

Rainie Home Companion 8.21.15 139

**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)

CK104580

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

<b>NAME:</b>	SMG FOOD & BEVERAGE LLC		
<b>ADDRESS:</b>	300 CONSHOHOCKEN STATE ROAD SUITE 450		
<b>CITY:</b>	WEST CONSHOHOCKEN	<b>ZIP:</b>	19428

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

<b>BUILDING NAME:</b>	PINWOOD BOWL THEATER		
<b>ADDRESS:</b>	3201 SOUTH CODDINGTON	<b>CITY:</b>	LINCOLN
<b>ZIP:</b>	68522	<b>COUNTY &amp; COUNTY #:</b>	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

Revised

Prairie Home Companion

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

Date 8.20.15	Date 8.21.15	Date 8.22.15	Date	Date	Date
Hours From 8 am	Hours From 6 am	Hours From 6 am	Hours From	Hours From	Hours From
To 2 am	To 2 am	To 2 am	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A

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

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

- Dance   
 Reception   
 Fund Raiser   
 Beer Garden   
 Sampling/Tasting

Other: CONCERT

7. Description of area to be licensed

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** <sup>700</sup> \_\_\_\_\_ x <sup>448</sup> \_\_\_\_\_

\*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: \_\_\_\_\_

8. How many attendees do you expect at event? 3,500

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

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

**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): 53/168/169

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

Print name of Event Supervisor: THOMAS E. LORENZ

Signature of Event Supervisor: \_\_\_\_\_

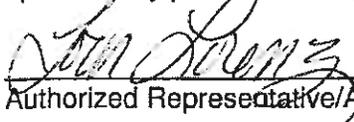
Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smgllncoln.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

GENERAL MANAGER

Title

4.7.2015

Date

THOMAS E. LORENZ

Print Name

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

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

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

Name of Event:	PRAIRIE HOME COMPANION CONCERT		
Applicant and Sponsoring Organization or Individual (if applicable):	PINNACLE BANK ARENA		
Date(s) of Event:	AUGUST 21, 2015	Hours:	7:30 PM
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public?       Yes       No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served?       Yes       No      If yes, please list food to be served: POPCORN, PRETZELS, NACHOS HAMBURGERS, CHICKEN SANDWICHES, CHIPS

Will non-alcoholic beverages be served:       Yes       No  
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

**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

4.7.2015  
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: ( 1 ENTRY ' x 1 EXIT SEE MAP ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 700 x 448 )
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.

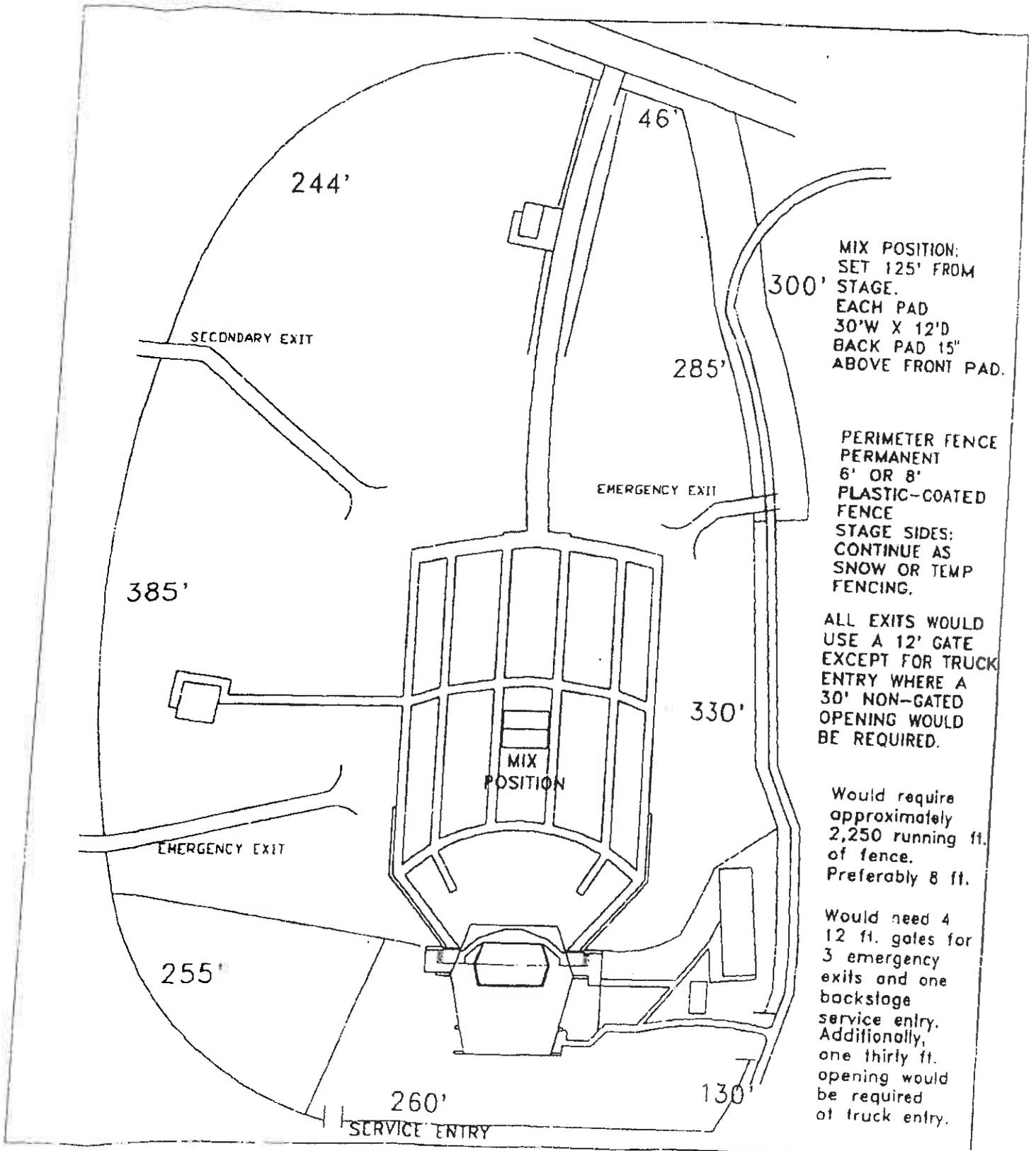
**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

**ATTACH EXTRA PAGES IF NECESSARY**





MIX POSITION:  
 SET 125' FROM  
 STAGE.  
 EACH PAD  
 30'W X 12'D  
 BACK PAD 15"  
 ABOVE FRONT PAD.

PERIMETER FENCE  
 PERMANENT  
 6' OR 8'  
 PLASTIC-COATED  
 FENCE  
 STAGE SIDES:  
 CONTINUE AS  
 SNOW OR TEMP  
 FENCING.

ALL EXITS WOULD  
 USE A 12' GATE  
 EXCEPT FOR TRUCK  
 ENTRY WHERE A  
 30' NON-GATED  
 OPENING WOULD  
 BE REQUIRED.

Would require  
 approximately  
 2,250 running ft.  
 of fence.  
 Preferably 8 ft.

Would need 4  
 12 ft. gates for  
 3 emergency  
 exits and one  
 backstage  
 service entry.  
 Additionally,  
 one thirty ft.  
 opening would  
 be required  
 at truck entry.

