

REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION

Agenda p.h. 9-17-01

AI-103205  
AI-103207  
AI-103208

DATE 9/12/01 AI-103209

- Police
- City Attorney
- Bureau of Fire Prevention
- Health Dept.

RETURN BY: 9/17/01

CATERER X

NON-CATERER

APPLICANT: BARRY GOOD INC DBA BARRY'S BAR & GRILL

APPLICANT'S ADDRESS: 235 NORTH 9<sup>TH</sup> STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : 301 NORTH 9<sup>TH</sup> STREET,  
PARKING LOT

DATE(S) OF EVENT: OCTOBER 6, 2001; OCTOBER 20, 2001; OCTOBER 27, 2001; & NOVEMBER  
10, 2001

TIME(S) OF EVENT : 7 AM - 1 AM

TYPE OF ACTIVITY: RETAIL SALES, FOOD & BEVERAGE

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS pending any violations

\* Barry's was contacted by John Boss & requested to sign all original applications

DENIED

REASON(S) FOR \_\_\_\_\_

John P. Smith for Rose Foster  
Signature

9-13-01  
Date

(If needed, use back for additional space)

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

AI-103205

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

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) CK V6251

Barry Good Inc  
235 N 9th Lincoln Ne Lancaster 2 68508

Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 9th Lincoln Lancaster 2 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.  
B + J Partnership  
340 Victory Ln 68528

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.  
Michael D. Webb  
402 476 6511

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

Oct 6, 2001

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

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

FROM: 7am TO: 1am

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

Retail sales food & beverages

Provide an estimated number of attendees at this event 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.

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.

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

CONTINUE ON BACK



**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: 142' x 134'. Please draw in the space provided below, the area where liquors will be sold and consumed.  
LENGTH WIDTH (In feet)  
*9th St*



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.  
retail licensee CK 16251

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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Representative/Applicant

sign here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor

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.

### 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: Nebraska Home Football Game

Applicant and Sponsoring Organization or Person (if applicable): Parry Good, Inc

Date of the Event: Oct 20, Oct 27, Nov 10, 2001

Time of the Event: 3 hours before during 3 hours after game

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

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

How will you ensure that minors will not be served or consume beverages containing alcohol? all identifications will be checked at the entrance, security patrole area, wristbands, minors marked

Will food be served? yes no If yes, please list food to be served: various vendors

Will non-alcoholic beverages be served? yes no If yes, please list non-alcoholic beverages to be served: sfa drinks, water, power aide

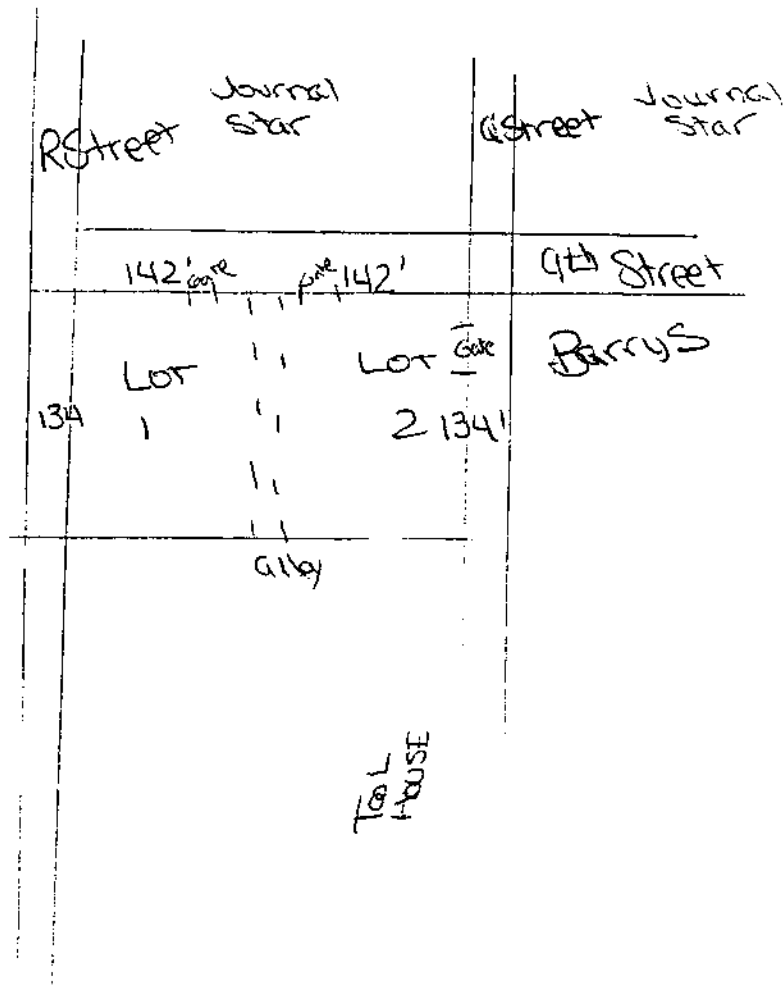
Please identify the beverages containing alcohol that will be served: wine beer distilled spirits Will this be a cash or complimentary bar? cash complimentary

Who will serve the beverages containing alcohol? Trained Servers Have the designated servers received responsible beverage service training? yes no

Will there be a charge for admission? yes no

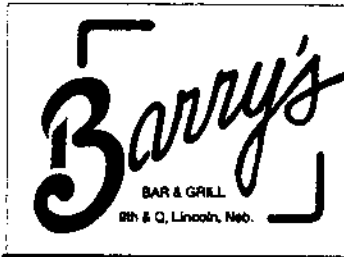
In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? yes no  
If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MAP



Lot 2 Legal Desc 301 N 9th St  
 Lot 11, 12 and E 34' of Lot 10  
 Original Plat Lincoln, NE  
 134' E & W

Lot 1 Immediately adjacent to Lot 2  
 Bordered by R Street & 9th Street  
 Block 30 Original  
 Lot 1 & 2 E 34' of Lot 3



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### **STEPS TO PREVENT UNDERAGE PERSONS ACCESS TO ALCOHOLIC BEVERAGES**

- 1. Entrance will be staffed with trained employees who will check each ID and put a wristband on those old enough to drink or mark both hands of minors.**
- 2. Different drink containers will be used for alcoholic and non-alcoholic drinks.**
- 3. Additional employees continually monitor the crowd and check ID's.**
- 4. All security and employees use radio communication for crowd control and monitoring alcohol consumption.**
- 5. We limit the amount of each individual purchase to monitor who is consuming the alcohol.**
- 6. Employees continually patrol the perimeter to keep area secure.**

A1-103207

APPLICATION FOR SPECIAL DESIGNATED LICENSE

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

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

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

- All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
- Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- LOCAL APPROVAL must be included with this application
- A Signed Statement from Local Police Chief or County Sheriff (question #12)
- NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

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

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

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) CK W251  
(City, State, County Number, Zip Code)  
Barry Bart Inc  
235 N 9 Lincoln Ne Lancaster 2 68508

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 4th St Lincoln Lancaster 2 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.  
B & J Partnership  
340 Victory Lane 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, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.  
Michael D Webb  
402 476 1811

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
Oct 20, 2001

CITY OF LINCOLN  
NEBRASKA  
SEP 10 10 21 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: 7am TO: 1am

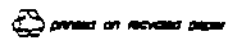
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.  
Retail Sales Food & Beverage

11. Provide an estimated number of attendees at this event 2000. 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.

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. 0

CONTINUE ON BACK



AI-103208

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

PLEASE TYPE OR PRINT  
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ALL SECTIONS OF THIS FORM

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

- 1 All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
- 2 Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
- 3 A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- 4 LOCAL APPROVAL must be included with this application
- 5 A Signed Statement from Local Police Chief or County Sheriff (question #12)
- 6 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 Corporation  Political Corporation  Fine Arts Museum  Fraternal Corporation  Religious Corporation  Charitable Corporation  Retail Licensee  Public Service Corporation

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

Barry Good Inc  
235 N 9th Lincoln Lancaster 2 68508

CK 16251

Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 9th St Lincoln Lancaster 2 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.  
B & J Partnership  
370 Victoria Lane 68528

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.  
Michael D. Webb  
402 476 6514

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

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

Time(s) of event (example 8am to 1am, this is considered one day)  
FROM: 7am TO: 6am

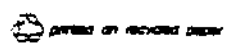
Describe the Type of Activity to be carried on during the time period for which the license is requested.  
Retail sales food & beverage

Provide an estimated number of attendees at this event 2000. 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.

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.

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

AI-103209

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- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
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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)** CK 16251

Barry Good Inc  
235 N 9 Lincoln Lancaster 2 68508

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)  
301 N 9th Lincoln Lancaster 2 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.  
B & J Partners  
340 Victory Lane 68528

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.**  
Michael D. Wood  
402 476 6911

8. **DATE(S) OF EVENT** (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
Nov 10, 2001

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

9. Time(s) of event (example 8am to 1am, this is considered one day)  
FROM: 7am TO: 1am

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retail sales food & bev

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