

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: **LINCOLN P STREET CATERING DBA EMBASSY SUITES HOTEL**

APPLICANT'S ADDRESS: **1040 P STREET LINCOLN NE 68508**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **1040 P STREET, DOCK AREA.**

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 : **6AM - 1AM**

TYPE OF ACTIVITY: **TAILGATE PARTY ON BACK DOCK OF EMBASSY SUITES HOTEL**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS *105 checked, wristbands required area to be separated from general public by fence or other means adequate security provided*
Remaining S.D.L.s approved pending no violations

____ **DENIED**

REASON(S) FOR _____

Susan F. Link 996

Signature

8-6-01

Date

(If needed, use back for additional space)

Special Designated License Application
Supplemental Form

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

JUL 12 2001
NEBRASKA LIQUOR CONTROL COMMISSION

Name of the Event: Football Tailgate Parties

Applicant and Sponsoring Organization or Person (if applicable): Embassy Suites Lincoln

Date of the Event: Every Friday & Saturday ^{Home Game Weekends} Time of the Event: Fri - 6PM - 1AM
SAT 6AM - 1AM

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

Number of persons expected to attend: 750 Number of persons under 21 expected: less than 1090 Is the event open to the public? yes no

How will you ensure that minors will not be served or consume beverages containing alcohol? Fencing, Dogman, Waist Bands, Enforcement.

Will food be served? yes no If yes, please list food to be served: Hot Dogs, Hamburgers, Nachos, Potatoes, Candy.

Will non-alcoholic beverages be served? yes no If yes, please list non-alcoholic beverages to be served: Pepsi, Product, Water - Non Alcoholic Margaritas & Ranches

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? Embassy Suites Staff
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 _____

: 16155155152

: 002

10th Street



50'

Q Street

Sidewalk

Snow Fence

Set p.k. nail

Sidewalk

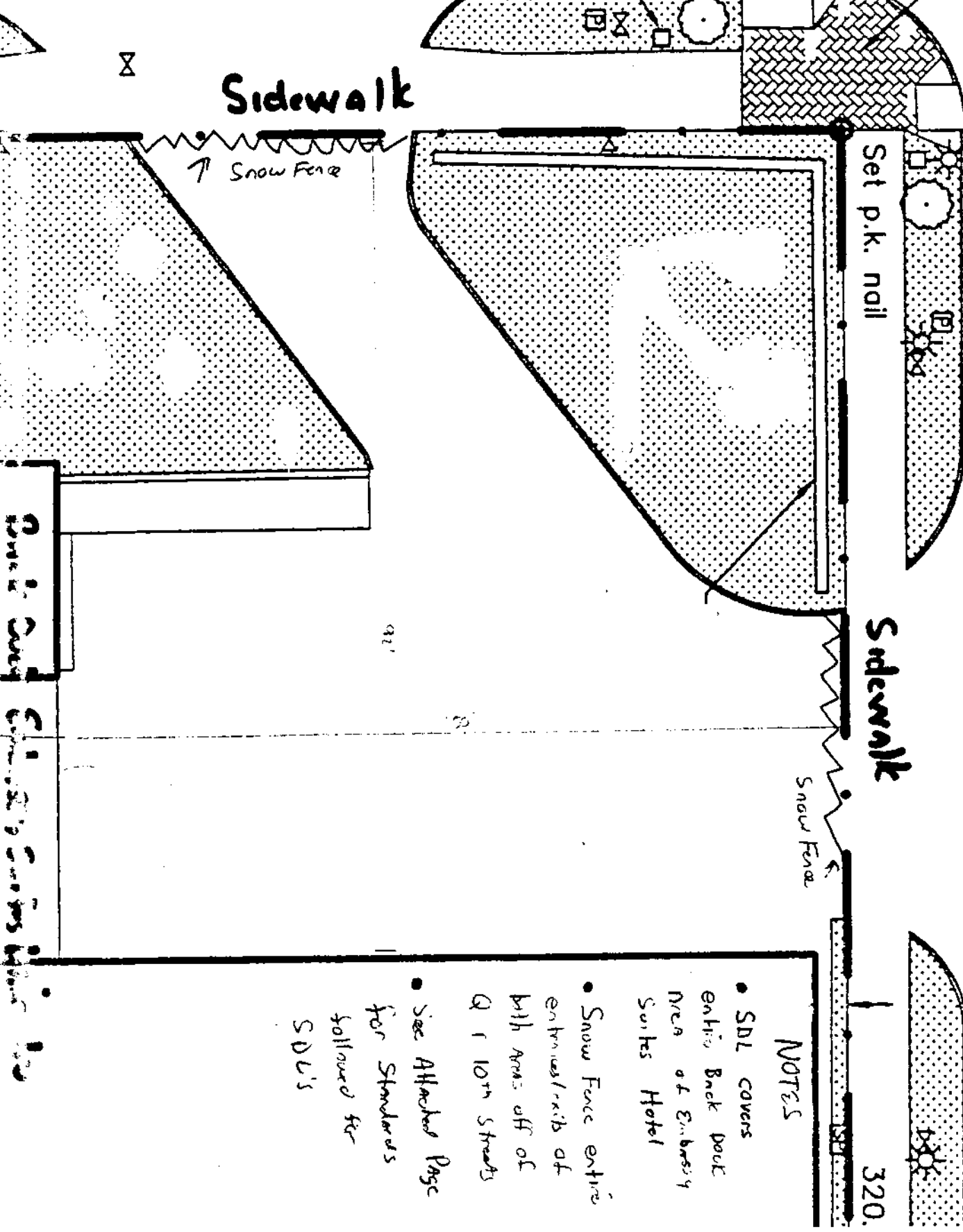
Snow Fence

320.

NOTES

- SDL covers entire Back Deck Area of Embassy Suites Hotel
- Snow Fence entire entrances/cribs of both areas off of Q & 10th Streets
- See Attached Page for Standards followed for SDL's

Embassy Suites Hotel





EMBASSY SUITES®

LINCOLN
HOTEL AND CONVENTION CENTER

EMBASSY SUITES LINCOLN STANDARDS FOR SPECIAL DESIGNATED LICENSES

The Embassy Suites Lincoln has already established a reputation of providing a safe, secure and responsible environment for alcohol sales in regard to Special Designated Licenses (SDL's) requirements. We follow a checklist for each event to ensure compliance above and beyond the minimum requirements set forth by the city and state.

- Every area has a natural barrier within the construction of the building or a minimum of a 4' foot snow fence. There are only 1-2 entrances/exits for each SDL area.
- All areas have a doorman (s) monitoring at all times of operation
- All attendees are forced to show ID at the door and a different color wristband is issued in regard to those of age and those not of age
- We provide double the space access for all fire hoses in the event of a fire emergency
- We follow all fire code requirements for capacities
- We follow all health code requirements including hand washing stations for all food service workers.
- All staff have attended and completed Controlling Alcohol Risks Effectively (C.A.R.E) mandated by Hilton Hotels and John Q. Hammons Hotel company
- All areas are supervised by a senior member of management
- Contract off duty Nebraska State Penitentiary Officers for additional security
- 100 % compliance with Nebraska Liquor Commission in regard to SDL's since opening in May 2000
- Restrooms are provided

Thank you,

Kraig Pomrenke
Assistant General Manager/ Food & Beverage Director

Phone (402) 474-1111 • 1040 P Street • Lincoln, Nebraska 68508 • Fax (402) 474-1144



Another exceptional suite hotel & convention center owned by

John Q. Hammons
HOTELS

And operated under license from Embassy Suites, Inc.

AI-086478
RECEIVED

761

JUL 12 2001

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)
 Municipal Corporation Political Corporation Fine Arts Museum Fraternal Corporation Religious Corporation Charitable Corporation ^{Catering} Retail Licensee Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) 47438

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
Lincoln P Street Catering

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 G. Hammers

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.
Craig Pomrenke (W) 473-4711 (H) 327-0129

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
Saturday August 25, 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: 6am TO: 1am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Tailgate Party on Back Deck of Embassy Suites Hotel
Provide an estimated number of attendees at this event 750. 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. See Attached sheet.

11. 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. Verbal conversation with Ron Fisher 70K 7/19/01

12. List the number of SDL's that you have applied for at this specific location in the last six months. 8

CONTINUE ON BACK

AI-086480
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JUL 17 2007

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

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and class (Example C/K) 47438

Lincoln P. Street Catering

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

1040 P Street Lincoln NE 68503

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 G Hammons

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.

Kraig Pomrenke (W) 473-4711 (H) 327-0129

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

Friday August 24, 2007

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: 6am TO: 1 AM

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

Tailgate Party on Back Deck of Embassy Suites Hotel

11. Provide an estimated number of attendees at this event 750. 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. See Attached sheet.

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. Verbal conversation with Ross Felt 70K 7/19/07

13. List the number of SDL's that you have applied for at this specific location in the last six months. 8

CONTINUE ON BACK

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RECEIVED

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 12 2001

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

NEBRASKA LIQUOR CONTROL COMMISSION

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 Public Service Corporation

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

47738

Lincoln P Street Catering

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

1090 P Street Lincoln NE 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.

John G. Hammons

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.

Kraig Pommerle (W) 473-4711 (H) 327-0129

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

Friday September 7, 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: 6am TO: 1am

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

Tailgate Party on Back Deck of Embassy Suites Hotel

Provide an estimated number of attendees at this event 750. 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.

See Attached sheet.

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.

Verbal communication with P.O. Fisher 70K 7/19/01

List the number of SDL's that you have applied for at this specific location in the last six months. 8

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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
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- A Signed Statement from Local Police Chief or County Sheriff (question #12)
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NEBRASKA LIQUOR CONTROL COMMISSION

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) 47738

Lincoln P. Street Catering

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

1040 P Street Lincoln NE 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.

John G. Hammer

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.

Kraig Pomrenke (W) 473-4711 (H) 327-0129

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

Friday September 11, 2009

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: 6 AM TO: 1 AM

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

Tailgate Party on Back Deck of Embassy Suites Hotel

Provide an estimated number of attendees at this event 750. 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.

See Attached sheet

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.

Verbally coordinated with Russ Fisher 70K 7/19/09

List the number of SDL's that you have applied for at this specific location in the last six months. 8

CONTINUE ON BACK

765

AI-086486
RECEIVED

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
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NEBRASKA LIQUOR CONTROL COMMISSION

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 Catering public

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) 47738

Lincoln P. Street Catering

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

1040 P Street Lincoln NE 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.

John G. Hammons

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.

Kraig Pennerke (W) 473-4711 (H) 327-0129

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

Friday October 5, 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: 6am TO: 1am

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

Tailgate Party on Back Deck of Embassy Suites Hotel

Provide an estimated number of attendees at this event 750. 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.

See Attached sheet

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.

Verbally communicated with P.O. Fisher 70K 7/19/01

List the number of SDL's that you have applied for at this specific location in the last six months. 8

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

766

RECEIVED
AI-086487

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
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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

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

(City, State, County Number, Zip Code)

47438

Lincoln P. Street Catering

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

1040 P Street Lincoln, NE 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.

John G. Hammer

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.

Kraig Pomrenke (W) 473-4711 (H) 327-0129

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

SATURDAY OCTOBER 20 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: 6AM TO: 1AM

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

Tailgate Party on Back Deck of Embassy Suites Hotel

Provide an estimated number of attendees at this event 750. 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.

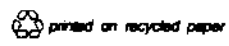
See Attached sheet.

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER 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.

Verbal conversation with Police Chief 7/19/01

List the number of SDL's that you have applied for at this specific location in the last six months. 8

CONTINUE ON BACK



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JUL 12 2001

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

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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 Public Service Corporation

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

Lincoln P. Street Catering

47738

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

1090 P Street Lincoln NE 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.

John G. Hammons

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.

Kraig Pomrenke (W) 473-4711 (H) 327-0129

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

Friday October 26, 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: 6am TO: 1 AM

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

Tailgate Party on Back Deck of Embassy Suites Hotel

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.

750

See Attached sheet

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.

Verbal consultation with Bob Felt 70K 7/19/01

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

8

CONTINUE ON BACK

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

7108

AI-086490
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NOV 12 2001

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

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

3. **Name and Address** of Corporation, Organization or Licensee obtaining license. **If licensee, give license number And Class (Example C/K)** 47438

Lincoln P Street Catering

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

1040 P Street Lincoln, NE 68508

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 G Hammons

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.**

Kraig Pomrenke (W) 473-4711 (H) 327-0129

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

Friday November 9, 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: 6 AM TO: 1 AM

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

Tailgate Party on Back Deck of Embassy Suites Hotel

11. Provide an estimated number of attendees at this event 750. 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. *See Attached sheet.*

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.** *Verbal conversation with Rep. Fisher 70K 7/9/01*

13. List the number of SDL's that you have applied for at this specific location in the last six months. 5

CONTINUE ON BACK