

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

Log # 182

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

DATE: 4/22/08
Return by: 5/2/08

CATERER: **X**

NON-CATERER:

APPLICANT NAME & ADDRESS: **55 DEGREES, INC. 801 S STREET**

LOCATION OF EVENT: **PUBLIC R-O-W: SW SIDE OF SAWMILL BLDG (DOCK) APPROX. 115'
X 15' (Will not use Bread & Cup Patio Space) (SEE ATTACHED MAP)**

DATE (S) & TIME(S) OF EVENT : **MAY 9, 2008; 3:00 P.M. TO 8:00 P.M.**

Alternate Dates: **None**

RECOMMENDATION OF APPROVAL OR DENIAL

RECEIVED

RF 843 APPROVED

APR 22 2008

CONDITIONS _____

**TECHNICAL
INVESTIGATIONS UNIT**

_____ DENIED

REASON(S) FOR _____

Signature

(If needed, use back for additional space)

Date

PUBLIC HEARING BEFORE COUNCIL: 5-5-08
(SDLRPT.JER)

APPLICATION FOR SPECIAL DESIGNATED LICENSE

182

Submit to: **CITY CLERK'S OFFICE**
555 S. 10th Street, Lincoln, NE 68508
(402) 441-7461

FILED

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

INSTRUCTIONS CITY OF LINCOLN
NEBRASKA

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:**
(City, State, County, Zip) *(SS Degrees, Inc.) 801 S St* License number and Class (Example C/K) → **IC76359**
Karen Shinn 356 So 53rd Lincoln, NE 68510

3. **Address or location of premises to be covered by license:**
(City, County, Zip Code)
440 No 8th St Suite 110, Lincoln NE 68508 (Lancaster)

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

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

Scammill Blg Partnership (WRK) Will Scott 440 No 8th Suite 110, Lincoln 68508

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.**

BARRY SCHMIDT (402) 489-4201

7. **Date(s) of Event:** (If a Sunday, sales are limited to 12 noon to 1am the following Monday) *May 9, 2008*

List Alternate Date or Location in the Event of Bad Weather: *cancel if date unavailable*

8. **Time(s) of Event:** (Example 8am to 1am, is considered one day)

FROM: *3:00 pm* **TO:** *8:00 pm*

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

Work Party - food, beer

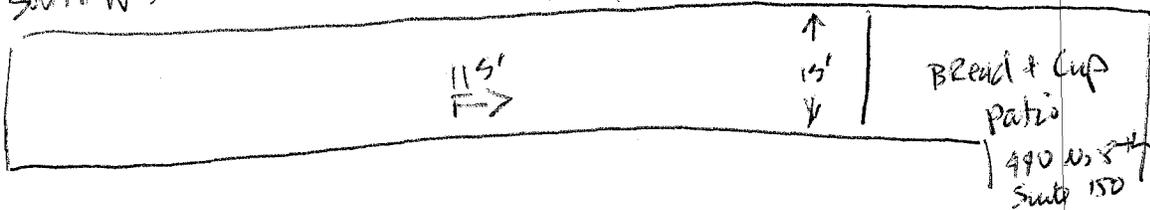
10. **Provide an Estimated Number of Attendees at this Event** *100*. If the number of attendees is over 150, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

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: 115' x 15'. Please draw in the space provided below, the area where liquors will be sold and consumed. (Length) (Width)

SOUTHWEST SIDE OF SAWMILL BLDG.



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: Metal frame on south, west sides, rope on north end.
 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. Bread and Cup IK 76359 (Catering License)
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>Karl P. Skyr</u> (Authorized Representative/Applicant)	<u>owner</u> (Title)	<u>4/21/08</u> (Date)	<u>(402) 438-2255</u> (Phone)
Signature <u>Benz D. Otto</u> (Supervisor)	<u>PE</u> (Title)	<u>4/21/08</u> (Date)	<u>402 489 4001</u> (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: Weitz Work Party

Applicant and Sponsoring Organization or Person (if applicable): _____

Date of Event: May 9, 2008 Time of Event: 3⁰⁰ pm - 8 pm

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

Number of persons expected to attend: 100 Number of persons under 21 expected: 20

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: Beer will be served in colored cups - Only adults will be permitted to drink out of colored cups.

Will food be served? Yes No

If yes, please list food to be served: hot dogs, chips, desserts

Will non-alcoholic beverages be served: Yes No

If yes, please list non-alcoholic beverages to be served: cake products

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? Catering - Bread & Cup

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: _____

[Signature]
Applicant's Signature

4/21/08
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: 2 ENTRY/EXIT
(height & width) (10' x 11')
2. Size & location of tent(s): N/A
(heights, width, depth) () x () x ()
3. Size of area being used: 115' x 15'
(height & width) (115' x 15')
4. Location & type of cooking equipment (if used) N/A
5. Location of tables & chairs: 6' tables and chairs on deck
(If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: PERMANENT GAUDEFAIL 40"
(height) (40")

