

REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION

Police  
 City Attorney  
 Bureau of Fire Prevention  
 Health Department

DATE: 6/25/04  
Return by: 7/14/04

CATERER:  
APPLICANT: GEEMAX INC DBA N ZONE  
APPLICANT'S ADDRESS: 728 Q STREET

NON-CATERER: X

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: ADJACENT TO N ZONE  
BAR

DATE(S) OF EVENT: SEPT 4; SEPT. 11; OCT. 2; OCT. 16; OCT. 30; NOV. 26, 2004

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

DETAILS ON ATTACHED APPLICATION.

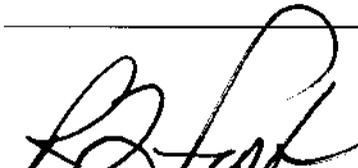
RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS \_\_\_\_\_

\_\_\_\_\_ DENIED

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

 LPD  
Signature

6-25-04  
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL:

(SDLRPT.JER)

July 19, 04

575

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

1 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 license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day  
OCAL APPROVAL must be included with this application  
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  Political  Fine Arts  Fraternal  Religious  Charitable  Retail  Public  
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 93617**

**CCMAX INC 728 Q ST LINCOLN, NE 68508, LANCASTER CO.**

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

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

Is 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.

**CCMAX INC, THE N-ZONE 728 Q ST LINCOLN, NE**

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

**MIKE MCCARTY (475-8603) PATTY MCCARTY (475-8683)**

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

**9/4/04, 9/11/04, 10/2/04, 10/16/04 10/30/04**

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

**11/26/04**

Time(s) of event (example 3am 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 describing the steps that will be taken to prevent underage persons access to alcoholic beverages.

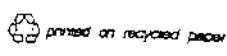
**PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.**

**ON FILE**

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

License Fee for The City of Lincoln is **CONTINUE ON BACK**

\$100.00. Please make check payable to The City of Lincoln.



APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

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 Sheet*

Outdoor area, how will premises be separated from areas open to the general public?  Fence  Tent  Other (if other, please explain)

Is the premises to be covered by the license located within the city/village limits?  YES  NO

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 veterans, their wives or children?  YES  NO

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*

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

Are there separate toilets for both men and women?  YES  NO

Other information or requests by the applicant:

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.

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 solely responsible to the holder of this Special Designated License.

1 Mike McCarty Manager 6/24/04  
Authorized Representative/Applicant Title Date

1 Mike McCarty Manager 6/24/04  
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. If an 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 means to expand the existing licensed premise.

Name of Event: Wine Tasting Dinner

Applicant and Sponsoring Organization or Person (if applicable): Wine Tasting Dinner

Date of Event: 12/14/2014 Time of Event: 6:00 PM - 8:00 PM

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: 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:  
Trained servers

Will food be served?  Yes  No If yes, please list food to be served:  
Burgers, salads, bread, pasta

Will non-alcoholic beverages be served:  Yes  No If yes, please list non-alcoholic beverages to be served:  
Soda, water, coffee

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 bartenders  
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:

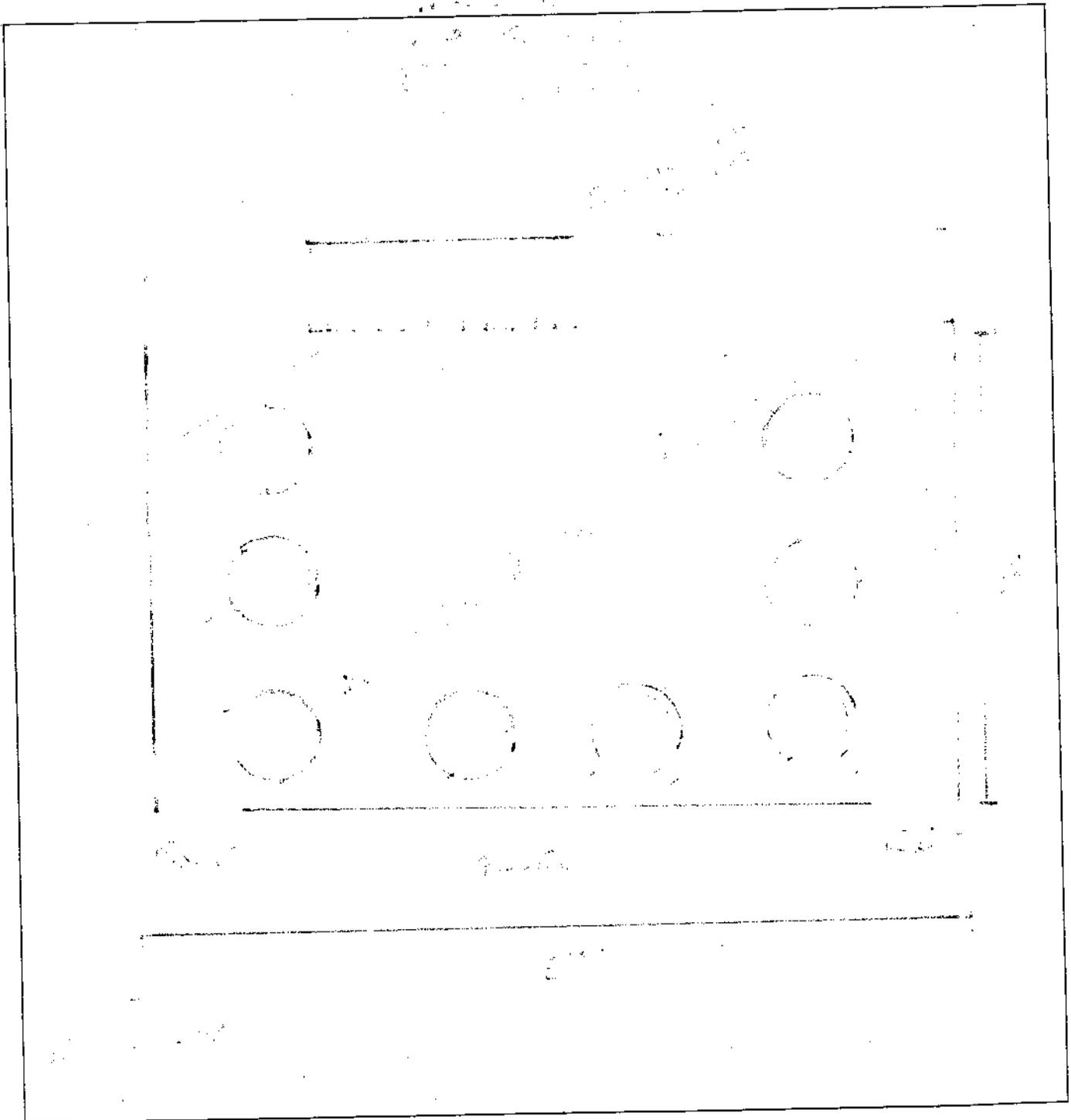
**PLEASE USE REVERSE TO PROVIDE A DRAWING**

Wendy Wilcox  
Applicant's Signature

12/14/2014  
Date

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

*Handwritten notes:*  
The above drawing is a floor plan of the area being used for the event. It shows the location of the tent, tables, chairs, and exits.



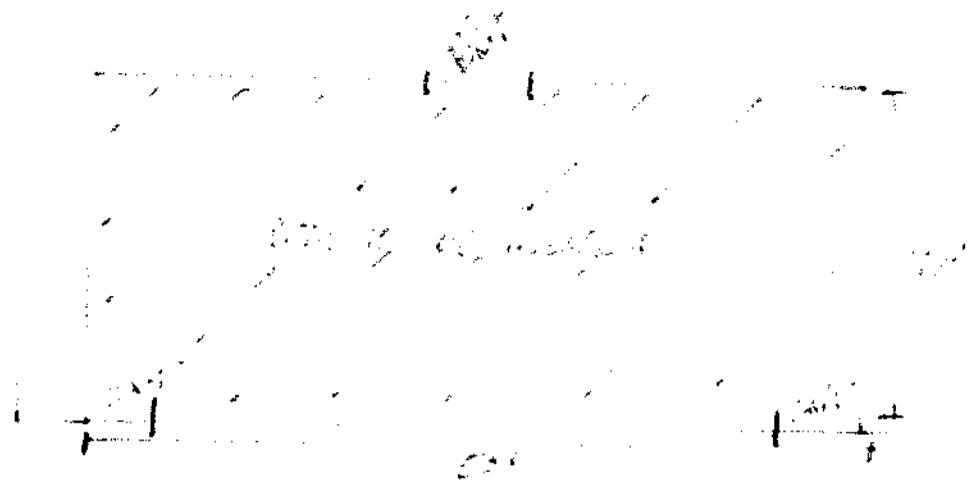
1915

1917

1918

— 1918  
 — 1919  
 — 1920

1921  
 1922  
 1923  
 1924



Alley

