

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: SPRAGUE COUNTRY CLUB

APPLICANT'S ADDRESS: 1440 W 2ND, SPRAGUE NE 68438

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : PKG LOT, 9TH AND S STREETS

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: PRE GAME EVENT

DETAILS ON ATTACHED APPLICATION. : *ALL The Same As 1st Drawing*

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 violation

____ DENIED

REASON(S) FOR _____

Juan R. Gile 996

Signature

8-6-01

Date

(If needed, use back for additional space)

Special Designated License Application
Supplemental Form

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

Name of the Event: Husker Pre Game

Applicant and Sponsoring Organization or Person (if applicable):
Sprague Country Club Mary Hewinkreit

Date of the Event: 8/25; 9/1; 9/28; 9/15; Home Game 10-2-01, 10/20/01 10/27/01 11-10-01. Time of the Event: 8AM - 1AM

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

Number of persons expected to attend: 500. Number of persons under 21 expected: 490 Is the event open to the public? yes no

How will you ensure that minors will not be served or consume beverages containing alcohol? Bar personnel will be checking ID's No one will be BANNED unless they have ID

Will food be served? yes no If yes, please list food to be served: Sandwich possible hamburgers

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

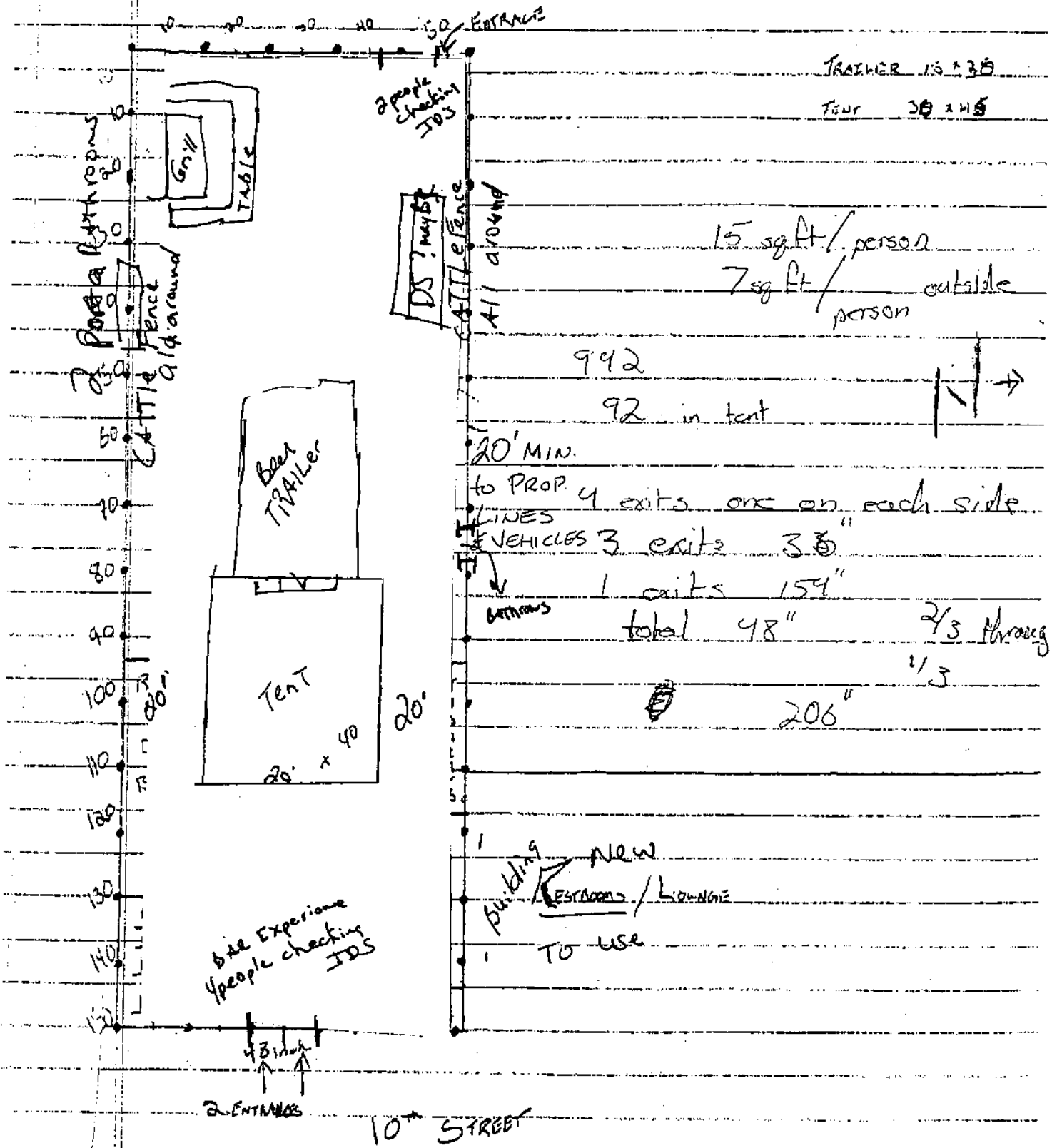
Please identify the beverages containing alcohol that will be served: wine beer distilled spirits Will this be a cash or complimentary bar? cash complimentary

Who will serve the beverages containing alcohol? Bar employees family friends
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 _____

9th STREET



1500 SQ FT
 = 15 = 500 people

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

A1-086454

789

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

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) 50180
(City, State, County Number, Zip Code)

Sprague Country Club 1440 W 2nd Sprague Ne 68438 Lancaster

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
7th and 9th Lincoln Ne Lancaster 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.
Mike LeFebvre 9th and 5th Lincoln Ne 68508 Empty lot

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.
Mary Heusinkvelt cell 540-11672 794-4006

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
8-25-01

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: 7 AM TO: 1 AM

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Pop Music Food Pre game event

11. 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.
Entrances (people checking ID's with bar experience) BANNING over 21

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.
Talk to Investigator Foster

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

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

A1-086457

790

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) 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 50180

Sprague Country Club 10402nd Sprague Lancaster Ne 68438

4. **Address or location** of premises to be covered by license, (City, County Number, Zip Code)
9th & S Street Lincoln Lancaster 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.
Mike Hefebay 9th & S St. Lincoln Ne 68508 Empty hot

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.**
Mary Heusinger 540-1672 794-4006

8. **DATE(S) OF EVENT** (if a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
9-01-01

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: 800am to 100 am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Watching TV Music Food Pre Game

11. 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.
Entrance 10 people checking ID! No one ~~over 21~~ without ID. ~~to~~ Banned

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.
Refered To Investigation Folder

13. List the number of SDL's that you have applied for at this specific location in the last six months. no

CONTINUE ON BACK

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ALL SECTIONS OF THIS FORM

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

9 copies
Barn Sales
A1-086460

791

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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 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 C 50180
(City, State, County Number, Zip Code) And Class (Example C/K)

Sprague Country Club 1440 W 2nd Sprague Ne 68438

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th & S 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.

Mike Heschby 9th & S Street Lincoln Ne 68508 Empty lot

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.

Mary Hewsinkvelt 540-1670 cell 794-4006

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
9-08-01

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: 8am TO: 1am

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

music watching TV'S Beer Garden Pre Game

11. 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.

ID checking & entrances (Banning) No one allowed unless they have an ID.

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. Bar Experience
Entrances to people checking IDs HAVE TO HAVE ID TO BE BANNED.

13. List the number of SDL's that you have applied for at this specific location in the last six months. NO

CONTINUE ON BACK

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

A1-086461

792

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

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3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) C 50180

Sprague Country Club Sprague Ne Lancaster 68438

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th & S 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.
Mike Heleby 9th & S Street Lincoln 68508 Empty Lot

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.
Mary Heusinkvelt 540-1672 794-4006

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
9-15-01

CITY OF LINCOLN
HEALTH DEPARTMENT
DIVISION OF PERMITS
901 N. G ST. LINCOLN, NE 68508
TEL: 781-7700
FAX: 781-7700

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: 8am TO: 1am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
watching TV ~~music~~ Music Food Pre Game

11. 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.
2 entrances to people checking ID's Banning (without ID banned) (no one)

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.
TALKED TO INVESTIGATOR KOZAK

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CONTINUE ON BACK

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

A1-086461

792

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

Sprague Country Club Sprague Ne Lancaster 68438

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th + S 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.
Mike Heleby 9th + S Street Lincoln 68508 Empty lot

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.
Mary Heusinkvelt 540-1672 794-4006

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
9-15-01

CITY OF LINCOLN
NEBRASKA
TO: AUG 3 11 11 AM '01

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: 8am TO: 1am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Watching TV ~~Music~~ Music Food Pre Game

11. 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.
2 entrances to people checking ID's Banning (with ID banned) (no one)

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.
Talked to investigator Foster

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

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

793

A1086462

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

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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) 50/80
(City, State, County Number, Zip Code)

Sprague Country Club 1440 W 2nd Sprague Ne 68438 Lancaster

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th & 5th Lincoln Ne Lancaster 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.
Mike Hebeby 9th & 5th Lincoln Ne 68508 Empty lot

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.

Mary Heusinkvelt 540-1672 cell 794-4006

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
10-06-01

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: 8:00am TO: 1:00am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
Watching TV Music Food Pre Game

11. 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.
Entrances to people but experienced checking IDs ID has to be shown for drinking

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.
talked to investigate Foster

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CONTINUE ON BACK

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

A1-086463

794

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

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

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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) C 51080

Sprague Country Club 1440 W 2nd Sprague Ne 68438
Address or location of premises to be covered by license, (City, County Number, Zip Code)

9th and S Lincoln Ne Lancaster

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.

Mike Lefebv 9th and S Lincoln Ne 68508

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/

Mary Heusinkvelt 540-11672 794-4006

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

10-20-01

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: 8 AM TO: 1 AM

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

TV MUSIC Food Pre Game

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.

2 entrances 6 people with bib experience checking ID's NO one BANNED
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
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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
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APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

795

A1-086464

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

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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 50180

Sprague County Club 1440 W 2nd Sprague Ne 68438 Lancaster

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th St Lincoln, Ne Lancaster 68508

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

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Mike LeFebre 9th and 5th Lincoln Ne 68508

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Mary Hausinkvett 540-1672 794-4006

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
10-27-01

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: 8 am TO: 1 am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
T.V. Music Food Pre Game

1. 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. NO ONE UNDER 21

2. 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.
TIPS to Investigator Foster

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

CONTINUE ON BACK

A1-086514

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

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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
License fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
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 CR) C 51080

Sprague Country Club 1440 W 2nd Sprague, Lancaster, NE 68438

Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th and 5th Lincoln, NE Lancaster

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.
Mike LeFebvre 9th and 5th Lincoln NE 68508

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. cel

Mary Heusinkvelt 540-11672 794-4006

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
11-10-01

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: 8am TO: 1am

Describe the Type of Activity to be carried on during the time period for which the license is requested.
TV Music Food Pre Game

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.
entrances people with bib experience checking ID's no one BANNED unless here to

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.
Talk to Mike Foster

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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REV 9/00
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