

*Russ*

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

#649,650,651

- Police
- City Attorney
- Bureau of Fire Prevention
- Health Department

DATE: 8/11/05  
Return by: 8/25/05

CATERER:

NON-CATERER: **X**

APPLICANT: **IRIE INC., DBA DOC'S PLACE, 140 N 8<sup>TH</sup> ST, #150**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **140 N 8<sup>TH</sup>, FRONT  
LOADING DOCK**

DATE (S) & TIME(S) OF EVENT : **SEPTEMBER 3, 10, 17, 2005; 8AM TO 1AM EACH DATE**

**DETAILS ON ATTACHED APPLICATION.**

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**RECOMMENDATION OF APPROVAL OR DENIAL**

=====

*Russ* APPROVED

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

\_\_\_\_\_ DENIED

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

*Russ*  
Signature

8-11-05  
Date

(If needed, use back for additional space)

**PUBLIC HEARING BEFORE COUNCIL: 8/29/05**  
(SDLRPT.JER)

SPECIAL DESIGNATED LICENSE APPLICATION  
SUPPLEMENTAL FORM

#5649, 650, 651

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

Name of Event: Football Saturdays

Applicant and Sponsoring Organization or Person (if applicable): Tric Inc DBA Doc's Place

Date of Event: 9/3, 9/10, 9/17 Time of Event: 8AM - 1AM

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

Number of persons expected to attend: 35 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:  
Owner & Staff will monitor at all times

Will food be served?  Yes  No If yes, please list food to be served: Sandwiches  
pastasalads, salads, chips

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

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

Will this be a cash or complimentary bar?  Cash  Complimentary

Who will serve the beverages containing alcohol? Bartenders & wait 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

[Signature]  
Applicant's Signature

8-10-05  
Date

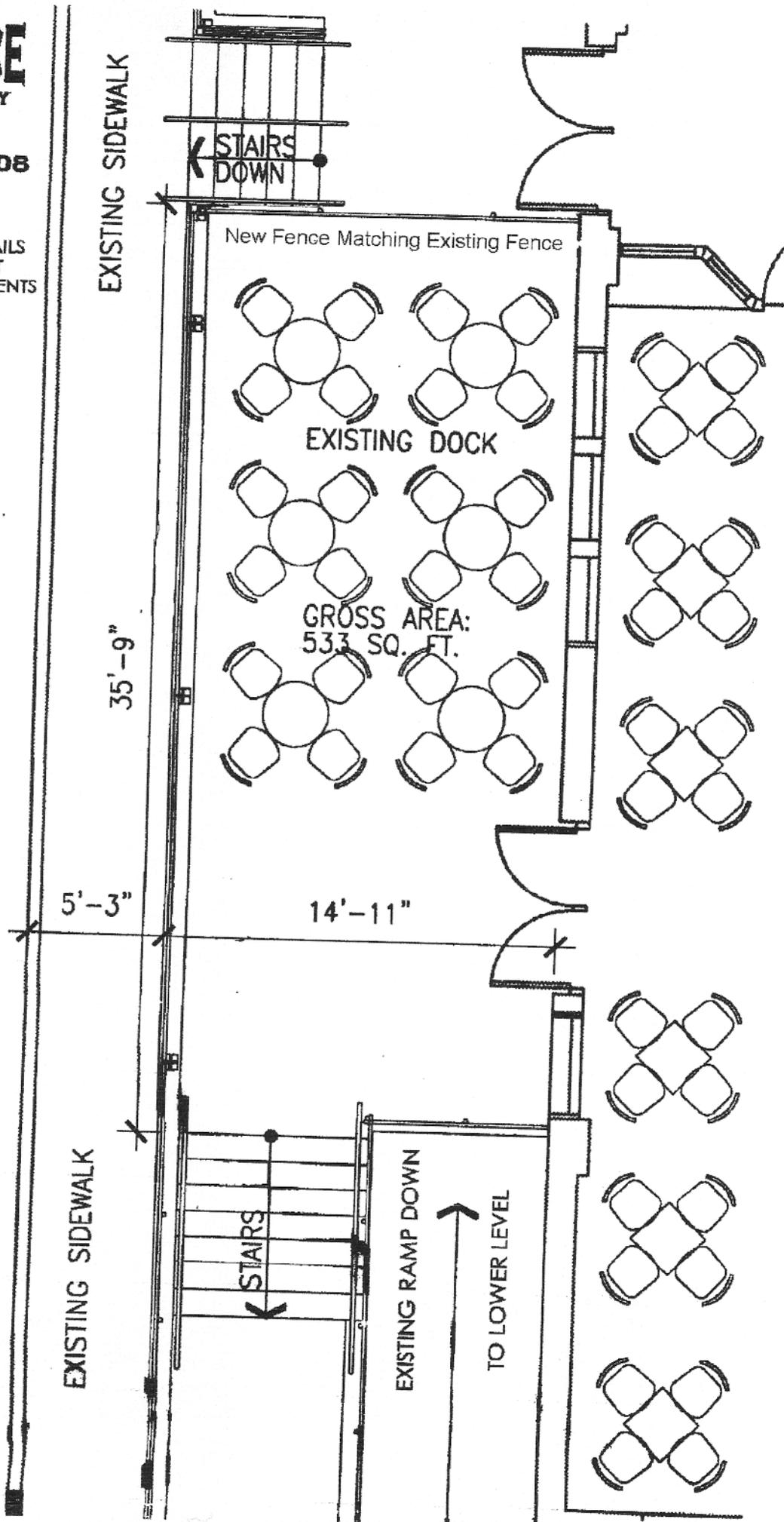
# DOC'S PLACE

THE APOTHECARY

140 N. 8TH  
LINCOLN NE, 68508  
(402) 476-3232

## PATIO PLAN

NOTE: EXISTING HANDRAILS  
AND GUARDRAILS MEET  
ADA AND UBC REQUIREMENTS



SCALE: 3/16" = 1'-0"

9/3

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

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
 LICENSEE

APPLICANT MUST COMPLETE  
 ALL SECTIONS OF THIS FORM

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 weekends & 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. (no fees if caterer)
- **APPROVAL FROM CITY, VILLAGE OR COUNTY CLERK** must be included with this application.
- A Signed Statement from Local Police Chief or County Sheriff.

1. Type of Beverage(s) to be served or consumed:		
<input checked="" type="checkbox"/> Beer	<input checked="" type="checkbox"/> Wine	<input checked="" type="checkbox"/> Distilled Sprints
2. License Number and Class		
C-56820 (i.e. I/K-12345)	<input checked="" type="radio"/> Retailer	<input type="radio"/> Caterer
3. Name and Address of Applicant (as listed on liquor license)(City, County, Zip Code)		
Name: Irie Inc. DBA Doc's Place		
Address: 140 North 8th Street, Suite 150		
City: Lincoln	State: NE	
County: Lancaster	County #: 2	
4. Address or location of premises to be covered by license.(City, County, Zip Code)		
Address: 140 North 8th Street, front loading dock		
Building: Apothecary		
City: Lincoln	County #: 2	Zip Code: 68508

5. Address of where alcohol is to be stored of other than at location listed in question #4 above.

Address:

Building:

City:  County #:  Zip Code:

6. Name, address, phone/cell number of owner or lessee of premises for which the license is requested.

Name:

Address:

City:  County #:  Zip Code:

Phone/cell number :

7. DATE(S) OF EVENT (If Sunday, attach Sunday sales ordinance) no more than six (6) consecutive days per application. Note: Only visible text will print.

From:

To:

a) If alternate date is requested, please list below: (must be approved at local level prior to event.)

ALTERNATE DATE

b) If alternate location is requested, please list below (must be approved at local level prior to event)

ALTERNATE LOCATION

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

FROM:

TO:

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

Note: Only visible text will print.

Eating sandwiches and celebrating a Nebraska football game outside on the dock.

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

If the number of attendees is over 150, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

**11. 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.**

12. Description of the premises:

- Inside Building
- Outdoor Area

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

Length:  Width:

If outdoor area, how will premises be separated from areas open to the general public?

- Fence | Type of fence
- Tent
- Other (if other, please explain below)

Note: Only visible text will print  
Please draw in space provided, where liquors will be sold and consumed.

[Empty drawing space for liquor consumption area]

13. Is the premises to be covered by the license located within the city/village limits?

- Yes
- No

14. 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

15. Is the premises to be covered by the license within 300 feet of any university or college campus?

- Yes
- No

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

Note: Only visible text will print

All alcohol will be purchased by Irie Inc and monitored by the same.

Check here if for consumption only  (no purchases or sales, i.e. byo)

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

- Yes
- No

18. Are there separate toilets for both men and women?

- Yes
- No

19. Other information or requests for exemptions, must be requested and approved prior to event:

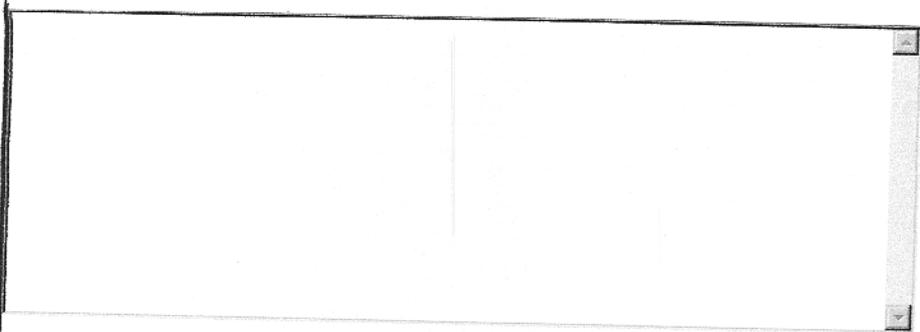
Note: Only visible text will print

20. Will there be any games of chance operating during the event?

- Yes
- No

If so, describe the activity.

Note: Only visible text will print



**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, or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

21. Name and telephone number/cell phone number of immediate 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.**

Name: Troy Falk Phone #: 402-440-3444

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 [Signature] owner 8-10-05  
Authorized Representative/Applicant Title Date

Troy Falk  
Print Name

Sign Here [Signature] owner 8-10-05  
Supervisor Title Date

Troy Falk  
Print Name

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 the place or 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.