

REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION

City Attorney  
 Police  
 Bureau of Fire Prevention  
 Health Dept.

DATE \_\_\_\_\_

RETURN BY \_\_\_\_\_

CATERER \_\_\_\_\_

NON-CATERER

APPLICANT: JAME ARTHUR VINEYARDS

APPLICANT'S ADDRESS: 2021 W. Raymond Rd

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE 2910 PINE LAKE ROAD

DATE(S) OF OCCASION JUNE 29<sup>TH</sup>, 2001

TIME(S) OF OCCASION 5pm TO 8pm

TYPE OF ACTIVITY WINE TASTINGS

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS 1. Identification to be checked, wristbands required on all parties wishing to consume alcohol. 2. Adequate security to be provided for the event. 3. The area for the permit to be separate from the public by a fence or other means. 4. Responsible service practices to be followed.

DENIED

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

 #843  
Signature

6-15-01  
Date

(If needed, use back for additional space)

PLEASE TYPE OR PRINT  
PLICANT MUST COMPLETE  
SECTIONS OF THIS FORM

**APPLICATION FOR SPECIAL DESIGNATED LICENSE**  
NEBRASKA LIQUOR CONTROL COMMISSION  
P.O. Box 75046, Lincoln NE 68599

01-636

A1-064041

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.

Type of Beverage(s) to be served:  Beer  Wine  Distilled Spirits  
Status of the Applicant (check one):  Municipal Corporation  Political Corporation  Fine Arts Museum  Fraternal Corporation  Religious Corporation  Charitable Corporation  Retail License  Service Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/N) 36431 Y

(City, State, County Number, Zip Code)  
James Arthur Vineyards  
201 W. Raymond Rd  
Raymond, NE 68428

Address or location of premises to be covered by license (City, County Number, Zip Code)  
Southpointe Pavilions 2910 Pine Lake Rd. Lincoln, NE 68516

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

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.  
Southpointe Pavilions 2910 Pine Lake Rd, Lincoln, NE 68516

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 Hunt 411-2114

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

June 29th

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

Time(s) of event (example 8am to 1am. This is considered one day)

FROM: 5pm TO: 8pm

Describe the Type of Activity to be carried on during the time period for which the license is requested

WINE TASTINGS

Provide an estimated number of attendees at this event. 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.

200

**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.**

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

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: 20' x 20' Please draw in the space provided below, the area where  
liquors will be sold and consumed. LENGTH WIDTH (in feet)

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.  
The wine will be purchased from James Arthur Vineyards  YES  NO

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?

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 Jim Ballard, James Arthur Vineyards owner 6-11-01  
Authorized Representative Applicant Title Date  
sign here Don M. York General Manager 6-12-01  
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.

FORM 35-103  
REV 9/00  
PAGE 2