

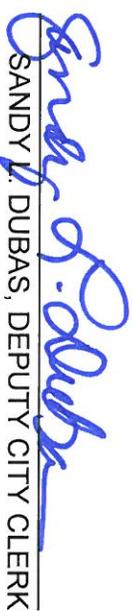
SPECIAL DESIGNATED LIQUOR LICENSE APPLICATIONS

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

*ID/OD = INDOOR/OUTDOOR

#	APPLICANT / ADDRESS	LOCATION COVERED	DATE	TIME	OCCASION	ID/OD	CC HRG	LIC RECV'D	LIC. MAILED
222	GNS CORPORATION 5560 N 48 TH ST SUITE 4 (16)	LINCOLN RACQUET CLUB 5300 OLD CHENEY RD	7/31	6P-11P	BEEER GARDEN	OD		6/26	

APPROVED:


SANDY L. DUBAS, DEPUTY CITY CLERK

FILED

CITY CLERK'S OFFICE

2015 JUN 24 AM 11 30

CITY OF LINCOLN
NEBRASKA

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

Friday July 31
O.D.

DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDERS

NON PROFIT APPLICANTS

Non Profit Status (check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

COMPLETE ALL QUESTIONS

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

2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank) IK-073142

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)
NAME: GNS Corporation / Premises "Cappys" ^{dba}
ADDRESS: 5560 S. 43rd Street Suite #4
CITY Lincoln ZIP 68516

4. Location where event will be held; name, address, city, county, zip code
BUILDING NAME Lincoln ~~Racquet~~ Club ^{RACQUET}
ADDRESS: 5300 Old Cherry Rd CITY Lincoln
ZIP 68516 COUNTY and 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
<u>7-31-15</u>	_____	_____	_____	_____	_____
<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>
From	From	From	From	From	From
<u>6:00 pm</u>	_____	_____	_____	_____	_____
To	To	To	To	To	To
<u>11:00 pm</u>	_____	_____	_____	_____	_____

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** 240 x 120
 (not square feet or acres)

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

If outdoor area, how will premises be enclosed?

Fence; snow fence chain link cattle panel other _____

Tent

8. How many attendees do you expect at event? 300

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 Permitted Staff members

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: _____

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 John F. Caporale

Signature of Event Supervisor [Signature]

Phone of Event Supervisor: Before 402-613-2395 During Same

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] Sm 6-20-14
Authorized Representative/Applicant Title Date

John F. Caporale
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.

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS *

SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: Ragwette Club's Annual Membership Party

Applicant and Sponsoring Organization or Person (if applicable): John Caporale of Cappi's Bar
DBA GNS Corp.

Date of Event: July 31, 2018 Time of Event: 6pm - 11pm

Has the applicant applied for and received liquor liability insurance? Yes No

Number of persons expected to attend: 300 Number of persons under 21 expected: Approx. 100

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 Staff
and wristbands for those of legal age.

Will food be served? Yes No

If yes, please list food to be served: Finger Food - Appetizers (hot & cold)

Will non-alcoholic beverages be served: Yes No

If yes, please list non-alcoholic beverages to be served: Soda, Water, juices, energy drinks

Please identify the beverages containing alcohol that will be served: Wine Beer Distilled Spirits

Will this be a cash or complimentary bar? Cash Complimentary

Who will serve the beverages containing alcohol? Trained Permitted Staff members

Have the designated servers received responsible beverage service 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: _____

John Caporale
Applicant's Signature

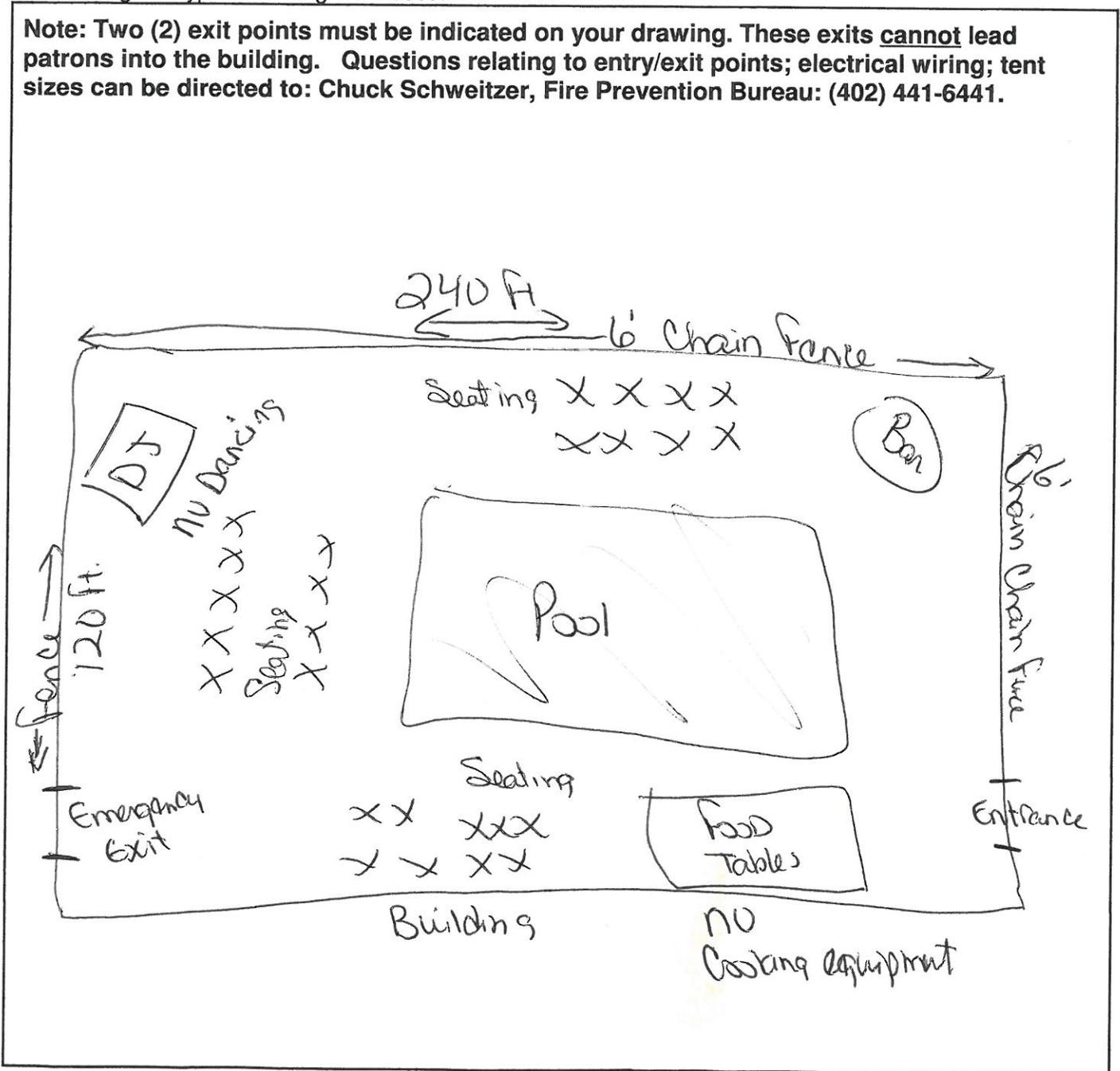
6-30-18
Date

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: (~~240~~ ^{5 ft. wide opening} x ~~120~~)
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (240 x 120)
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

