

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

165

5-7-07

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

DATE: 4/13/07
Return by: 4/30/07

CATERER: X

NON-CATERER:

APPLICANT NAME & ADDRESS: NE STATE BOARD OF AG, 1800 STATE FAIR PARK DRIVE
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **OUTDOOR AREA ON STATE FAIR GROUNDS AS SHOWN ON ATTACHED MAP**

DATE (S) & TIME(S) OF EVENT : **FRIDAY, JUNE 22: 2P-12 AM;**
SAT, JUNE 23: 9A-12A
SUN, JUNE 24: 12P-6P

Alternate Dates: None

RECOMMENDATION OF APPROVAL OR DENIAL

APPROVED

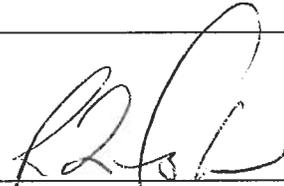
CONDITIONS

DENIED

REASON(S) FOR

RECEIVED
APR 16 2007

TECHNICAL
INVESTIGATIONS UNIT

 #843
Signature

_____ Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: NOT REQUIRED; HAS HELD PREVIOUS EVENTS

(SDLRPT.JER)

SEE ATTACHED

The Lincoln Police Department has no recommendation however if approved we request the following.

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 requested for the permit to be separate from the public by a fence or other means.
4. Responsible alcohol service practices to be followed.
5. No more than two beverages at a time will be sold.

APPLICATION FOR SPECIAL DESIGNATED LICENSE

165

Submit to: **City Clerk's Office**
555 S. 10th Street, Lincoln, NE 68508
(402) 441-7436

PLEASE TYPE OR PRINT; APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

INSTRUCTIONS

- All Applications must be received in the City Clerk's Office **21 CALENDAR DAYS PRIOR** to the date of the event (the day of the event, is **not counted**)
- Complete and return the **ORIGINAL and THREE COPIES** to the City Clerk's Office
- FEES:** If applicant does not have a liquor caterer's license, then a license fee of **\$40 is due** (per day) **and made payable to the Nebraska Liquor Control Commission** and a license fee of **\$80 is due** (per day) **payable to the City of Lincoln**
- TWO SEPARATE CHECKS**
- INDOOR EVENTS** for Special Designated Licenses are approved by the City Clerk
- OUTDOOR EVENTS** for Special Designated Licenses may require City Council approval. Applicant is required to attend a public hearing if Council approval is required

1. **Type of Beverage(s) to be served:** Beer Wine Distilled Spirits

2. **Name and Full Address of Applicant:** License number and Class
(City, State, County, Zip) (Example C/K) → CK22180

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

4. Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act? Yes No

Nebraska State Board of Ag 1800 State Fair Park Dr. Lincoln NE 68504

5. **Name and Address of the owner or lessee** and name of principal occupant of the premises for which the license is requested.

Chuck Matthews 402-473-4242

6. **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.**

7. **Date(s) of Event:** (If a Sunday, sales are limited to 12 noon to 1am the following Monday) **FILED**

Friday June 22 - Sunday June 24, 2007

List Alternate Date or Location in the Event of Bad Weather: **NA**

8. **Time(s) of Event:** (Example 8am to 1am, is considered one day)
FROM: See attached TO: **CITY CLERK'S OFFICE LINCOLN, NEBRASKA**

9. **Describe the Type of Activity** to be carried on during the time period for which the license is requested.
Power Up Bike Rally

10. **Provide an Estimated Number of Attendees at this Event** **10,000**. 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. **List the Number of SDL's** that you have applied for at this specific location in the last six months **0**.

12. **Description of the Premises:** Inside Building Outdoor Area → Attach City Supplemental Form

Dimensions of the area (in feet) to be covered by license: 500 x attached. Please draw in the 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 Tent Other
 If marked Fence, please describe the type: 6 high chain link fence
 If marked Other, please explain:

Outdoor Events require the City Supplemental Form to be attached.

13. Is the premises to be covered by the license located within the city 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.
Local distributors
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. 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.

20. 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 and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

| | | | |
|---------------------------------------|------------------------------|----------------|---------------------|
| Signature <u>[Signature]</u> | <u>Executive Director</u> | <u>4/10/07</u> | <u>402-473-4110</u> |
| (Authorized Representative/Applicant) | (Title) | (Date) | (Phone) |
| Signature <u>[Signature]</u> | <u>Food/Beverage Manager</u> | <u>4-10-07</u> | <u>402-473-4242</u> |
| (Supervisor) | (Title) | (Date) | (Phone) |

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 Clerk of Lincoln, Nebraska.

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. <http://www.nol.org/home/NLCC/>

*** THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS ***

**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: Power Up Bike Rally

Applicant and Sponsoring Organization or Person (if applicable): Nebraska State Board of Ag

Date of Event: Friday June 22 - Sunday June 24 Time of Event: See attached

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

Number of persons expected to attend: 10,000 Number of persons under 21 expected: 100-500?

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: See attached

Will food be served? Yes No

If yes, please list food to be served: Burger, hotdogs, BBQ, sandwiches ect.

Will non-alcoholic beverages be served: Yes No

If yes, please list non-alcoholic beverages to be served: Water, Soda, 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? Nebraska State Fair Employee's

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: _____


Applicant's Signature

4-10-07
Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR 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: 5
(height & width) (6 x 10)
2. Size & location of tent(s): NA
(heights, width, depth) (_____ x _____ x _____)
3. Size of area being used: See attached map
(height & width) (_____ x _____)
4. Location & type of cooking equipment (if used) grills, toaster, Fryers ect.
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: Chain link
(height) (6')

Please See attached