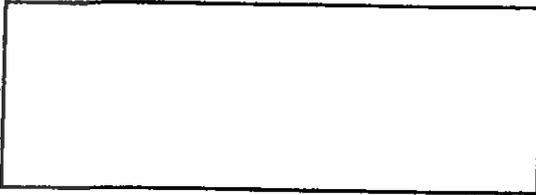
\*ID/OD = INDOOR/OUTDOOR **\*If Applicant requested an Alternate Date, be sure to include that as well.**

| #   | APPLICANT / ADDRESS   | LOCATION / ADDRESS             | DATE | TIME   | OCCASION    | ID/OD | CC HRG |
|-----|---|--------------------------------|------|--------|-------------|-------|--------|
| 242 | Y.A.M.S. INC DBA JOYSTICKS<br>350 CANOPY ST SUITE 230 (08)      | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 243 | BW&R CANOPY LLC<br>350 CANOPY ST SUITE 200 (08)                 | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 244 | PEACE A PIE LLC<br>1101 JACKSON ST<br>OMAHA NE 68102            | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 245 | BREEZY ISLAND LLC<br>350 CANOPY ST (08)                         | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 246 | CLUB AT THE YARD LLC<br>350 CANOPY ST SUITE 300                 | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 247 | BAR AT THE YARD LLC<br>350 CANOPY ST SUITE 100                  | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 248 | YIN FAMILY LLC<br>3655 N 129 <sup>TH</sup> ST<br>OMAHA NE 68164 | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 249 | YARD INVESTMENTS LLC<br>4701 LOWELL CIR (02)                    | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |
| 250 | ASTRA VEGA LLC<br>350 CANOPY ST STE 220 (08)                    | RAIL YARD<br>300/350 CANOPY ST | 8/21 | 5P-12A | BEER GARDEN | OD    | 8/10   |

APPROVED:

TERESA J. MEIER, CITY CLERK

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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. C58411, CK55-4411)  
(If you're a nonprofit organization leave blank)

103356 CK

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

|          |                             |      |  |
|----------|-----------------------------|------|--|
| NAME:    | V.A.M.S. Inc. aka Joysticks |      |  |
| ADDRESS: | 300/350 Canopy St.          |      |  |
| CITY:    | Lincoln                     | ZIP: |  |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Bulkyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68508              | COUNTY & COUNTY #: | 2, 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

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

| Date             | Date          | Date          | Date          | Date          | Date          |
|------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015 |               |               |               |               |               |
| Hours<br>From    | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| 5pm              |               |               |               |               |               |
| To               | To            | To            | To            | To            | To            |
| 12am             |               |               |               |               |               |

- a. Alternate date: None
- b. Alternate location: None  
(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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres) See attached  
 \*Outdoor area dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

8. How many attendees do you expect at event? 2k

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)  
See attached

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: Tessa Warner  
Signature of Event Supervisor: *Tessa Warner*  
Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115  
Email address: tessa@wvklc.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 *Jamie J. Root* vice president 07/15/15  
Authorized Representative/Applicant Title Date  
Jamie J. Root  
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>Barkyard Skateboard Event</u>  |        |                    |
| Applicant and Sponsoring Organization or Individual (if applicable): | <u>Barkyard Entertainment LLC</u> |        |                    |
| Date(s) of Event:  | <u>Aug 21st, 2015</u>             | Hours: | <u>5pm to 12am</u> |
| Alternate Date(s):   | <u>None</u>                       | Hours: |                    |

Is the event open to the public?     Yes     No

How will you ensure that minors will not be served or consume beverages containing alcohol: \_\_\_\_\_  
See attached

Will food be served?     Yes     No    If yes, please list food to be served: See attached

Will non-alcoholic beverages be served:     Yes     No  
 If yes, please list non-alcoholic beverages to be served: see attached

Who will serve the beverages containing alcohol? Employees of applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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

Will there be a charge for admission?     Yes     No

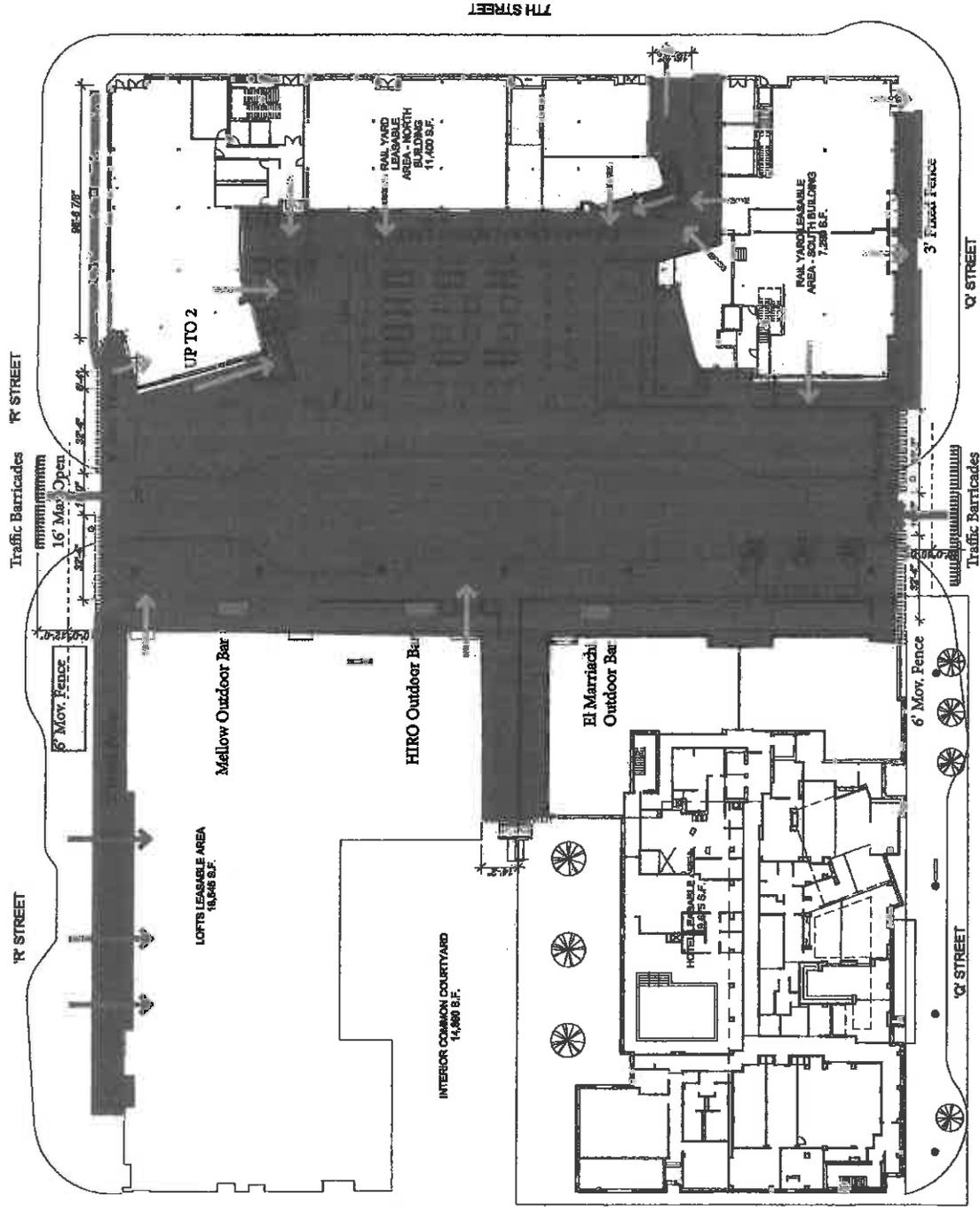
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee?     Yes     No    If so, explain: N/A

*[Signature]*  
 Applicant's Signature

07/15/15  
 Date



|    | <u>EMPLOYEE</u>  | <u>RBST #</u> | <u>EXP</u> | <u>SERV/SELL #</u> | <u>EXP</u> |
|----|------------------|---------------|------------|--------------------|------------|
| 1  |                  |               |            |                    |            |
| 2  | JAMIE ROOT       | RB-0004233    | 3/13/2016  | LNK-0012751        | 3/13/2016  |
| 3  | JOSH ROOT        | RB-0034744    | 9/13/2015  | LNKAM-0034745      | 9/13/2015  |
| 4  | JOE TARCON       | RB-004476     | 4/21/2018  | LNK-0044476        | 4/21/2018  |
| 5  | KIMBERLY MUMBY   | RB-0003003    | 3/2/2016   | LNK-0016736        | 4/12/2016  |
| 6  | BROCK MILLER     |               |            |                    |            |
| 7  | JESALYN DRAPER   | RB-0008877    | 4/17/2016  | LNK-0017341        | 4/17/2016  |
| 8  | ZACH FISCHER     | RB-0004997    | 3/19/2016  | LNK-0013373        | 3/19/2016  |
| 9  | STEPHANIE TOTTEN | RB-0044720    | 4/27/2018  | LNK-0044721        | 4/27/2018  |
| 10 |                  |               |            |                    |            |
| 11 |                  |               |            |                    |            |
| 12 |                  |               |            |                    |            |
| 13 |                  |               |            |                    |            |
| 14 |                  |               |            |                    |            |
| 15 |                  |               |            |                    |            |
| 16 |                  |               |            |                    |            |
| 17 |                  |               |            |                    |            |
| 18 |                  |               |            |                    |            |
| 19 |                  |               |            |                    |            |
| 20 |                  |               |            |                    |            |
| 21 |                  |               |            |                    |            |
| 22 |                  |               |            |                    |            |
| 23 |                  |               |            |                    |            |
| 24 |                  |               |            |                    |            |
| 25 |                  |               |            |                    |            |



7TH STREET

R STREET

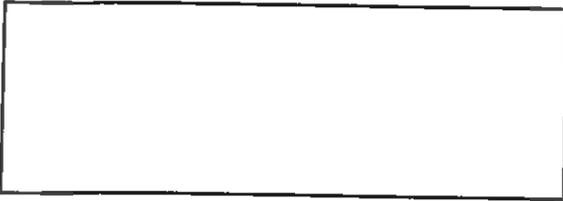
R STREET

Q STREET

Q STREET

ALLEY

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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)

I 103298

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

|          |                         |      |       |
|----------|-------------------------|------|-------|
| NAME:    | BW+R Canopy LLC         |      |       |
| ADDRESS: | 350 Canopy St Suite 200 |      |       |
| CITY:    | Lincoln                 | ZIP: | 68508 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Barlyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68508              | COUNTY & COUNTY #: | 2, 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

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

| Date                 | Date          | Date          | Date          | Date          | Date          |
|----------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015     |               |               |               |               |               |
| Hours<br>From<br>5pm | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| To<br>12am           | To            | To            | To            | To            | To            |

- a. Alternate date: None
- b. Alternate location: None  
(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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)  
 \*Outdoor area dimensions of area to be covered IN FEET See attached x \_\_\_\_\_  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

See attached

8. How many attendees do you expect at event? 2K

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)

See attached

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: Tessa Warner  
Signature of Event Supervisor: Tessa Warner  
Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115  
Email address: tessa@wrkllc.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 [Signature] Owner 7/13/2015  
Authorized Representative/Applicant Title Date  
Michael Barter  
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>Barlyard Skateboard Event</u>  |        |                                    |
| Applicant and Sponsoring Organization or Individual (if applicable): | <u>Barlyard Entertainment LLC</u> |        |                                    |
| Date(s) of Event:  | <u>Aug 21st, 2015</u>             | Hours: | <u>5pm to <del>10pm</del> 12am</u> |
| Alternate Date(s):   | <u>None</u>                       | Hours: |                                    |

Is the event open to the public?     Yes     No

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

See attached

Will food be served?     Yes     No    If yes, please list food to be served: See

attached

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served:    see attached

Who will serve the beverages containing alcohol?    Employees of applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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: \_\_\_\_\_

[Signature]  
Applicant's Signature

7/13/2015  
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.

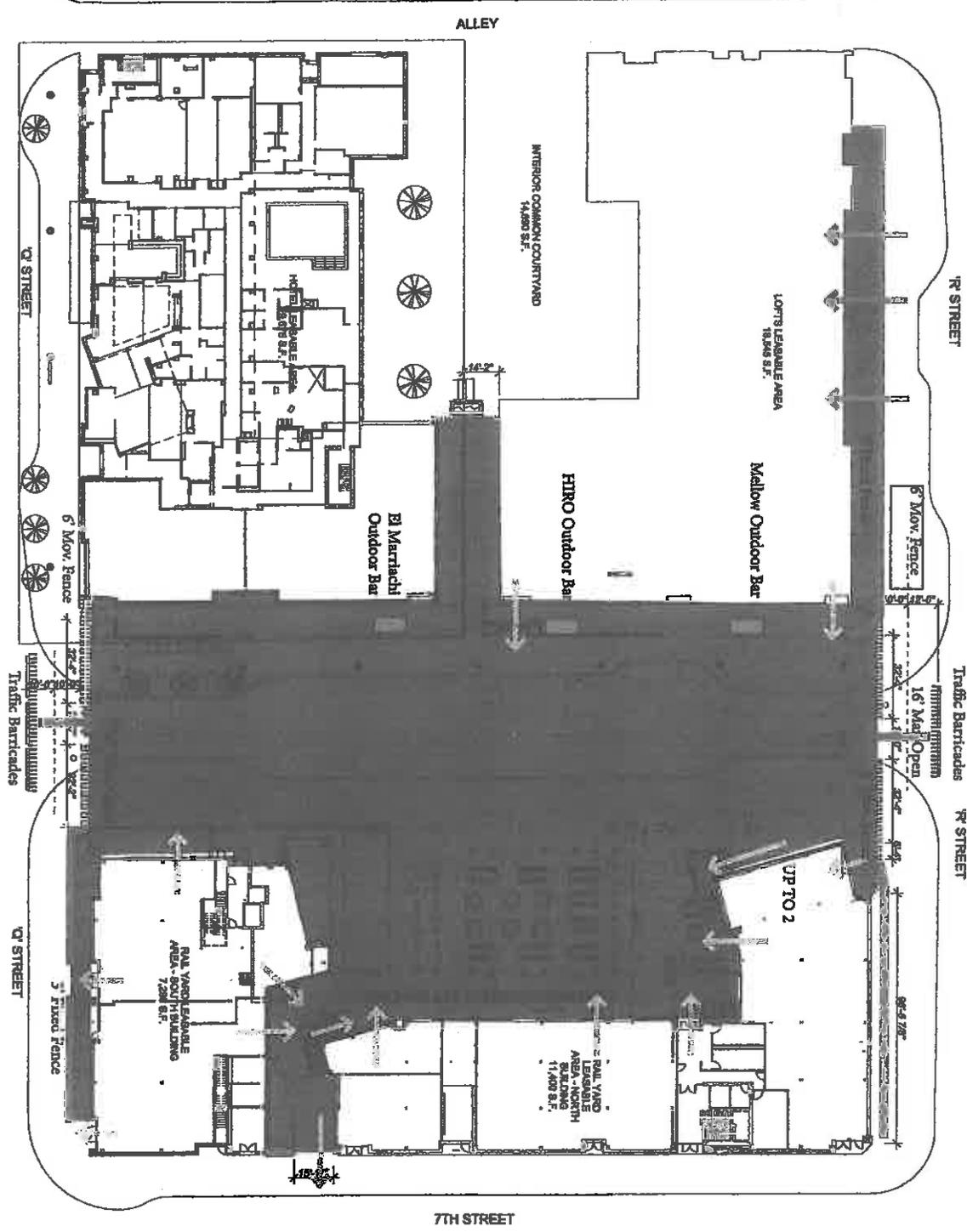
**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

*See attached*

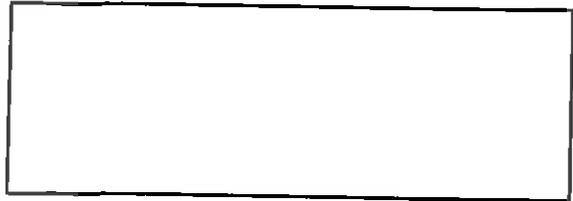
**ATTACH EXTRA PAGES IF NECESSARY**

**Name****DOB**

|                      |            |
|----------------------|------------|
| Michael Barton       | 9/23/1988  |
| Zackary Barton       | 2/6/1993   |
| Brady Bassett        | 1/12/1995  |
| Jillian Carter       | 12/8/1982  |
| Nestor Conato        | 11/19/1980 |
| Tram Dinh            | 3/18/1990  |
| Erik Duarte          | 12/20/1986 |
| Melissa Elseg        | 7/13/1993  |
| Andrew Gospodaski    | 5/16/1993  |
| Anthony Heffner      | 4/16/1969  |
| Brandon Kasl         | 4/29/1994  |
| Haley Korth          | 9/27/1994  |
| Ryan Krapfl          | 8/20/1994  |
| Megan Kristo         | 6/7/1993   |
| Scott Large          | 1/27/1992  |
| Lauren Louivere      | 5/26/1981  |
| Emily Mazur-Mickells | 7/16/1992  |
| Jessica Phillips     | 2/21/1987  |
| Robert Porter        | 5/9/1986   |
| Tyler Sheets         | 1/21/1993  |
| Shaina Sims          | 8/13/1985  |
| Breanne Swearingen   | 3/27/1995  |
| Jarod Terry          | 8/15/1985  |
| Briana Wilson        | 8/5/1991   |
| Lauren Wilson        | 6/30/1993  |
| Timothy Curtis-Beard | 12/16/1992 |



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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)

102751 (Class I)

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

|          |                       |      |       |
|----------|-----------------------|------|-------|
| NAME:    | Peace Cat Pie, LLC    |      |       |
| ADDRESS: | 1101 Jackson St. #403 |      |       |
| CITY:    | Omaha                 | ZIP: | 68102 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Barlyard           |                    |              |
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| 5pm              |               |               |               |               |               |
| To               | To            | To            | To            | To            | To            |
| 12am             |               |               |               |               |               |

- a. Alternate date: None
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Print name of Event Supervisor: Tessa Warner

Signature of Event Supervisor: Tessa Warner

Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115

Email address: tessa@wrkllc.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

Tessa A. Nelson owner/operator 7/12/15  
Authorized Representative/Applicant Title Date

Tessa A. Nelson  
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>Bulvard Skateboard Event</u>  |        |                    |
| Applicant and Sponsoring Organization or Individual (if applicable): | <u>Bulvard Entertainment LLC</u> |        |                    |
| Date(s) of Event:  | <u>Aug 21st, 2015</u>            | Hours: | <u>5pm to 12am</u> |
| Alternate Date(s):   | <u>None</u>                      | Hours: |                    |

Is the event open to the public?     Yes     No

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

See attached

Will food be served?     Yes     No    If yes, please list food to be served: See attached

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served: see attached

Who will serve the beverages containing alcohol? Employees of applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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: \_\_\_\_\_

Ara A. Nelson  
Applicant's Signature

7-12-15  
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.

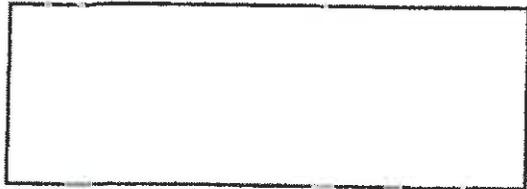
**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

*See attached*

**ATTACH EXTRA PAGES IF NECESSARY**



APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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, C55441)  
(If you're a nonprofit organization leave blank)

104052

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

|          |                   |      |       |
|----------|-------------------|------|-------|
| NAME:    | BRETT SAND LLC    |      |       |
| ADDRESS: | 640 W JENNIFER DR |      |       |
| CITY:    | LINCOLN, NE       | ZIP: | 68521 |

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

|                |                   |                    |              |
|----------------|-------------------|--------------------|--------------|
| BUILDING NAME: | Barnyard          |                    |              |
| ADDRESS:       | 300/350 Logan St. | CITY:              | Lincoln      |
| ZIP:           | 68508             | COUNTY & COUNTY #: | 2, 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

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

| Date             | Date          | Date          | Date          | Date          | Date          |
|------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015 |               |               |               |               |               |
| Hours<br>From    | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| 5pm              |               |               |               |               |               |
| To               | To            | To            | To            | To            | To            |
| 12am             |               |               |               |               |               |

- a. Alternate date: None
- b. Alternate location: None  
(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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)  
 \*Outdoor area dimensions of area to be covered IN FEET See attached x \_\_\_\_\_  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

See attached

8. How many attendees do you expect at event? 2k
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)  
 \_\_\_\_\_  
See attached

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: Tessa Werner

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115

Email address: tessa@wyrkllc.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 [Signature]  
Authorized Representative/Applicant  
BRANDON HARR  
Print Name

OWNER  
Title

7/1/2015  
Date

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:   | Boulevard Skateboard Event  |        |             |
| Applicant and Sponsoring Organization or Individual (if applicable): | Boulevard Entertainment LLC |        |             |
| Date(s) of Event:  | Aug 21st, 2015              | Hours: | 5pm to 12am |
| Alternate Date(s):   | None                        | Hours: |             |

Is the event open to the public?  Yes  No

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

Will food be served?  Yes  No If yes, please list food to be served: See attached

Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: see attached

Who will serve the beverages containing alcohol? Employees of applicant  
Must complete Server/Seller Applicant Information Sheet.

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: \_\_\_\_\_

[Signature]  
Applicant's Signature

7-23-15  
Date





| First     | Middle    | Last     | Email                     | RBST | Certificate # | Expires    | CITY | Permit #    | Expires    | Remove |
|-----------|-----------|----------|---------------------------|------|---------------|------------|------|-------------|------------|--------|
| erin      | elizabeth | hart     | erinhartsemail@gmail.com  | ✓    | RB-0031887    | 2017-05-25 | ✓    | LNK-0031874 | 2017-05-25 |        |
| adam      | michael   | dailey   | adailey_09@hotmail.com    | ✓    | RB-0005442    | 2018-03-22 | ✓    | LNK-0015468 | 2018-03-31 |        |
| brandon   | d         | hart     | paperjamin@gmail.com      | ✓    | RB-0031875    | 2017-05-25 | ✓    | LNK-0044264 | 2018-04-16 |        |
| daniel    | james     | zegers   | dzegers24@gmail.com       | ✓    | RB-0023028    | 2016-09-26 | ✓    | LNK-0023081 | 2016-09-27 |        |
| dustin    | robert    | sorahan  | naharos17@gmail.com       | ✓    | RB-0007761    | 2016-03-31 | ✓    | LNK-0021828 | 2016-08-29 |        |
| coryelle  | marie     | thomas   | coryelle.thomas@doane.edu | ✓    | RB-0023332    | 2018-10-06 | ✓    | LNK-0023333 | 2016-10-06 |        |
| lauren    | elizabeth | weber    | laurenw.unl@gmail.com     | ✓    | RB-0032200    | 2017-05-30 | ✓    | LNK-0034417 | 2017-07-24 |        |
| chase     |           | mcclaren | mcclaren_13@hotmail.com   | ✓    | RB-0035974    | 2017-08-20 | ✓    | LNK-0035975 | 2017-08-20 |        |
| dominic   | conrad    | ciofalo  | dominic.ciofalo@gmail.com | ✓    | RB-0038003    | 2017-08-20 | ✓    | LNK-0038041 | 2017-08-21 |        |
| elizabeth | kathleen  | bachmann | lbachmann06@yahoo.com     | ✓    | RB-0000507    | 2015-12-22 | ✓    | LNK-0016336 | 2016-04-09 |        |
| courtney  | m         | lloyd    | lloydcourtney@hotmail.com | ✓    | RB-0036334    | 2017-08-29 | ✓    | LNK-0036336 | 2017-08-29 |        |
| nathaniel |           | gingery  | nging1216@hotmail.com     | ✓    | RB-0036276    | 2017-08-28 | ✓    | LNK-0036281 | 2017-08-28 |        |
| beth      |           | meyer    | meyerb3@gmail.com         | ✓    | RB-0004851    | 2016-03-18 | ✓    | LNK-0022101 | 2016-09-04 |        |
| patrick   |           | beasley  | patrickbeasley@gmail.com  | ✓    | RB-0038622    | 2017-08-08 | ✓    | LNK-0038623 | 2017-08-08 |        |
| grant     | phillip   | gehlen   | grantgehlen12@gmail.com   | ✓    | RB-0038515    | 2017-09-03 | ✓    | LNK-0038518 | 2017-09-03 |        |
| darin     | alan      | turner   | zjt.dat@gmail.com         | ✓    | RB-0043885    | 2018-04-08 | ✓    | LNK-0043886 | 2018-04-08 |        |
| kinsey    | dawn      | bauer    | kbauer32@gmail.com        | ✓    | RB-0007778    | 2016-03-31 | ✓    | LNK-0021826 | 2016-08-29 |        |
| felicia   | r         | tekolste | tekolstef@gmail.com       | ✓    | RB-0046612    | 2018-08-09 | ✓    | LNK-0046809 | 2018-08-12 |        |
| ashley    | elizabeth | ohnoutka | a_ohnoutka@hotmail.com    | ✓    | RB-0047107    | 2018-06-20 | ✓    | LNK-0047110 | 2018-06-20 |        |
| kelly     | marie     | sanchez  | kmsanchez_25@hotmail.com  | ✓    | RB-0047229    | 2018-06-23 | ✓    | LNK-0047236 | 2018-06-24 |        |
| michael   |           | gogan    | coach.gogan@gmail.com     | ✓    | RB-0047982    | 2018-07-16 | ✓    | LNK-0047988 | 2018-07-16 |        |

END RECORDS

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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. C35441, C35544-1)  
(If you're a nonprofit organization leave blank)

CI 104566

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

|          |                             |      |       |
|----------|-----------------------------|------|-------|
| NAME:    | The Club at Yard, LLC       |      |       |
| ADDRESS: | 350 Canopy Street Suite 300 |      |       |
| CITY:    | Lincoln NE                  | ZIP: | 68508 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Bulkyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68508              | COUNTY & COUNTY #: | 2, 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

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

| Date                 | Date          | Date          | Date          | Date          | Date          |
|----------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015     |               |               |               |               |               |
| Hours<br>From<br>5pm | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| To<br>12am           | To            | To            | To            | To            | To            |

- a. Alternate date: None
- b. Alternate location: None  
 (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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)  
 \*Outdoor area dimensions of area to be covered IN FEET See attached x \_\_\_\_\_  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

See attached

8. How many attendees do you expect at event? 2k

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)

See attached

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: Tessa Warner  
Signature of Event Supervisor: *Tessa Warner*  
Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115  
Email address: tessa@wrkllc.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 *Eric F. Marsh* Owner \_\_\_\_\_ Title \_\_\_\_\_ 13 July 15 Date \_\_\_\_\_  
Authorized Representative/Applicant  
Eric F. Marsh  
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:   | Barlyard Skateboard Event  |        |             |
| Applicant and Sponsoring Organization or Individual (if applicable): | Barlyard Entertainment LLC |        |             |
| Date(s) of Event:  | Aug 21st, 2015             | Hours: | 5pm to 12am |
| Alternate Date(s):   | None                       | Hours: |             |

Is the event open to the public?     Yes     No

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

See attached

Will food be served?     Yes     No    If yes, please list food to be served: See

attached

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served:    see attached

Who will serve the beverages containing alcohol?    Employees of applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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

Will there be a charge for admission?     Yes     No

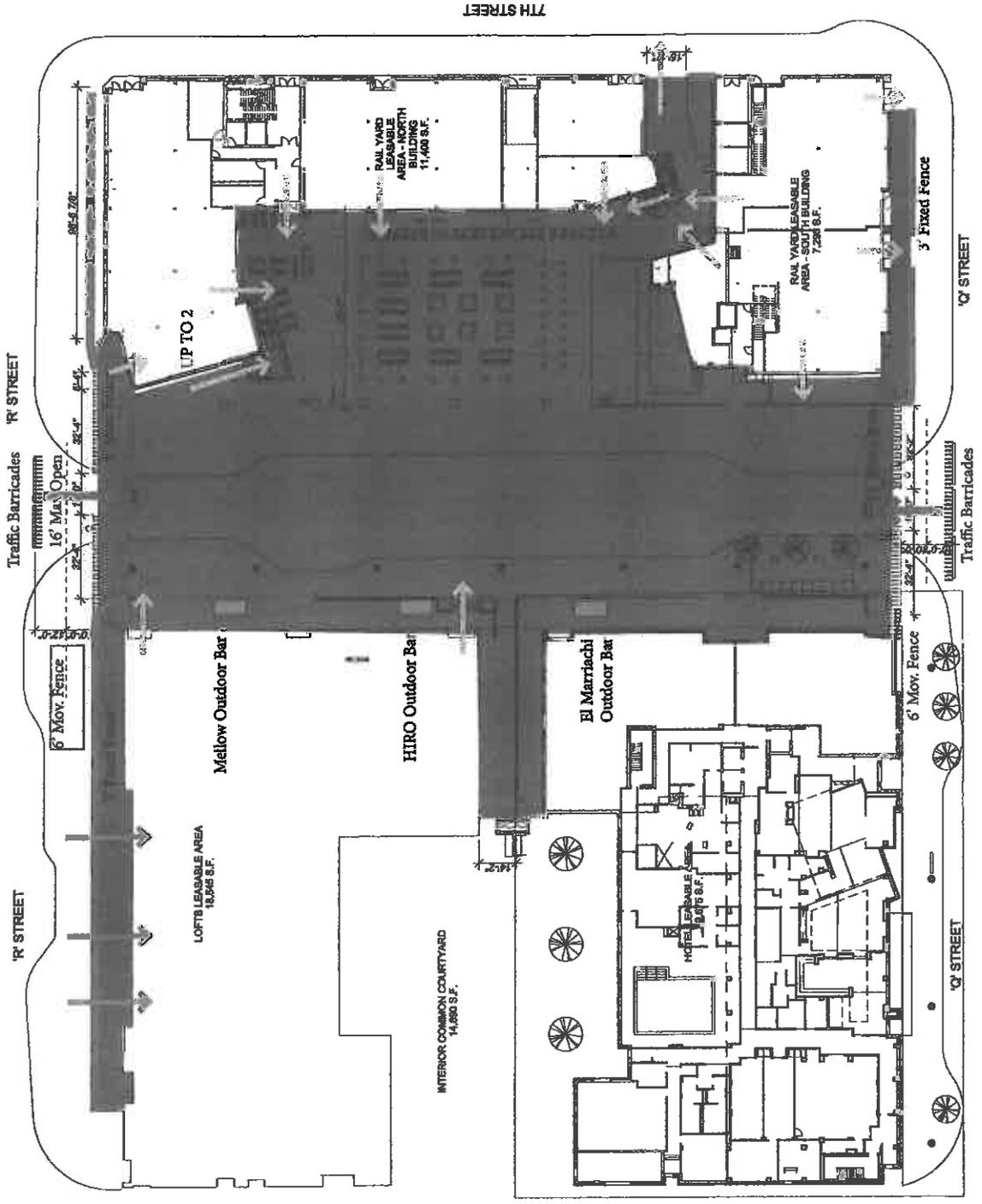
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee?     Yes     No    If so, explain: \_\_\_\_\_

Eve F. Marsh  
Applicant's Signature

13 July 2015  
Date



| <b>Employee</b>    | <b>Birthday</b> |
|--------------------|-----------------|
| Baker, Tara        | 4/4/1991        |
| Becker, Kearcie    | 7/20/1994       |
| Danehey, Katherine | 6/18/1989       |
| Duarte, Erik       | 10/20/1986      |
| Johnson, Jaime     | 12/9/1976       |
| Keenan, Sally      | 11/21/1986      |
| Le, Duy            | 3/30/1981       |
| Opperman, Nicholas | 6/30/1990       |
| McGregor, Erin     | 5/13/1995       |
| Imlay, Suzie       | 7/28/1959       |
| Kwapnoksi, Zach    | 9/18/1993       |
| Imlay, Kelly       | 4/20/1995       |
| Pershing, Sandy    | 4/1/1950        |
| Reyes, Nichole     | 7/24/1992       |



APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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) C111562

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

|          |                          |      |       |
|----------|--------------------------|------|-------|
| NAME:    | The Fas at the Yard, LLC |      |       |
| ADDRESS: | 350 Canopy St, Suite 100 |      |       |
| CITY:    | Lincoln                  | ZIP: | 68508 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Barlyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68508              | COUNTY & COUNTY #: | 2, 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

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

| Date                 | Date          | Date          | Date          | Date          | Date          |
|----------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015     |               |               |               |               |               |
| Hours<br>From<br>5pm | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| To<br>12am           | To            | To            | To            | To            | To            |

- a. Alternate date: None
- b. Alternate location: None  
 (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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)  
 \*Outdoor area dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_ See attached  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

See attached

8. How many attendees do you expect at event? 2K

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)

See attached

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

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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: Tessa Warner

Signature of Event Supervisor: Tessa Warner

Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115

Email address: tessa@wvklc.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

Eric F. Marsh

Authorized Representative/Applicant

Eric F. Marsh

Print Name

Owner

Title

13 July 15

Date

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:   | <i>Barlyard Skateboard Event</i>  |        |                    |
| Applicant and Sponsoring Organization or Individual (if applicable): | <i>Barlyard Entertainment LLC</i> |        |                    |
| Date(s) of Event:  | <i>Aug 21st, 2015</i>             | Hours: | <i>5pm to 12am</i> |
| Alternate Date(s):   | <i>None</i>                       | Hours: |                    |

Is the event open to the public?     Yes     No

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

*See attached*

Will food be served?     Yes     No    If yes, please list food to be served: *See*

*attached*

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served:    *see attached*

Who will serve the beverages containing alcohol?    *Employees of applicant*  
**Must complete Server/Seller Applicant Information Sheet.**

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

Will there be a charge for admission?     Yes     No

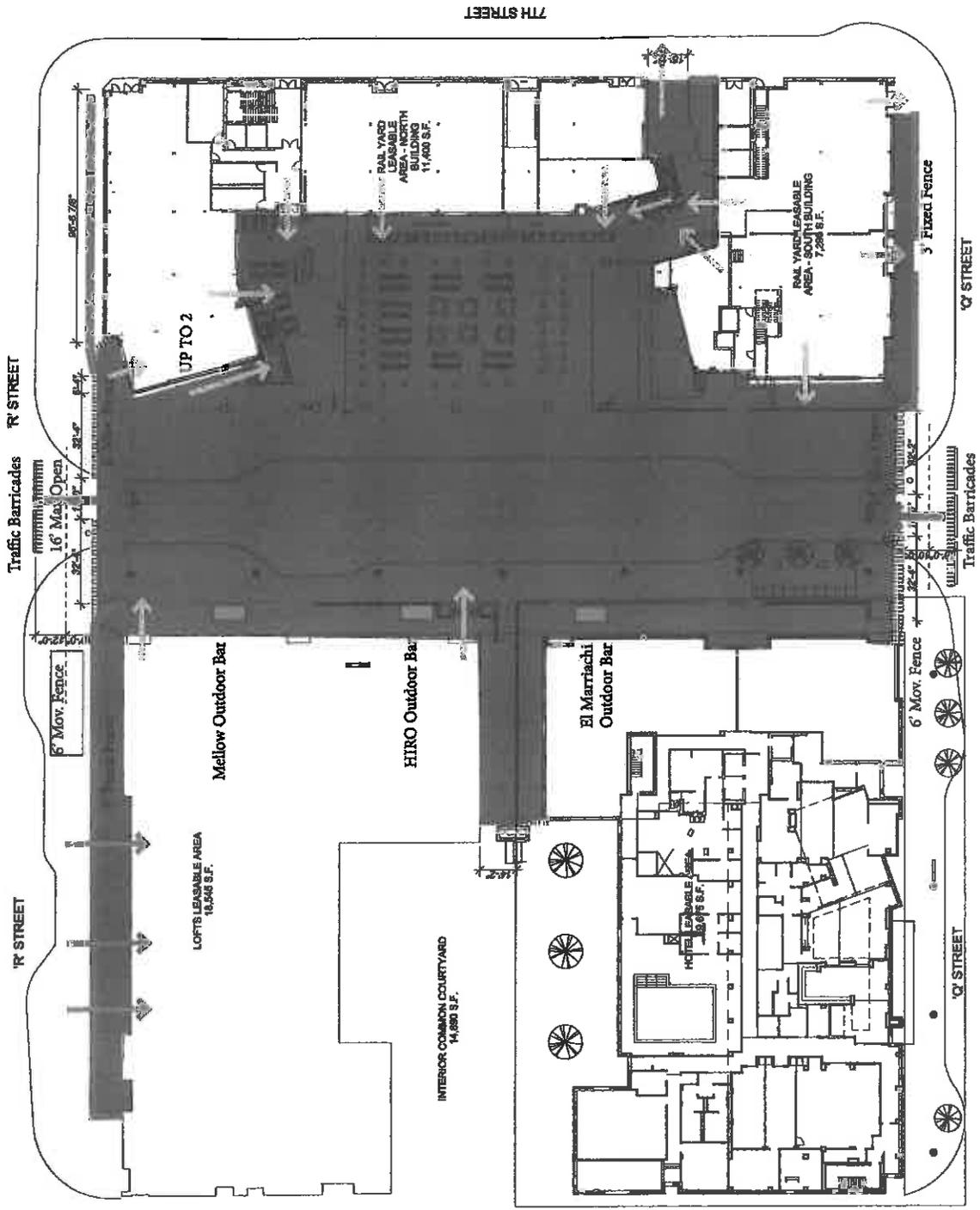
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee?     Yes     No    If so, explain: \_\_\_\_\_

*Eric F. Marsh*  
Applicant's Signature

*13 July 2015*  
Date



| First    | Last         | Birthdate  |
|----------|--------------|------------|
| Aarielle | Cooley       | 7/18/1993  |
| Adam     | Schwaininger | 3/18/1986  |
| Andrea   | Thomas       | 9/9/1991   |
| Anna     | Fomenko      | 3/5/1994   |
| Austin   | Dixon        | 7/27/1990  |
| Bailey   | Burkett      | 2/13/1993  |
| Carlye   | Kuxhausen    | 10/23/1991 |
| Chelsea  | Petersen     | 12/12/1989 |
| Daniel   | Koudele      | 7/27/1992  |
| Daniel   | Frusciante   | 8/15/1985  |
| Dustin   | Garrett      | 3/5/1990   |
| Emma     | Connolley    | 3/29/1994  |
| Eric     | Connor       | 1/20/1994  |
| Garth    | Lienemann    | 2/9/1971   |
| Keaton   | Croxen       | 4/22/1992  |
| Kegan    | Casey        | 3/18/1991  |
| Klair    | Acton        | 5/7/1991   |
| Kyle     | Webster      | 5/21/1988  |
| Lauren   | Marsh        | 2/13/1992  |
| Lucas    | Maier        | 7/2/1986   |
| Maria    | Lusk         | 1/23/1992  |
| Mary     | Frigo        | 2/25/1994  |
| Megan    | Bolmer       | 10/30/1987 |
| Meghan   | Grzeskowiak  | 12/2/1983  |
| Meghan   | Harriman     | 2/16/1994  |
| Molly    | Watkins      | 7/25/1989  |
| Nicholas | Raimondi     | 2/4/1992   |
| Ryan     | Forney       | 2/14/1984  |
| Savanna  | Carman       | 8/1/1985   |
| Taylor   | Kluczynski   | 6/4/1993   |
| Timothy  | Kaipust      | 7/5/1992   |
| Toshiko  | Nanez        | 8/13/1981  |
| Trenton  | Kasbohm      | 5/2/1995   |
| Troy     | Dixon        | 6/23/1994  |
| William  | Shirer       | 2/28/1986  |



7TH STREET

R' STREET

Traffic Barricades

R' STREET

6' Mov. Fence

16' Max. Open

UP TO 2

LOFTS LEASABLE AREA  
18,546 S.F.

Mellow Outdoor Bar

HIRO Outdoor Bar

INTERIOR COMMON COURTYARD  
14,880 S.F.

El Marriachi  
Outdoor Bar

HOTEL LEASABLE  
AREA  
28,075 S.F.

BAR YARD LEASABLE  
AREA - NORTH  
BUILDING  
11,400 S.F.

BAR YARD LEASABLE  
AREA - SOUTH BUILDING  
7,288 S.F.

6' Mov. Fence

3' Fixed Fence

Traffic Barricades

Q' STREET

ALLEY

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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)

103346

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

|          |                              |      |       |
|----------|------------------------------|------|-------|
| NAME:    | YIN FAMILY, LLC              |      |       |
| ADDRESS: | 3655 N. 129 <sup>th</sup> ST |      |       |
| CITY:    | OMAHA, NE                    | ZIP: | 68164 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Backyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68508              | COUNTY & COUNTY #: | 2, 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

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

| Date             | Date          | Date          | Date          | Date          | Date          |
|------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015 |               |               |               |               |               |
| Hours<br>From    | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| 5pm              |               |               |               |               |               |
| To               | To            | To            | To            | To            | To            |
| 12am             |               |               |               |               |               |

- a. Alternate date: None
- b. Alternate location: None  
 (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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres) See attached  
 \*Outdoor area dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

See attached

8. How many attendees do you expect at event? 2K

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)

See attached

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: Tessa Warner

Signature of Event Supervisor: Tessa Warner

Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115

Email address: tessa@wvnlc.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

Milton Yin  
Authorized Representative/Applicant

Owner  
Title

7/13/15  
Date

MILTON YIN  
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>Barlyard Skateboard Event</u>  |        |                    |
| Applicant and Sponsoring Organization or Individual (if applicable): | <u>Barlyard Entertainment LLC</u> |        |                    |
| Date(s) of Event:  | <u>Aug 21st, 2015</u>             | Hours: | <u>5pm to 12am</u> |
| Alternate Date(s):   | <u>None</u>                       | Hours: |                    |

Is the event open to the public?     Yes     No

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

See attached

Will food be served?     Yes     No    If yes, please list food to be served: See

attached

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served: see attached

Who will serve the beverages containing alcohol? Employees of applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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

7/13/15  
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.

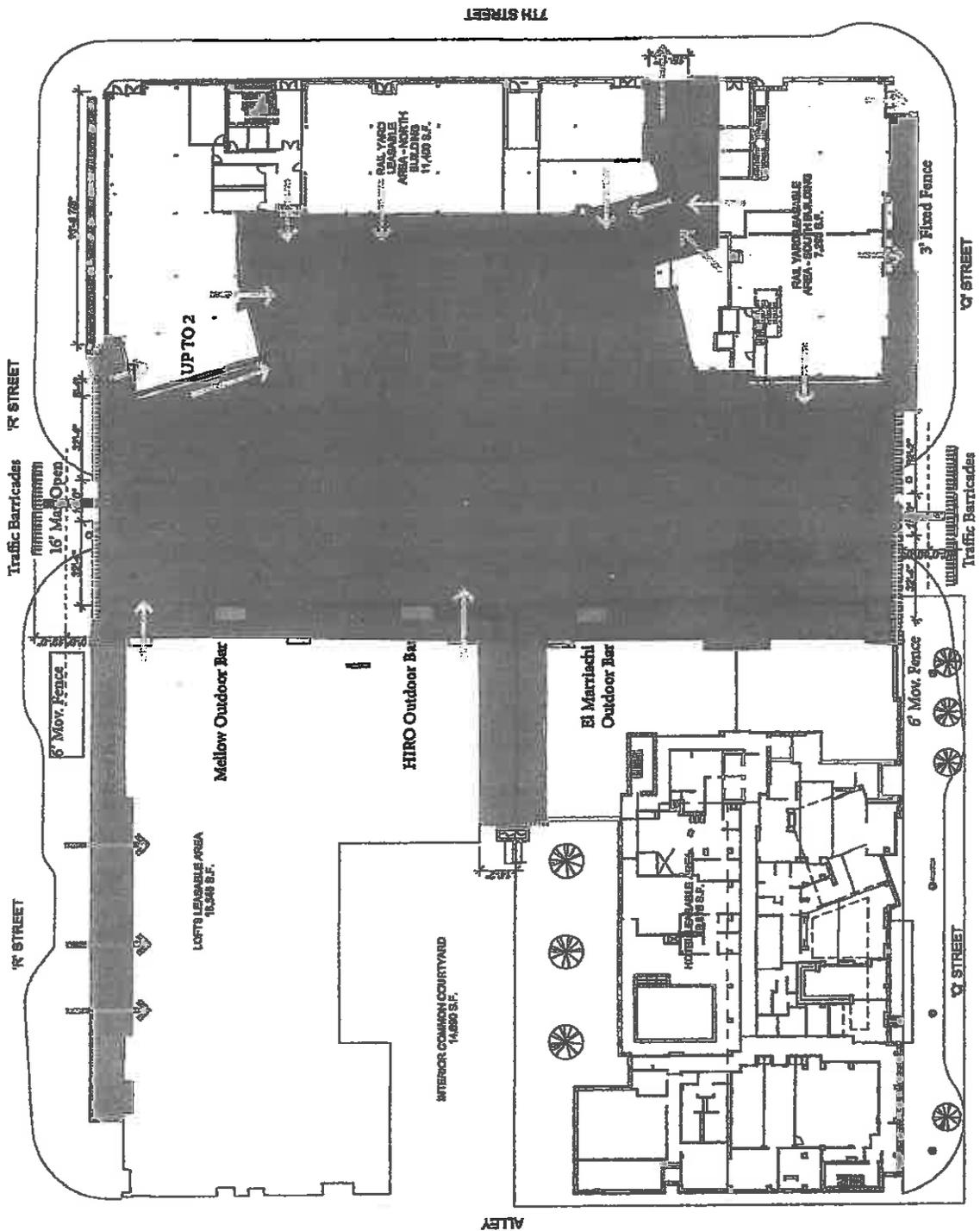
1. Number of Entry & Exit Points & Dimensions: ( \_\_\_\_\_ ' x \_\_\_\_\_ ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( \_\_\_\_\_ x \_\_\_\_\_ )
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance 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*

**ATTACH EXTRA PAGES IF NECESSARY**

|                    |            |
|--------------------|------------|
| Diana Perez        | 9/12/1978  |
| Jane Hoops         | 12/6/1981  |
| Jon Beeck          | 8/26/1981  |
| Sarah Wees         | 10/22/1989 |
| Anthony Wakefield  | 11/30/1987 |
| Chadwick Fisher    | 3/13/1981  |
| Haley Urwiter      | 12/17/1993 |
| Christina Hanus    | 12/28/1995 |
| Lauren Larson      | 6/9/1992   |
| Morgan Lausten     | 7/12/1990  |
| Jordan Ortmeier    | 6/12/1994  |
| Dawn Pearson       | 9/9/1982   |
| Hailee Shackelford | 7/29/1994  |
| Haley Urwiler      | 12/17/1993 |



APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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)

C104026 C104502  
E104038 E104563

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

|          |                                  |      |       |
|----------|----------------------------------|------|-------|
| NAME:    | YARD INVESTMENTS LLL dba Gate 25 |      |       |
| ADDRESS: | 300 CANOPY ST 140                |      |       |
| CITY:    | Lincoln                          | ZIP: | 68503 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Backyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68503              | COUNTY & COUNTY #: | 2, 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

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

| Date             | Date          | Date          | Date          | Date          | Date          |
|------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015 |               |               |               |               |               |
| Hours<br>From    | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| 5pm              |               |               |               |               |               |
| To               | To            | To            | To            | To            | To            |
| 12am             |               |               |               |               |               |

- a. Alternate date: None
- b. Alternate location: None  
 (Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:  
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 Inside building, dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)  
 \*Outdoor area dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_ See attached  
 \***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

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

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8. How many attendees do you expect at event? 2k
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 \_\_\_\_\_  
See attached

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- 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)

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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: Tessa Warner  
Signature of Event Supervisor: *Tessa Warner*  
Event Supervisor phone: Before (402) 977-6767 During (402) 599-0115  
Email address: tessa@wrkllc.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  
Authorized Representative/Applicant \_\_\_\_\_ Title OWNER/MANAGER Date 7/17/15  
BRANDON ALBERT  
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.

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## Food and Alcohol Permits

Gate 25

| Name               | Food        | Expiration | Beverage   | Expiration | City        | Expiration | Date of Hire |
|--------------------|-------------|------------|------------|------------|-------------|------------|--------------|
| ANNA BRINKMAN      | SC-1023560  | 10/6/15    | RB-0023190 | 10/6/15    | LNK-0015599 | 10/6/15    | 8/30/13      |
| BJ VERCELLINO      | PC-1028287  | 3/11/16    |            |            |             |            | 8/30/13      |
| BRANDON AKERT      | FM-004403   | 9/17/17    | RB-0006852 | 3/28/16    | LNK-0015599 | 3/28/16    | 8/30/13      |
| BRANDON HAEFNER    | PC-1021364  | 8/16/15    |            |            |             |            | 9/20/13      |
| BRIANNE KELLER     | SC-1030951  | 5/30/16    | RB-0032197 | 5/30/16    | LNK-0023141 | 5/30/16    | 7/18/14      |
| CRAIG FARMER       | SC-1033539  | 8/11/16    | RB-0035493 | 8/11/16    | LNK-0035495 | 8/11/16    | 6/12/14      |
| DEREK METTENBRINK  | SC-1032710  | 7/21/16    | RB-0034219 | 7/21/16    | LNK-0034221 | 7/21/16    | 7/20/14      |
| DUSIN BOWDER       | SC-1021766  | 8/12/15    | RB-0004524 | 8/12/15    | LNK-0019084 | 8/12/15    | 8/30/13      |
| DYLAN SWAGGER      | PC-1031939  | 6/26/16    | RB-0006286 | 6/26/16    | LNK-0014321 | 6/26/16    | 7/18/14      |
| EMERSON WOOLDRIGE  | PC-1020088  | 6/18/15    |            |            |             |            | 12/1/13      |
| EMILY EWING        | SC-1033058  | 7/29/16    | RB-0000779 | 1/12/16    | LNK-0016555 | 4/11/16    | 8/1/14       |
| GARRET BOWDER      | SC-1039303  | 2/17/17    |            |            |             |            | 8/23/14      |
| JAKE BOWDER        | SC-1028532  | 3/19/16    | RB-0028793 | 3/19/16    | LNK-0028794 | 3/19/16    | 11/1/13      |
| JAKE GIESELMAN     | SC-1032396  | 7/11/16    |            |            |             |            | 8/11/14      |
| JAKE VALENTINE     | PC-1033444  | 8/9/16     |            |            |             |            | 8/23/14      |
| JOE ANDERSEN       | FM-004404   | 9/17/17    |            |            |             |            | 8/30/13      |
| JON MUNCHOW        | SC-1039416  | 2/20/17    |            |            |             |            | 12/12/14     |
| JOSHUS WOLZ        | PC-1033337  | 8/6/16     |            |            |             |            | 2/19/15      |
| JUSTIN SPARR       | RS-1022649  | 9/13/15    |            |            |             |            | 8/30/13      |
| KALEIGH KINGSTON   | SC-10341432 | 8/24/16    | RB-0042121 | 2/18       | LNK-0042288 | 2/26/18    | 3/1/14       |
| KALYN GREONWOLD    | SC-1032761  | 7/22/16    | RB-0023091 | 7/22/16    | LNK-0023092 | 7/22/16    | 8/30/13      |
| KATIE DEERING      | PC-1014154  | 10/10/15   | RB-0000129 | 10/10/15   | LNK-0028844 | 10/10/15   | 12/1/13      |
| LAINÉ SANBURG      | SC-1020071  | 6/18/15    | RB-0019509 | 6/24/16    | LNK-0019510 | 6/24/16    | 10/29/14     |
| LANCE CAMERON      | SC-1021880  | 8/14/15    | RB-0021235 | 8/14/15    | LNK-0021240 | 8/14/15    | 8/30/13      |
| LINDSAY JOHNSTON   | SC-1028498  | 3/18/16    | RB-0028759 | 3/18/16    | LNK-0028783 | 3/18/16    | 7/10/14      |
| MADDIE MACDONALD   | SC-1023461  | 9/28/15    | RB-0023094 | 9/28/15    | LNK-0023095 | 9/28/15    | 8/30/13      |
| MADDISON VACHAL    | SC-1039770  | 3/3/17     | RB-0020920 | 8/9/16     | LNK-0020930 | 8/9/16     | 8/1/14       |
| MAX MCKILLIP       | SC-1023580  | 10/1/15    | RB-0023213 | 10/1/15    | LNK-0023214 | 10/1/15    | 8/30/13      |
| MCKENZIE MACDONALD | SC-1032809  | 7/23/16    | RB-0034366 | 7/23/16    | LNK-0034367 | 7/23/16    | 7/10/14      |
| MORGAN MCMAHON     | RS-1036182  | 10/22/16   |            |            |             |            | 2/10/15      |
| NIKKI ELGIN        | SC-1017387  | 3/30/15    | RB-0028616 | 3/30/15    | LNK-0028617 | 3/30/15    | 11/15/13     |
| QUINN KYLE         | SC-1039636  | 2/27/17    | RB-0042322 | 2/27/18    | LNK-0042323 | 2/27/18    | 1/28/15      |
| RAFEAL CABRERA     | PC-1026557  | 1/13/16    |            |            |             |            | 10/1/13      |
| RUSS THOMAS        | SC-1019625  | 6/4/15     | RB-0005196 | 6/4/15     | LNK-0019022 | 6/4/15     | 8/30/13      |
| RYAN CLARK         | SC-1039614  | 2/26/17    | RB-0023015 | 9/26/16    | LNK-0023016 | 9/26/16    | 8/30/13      |
| SAMMI MAROUSEK     | SC-1039623  | 2/26/17    | RB-0041996 | 2/18/18    | LNK-0042300 | 2/26/18    | 2/16/15      |
| SARAH MAGDANZ      | SC-1021446  | 8/4/15     | RB-0008526 | 8/4/15     | LNK-0016435 | 8/4/15     | 8/30/13      |
| SHELLY OLSON       | SC-1026673  | 1/16/16    | RB-0026424 | 1/13/17    | LNK-0026425 | 1/13/17    | 2/18/15      |
| TANNER HOHLEN      | SC-1034759  | 9/11/16    | RB-0042278 | 2/26/18    | LNK-0042280 | 2/26/18    | 8/30/13      |
| TAYLOR HOWERTER    | SC-1028323  | 3/12/16    | RB-0028774 | 3/12/16    | LNK-0028775 | 3/12/16    | 8/30/13      |
| TORI SIMPSON       | SC-1039415  | 2/20/17    | RB-0023688 | 10/16/16   | LNK-0023689 | 10/16/16   | 8/30/13      |
| WADE PAUMER        | SC-1021446  | 10/15/15   | RB-0008470 | 10/15/15   | LNK-0016331 | 10/15/15   | 8/30/13      |

**SUPPLEMENTAL FORM  
REQUIRED FOR ALL OUTDOOR EVENTS**  
*(Including those for Non Profit Organizations)*

|  |                                   |        |                    |
|--|-----------------------------------|--------|--------------------|
| Name of Event:   | <u>Bulkyard Skateboard Event</u>  |        |                    |
| Applicant and Sponsoring Organization or Individual (if applicable): | <u>Bulkyard Entertainment LLC</u> |        |                    |
| Date(s) of Event:  | <u>Aug 21st, 2015</u>             | Hours: | <u>5pm to 12am</u> |
| Alternate Date(s):   | <u>None</u>                       | Hours: |                    |

Is the event open to the public?     Yes     No

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

See attached

Will food be served?     Yes     No    If yes, please list food to be served: See attached

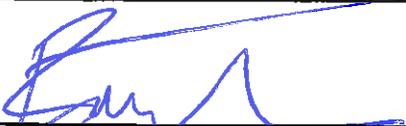
Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served:    see attached

Who will serve the beverages containing alcohol? Employees of applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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

7/17/15  
Date

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

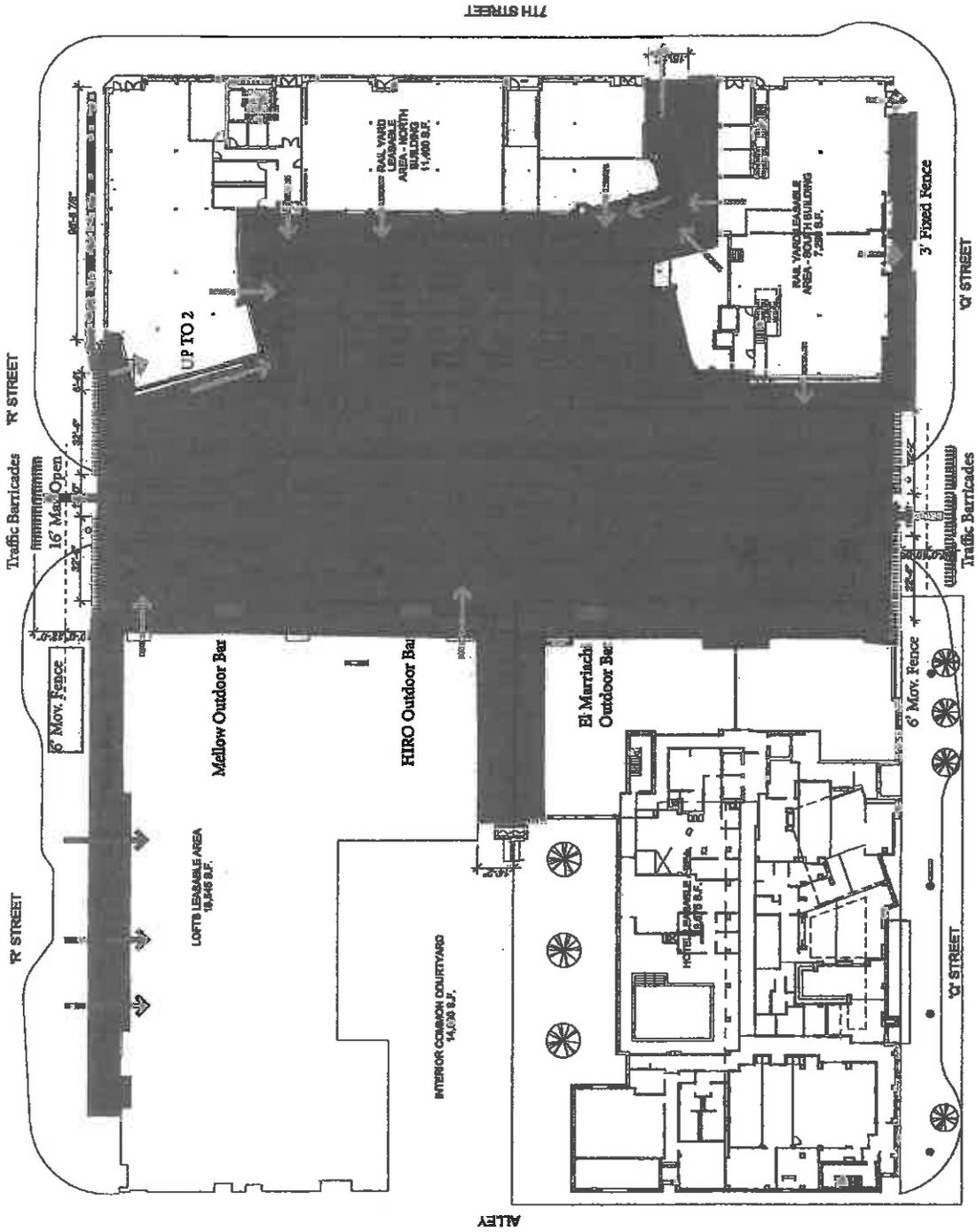
Please provide a drawing showing the following. Provide **as much detail as possible** to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

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*

**ATTACH EXTRA PAGES IF NECESSARY**



7TH STREET

R STREET

R STREET

ALLEY

12' STREET

12' STREET

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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. C55411, CK55411) (If you're a nonprofit organization leave blank)

C 104029

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

|          |                                  |      |       |
|----------|----------------------------------|------|-------|
| NAME:    | MARDOCK, CARRIE / ASTRA VEGA LLC |      |       |
| ADDRESS: | 350 CANOPY STREET STE 220        |      |       |
| CITY:    | LINCOLN                          | ZIP: | 68508 |

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

|                |                    |                    |              |
|----------------|--------------------|--------------------|--------------|
| BUILDING NAME: | Barlyard           |                    |              |
| ADDRESS:       | 300/350 Canopy St. | CITY:              | Lincoln      |
| ZIP:           | 68508              | COUNTY & COUNTY #: | 2, 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

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

| Date                 | Date          | Date          | Date          | Date          | Date          |
|----------------------|---------------|---------------|---------------|---------------|---------------|
| Aug 21st<br>2015     |               |               |               |               |               |
| Hours<br>From<br>5pm | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From | Hours<br>From |
| To<br>12am           | To            | To            | To            | To            | To            |

- a. Alternate date: None
- b. Alternate location: None  
 (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 See attached  
 Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)  
 \*Outdoor area dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_ See attached  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

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

8. How many attendees do you expect at event? 2K

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)  
See attached

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: Tessa Warner  
Signature of Event Supervisor: Tessa Warner  
Event Supervisor phone: Before (402) 977-6767 During (402) 999-0115  
Email address: tessa@wrkllc.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 Carrie Mardock Managing Member 7/13/15  
Authorized Representative/Applicant Title Date  
Carrie Mardock  
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:   | Barlyard Skateboard Event  |        |             |
| Applicant and Sponsoring Organization or Individual (if applicable): | Barlyard Entertainment LLC |        |             |
| Date(s) of Event:  | Aug 21st, 2015             | Hours: | 5pm to 12am |
| Alternate Date(s):   | None                       | Hours: |             |

Is the event open to the public?     Yes     No

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

See attached

Will food be served?     Yes     No    If yes, please list food to be served: See

attached

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served:    see attached

Who will serve the beverages containing alcohol?    Employees of Applicant  
**Must complete Server/Seller Applicant Information Sheet.**

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: \_\_\_\_\_

Carrin H... [Signature]  
Applicant's Signature

7/13/15  
Date



