

Russ

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

____ City Attorney
____ Bureau of Fire Prevention
____ Health Dept.

DATE 08/21/01

RETURN BY 08/24/01

CATERER

NON-CATERER XX

APPLICANT: BEACON LOUNGE

APPLICANT'S ADDRESS: 311 SOUTH 11TH STREET (08)

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : PARKING LOT ADJ. TO COLLEGE OF HAIR DESIGN, SOUTH OF 11TH & M STREETS

DATE(S) OF EVENT: SEPTEMBER 1, SEPTEMBER 8, SEPTEMBER 15, 2001

TIME(S) OF EVENT : 9 AM TO 12 PM

TYPE OF ACTIVITY: BEER GARDEN

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

____ APPROVED

CONDITIONS _____

X DENIED

REASON(S) FOR - NOT LOCATED NEXT TO BUSINESS - NEXT TO COLLEGE OF HAIR DESIGN - USING LICENSE FOR A NON-SPECIAL EVENT

 #843
Signature

8-21-01
Date

(If needed, use back for additional space)

A1-092832

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)

40745
C/K

Beacon Lounge
311 S. 11th Street
Lincoln NE 68508 Lancaster-2

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

11th & M - south of (Lincoln, Lancaster-2, 68508)
College of Hair Design; next to ally

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.

Gary Bohaty
5429 Cleveland
Lincoln NE 68504

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.

Gary Bohaty - cell # of (402)-310-4717

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

September 1, 2001 - Sept 8 - Sept 15 2001

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

none

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

FROM: 9am TO: 12pm

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

Beer garden

11. Provide an estimated number of attendees at this event 100-200. 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.

N/A

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.

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

none

CONTINUE ON BACK

Joan E. Ross *approved*
CITY CLERK 8/20/01

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: APP 41' x APP 76'. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (In feet)

If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits?..... YES NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?..... YES NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

Eary Bohoty 40745

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?..... YES NO

19. Are there separate toilets for both men and women?..... YES NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? YES NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here

[Signature]
Authorized Representative/Applicant

PRES.
Title

8-20-01
Date

sign here

[Signature]
Supervisor

OWNER
Title

8-20-01
Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

NEBRASKA LIQUOR CONTROL COMMISSION
Application for Special Designated License
Under Nebraska Liquor Control Act

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11.

AS SIGNATORY I CONSENT TO THE RELEASE OR ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

E&J, Inc.

NAME OF CORPORATION

5429 Cleveland

ADDRESS OF CORPORATION

[Signature]

SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS *20th* DAY OF *August*, *2001*.



[Signature]

NOTARY PUBLIC SIGNATURE & SEAL

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: Football Saturday

Applicant and Sponsoring Organization or Person (if applicable): Beacon Lounge

Date of the Event: September 1st, September 8th, September 15th, Oct 6th, Oct 20th, & October 27th, 2001 Time of the Event: 9am to 12pm

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

Number of persons expected to attend: 100-200 Number of persons under 21 expected: 20-30 Is the event open to the public? yes no

How will you ensure that minors will not be served or consume beverages containing alcohol? wristbands for adults and marks for minors; employees checking all IDs

Will food be served? yes no If yes, please list food to be served: sandwiches & possibly hotdogs/hamburgers

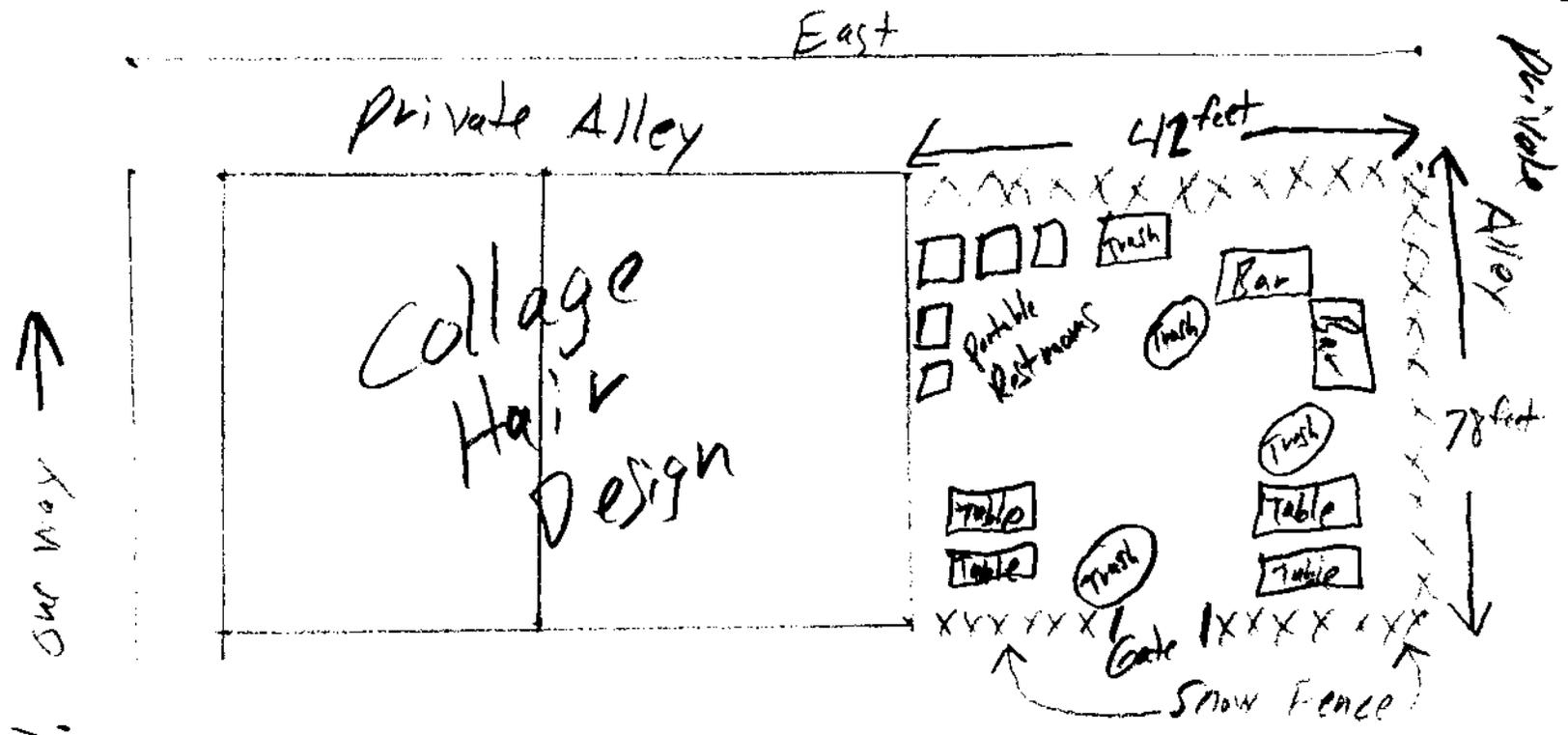
Will non-alcoholic beverages be served? yes no If yes, please list non-alcoholic beverages to be served: pop

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? employees
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 _____



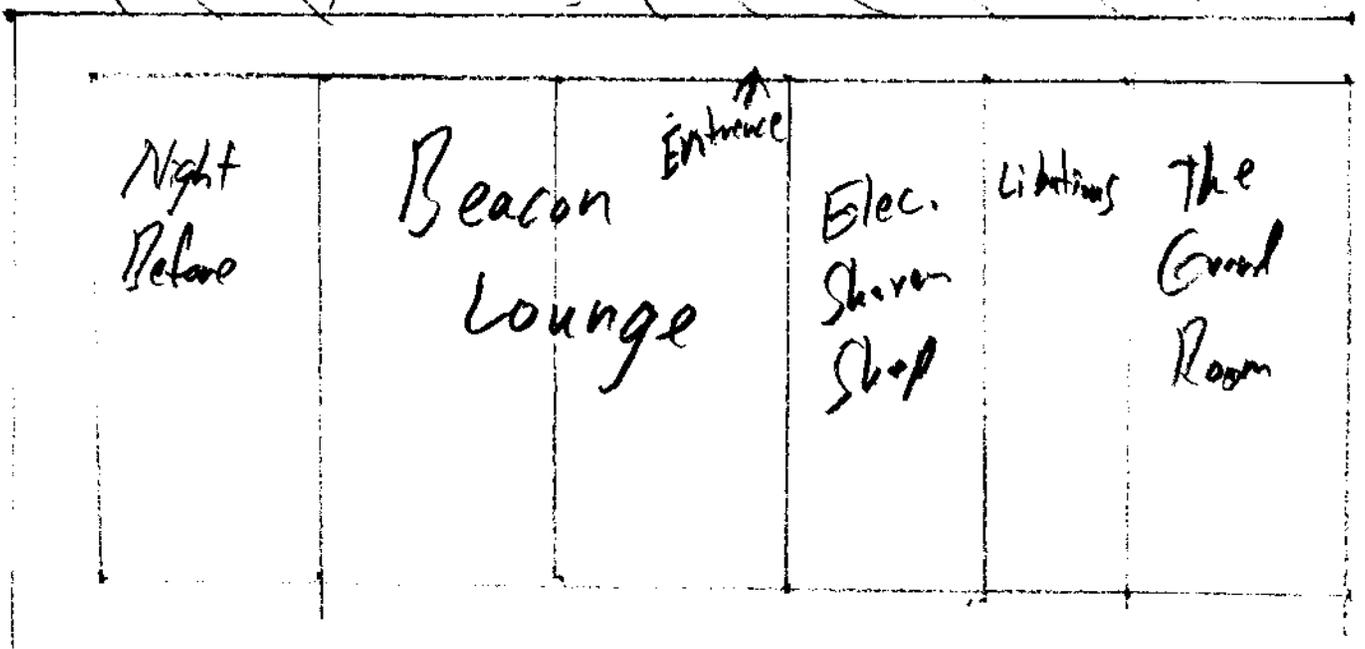
← Row one way
W St.

North

11th St. one way →

South

Parking



West