Russ

# REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

City Attorney	DATE <b>08/03/01</b>
Bureau of Fire Prevention Health Dept.	RETURN BY 8/15/01
CATERER X	NON-CATERER
APPLICANT: SPRAGUE COUNTRY CLUB	
APPLICANT'S ADDRESS: 1440 W 2 <sup>ND</sup> , SPRAGUE NE 68438	3
ADDRESS OR LOCATION OF PREMISES TO BE COVERED STREETS	BY LICENSE : PKG LOT, 9 <sup>TH</sup> AND S
DATE(S) OF EVENT: 8/2501; 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 77	he Same As 1st Drawing
RECOMMENDATION OF APPRO	OVAL OR DENIAL
APPROVED	
CONDITIONS IDS (Hered wristbands required general public long Jance or other means,  Trumping SDLS approved pending no  DENIED	aren to be separated from adequate security provided
REASON(S) FOR	
Juan & Jule 994	8-6-01
Signature	Date

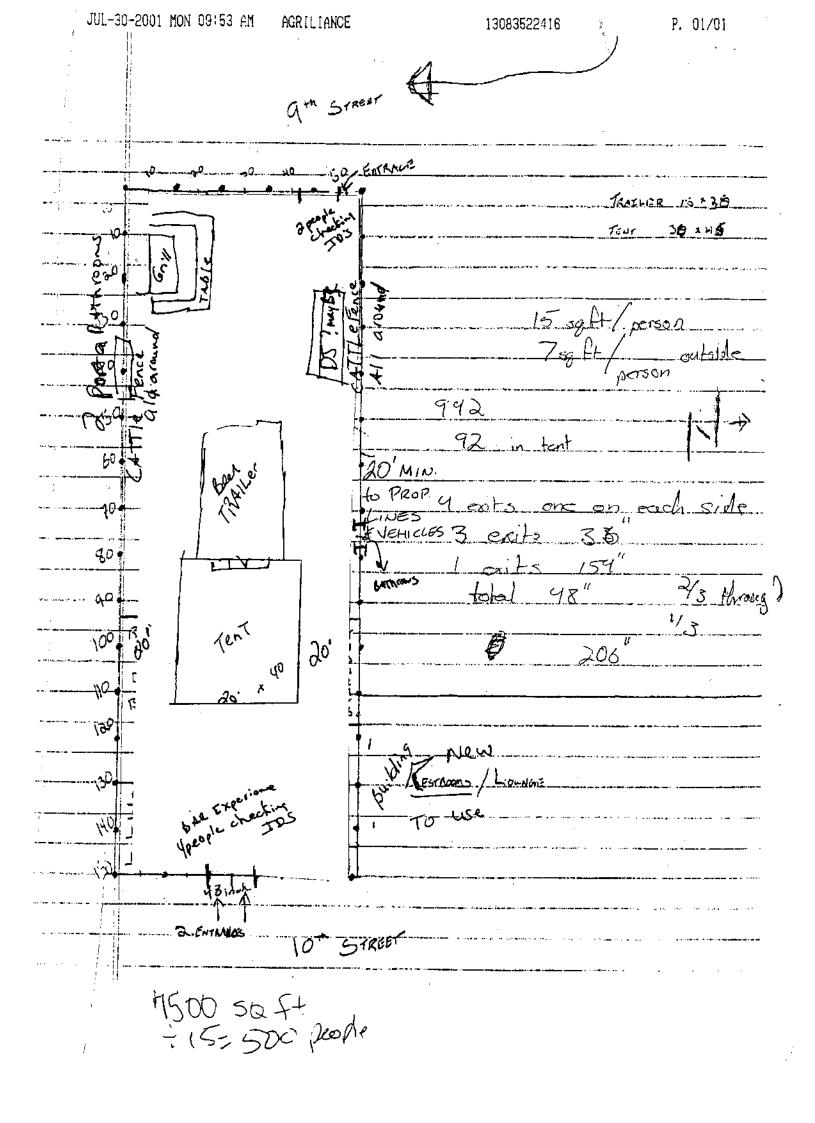
(SDLRPT.JER)

(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 Coune.
Applicant and Sponsoring Organization or Person (if applicable):  Sprague Country Club Mary Hewintre Home Country Club Mary Hewintre Home Country Club Mary Hewintre Hold Home Country Club Mary Hewintre Hold Home Country Club Mary Hewintre Hold Hold Hold Hold Hold Hold Hold Hold
Has the applicant applied for, and received liquor liability insurance? Syes Ino
Number of persons expected to attend: 500. Number of persons under 21 expected: 490. Is the event open to the public? Veryon on the public?
How will you ensure that minors will not be served or consume beverages containing alcohol? But personal will be Checking TO'S No one will be BANNED when They have ID
Will food be served? Tyes _no If yes, please list food to be served: _Sano with.
Will non-alcoholic beverages be served? Myes Inc If yes, please list non-alcoholic beverages to be served: pop — water — Teg Longolo
Please identify the beverages containing alcohol that will be served: Wine Described Will this be a cash or complimentary bar?
Who will serve the beverages containing alcohol? Baremployees family Write Have the designated servers received responsible beverage service training? Types 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?     Joseph   Jo
If so, please explain



# LEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

## APPLICATION FOR SPECIAL DESIGNATED LICENSE

7 All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

1 Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

789

A1-086454

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

1 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) 7 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 ∐∖Beer Distilled Spirits Type of Beverage(s) to be served: Wine Public Status of the Applicant (check one) ☐ Service ☐ Municipal Political ☐ Fine Arts ☐ Fraternal □ Religious ☐ Charitable Retail R Corporation Corporation Corporation Licensee Corporation Corporation Corporation Museum 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) dress or location of premises to be covered by license, (City, County Number, Zip Code) Is this PREMISE currently licensed under the Nebraska Liquor Control Act? Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested. 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. DATE(S) OR 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 Activity to be carried on during the time period for which the license is requested. ure aame Provide an estimated number of attendees at this event . If the number of attendees is over 250 attach a separate page adicating the steps that will be taken to prevent underage persons access to alcoholic beverages. T. D's with BAR experience BANNINGO chacking 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 RE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. Mucston 13. List the number of SDL's that you have applied for at this specific location in the last six months.

# APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

790

AL086457

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 liceuse 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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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 ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ✔ Retail ☐ Service ☐ Corporation Corporation ☐ Corpora
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)  Solf
Sprague Country Club 1140ward Sprague Lancester Ne 108438
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th 45 Slow Lincoln Lancaster 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?   YES VO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
Mike Latery 9th +SST. 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
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#### PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

#### APPLICATION FOR SPECIAL DESIGNATED LICENSE

3 Ali Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

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

☐ 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)
I 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)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☑ Retail ☐ Service  Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. 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)  50/80
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 dS STREET Lincoln Ne 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?   YES NO
5. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
Mike Lefeby him at 18 18 18 18 18 18 18 18 18 18 18 18 18
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 Hewsiakvelt 540.1678 794-45076
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: 84m TO: 1AM
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
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 "backing Rentraces (BANNING) NO one allowed unless they have an ID.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH EVER
SAPPLICABLE, 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  2 entrances le people chacking IDS HAVE TO HAVE ID TO BE BAN Ned.  3. List the number of SDI's that you have applied for at this specific location in the last six months 1/2 1/9
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#### PL .ASE 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 792

A1-08646

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

All Appli ations 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 🗆 Political 🗖 Fine Arts 🗖 Fraternal 🗖 Religious 🗂 Charitable 😭 Retail 🗖 Service
Corporation Corporation Corporation Corporation Corporation Licensee Corporation
3. 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)  50180
Spraque Country Ulub Spraque Ne Langster Cotty & Address or location of premises to be covered by license, (City, County Number, Zip Code)
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th 45 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.
7. Please iist the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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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 Heusin Kuelt 540-1672 794-4006  B. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
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EDITION IN THE EVENT OF BAD WEATHER:
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 Food File Carrie
ndicating the steps that will be taken to prevent underage postpractions to alcoholic beverages.  And one parameters to provide an estimated number of attendees is over 250 attach a separate page and in the steps that will be taken to prevent underage postpractions to alcoholic beverages.  And one page the property of the constant of the page of the pa
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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.
3. List the number of SDL's that you have applied for at this specific location in the last six months.

#### PLIASE 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

792

A1-086461

## 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
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☐ A Signed Statement from Local Police Chief or County Sheriff (question #12) ☐ NON PROFIT CORPORATION SHEET:
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 ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Corporation Corporation Corporation Corporation Corporation Licensee Corporation
3. 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)  50180
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Specia / 11 / 8
Spraque Country Ulub Spraque Ne Langster Cotty St. Address or location of premises to be covered by license, (City, County Number, Zip Code)
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th 45 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.
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Mike hefeby gras street which Empty Lot
/ Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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9-15-01
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
P. 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.
watering TV 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
adjusting the steps that will be taken to prevent underage parsons access to alcoholic beverages.  A continues to prople the China ID'S (Sanning without ID)
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#### 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

A1-086462

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

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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 ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable 1 Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee 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)
Sprague Country Club 1440 ward Sprague Ne 68438 Lancater
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
9th 15 1ST hincoln Ne Landster 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?
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Mike Lefeby On dist hingain Ne (2850X Emotifiet
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10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
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3. List the number of SDL's that you have applied for at this specific location in the last six months.

# LL SECTIONS OF THIS FORM

## APPLICATION FOR SPECIAL DESIGNATED LICENSE APPLICATION FOR SPECIAL DESIGN OF A PPLICATION FOR SPECIAL DESIGN NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

A1-086463

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
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
Type of Beverage(s) to be served:    Beer   Wine   Distilled Spirits
Status of the Applicant (check one)
□ Municipal □ Political □ Fine Arts □ Fraternal □ Religious □ Charitable □ Retail □ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number 51080
(City, State, County Number, Zip Code) And Class (Example C/K)
a confestor and
prague Country Will 1940 W 2nd Somarche 1098
Address or location of premises to be covered by license, (City, County Number, Zip Code)
The second of presents to be considered in the second of t
The and So Lincoln He Cancastic
s this PREMISE currently licensed under the Nebraska Liquor Control Act? YES YNO
Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
MIKELECOLU 9th and SELINCOLULIE 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
cours, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws.
cinances, rules and regulations are adhered to. Supervisor must sign on page 2
Mari Housinkijelt 540 = 11072 794-4006
DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
UEASE 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)
ə. \
FROM: BAM TO: LAM
Describe the Type of Activity to be carried an during the time period for which the license is requested.
If the number of attenders is over 250 attach a separate page
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DIELES ATTACHE CYCAPTE CONTROLL FROM VOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEYER
S APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVEN HAND IN
FEAW 122 OF ANY REASON THE EXENT SHOULD NOT OCCUR.
100 D Joseph to Stee
List the number of SDL's that you have applied for at this specific location in the last six months.

#### PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

## APPLICATION FOR SPECIAL DESIGNATED LICENSE

☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

J Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

795

A1-086464

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

☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day ☐ LOCAL APPROVAL must be included with this application
7 A Signed Statement from Local Police Chief or County Sheriff (question #12)
J 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:
2. Status of the Applicant (check one) Public
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee 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)
Sprague Country Plub 1440 W 2nd Sprague Ne 68438 Laucas
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
742 St Moder Nr. Lincoster 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?
5. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
Mike Letchy 9th and 5th Lincoln No. 68508
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, rdinances, rules and regulations are adhered to. Supervisor must sign on page 2.
Many News 194-4006
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:
Time(s) of event (example 8am to 1am, this is considered one day)
FROM: Bur TO: Lan
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
1. 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.  NO ONE BANNED  LENTRALED TAKING ID'S WITH PHILEX PERSONS UNLESS HER HAVE ID
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
SAPPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY
TRE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
3. List the number of SDL's that you have applied for at this specific location in the last six months.
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EASE TYPE OR PRINT PLICANT MUST COMPLETE

# APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Bax 95046, Lincoln NE 68509

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 540 (payable to Nebraska Liquor Control Commission) for each day
OCAL APPROVAL must be included with this application  Signed Statement from Local Police Chief or County Sheriff (question #12)
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is come taxes, on a crow of the corporation's federal income tax return, as filed with the two, or a statement (1 age 5) signed by an other
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  Public
Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee 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)  And Class (Example C/K)
Sprague Caratar Chilo 1440 W 2nd Spraguelle 18438
aidress or location of premises to be covered by license, (City, County Number, Zip Code)
9th and 5th Lincoln He Lancoster
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Time(s) of event (example 8am to 1am, this is considered one day)
FROM: SAM TO: LAM
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3. List the number of SDL's that you have applied for at this specific location in the last six months.
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