

Russ

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: PICKFAIR ENTERTAINMENT CORP. DBA BIG RED SPORTS BAR & GRILL

APPLICANT'S ADDRESS: 955 WEST O STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : 955 WEST O STREET

DATE(S) OF EVENT: 8/25/01; 9/1/01; 9/8/01; 9/15/01; 10/6/01; 10/20/01; 10/27/01; 11/10/01

TIME(S) OF EVENT : 8AM TO 1 AM

TYPE OF ACTIVITY: FOOTBALL TAILGATE PARTY

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
Remarking SDLS approved pending no violation.

____ DENIED

REASON(S) FOR _____

June E. Link 796
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: Tailgate Party

Applicant and Sponsoring Organization or Person (if applicable): Pickfair Entertainment Corp.

Date of the Event: August 25, 2001 Time of the Event: 8a.m. to 1a.m.

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

Number of persons expected to attend: 190 Number of persons under 21 expected: 20 Is the event open to the public? yes no

How will you ensure that minors will not be served or consume beverages containing alcohol? Proper staff training; trained employees checking identification prior to serving

Will food be served? yes no If yes, please list food to be served: Bratwurst; hot dogs; hamburgers; potato chips

Will non-alcoholic beverages be served? yes no If yes, please list non-alcoholic beverages to be served: pop, iced tea, water

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 Bartenders
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 _____

ERWIN HARVEY

Pl: 7-20-01

PROFESSIONAL CORPORATION ATTORNEYS
11248 JOHN GALT BOULEVARD
OMAHA NE 68137
402-339-7776
FACSIMILE 402-339-7382

July 12, 2001

Lincoln City Clerk
555 South 10th, Room 103
Lincoln, NE 68508

Re: Special Designated Liquor Licenses

Dear Clerk:

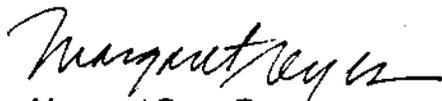
Enclosed please find applications for Special Designated Licenses for Pickfair Entertainment Corp. dba Big Red Sports Bar & Grill and filing fees of \$40 per day as required by the State Liquor Control Commission. It is my understanding that the City does not require fees for applications submitted to the City more than 21 days prior to the event. The dates requested are as follows:

Plus 10th Anniversary License

- August 25, 2001;
- September 1, 8 and 15, 2001;
- October 6, 20, 27, 2001; and
- November 10, 2001

Please feel free to contact me should you have any questions concerning these applications.

Sincerely,


Margaret Popp Reyes

Enclosure

769

A1-080466

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

- 1. All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
- 2. Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
- 3. A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- 4. LOCAL APPROVAL must be included with this application
- 5. A Signed Statement from Local Police Chief or County Sheriff (question #12)
- 6. **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

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 and Class (Example C/K)** C-33429
 Pickfair Entertainment Corp. Lincoln NE (2) 68528
 dba Big Red Keno Sports Bar & Grill

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
 955 West O Street, Lincoln (2) 68528

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.
 Lincoln's Big Red Lottery Services Ltd.- Lessee

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.**
 Kris Anderson (402)434-7777

8. **DATE(S) OF EVENT** (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
 August 25, 2001

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

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

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

11. Provide an estimated number of attendees at this event 190. 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.**
 Per Special Investigator Fosler #843

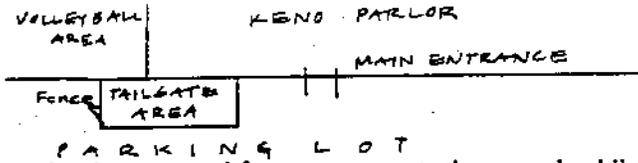
13. List the number of SDL's that you have applied for at this specific location in the last six months. -0-

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: 50 x 25. 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.

Licensed wholesaler

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: N/A

21. Will there be any games of chance operating during the event? YES NO Keno and Pickle sales inside ^{location}
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 [Signature] President 08-03-2001
Authorized Representative/Applicant Title Date

sign here [Signature] Manager/Supervisor 08-03-2001
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.

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

770

AI-086467

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

1. LOCAL APPROVAL must be included with this application

2. A Signed Statement from Local Police Chief or County Sheriff (question #12)

3. 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

4. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) C-33429
Pickfair Entertainment Corp. Lincoln NE (2) 68528
dba Big Red Keno Sports Bar & Grill

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

955 West O Street, Lincoln (2) 68528

6. 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.

Lincoln's Big Red Lottery Services Ltd.- Lessee

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.

Kris Anderson (402)434-7777

8. 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: N/A

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

FROM: 8 a.m. TO: 1 a.m.

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

11. Provide an estimated number of attendees at this event 190. If the number of attendees is over 250 attach a separate page
detailing 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.

Per Special Investigator Fosler #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

AL-086470

771

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

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- Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
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 Kris Anderson (402)434-7777

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

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

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

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

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Per Special Investigator Fosler #843

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CONTINUE ON BACK

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A1-086471

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

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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.
Kris Anderson (402) 434-7777

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

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

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

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Football Tailgate Party

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Per Special Investigator Fosler #843

13. 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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A1-086472

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
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Lincoln's Big Red Lottery Services Ltd.- Lessee

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.
Kris Anderson (402)434-7777

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 6, 2001

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

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

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
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Per Special Investigator Fosler #843

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AI-086473

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Kris Anderson (402)434-7777

7. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 20, 2001

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

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

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Per Special Investigator Fosler #843

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CONTINUE ON BACK

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A1-086474

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

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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.
Kris Anderson (402)434-7777

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 27, 2001

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: 8 a.m. TO: 1 a.m.

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Per Special Investigator Fosler #843

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AL-086476

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

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- Municipal Corporation
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- Religious Corporation
- Charitable Corporation
- Retail Licensee
- Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) C-33429
 (City, State, County Number, Zip Code)
 Pickfair Entertainment Corp. Lincoln NE (2) 68528
 dba Big Red Keno Sports Bar & Grill

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
 955 West O Street, Lincoln (2) 68528

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.
 Lincoln's Big Red Lottery Services Ltd. - Lessee

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.
 Kris Anderson (402) 434-7777

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
 November 10, 2001

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

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

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

11. Provide an estimated number of attendees at this event 190. 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.
 Per Special Investigator Fosler #843

13. 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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