



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

457A

A2-045994

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)

Cheerleaders Bar  
556J S. 48TH  
LINCOLN, NE 68516

51776  
Class I

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

Cheerleaders  
556J S. 48TH  
LINCOLN, NE 68516

Parking Lot

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.

Cheerleaders / B+B-Q Inc. / Dean [unclear] - owner / John F. Caporale / G.M.

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 law ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Cap - 421-7992 or 484-5277

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

Sunday May 19th Noon-9pm (5-19-02)

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:  Sunday June 9, 0

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

FROM: Noon TO: 9pm

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

Outdoor Car Show

11. Provide an estimated number of attendees at this event 150. 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.

*OK per officer Fustke 843*

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

\$40.00 dk att'd  
to NCLC

CONTINUE ON BACK

FILED  
 CITY CLERK'S OFFICE  
 LINCOLN NE  
 APR 22 AM 11:11  
 02 APR 22 AM 11:11

**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: 70 x 65. Please draw in the space provided below, the area where liquors will be sold and consumed.  
LENGTH WIDTH (In feet)

*\* Attachment Enclosed*

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.

*Purchased from Distributors K&Z State Store Lincoln  
D&D NWFL United Franchises*

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 *Big Red Keno / Pickle Oats (Inside building)*

**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.**

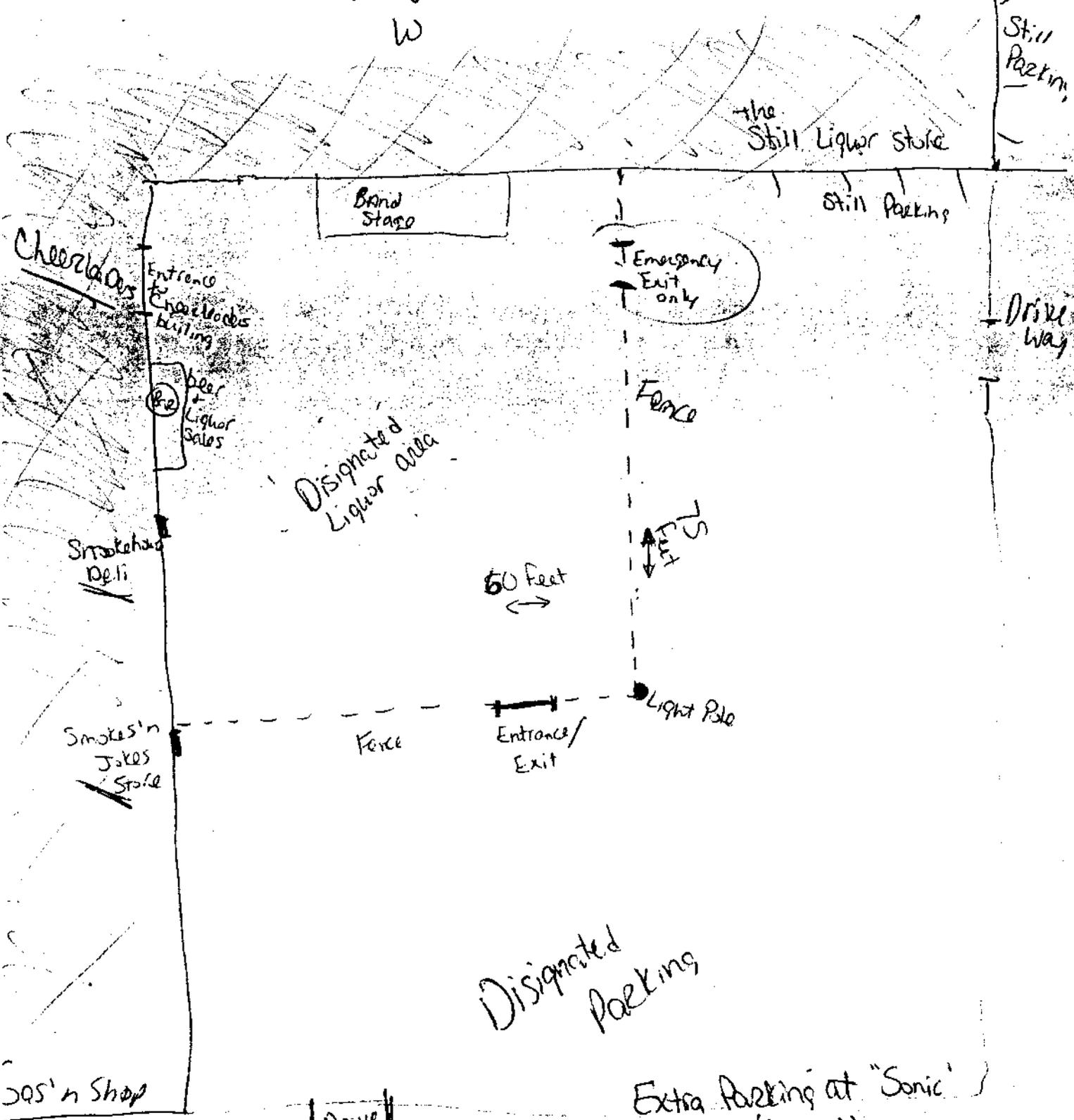
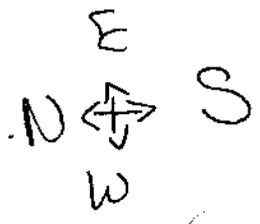
22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. 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 person directly responsible to the holder of this Special Designated License.

sign here *D.F. Copeland / D. Osage Pres* Gm 4-21-02  
Authorized Representative/Applicant Title Date

sign here *D.F. Copeland / D. Osage Pres* Gm 4-21-02  
Supervisor 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 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.



Shaded area = Existing buildings

Extra Parking at "Sonic" and V/A building

### SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

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

Name of Event: Annual Car + Harley Show

Applicant and Sponsoring Organization or Person (if applicable): Hotel Leaders Bar

Date of Event: Sunday May 19<sup>th</sup>, 2002 Time of Event: noon-9pm

Has the applicant applied for and received liquor liability insurance?  Yes  No

Number of persons expected to attend: 150 Number of persons under 21 expected: 20  
Is the event open to the public?  Yes  No

How will you ensure that minors will not be served or consume beverages containing alcohol:  
Waist Bands will be issued to all non-minors

Will food be served?  Yes  No If yes, please list food to be served: Hot wings  
sandwiches

Will non-alcoholic beverages be served:  Yes  No If yes, please list non-alcoholic beverages to be served: Pop - Water - Juice

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? Experienced Bartender  
Have the designated servers received responsible beverage service training?  Yes  No

Will there be a charge for admission?  Yes  No

In the last 12 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, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

A.F. Papadopoulos  
Applicant's Signature

4-22-02  
Date