

**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: **PASTIME PUB, INC.**  
APPLICANT'S ADDRESS: **5601 NW 1<sup>ST</sup> STREET**

NON-CATERER: **X**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE:

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.**

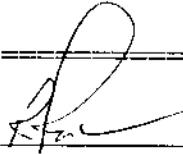
---

---

**RECOMMENDATION OF APPROVAL OR DENIAL**

---

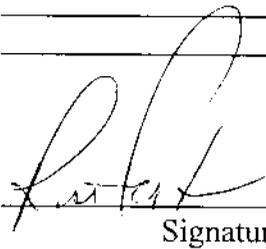
---

 APPROVED

CONDITIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ DENIED

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

 LPD 843  
Signature

6-29-04  
Date

(If needed, use back for additional space)

**PUBLIC HEARING BEFORE COUNCIL: JULY 19, 2004**

(SDLRPT.JER)

EASE TYPE OR PRINT  
PLICANT MUST COMPLETE  
L SECTIONS OF THIS FORM

**APPLICATION FOR SPECIAL DESIGNATED LICENSE**  
NEBRASKA LIQUOR CONTROL COMMISSION  
P.O. Box 95046, Lincoln NE 68509

576

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 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 and Class (Example C/K) C50595

PASTIME PUB INC. 5601 NW 1ST LINCOLN, NE LANCASTER 68521

Address or location of premises to be covered by license, (City, County Number, Zip Code)  
5601 NW 1ST LINCOLN 68521

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.  
KATHY HAGGE 1109 W BRITT LINCOLN 68521

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.

KATHY HAGGE 440 6700

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
SEPT. 4, 2004

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: 1:00 AM

1. Describe the Type of Activity to be carried on during the time period for which the license is requested.  
TAIL GATE PARTY - DANCE

Provide an estimated number of attendees at this event 200. 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.

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.

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

FILED  
CITY CLERKS OFFICE  
JUN 25 P 2:56  
CITY OF LINCOLN  
NEBRASKA

*2 checks  
\$ 150 - City  
240 - NREL*

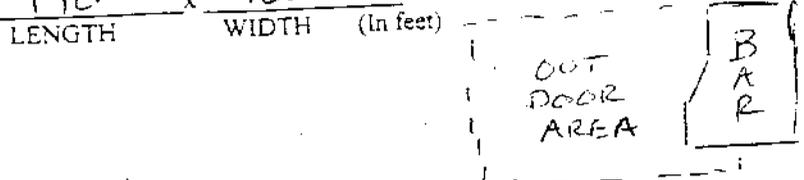
CONTINUE ON BACK



**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: 190' x 120' 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.

WHOLESALE DIST.

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		<u>MANAGER</u>	<u>062504</u>
	Authorized Representative/Applicant	Title	Date
sign here		<u>Owner</u>	<u>062504</u>
	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.

SPECIAL DESIGNATED LICENSE APPLICATION  
SUPPLEMENTAL FORM

576

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

Name of Event: PASTIME PUB TAIL GATE PARTY

Applicant and Sponsoring Organization or Person (if applicable): PASTIME PUB  
KATHY HACHE

Date of Event: 9/4/04 9/11/04 10/2/04 Time of Event: 8AM - 1:00AM  
10/11/04 10/30/04 11/26/04

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

Number of persons expected to attend: 200 Number of persons under 21 expected:  
50 Is the event open to the public? X Yes      No

How will you ensure that minors will not be served or consume beverages containing alcohol:  
WRISTBANDS FOR ADULTS

Will food be served? X Yes      No If yes, please list food to be served: BBQ  
HAMBURGERS HOT DOGS

Will non-alcoholic beverages be served: X Yes      No If yes, please list non-  
alcoholic beverages to be served: COKE PRODUCTS WATER

Please identify the beverages containing alcohol that will be served: X Wine X Beer  
X Distilled Spirits

Will this be a cash or complimentary bar? X Cash      Complimentary

Who will serve the beverages containing alcohol? PASTIME PUB EMPLOYEES  
Have the designated servers received responsible beverage service training? X Yes      No

Will there be a charge for admission?      Yes X 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 X No If so, explain:

PLEASE USE REVERSE TO PROVIDE A SITE PLAN  
(This is mandatory)

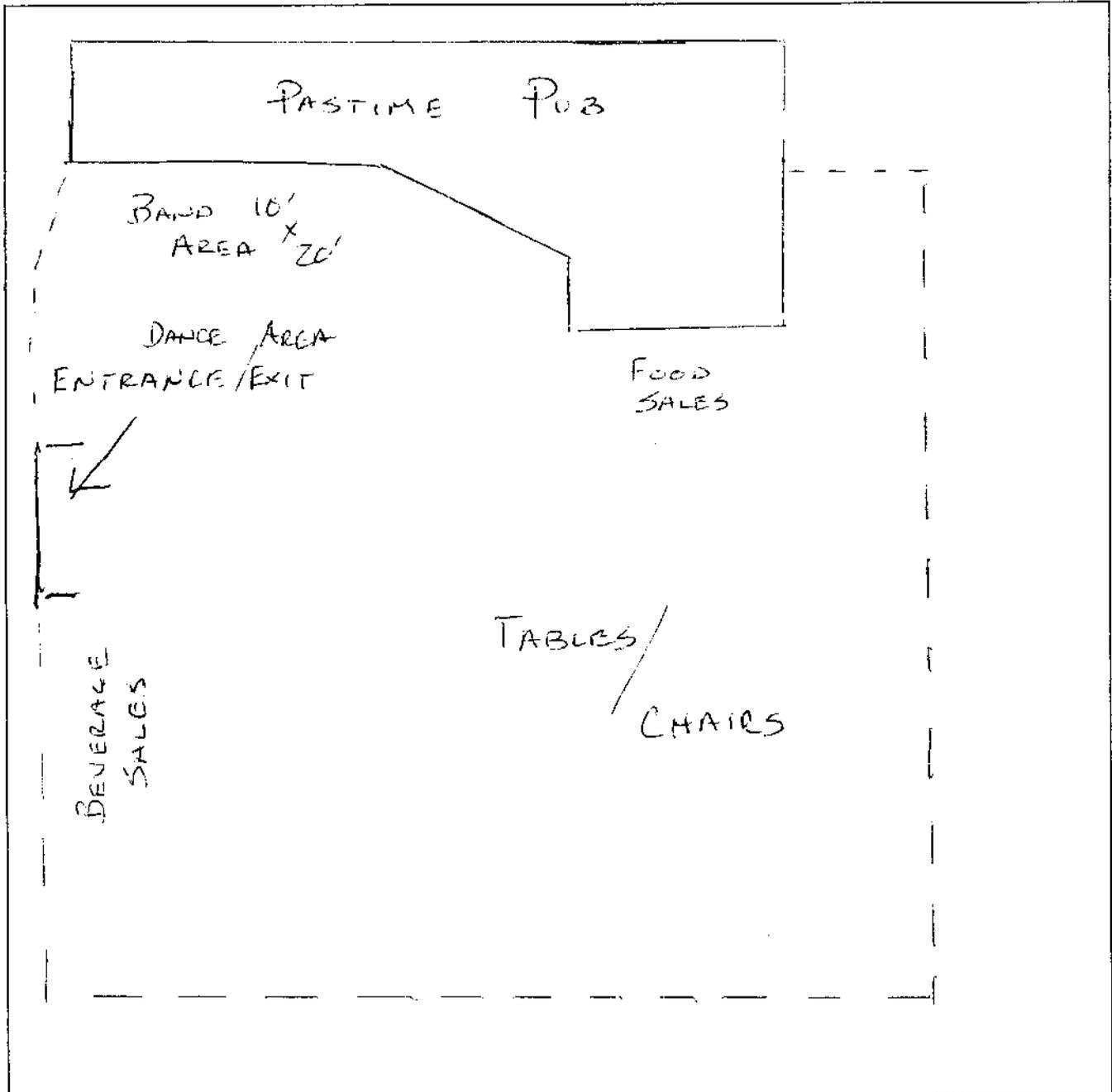
Kathy Hache  
Applicant's Signature

10/25/04  
Date

## SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (10' x 3')
2. Size & location of tent(s) (heights, width, depth) N/A
3. Size of area being used (190 x 120)
4. Location & type of cooking equipment (if used) FOOD WARMERS
5. Location of tables & chairs; If stage for band provided & dance area, show dimensions & site on drawing.
6. Height & type of Fencing to be used. 4' ORANGE PLASTIC BARRIER FENCE



USE ABOVE BOX FOR YOUR DRAWING/ATTACH EXTRA PAGES IF NECESSARY