

SCAN ON
5-10-10

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

Log # 196

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

DATE: 5/3/10

Return by: 5/14/10

CATERER: X

NON - CATERER:

APPLICANT NAME & ADDRESS: TROY FALK, IRIE INC. DBA DOC'S PLACE, 140 N 8TH STREET,
SUITE 150
Alternate Dates: None

RECOMMENDATION OF APPROVAL OR DENIAL

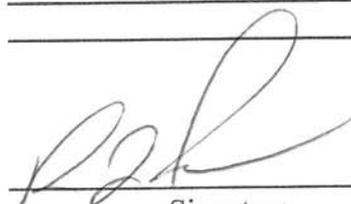


APPROVED

CONDITIONS SEE ATTACHED

DENIED

REASON(S) FOR



Signature

5-10-10

Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: PUBLIC HEARING ON MAY 17, 2010

RECEIVED

MAY 10 2010

(SDLRPT.JER)

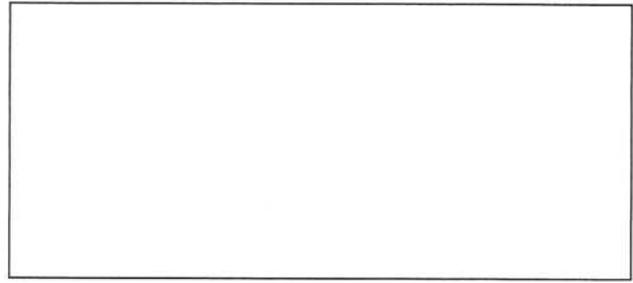
TECHNICAL
INVESTIGATIONS UNIT

Must File Supplemental Form - Attached
noise variance? - told to contact X-2 HE Dept

196

APPLICATION FOR SPECIAL DESIGNATED LICENSE RETAIL LICENSE HOLDERS

NEBRASKA LIQUOR CONTROL COMMISSION
 301 CENTENNIAL MALL SOUTH
 PO BOX 95046
 LINCOLN, NE 68509-5046
 PHONE: (402) 471-2571
 FAX: (402) 471-2814
 Website: www.lcc.ne.gov/



BEFORE SUBMITTING APPLICATION TO THE LIQUOR CONTROL COMMISSION

- Include approval from the City, Village or County Clerk where the event is to be held
- A license fee \$40 (payable to Nebraska Liquor Control Commission) for each day/event to be licensed (i.e. if you have two separate areas at one event they both need to be licensed) (unless licensed as a K Caterer no fees required)
- Application **MUST** be received at the Liquor Control Commission Office no later than 10 working days prior to event (excluding weekends, Federal and State observed holidays)

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed

- Beer Wine Distilled Spirits

2. Liquor license number and class (i.e. C-55441)

CK56820

3. Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)

NAME: Falk, Troy, J Irie Inc. DBA Doc's Place

ADDRESS: 140 North 8th Street, Suite 150

CITY Lincoln **ZIP** 68508

4. Location where event will be held; name, address, city, county, zip code

ADDRESS: 6891 A Street

CITY Lincoln **ZIP** 68506

COUNTY Lancaster

- a. Is this location within the city/village limits? YES NO
- b. Is this location within the 150' of church, school, hospital or home aged/indigent or for veterans their wives? YES NO
- c. Is this location within 300' of any university or college campus? YES NO

Must be consecutive days

5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

Date June 12th	Date	Date	Date	Date	Date
Hours From 9 am	Hours From				
To 1am	To	To	To	To	To

- a. Alternate date: n/a
- b. Alternate location: n/a
(Alternate date or location must be approved by local)

6. Indicate type of activity to be carried on during event
 Dance Reception Fund Raiser Beer Garden Sampling/Tasting Other _____

7. Description of area to be licensed
 Inside building, dimensions of area to be covered **IN FEET** 150 x 90
 Name of building Bay 110 within Clocktower Shopping Center (not square feet or acres)

- Outdoor area dimensions of area to be covered **IN FEET** 400 x 320
 (not square feet or acres)

- If outdoor area, how will premises be enclosed
 fence, type of fence snow fence chain link cattle panels other _____
 tent
 other, explain _____

*If both inside and outdoor area to be licensed include **simple sketch**

8. How many attendees do you expect at event? 2000

9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. Wrist bands, IDs checked at door, police presence, trained security guards

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

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

11. Where will you be purchasing your alcohol wholesaler retailer both

12. Will there be any games of chance operating during the event? YES NO
 If so, describe activity _____

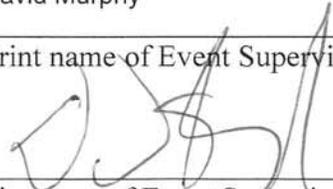
NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions: n/a

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to.

David Murphy Phone: Before 402 466-0572 During same

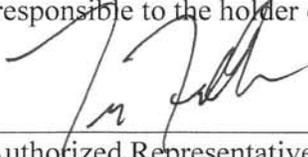
Print name of Event Supervisor



Signature of Event Supervisor

Consent of Authorized Representative/Applicant

15. 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		Owner/operator Irie Inc.	4/30/10
	Authorized Representative/Applicant	Title	Date

Troy Falk

Print Name

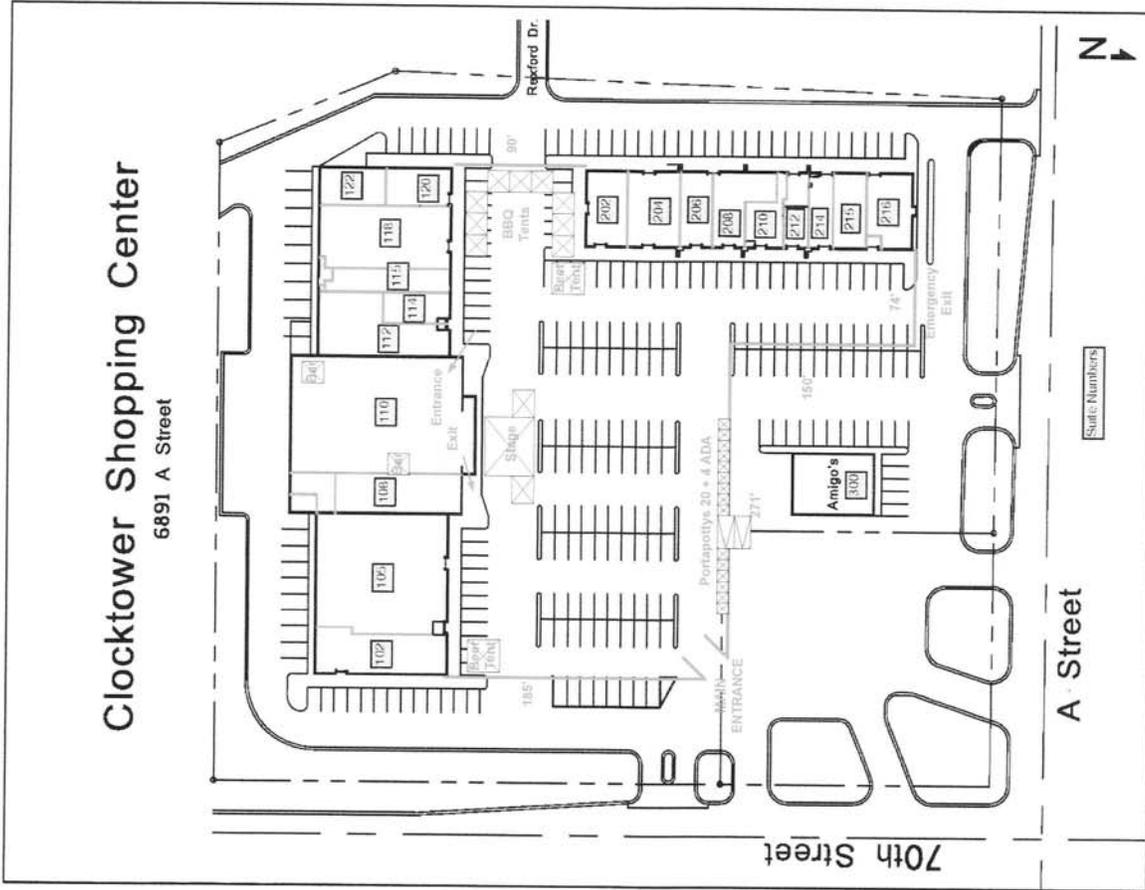
This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

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.

Clocktower Shopping Center

6891 A Street

6' Snow Fence	13,000
Indoor Square Footage (Bay 110)	79,605
Outdoor Square Footage	92,605
Total Square Footage	



*** 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: Rock the Clock

Applicant and Sponsoring Organization or Person (if applicable): Clocktower Merchants Assoc.

Date of Event: June 12, 2010 Time of Event: 10am-1am

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

Number of persons expected to attend: 2,000 Number of persons under 21 expected: 200

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: security, police officer presence, trained security, wrist bands

Will food be served? Yes No

If yes, please list food to be served: BBQ vendors - Each vendor will be required to obtain the necessary health permits and present them prior to occupying vendor tents

Will non-alcoholic beverages be served? Yes No

If yes, please list non-alcoholic beverages to be served: pop, water, juice, 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? Dev's 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: N/A

[Signature]
Applicant's Signature

5/5/10
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: 1 entry & 2 exit
(height & width) () x ()
2. Size & location of tent(s): 10' x 10' - See attached layout for location
(heights, width, depth) (8' x 10' x 10')
3. Size of area being used: Approximately 95,000 ft.²
(height & width) (335 x 400)
4. Location & type of cooking equipment (if used) BBQ Grills - located behind BBQ tents - 10' clearance ~~between~~ between BBQ & tents
5. Location of tables & chairs: See attached layout for tables and chairs - Main stage is 30' x 30' (If stage for band provided & dance area, show dimensions & site on drawing.) and side speaker stages are 10' x 24' each.
6. Height & type of fencing to be used: 6' Snow fence
(height) (6')

See attached site layout.

Clocktower Shopping Center

6891 A Street

6' Snow Fence

13,000

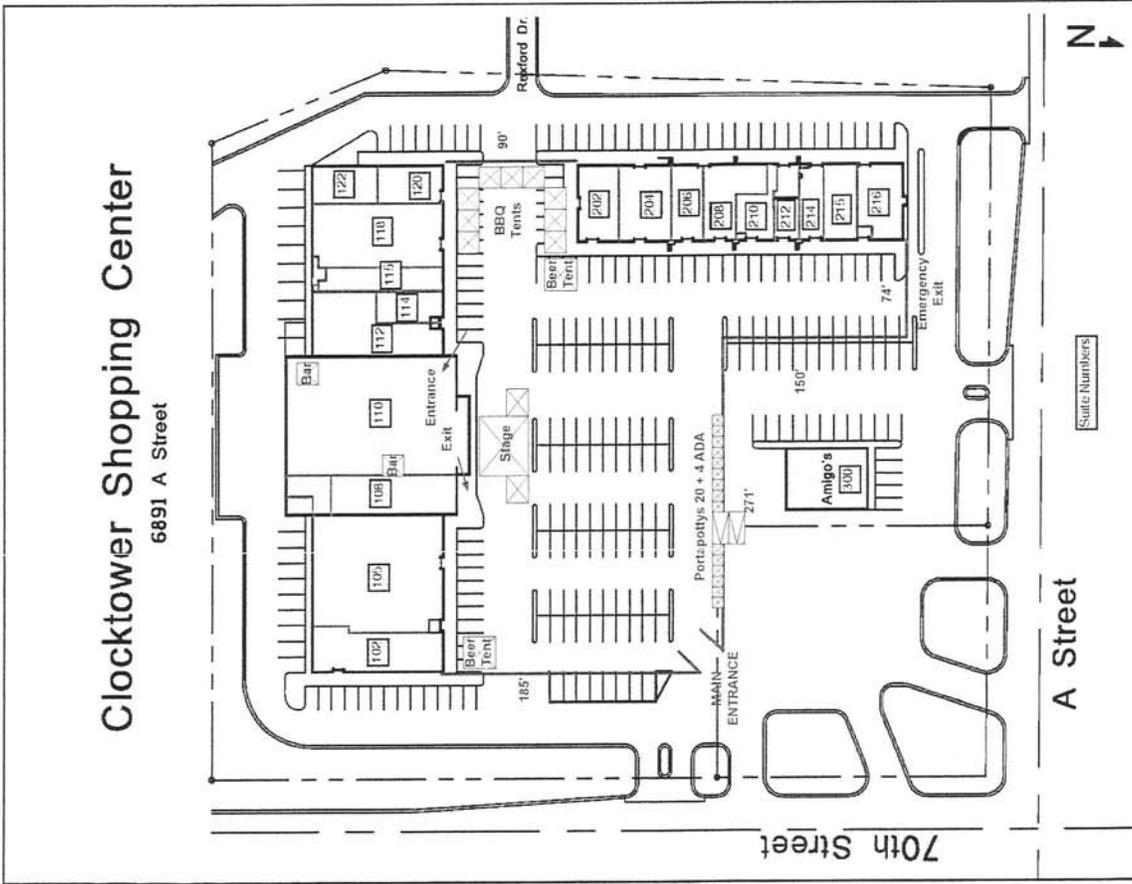
Indoor Square Footage (Bay 110)

79,605

Outdoor Square Footage

92,605

Total Square Footage



Suite Numbers

If approved the following requirements must be followed:

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.
6. All required permits must be obtained.