REPORT TO CITY CLERK **Log # 221-227**
SPECIAL DESIGNATED LICENSE APPLICATION

X Police
_____ City Attorney
_____ Bureau of Fire Prevention
_____ Health Department

DATE: 5/31/11
Return by: 6/10/11

CATERER:**X** NON - CATERER:

APPLICANT NAME & ADDRESS: LINCOLN PUB GROUP, INC. DBA THE N-ZONE, 728 ½ Q ST

DATE & HOURS OF EVENT : HUSKER HOME GAME TAILGATE SDL EVENTS ON SEPT 3, 10, 17; OCT 8, 29; NOV 5, 25. 8AM TO 1AM EACH DATE.

ALTERNATE DATE(S): NONE

RECOMMENDATION OF APPROVAL OR DENIAL

_____ APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

Signature 843

5-31-11
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL:*JULY 18, 2011.*

(SDLRPT.JER)

221

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) 76569 CK

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

   NAME: LINCOLN PUB GROUP, INC

   ADDRESS: 728 Q St.

   CITY LINCOLN, NE **ZIP** 68508

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

   ADDRESS: THE N-ZONE
   728 Q ST

   CITY LINCOLN, NE **ZIP** 68508

   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 then six (6) consecutive days on one application)

Date 9/3/11	Date	Date	Date	Date	Date
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
8 AM To 1 AM	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** _____ x _____

Name of building _____ (not square feet or acres)

☒ Outdoor area dimensions of area to be covered **IN FEET** 60 x 80

(not square feet or acres)

If outdoor area, how will premises be enclosed

☐ fence, type of fence ☒ snow fence ☐ chain link ☐ cattle panels ☒ other PERMANENT WOOD FENCE

☐ tent

☒ other, explain 2 SIDES ARE BRICK WALLS OF ADJACENT BLDG.

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

8. How many attendees do you expect at event? 150

9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages.

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 THE N-ZONE HAS KENO (INSIDE ONLY)

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:

14. Name and **telephone number/cell phone number** of immediate **supervisor.** This person will be at t 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.

MIKE FIGUEROA Phone: Before 402 314-5609 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 _____ V.P. / OWNER 5/26/11
Authorized Representative/Applicant Title Date

MIKE FIGUEROA
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.

*** 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: THE N-ZONE BEER GARDEN - HUSKER FOOTBALL GAME

Applicant and Sponsoring Organization or Person (if applicable): LINCOLN PUB GROUP, INC.

Date of Event: 9/3/11 Time of Event: 8 AM - 1 AM

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

Number of persons expected to attend: 150 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: MINORS ARE NOT PERMITTED ON PREMISES. SECURITY STAFF WILL CHECK I.D.'S AT ALL ENTRANCES.

Will food be served? ☒ Yes ☐ No

If yes, please list food to be served: BBQ, PIZZA, WINGS

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? N-ZONE 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:

M Siguen
Applicant's Signature

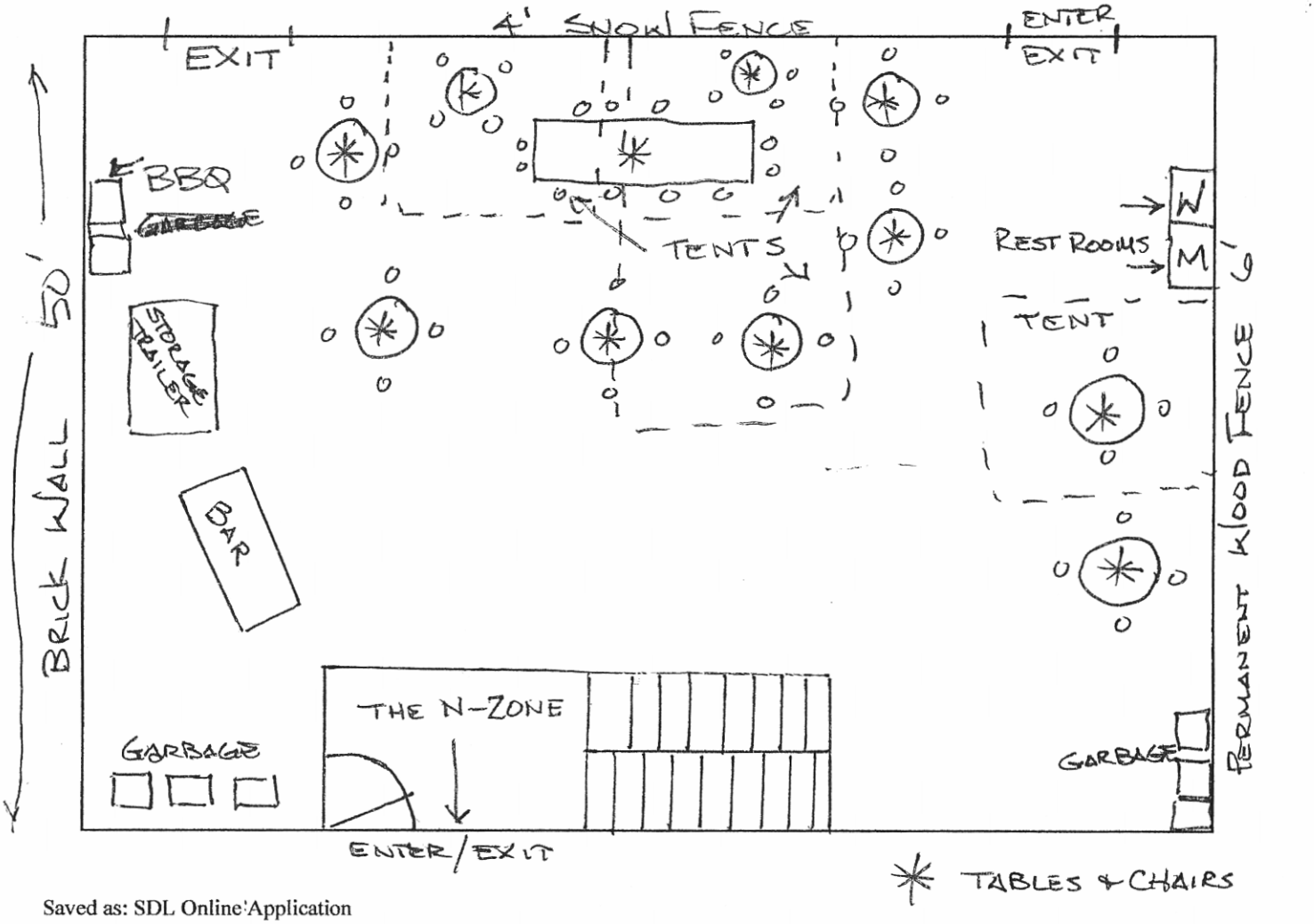
5/26/11
Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL <u>OUTDOOR EVENTS</u>

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: 3 EXITS (1 - 3ft WIDE TO BUILDING) 2 - 6 ft WIDE
   (height & width) (x)
2. Size & location of tent(s): (10 x 10 x)
   (heights, width, depth)
3. Size of area being used: (65' x 50')
   (height & width)
4. Location & type of cooking equipment (if used) POSSIBLE BBQ
5. Location of tables & chairs: SEE DIAGRAM
   (If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: W - 20' BRICK N - 4' SNOW E - 6' WOODEN S - 20' BRICK
   (height) ( )



Saved as: SDL Online Application