

**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**

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

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **OLD KINGS BUFFET
NORTH OF R ST BETWEEN 9TH & 10TH STREETS**

DATE(S) OF EVENT: **9/8/01 AND 10/27/01**

TIME(S) OF EVENT : **6 AM TO 1 AM**

TYPE OF ACTIVITY: **PRIVATE TAILGATE PARTY**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS IDs checked wristbands required area to be separated from public
by fence or other means adequate security provided
Remaining SOLs approved pending no violations

____ DENIED

REASON(S) FOR _____

Shawn P Link 994
Signature

8-6-01
Date

(If needed, use back for additional space)



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 doorperson (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

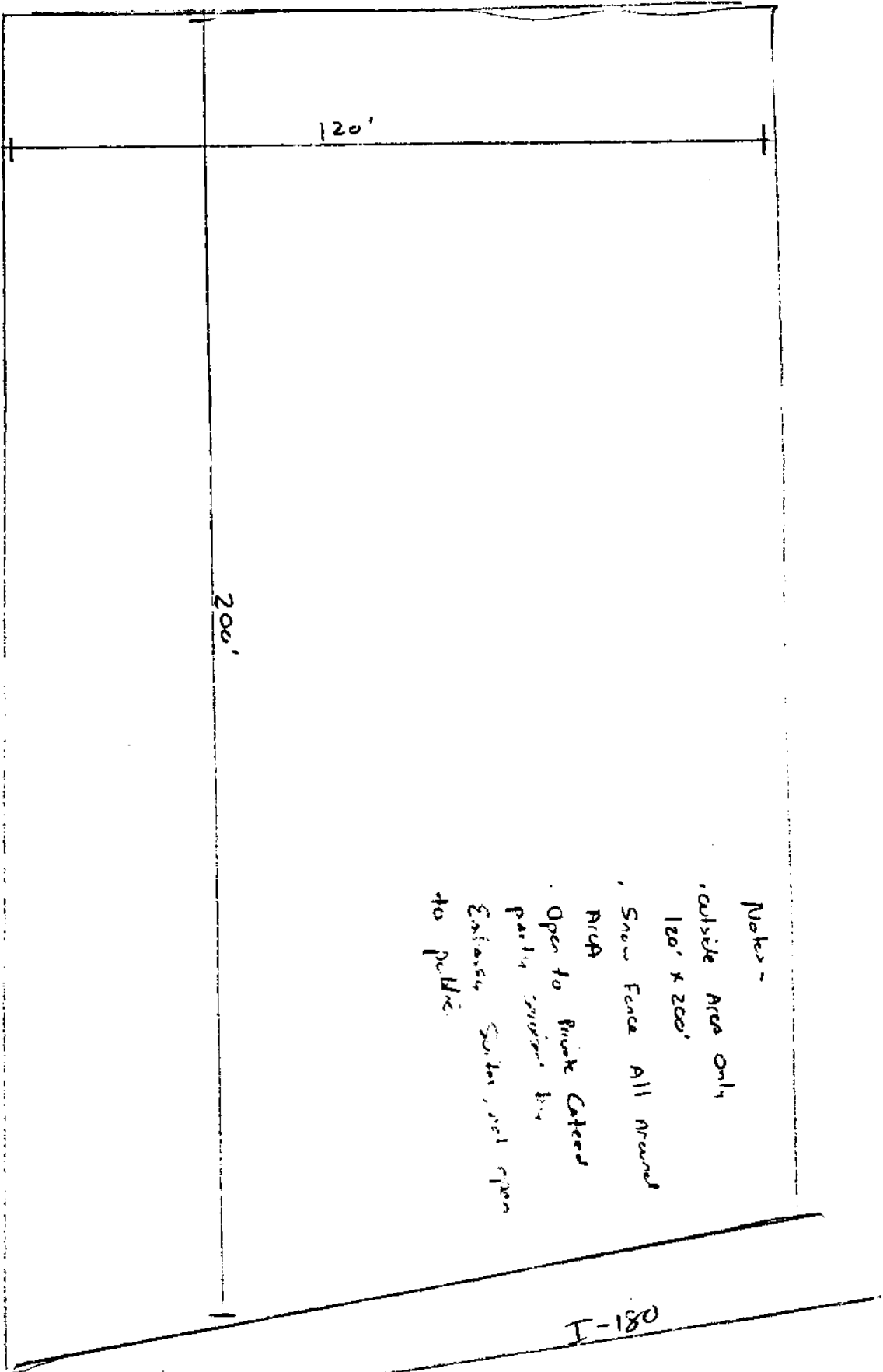


Another exceptional suite hotel & convention center owned by

John Q. Hammons
HOTELS

And operated under license from Embassy Suites, Inc.

9th Street



I-180

10th Street

R Street • Old King's Buffet Lot. •

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DATE **08/03/01**
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CATERER **X**

NON-CATERER

APPLICANT: **LINCOLN P STREET CATERING**

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

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **926 P STREET/PKG LOT**

DATE(S) OF EVENT: **9/8/01 AND 10/27/01**

TIME(S) OF EVENT : **6 AM TO 1 AM**

TYPE OF ACTIVITY: **PRIVATE 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
Remaining SDLS approved pending no violations

____ **DENIED**

REASON(S) FOR _____

Jim P. Linder 996
Signature

8-6-01
Date

(If needed, use back for additional space)

9th Street

120'

42'

Snow fencing

Snow fencing



DOCK AREA -
Outside

INSIDE AREA OF LINCOLN TOWNHALL STAIR BUILDING

120'

Q Street

NOTES -

- Outside area - 42' x 120'
- Inside area - 12' x 120'
- Snow fence - entire area of outside dock 42' x 120'
- Open to Private Caterers
- Parking reserved by Embassy Suites, not open to Public

op

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

CATERER X

NON-CATERER

APPLICANT: LINCOLN P STREET CATERING

APPLICANT'S ADDRESS: 1040 P STREET LINCOLN NE 68508

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : 900 Q STREET

DATE(S) OF EVENT: 9/8/01 AND 10/27/01

TIME(S) OF EVENT : 6 AM TO 1 AM

TYPE OF ACTIVITY: PRIVATE TAILGATE PARTY

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS IDS checked, wristbands required, area to be separated by
general public by a fence or other means, adequate security provided
Remaining SDLs approved pending no violations

____ DENIED

REASON(S) FOR _____

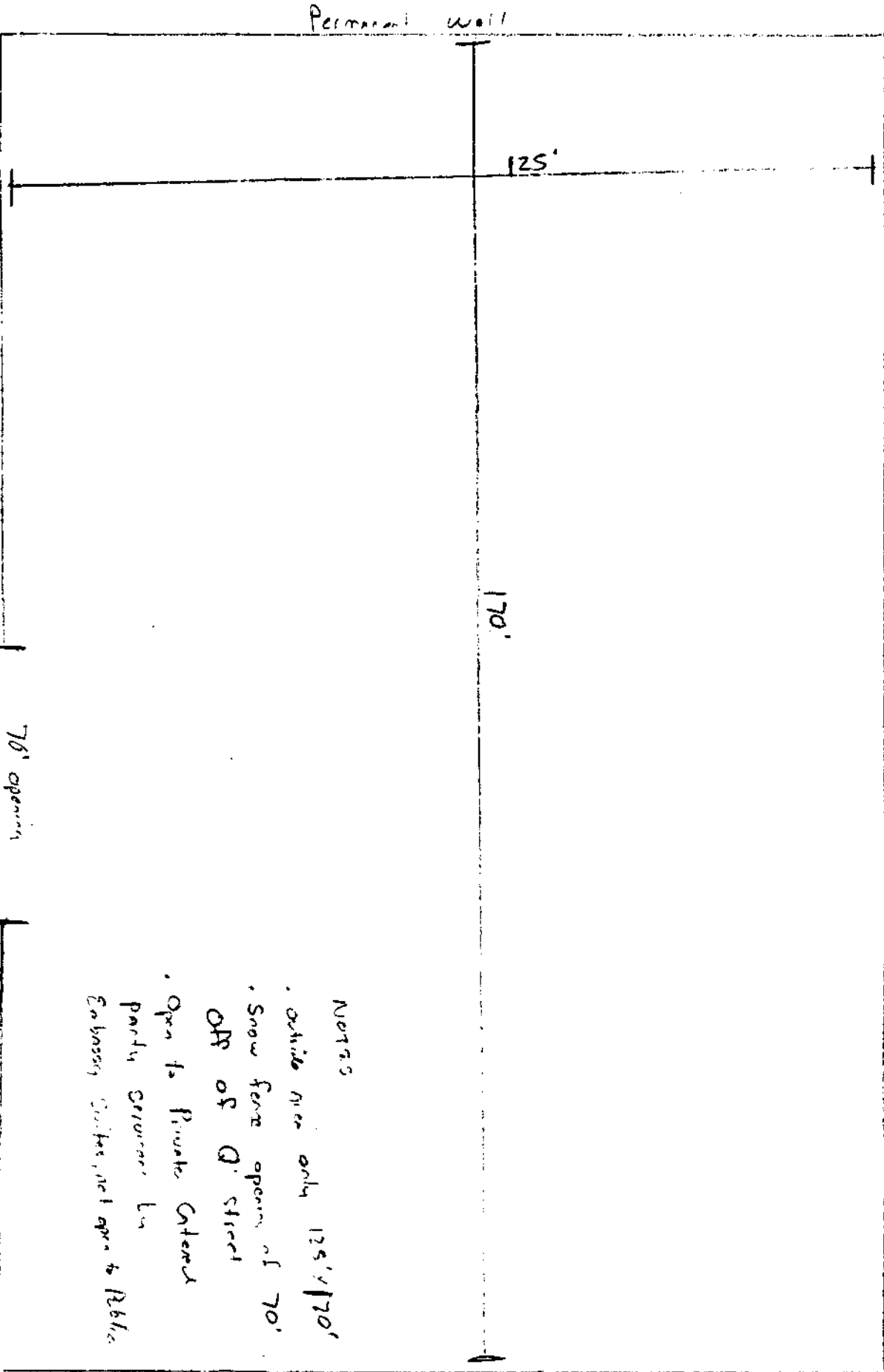
Juan P. Sub 996
Signature

8-6-01
Date

(If needed, use back for additional space)



Existing Building - Printing Press



Permanent wall

125'

170'

NOTES

- outside area only 125' x 170'
- Snow fence opening of 70' OFF OF Q' street
- Open to Private Catered party services by Embassy Suites, not open to Public

Permanent wall

10' street

• Located Town star 900 Q Street •

76' opening Snow fence

Q Street

AI-086491

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

796

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 licensees, give license number and Class (Example C/K) 47438

Lincoln P street Catering, 1040 P ST
Address or location of premises to be covered by license, (City, County Number, Zip Code)

Old Kings Buffet North of R Street Between 10th 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 Q. 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 Pommeroy (W) 473-4711 (H) 327-0129

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

Saturday Sept 8, 2001

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

Embassy Suite Billings

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.

Private Tailgate Party

Provide an estimated number of attendees at this event 500. 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.

Verbal ok of Russ Foster on 7/19/01

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

CONTINUE ON BACK

AK-086492

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

797

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) 47438

Lincoln P Street Catering, 1040 P St

Address or location of premises to be covered by license, (City, County Number, Zip Code)
Old Kings Buffet, North of B Street between 9th & 10th 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. Hammans

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 Pemrock (W) 473-4711 (H) 322-0129

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

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

Time(s) of event (example 8am to 1am. this is considered one day)
FROM: 6am TO: 1am

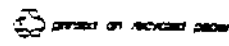
Describe the Type of Activity to be carried on during the time period for which the license is requested.
Private Tailgate Party -

Provide an estimated number of attendees at this event 500. 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.
Verbal OK w/ P.D. Foster on 7/9/01

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

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

A1-086493

798

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) 47438

Lincoln P Street Catering 1040 P ST
Address or location of premises to be covered by license, (City, County Number, Zip Code)

926 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. Hammans

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, Sept 8, 2011

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

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.
Private Tailgate Party -

Provide an estimated number of attendees at this event 500. 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

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Verbal OK w/ Russ Foster on 7/9/11

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

CONTINUE ON BACK

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

799

A1-086494

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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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) 47438

Lincoln P street Catering, 1040 PST
Address or location of premises to be covered by license, (City, County Number, Zip Code)

926 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 Q. Homans

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event where 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.

Kim Penick (W) 473-4711 (H) 327-0129

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

Saturday Oct 27, 2001

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

Embassy Suite Billings

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.

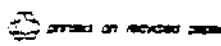
Private Tailgate Party

Provide an estimated number of attendees at this event 500. 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 ok of Russ Foster on 7/9/01

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

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

A1-086495

800

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
(City, State, County Number, Zip Code) And Class (Example C/K)

47438

Lincoln P Street Catering 1040 PST

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

900 Q 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 Q. Hammons

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event where
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 Pomrock (W) 473-4711 (H) 327-0129

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

Saturday Sept 8, 2001

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

Embassy Suite Ballroom

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.

Private Tailgate Party

Provide an estimated number of attendees at this event 500. If the number of attendees is over 250 attach a separate page
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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 ok of Russ Foster on 7/19/01

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

A1-086497

801

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

Status of the Applicant (check one) Public
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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, 1040 PST
Address or location of premises to be covered by license, (City, County Number, Zip Code)

900 Q 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 who 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 27, 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
Embassy in the Ballroom

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.
Private Tailgate Party -

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Verbal OK w/ Russ Foster on 7/7/01

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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