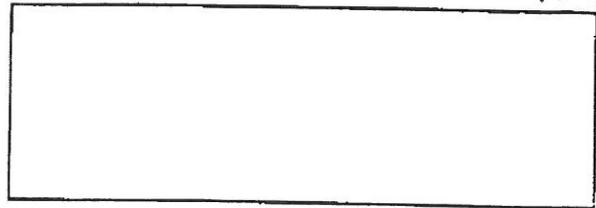


APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> ST  
LINCOLN NE 68508  
PHONE: (402) 441-7438

Angle  
Outdoor



DO YOU NEED POSTERS? YES  NO

RETAIL LICENSE HOLDER

NON PROFIT APPLICANT

Non Profit Status (check one that best applies):

Municipal  Political  Fine Arts  Fraternal  Religious  Charitable  Public Service

COMPLETE ALL QUESTIONS

1. Beer  Wine  Distilled Spirits

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

CK-87861

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

NAME:	Old Federal Place, LLC		
ADDRESS:	129 W. 10 <sup>th</sup> Street		
CITY:	Lincoln	ZIP:	68508

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

BUILDING NAME:	Grand Manse		
ADDRESS:	129 W. 10 <sup>th</sup> St.	CITY:	Lincoln
ZIP:	68508	COUNTY & COUNTY #:	Lancaster 2

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

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

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

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

Date 8/6/15	Date	Date	Date	Date	Date
Hours From 3am	Hours From	Hours From	Hours From	Hours From	Hours From
To 2am	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A  
 (Alternate date or location must be specified in local approval)

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

- Dance   
  Reception   
  Fund Raiser   
  Beer Garden   
  Sampling/Tasting  
 Other: \_\_\_\_\_

7. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)

\*Outdoor area dimensions of area to be covered IN FEET 178 x 137

\*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: 3.5' white picket fence

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

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

wristbands for age and over

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: LISA J. PETERSEN  
Signature of Event Supervisor: *Lisa J. Petersen*  
Event Supervisor phone: Before 402.476.4520 During 402.499.3608  
Email address: LPETERSEN@GRANDMANSE.COM

**Consent of Authorized Representative/Applicant**

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here *Lisa Froehlich* *Dawson* \_\_\_\_\_  
Authorized Representative/Applicant Title Date  
Lisa Froehlich  
Print Name

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

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

## SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Global Leadership Summit Mixer		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	8.6.15	Hours:	8am-2am
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: \_\_\_\_\_

All 21 and over will have wristband

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

Appetizers

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

pepsi products

Who will serve the beverages containing alcohol?    Grand marshal staff  
**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: \_\_\_\_\_

Peter Brechtlich  
Applicant's Signature

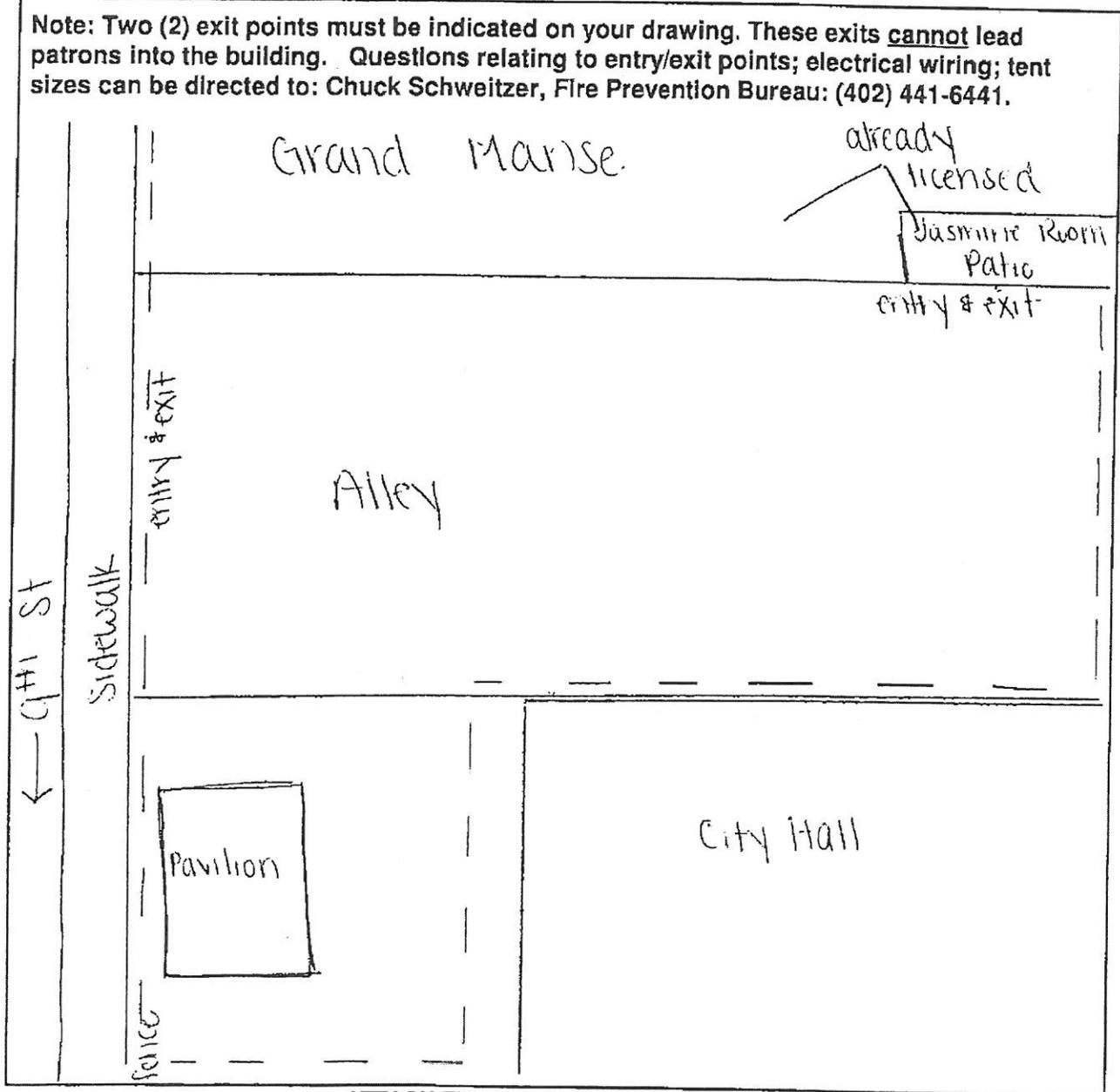
4-22-15  
Date

## 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: ( 2 ( 7 ' x 4 ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 178 x 137 )
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.**



ATTACH EXTRA PAGES IF NECESSARY