

*Rue*

**REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION**

\_\_\_\_ City Attorney  
\_\_\_\_ Bureau of Fire Prevention  
\_\_\_\_ Health Dept.

DATE **08/03/01**  
RETURN BY **8/15/01**

CATERER **X**

NON-CATERER

APPLICANT: **BARRY GOOD, INC. DBA BARRY'S BAR & GRILL**

APPLICANT'S ADDRESS: **235 NORTH 9<sup>TH</sup> STREET**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE :**PKG LOT, 301 NORTH 9<sup>TH</sup> STREET**

DATE(S) OF EVENT: **8/25/01; 9/1/01; 9/8/01; 9/15/01**

TIME(S) OF EVENT : **7AM TO 1 AM**

TYPE OF ACTIVITY: **RETAIL SALES, FOOD & BEVERAGES**

**DETAILS ON ATTACHED APPLICATION.**

**RECOMMENDATION OF APPROVAL OR DENIAL**

**APPROVED**

CONDITIONS IDS checked, wristbands required, area to be separated from general public by fence or other means. Adequate security provided  
Remaining SOLS approved pending no violations

\_\_\_\_ **DENIED**

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

*Steve J. Piele 996*  
Signature

8-6-01  
Date

(If needed, use back for additional space)

### Special Designated License Application Supplemental Form

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: Nebraska Home Football Game

Applicant and Sponsoring Organization or Person (if applicable): Perry Creek, Inc.

Date of the Event: Aug 25, 2001 Time of the Event: 3 hours before during 3 hours after game

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

Number of persons expected to attend: varies Number of persons under 21 expected: varies 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 identifications will be checked at the entrance, security patrols are, wristbands, minors marked

Will food be served? yes no If yes, please list food to be served: various vendors

Will non-alcoholic beverages be served? yes no If yes, please list non-alcoholic beverages to be served: soft drinks, water, punch

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? Travel Services  
Have the designated servers received responsible beverage service training? yes no

Will there be a charge for admission? yes no

In the last 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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#### **STEPS TO PREVENT UNDERAGE PERSONS ACCESS TO ALCOHOLIC BEVERAGES**

1. Entrance will be staffed with trained employees who will check each ID and put a wristband on those old enough to drink or mark both hands of minors.
2. Different drink containers will be used for alcoholic and non-alcoholic drinks.
3. Additional employees continually monitor the crowd and check ID's.
4. All security and employees use radio communication for crowd control and monitoring alcohol consumption.
5. We limit the amount of each individual purchase to monitor who is consuming the alcohol.
6. Employees continually patrol the perimeter to keep area secure.

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

AI-086448

785

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) Public

Municipal Corporation  Political Corporation  Fine Arts Museum  Fraternal Corporation  Religious Corporation  Charitable Corporation  Retail Licensee  Service Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) C/K 10251

Barry Good Inc  
235 N 9th Lincoln Lancaster (2) NE 68508

Address or location of premises to be covered by license, (City, County Number, Zip Code)

301 N 9th Street  
Lincoln 2 68508

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.

B + J Partnership  
340 Victory Ln 68528

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.

Michael D Webb  
402 476 6511

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

Aug 25, 2001

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

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

FROM: 7am TO: 1am

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

retail sales of alcoholic beverages

Provide an estimated number of attendees at this event 2000. 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.

**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 SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

A1-086450

786

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 Licensee  Service Corporation  Public Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) OK 14251

Barry Garcia Inc  
235 N 9th Lincoln Lancaster (2) NE 68508

Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 9th St  
Lincoln 2 68508

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.  
B & J Partnersmo  
340 Victoria Ln 68528

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.  
Michael D Webb  
402 476 6911

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
September 1, 2001

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

Time(s) of event (example 8am to 1am, this is considered one day)  
FROM: 7am TO: 1am

Describe the Type of Activity to be carried on during the time period for which the license is requested.  
retail sales food & beverage

Provide an estimated number of attendees at this event 2000. 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.

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

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

787

A1-086451

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)  Public  
 Municipal Corporation  Political Corporation  Fine Arts Museum  Fraternal Corporation  Religious Corporation  Charitable Corporation  Retail Licensee  Service Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) CX 14251  
(City, State, County Number, Zip Code)  
Barry Good Inc  
235 N 9 Lincoln NE Lancaster 2 68508

Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 9th  
Lancaster 2 68508

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.  
B. J. Farmington  
340 Victory Ln 68528

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.  
Michael O. Webb  
402 476 6511

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

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

Time(s) of event (example 8am to 1am, this is considered one day)  
FROM: 7am TO: 1am

Describe the Type of Activity to be carried on during the time period for which the license is requested.  
Retail sales food & beverage

Provide an estimated number of attendees at this event 2000. 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.

**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 SDL's that you have applied for at this specific location in the last six months. 12

CONTINUE ON BACK



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

A1-086452

788

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

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

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example CK)  
(City, State, County Number, Zip Code) CK 10251  
Barry Good Inc  
235 N 9 Lincoln Ne Lancaster 68508

Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 9th St

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.  
B + J Partnership  
310 Victory Ln 68528

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.  
Michael O. Wood  
402 476 4511

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
Sept 15, 2001

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

Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 7a TO: 1am

Describe the Type of Activity to be carried on during the time period for which the license is requested.  
Retail sales food & beverage

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