

REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION

P.H. 6-4-01  
before Council

City Attorney  
 Police  
 Bureau of Fire Prevention  
 Health Dept.

A1-049241  
To N LCC  
5/9/01

DATE 5-8-01

RETURN BY 6-1-01

CATERER NO NON-CATERER \_\_\_\_\_

APPLICANT: John Crow, Holmes Park Golf Course

APPLICANT'S ADDRESS: 3701 South 70<sup>th</sup>

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE  
Holmes Park Golf Course & Parking Lot

DATE(S) OF OCCASION June 9, 2001

TIME(S) OF OCCASION 8 AM TO 3 P.M.

TYPE OF ACTIVITY Golf tournament - Duncanson

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS <sup>①</sup> ID'S TO Be checked on all parties wishing to consume Alcohol.  
<sup>②</sup> NO SERVICE TO GENERAL Public Allowed

DENIED

REASON(S) FOR \_\_\_\_\_

[Signature] #843  
Signature

5-10-01  
Date

(If needed, use back for additional space)

PLEASE TYPE OR PRINT  
APPLICANT MUST COMPLETE  
ALL SECTIONS OF THIS FORM

**APPLICATION FOR SPECIAL DESIGNATED LICENSE**  
NEBRASKA LIQUOR CONTROL COMMISSION  
P.O. Box 95046, Lincoln NE 68509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
- Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- LOCAL APPROVAL** must be included with this application
- A Signed Statement from Local Police Chief or County Sheriff (question #12)
- NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS**

1. Type of Beverage(s) to be served:  Beer  Wine  Distilled Spirits

2. Status of the Applicant (check one) Public  
 Municipal Corporation  Political Corporation  Fine Arts Museum  Fraternal Corporation  Religious Corporation  Charitable Corporation  Retail Licensee  Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number A 32607  
JOHN CRAW (City, State, County Number, Zip Code) And Class (Example C/K)  
HOLMES PARK GOLF COURSE  
3701 SOUTH 20TH LINCOLN, NE. 68506

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)  
HOLMES PARK GOLF COURSE AND PARKING LOT

5. Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act?  YES  NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.  
JOHN CRAW 3600 HOLMES PARK RD. LINCOLN 6850

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **Supervisor must sign on page 2.**  
JOHN CRAW 441-8960

8. **DATE(S) OF EVENT** (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
JUNE 9TH 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)  
FROM: 8 AM TO: 3 PM

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.  
GOLF TOURNAMENT - DUNCAN

11. Provide an estimated number of attendees at this event 140. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. **PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.**  
OK per Inv Foster #843

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

**CONTINUE ON BACK**

**NEBRASKA LIQUOR CONTROL COMMISSION  
APPLICATION FOR SPECIAL DESIGNATED LICENSE  
UNDER NEBRASKA LIQUOR CONTROL ACT**

14. Description of the premises:  Inside Building  Outdoor Area

Dimensions of area to be covered by license: \_\_\_\_\_ x \_\_\_\_\_. Please draw in the space provided below, the area where liquors will be sold and consumed.      LENGTH      WIDTH      (In feet)

*THE BEER WILL BE CONSUMED ON THE ENTIRE GOLF COURSE. EACH PLAYER OF AGE WILL HAVE A HAND STAMP. WE WILL HAVE A BEVERAGE CART AND COURSE MARSHAL*

If outdoor area, how will premises be separated from areas open to the general public?  Fence  Tent  Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits?.....  YES  NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?.....  YES  NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?.....  YES  NO

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

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event?  YES  NO

**NOTICE: 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. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.**

22. 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	<i>John Araw</i>	OWNER	5-2-01
	Authorized Representative/Applicant	Title	Date
sign here	<i>John Araw</i>	OWNER	5-2-01
	Supervisor	Title	Date

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.

In Compliance with ADA, this form is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

Special Designated License Application Supplemental Form

Russ

CITY USE ONLY

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

Name of the Event: DUNCAN AVIATION

Applicant and Sponsoring Organization or Person (if applicable): \_\_\_\_\_

Date of the Event: 9 JUNE 01 Time of the Event: 8:00A.M. 3:00P.

Has the applicant applied for, and received liquor liability insurance?  yes  no

Number of persons expected to attend: 120 Number of persons under 21 expected: 0 Is the event open to the public?  yes  no

How will you ensure that minors will not be served or consume beverages containing alcohol? CHECK ID AND PUT STAMP ON HAND

Will food be served?  yes  no If yes, please list food to be served: WINGS FROM OUR SNACK BAR SANDWICHES HOT DOGS CANDY ROLLS

Will non-alcoholic beverages be served?  yes  no If yes, please list non-alcoholic beverages to be served: POP, JUICE, WATER, SPORT 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? MY STAFF Have the designated servers received responsible beverage service training?  yes  no

Will there be a charge for admission?  yes  no

In the past twelve 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, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF  
MEMPHIS