

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

Police
 City Attorney
 Bureau of Fire Prevention
 Health Dept.

DATE: 6/26/03

RETURN BY: 7/16/03

CATERER: X

NON-CATERER:

APPLICANT: **GEE MAX INC DBA N-ZONE**
APPLICANT'S ADDRESS: **728 1/2 Q STREET**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **PRIVATE PARKING LOT IMMEDIATELY TO N-ZONE**

DATE(S) OF EVENT: **AUGUST 30, SEPT 6, SEPT 13, OCT 4, OCT 18, OCT 25, NOV 15, 2003**

TIME(S) OF EVENT : **8 AM TO 1 AM EACH DATE**

DETAILS ON ATTACHED APPLICATION.

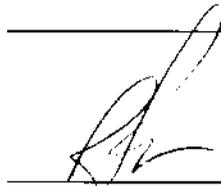
RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

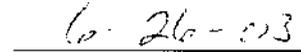
CONDITIONS _____

_____ DENIED

REASON(S) FOR _____



Signature



Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: JULY 21, 2003

(SDLRPT.JER)

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: N-ZONE OUTDOOR FOOD & Beverage Service

Applicant and Sponsoring Organization or Person (if applicable): MIKE MCCARTHY
Greenmax Inc. THE N-ZONE

Date of Event: ALL HOME Football Time of Event: 8 A.M - 1 A.M.
SATURDAYS

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

Number of persons expected to attend: 75-90 Number of persons under 21 expected: 0
Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol:
SECURITY AT ALL ENTRANCES & EXITS. 21 AND OVER ONLY, EXCEPT SMALL CHILDREN WITH PARENTS.

Will food be served? Yes No If yes, please list food to be served: Full LUNCH & DINNER MENU. THE SAME AS OUR RESTAURANT SERVES INSIDE. APPETIZERS, SANDWICHES, SALADS, SOUPS.

Will non-alcoholic beverages be served: Yes No If yes, please list non-alcoholic beverages to be served: ALL COCA-COLA PRODUCTS. Water, ice-tea, 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? trained servers & bartenders
Have the designated servers received responsible beverage service training? Yes No
(MOST)

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

Mike McCarthy
Applicant's Signature

6/18/03
Date

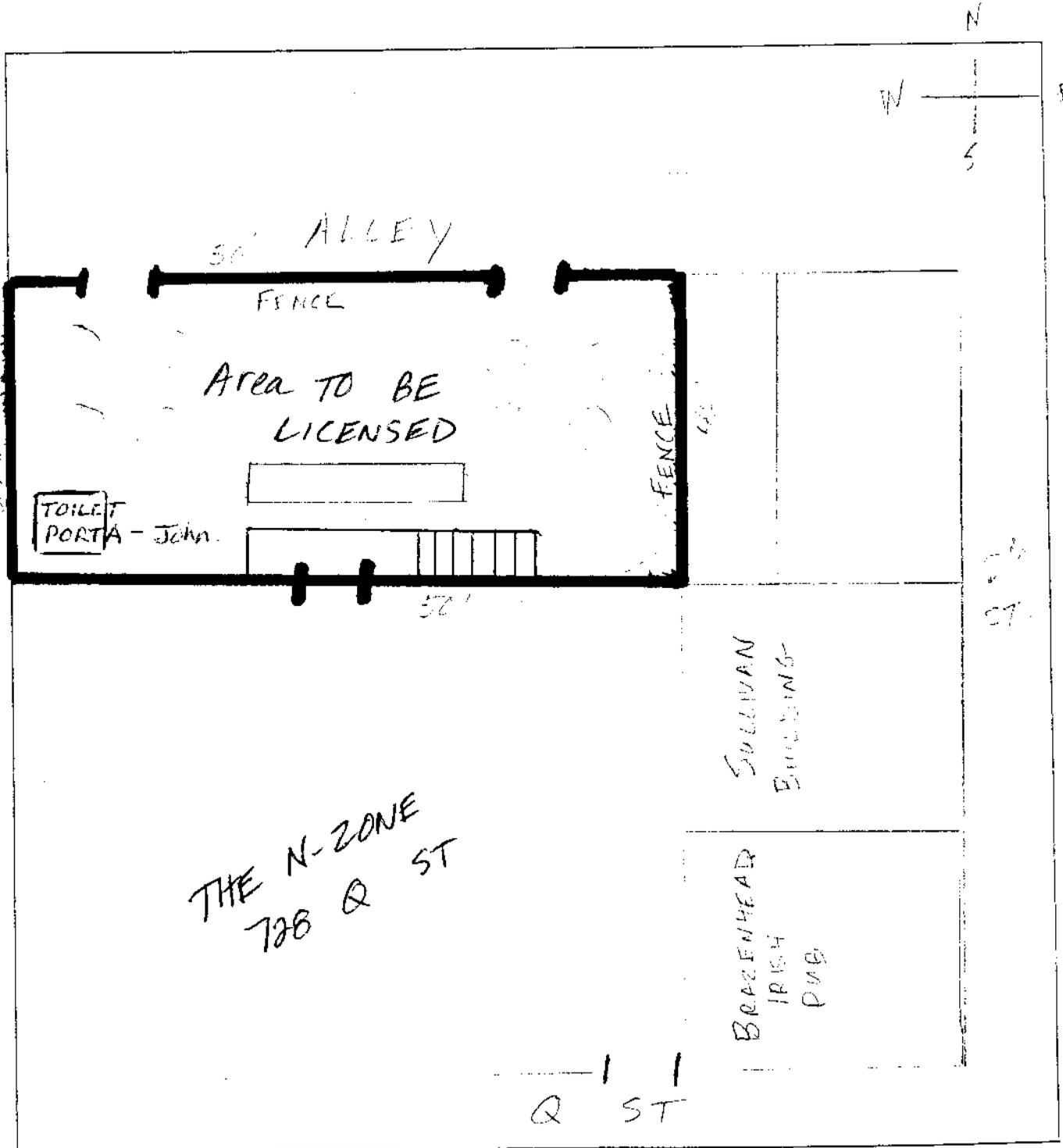
FILED
CITY OF LINCOLN
NEBRASKA
JUN 25 11 03 AM '03

TENT INFORMATION

See att'd map from last year - expect same set up this year as shown on att'd map.

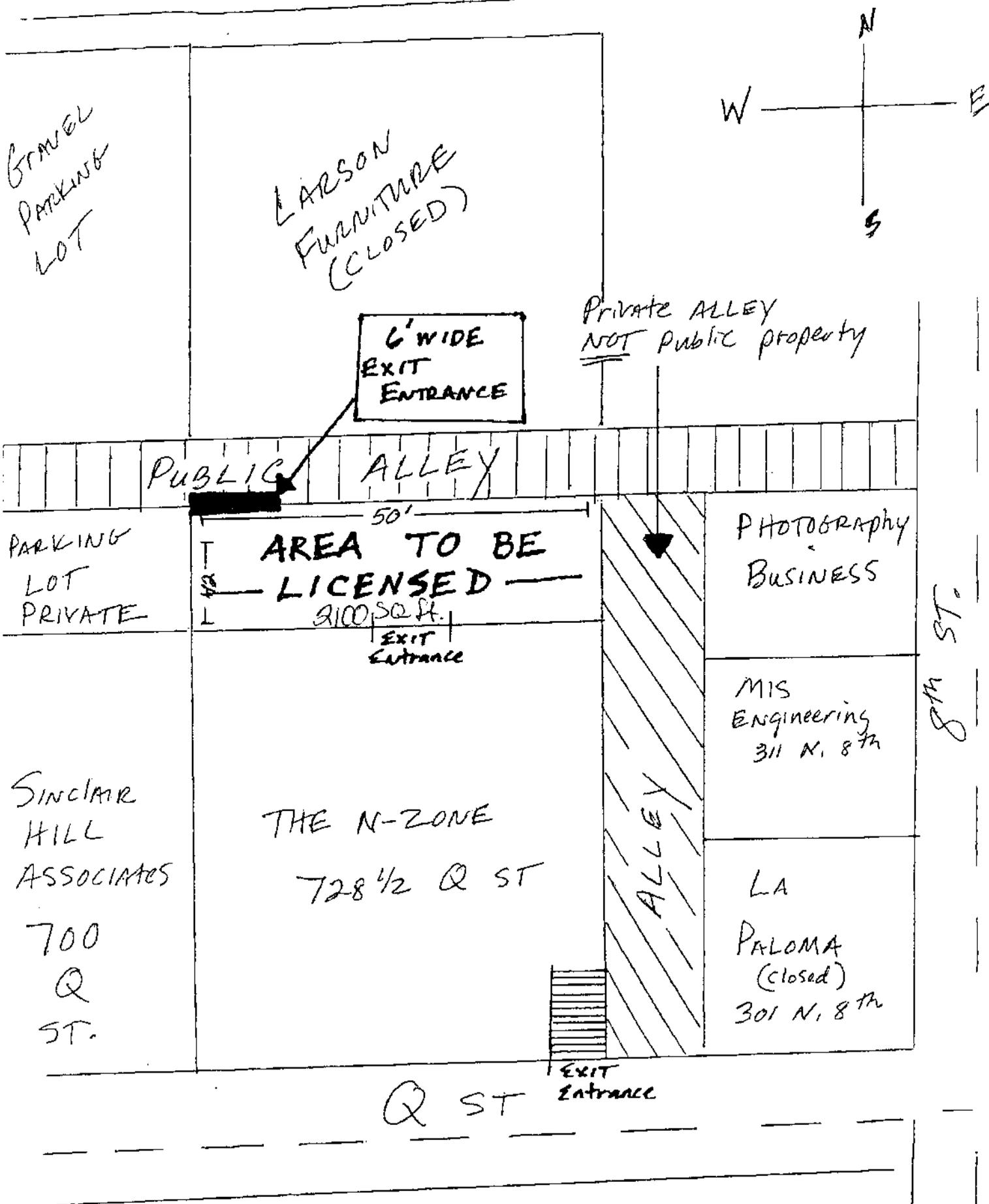
Please provide a drawing showing the following:

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



USE THE ABOVE BOX FOR YOUR DRAWING

N-ZONE 728 1/2 Q ST. LINCOLN, NE 68508



APPLICATION FOR SPECIAL DESIGNATED LICENSE

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

444

A3-069973

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

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) **IK 33617**
(City, State, County Number, Zip Code)
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code):
N-ZONE 728 1/2 Q ST LINCOLN, NE 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.
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when 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.
MIKE MCCARTY (475-8683) **PATTY MCCARTY**
CHERYL MCCARTY

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
AUGUST 30, 2003

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: **8 AM.** TO: **1 AM.**

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

Provide an estimated number of attendees at this event **150**. If the number of attendees is over 250 attach a separate page detailing 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 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.
ON FILE

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
03 JUN 25 PM 2
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: 42' x 50'. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (In feet)

* See ~~attached~~ detailed drawing
ATTACHED

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.

Through licensed wholesalers

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 *Nick McCarty* manager 6/18/03
Authorized Representative/Applicant Title Date

sign here _____
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.

445

A3-069974

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

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) **IK 33617**
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code):
N-ZONE 728 1/2 Q ST LINCOLN, NE 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.
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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. **PATTY MCCARTY**
MIKE MCCARTY (475-8683) CHERYL MCCARTY

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
September 6th, 2003

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
Times of event (example 8am to 1am, this is considered one day)
FROM: **8 AM.** TO: **1 AM.**

Describe the Type of Activity to be carried on during the time period for which the license is requested.
OUTDOOR FOOD & BEVERAGE
Provide an estimated number of attendees at this event **150**. If the number of attendees is over 250 attach a separate page
detailing 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
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. **ON FILE**

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

CONTINUE ON BACK

FILED
CITY OF LINCOLN
NEBRASKA
JUN 25 PM 2:04
2003

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

4. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: 42' x 50'. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (In feet)

** See attached detailed drawing*

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.

Through licensed wholesalers

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 *Nick McCarty* *Manager* *6/18/03*
Authorized Representative/Applicant Title Date

sign here _____
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.
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446

A3-069975

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 Service Corporation Public

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and class (Example C/K) **IK 33617**

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

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

N-ZONE 728 1/2 Q ST LINCOLN, NE 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.

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

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.

MIKE MCCARTY (475-8683) DATTY MCCARTY
CHERYL MCCARTY

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

September 13th, 2003

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: 8 AM. TO: 1 AM.

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

outdoor FOOD & Beverage

Provide an estimated number of attendees at this event 150. If the number of attendees is over 250 attach a separate page detailing 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 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.

ON FILE

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CONTINUE ON BACK

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

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sign here *Mich McCarty* *manager* *6/18/03*
Authorized Representative/Applicant Title Date

sign here _____
Supervisor Title Date

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447

A3-069977

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Status of the Applicant (check one)
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Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and class (Example C/K) **IK 33617**
(City, State, County Number, Zip Code)

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code)
N-ZONE 728 1/2 Q ST LINCOLN, NE 68508

Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO

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Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

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MIKE MCCARTY (475-8683) PATTY MCCARTY
CHERYL MCCARTY

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 4th, 2003

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: 8 A.M. TO: 1 A.M.

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outdoor FOOD & Beverage

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ON FILE

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CONTINUE ON BACK

FILED
CITY CLERK
JUN 25 PM 2 04
CITY OF LINCOLN
NEBRASKA

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

4. Description of the premises: Inside Building Outdoor Area

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sign here *Nick McCarty* *manager* *6/18/03*
Authorized Representative/Applicant Title Date

sign here _____
Supervisor Title Date

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448

A3-069979

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(City, State, County Number, Zip Code) And Class (Example C/K) **IK 33617**
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code):
N-ZONE 728 1/2 Q ST LINCOLN, NE 68508

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Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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. **PATTY MCCARTY**
MIKE MCCARTY (475-8683) CHERYL MCCARTY

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 18th, 2003

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: **8 AM.** TO: **1 AM.**

Describe the Type of Activity to be carried on during the time period for which the license is requested.
OUTDOOR FOOD & BEVERAGE
Provide an estimated number of attendees at this event **150**. If the number of attendees is over 250 attach a separate page
detailing 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
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. **ON FILE**

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

CONTINUE ON BACK

FILED
CITY OF LINCOLN
03 JUN 25 PM 2:00
NEBRASKA

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

4. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: 42' x 50'. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (in feet)

** See attached detailed drawing*

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.

Through licensed wholesalers

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 *Nick McCarty* *Manager* *6/18/03*
Authorized Representative/Applicant Title Date

sign here _____
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.

449
A3-069980

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

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) **IK 33617**
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code)
N-ZONE 728 1/2 Q ST LINCOLN, NE 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.
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
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.

MIKE MCCARTY (475-8683) CHERYL MCCARTY

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 25th, 2003

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: 8 A.M. TO: 1 A.M.

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

Provide an estimated number of attendees at this event 150. If the number of attendees is over 250 attach a separate page
detailing 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
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. ON FILE

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

CONTINUE ON BACK

FILED
CITY CLERK'S OFFICE
CITY OF LINCOLN
NEBRASKA
JUN 25 PM 2:04

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

4. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: 42' x 50'. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (In feet)

** See attached detailed drawing*

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.

Through licensed wholesalers

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 *Nick McCarty* *Manager* *6/18/03*
Authorized Representative/Applicant Title Date

sign here _____
Supervisor Title Date

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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.

450
A3-069981

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 Soirits

Status of the Applicant (check one) Public

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

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) **IK 33617**

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

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

N-ZONE 728 1/2 Q ST LINCOLN, NE 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.

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

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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.

MIKE MCCARTY (475-8683) CHERYL MCCARTY

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

November 15th 2003

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: **8 AM.** TO: **1 AM.**

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

outdoor food & Beverage

Provide an estimated number of attendees at this event **150**. If the number of attendees is over 250 attach a separate page
detailing the steps that will be taken to prevent underage persons access to alcoholic beverages.

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CONTINUE ON BACK

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

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** See attached detailed drawing*

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sign here *Nick McCarty* *Manager* *6/18/03*
 Authorized Representative/Applicant Title Date

sign here _____
 Supervisor Title Date

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