

AI-101927

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

Police
 City Attorney
 Bureau of Fire Prevention
 Health Dept.

DATE 9/10/01

RETURN BY: 9/20/01

CATERER

NON-CATERER

APPLICANT: **THE EATING ESTABLISHMENT HOLDING CO., INC.**

APPLICANT'S ADDRESS: **5931 SOUTH 58TH STREET 68506**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **ST ELIZABETH HOSPITAL**

DATE(S) OF EVENT: **555 SOUTH 70TH STREET**

TIME(S) OF EVENT : **1PM - 1 AM**

TYPE OF ACTIVITY: **GROUND BREAKING CEREMONY**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS _____

DENIED

REASON(S) FOR _____

Aileen L. Jick for Russ Foster
Signature

9-10-01
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

908A

A1401927

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) I/K 50121

(City, State, County Number, Zip Code)

The Eating Establishment Holding Co., Inc.
5931 South 58th Street Lincoln, NE. 68506

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

St. Elizabeth 555 So. 70th Lincoln, NE. 68510

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.

Catholic Health Initiatives 555 So. 70th Lincoln, NE. 68506

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event who it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable law ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Mark Kurth General Manager Office 475-2552

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

9-25-01

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

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

FROM: 1:00 p.m TO: 1:00 a.m.

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

Ground Breaking Ceremony

11. Provide an estimated number of attendees at this event 80. 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. OFF

this license zero

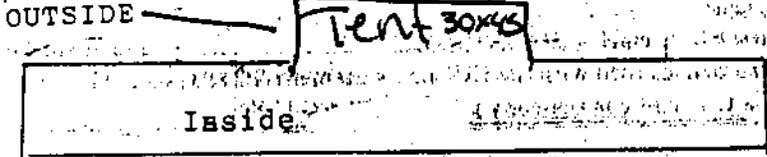
CONTINUE ON BACK

Approved: [Signature]
City Clerk

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: 30 x 45 Please draw in the space provided below, the area where liquors will be sold and consumed.



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.
 Local Liquor Distributors

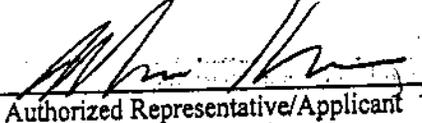
18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? YES NO

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 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 individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license application 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 person directly responsible to the holder of this Special Designated License.

sign here  General Manager 05/31/01
 Title Date

sign here  General Manager 05/31/01
 Title 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 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.