

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

City Attorney
 Police
 Bureau of Fire Prevention
 Health Dept.

DATE 5/3/02

RETURN BY 6/3/02

CATERER

NON-CATERER

APPLICANT: P. R. VENTURES LLC

APPLICANT'S ADDRESS: 6235 HAVELock

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE PARKING LOT

ADJACENT TO 6235 HAVELock

DATE(S) OF OCCASION JUNE 8 2002

TIME(S) OF OCCASION 12pm - 1AM

TYPE OF ACTIVITY PRIVATE Reception

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

CONDITIONS 1. Identification to be checked, wristbands required on all parties wishing to consume alcohol. 2. Adequate security to be provided for the event. 3. The area for the permit to be separate from the public by a fence or other means. 4. Responsible service practices to be followed.

DENIED

REASON(S) FOR _____

RJ Feb #843
Signature

5-8-02
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

401

A2-649876

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...
- A Signed Statement from Local Police
- NON PROFIT CORPORATION MUST** file a statement (Page 3) signed by an officer declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation of the corporation declaring that the c...

Must file
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(12)
clearing that the corporation is exempt from payment of federal income taxes, or a statement (Page 3) signed by an officer declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation of the corporation declaring that the c...

1. Type of Beverage(s) to be served: Distilled Spirits
2. Status of the Applicant (check one)
- | | | | | | |
|--|--|---|---|---|---|
| <input type="checkbox"/> Municipal Corporation | <input type="checkbox"/> Political Corporation | <input type="checkbox"/> Fine Arts Museum | <input type="checkbox"/> Charitable Corporation | <input checked="" type="checkbox"/> Retail Licensee | <input type="checkbox"/> Public Service Corporation |
|--|--|---|---|---|---|
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) CK 53390

P.R. Ventures LLC 6235 Havelock Avenue Lincoln NE (02) 68507

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

6235 Havelock Ave. Lincoln, NE 68507

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.

Chad Carlson 1540 W. Garfield Circle Lincoln, NE 68522 Chad Carlson

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.

Chad Carlson 4666-8424

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

12/8/02

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: 12PM TO: 1AM

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

Private Reception

11. Provide an estimated number of attendees at this event 250. 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

FILED
CITY CLERK'S OFFICE
02 APR 23 AM 10 35
CITY OF LINCOLN
NEBRASKA

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: 100' x 80'. 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)
Brick Base and Building

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.

From Authorized Dealers

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? YES NC

19. Are there separate toilets for both men and women? YES NC

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 person: directly responsible to the holder of this Special Designated License.

sign here Chad Cash Owner 4/17/02
Authorized Representative/Applicant Title Date

sign here Chad Cash Owner 4/19/02
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.

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

Name of Event: Havelock Street Dance

Applicant and Sponsoring Organization or Person (if applicable): Chad Carlson - Misty's
Havelock Businesses

Date of Event: 6/8/02 Time of Event: 4 P.M. - 1 A.M.

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

Number of persons expected to attend: ≈ 400 Number of persons under 21 expected: ≈ 50
Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol:
I.D.'s are checked at entrances and those of age get wrist bands

Will food be served? Yes No If yes, please list food to be served: Hot Dogs,
hamburgers, chips

Will non-alcoholic beverages be served: Yes No If yes, please list non-
alcoholic beverages to be served: Pop, water, Iced tea

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? Misty's Staff
Have the designated servers received responsible beverage service training? Yes No

Will there be a charge for admission? Yes No

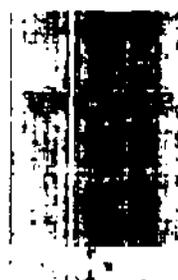
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at
which you were the special designated licensee? Yes No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Chad Carlson
Applicant's Signature

5/6/02
Date

Post-it® Fax Note	7671	Date	# of pages
To	Joan Ross	From	Chad Carlson
Co./Dept.		Co.	Misty's
Phone #		Phone #	4166-8424
Fax #	441-8325	Fax #	4166-7222

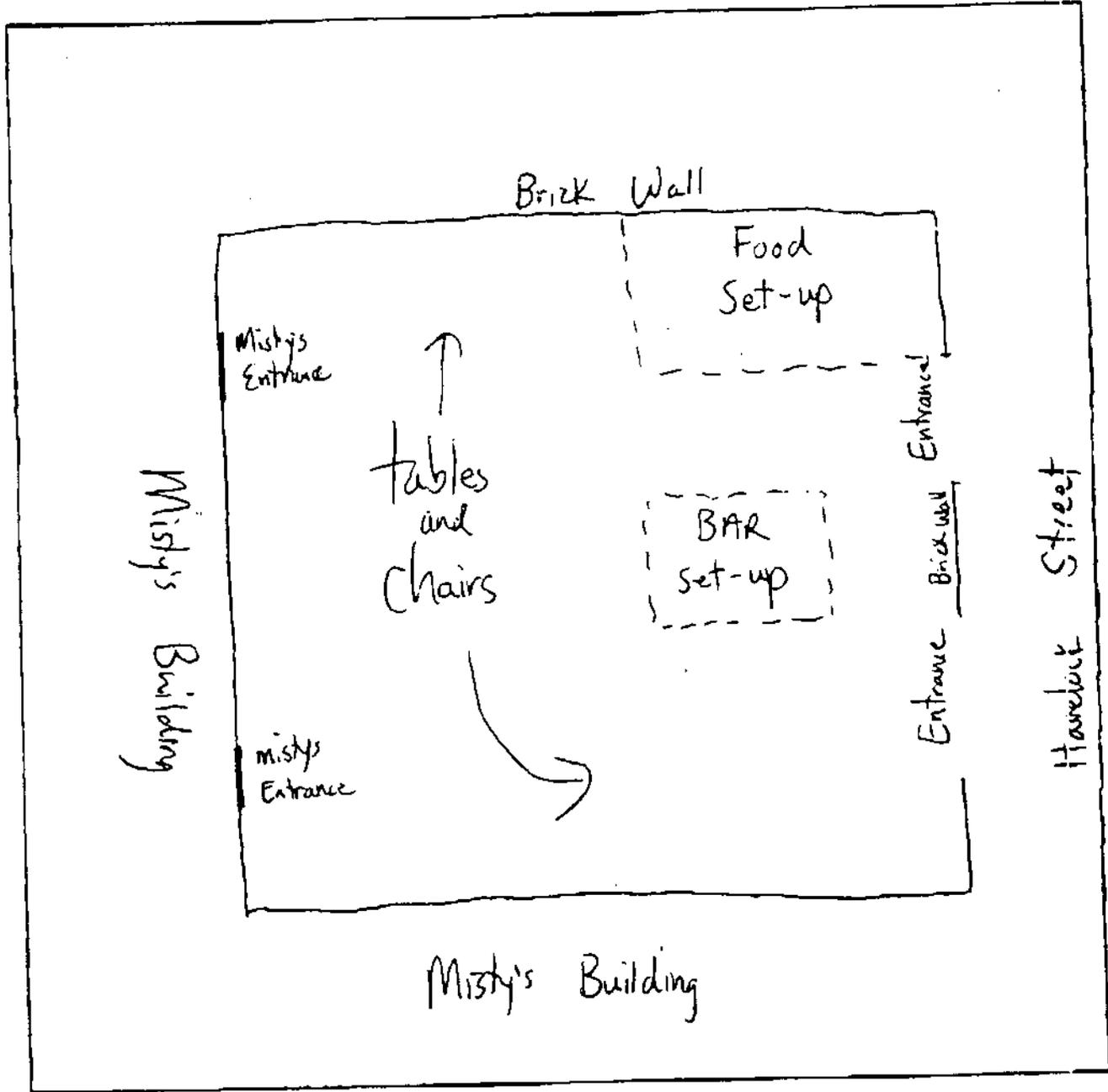


TENT INFORMATION

Please provide a drawing showing the following:

1. Number of Exits & Size.
2. Size & location of tent(s)
3. Size of area being used (106' x 120')
4. Location of cooking equipment (if used)
5. Location of tables & chairs

Post-It Fax Note	7671	Date	5/6	# of pages	2
To	Chad	From	Jean Row		
Co./Dept	Misty's	Co			
Phone #			Phone #		
Fax #	466-7222	Fax #	441-8325		



USE THE ABOVE BOX FOR YOUR DRAWING