

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

Log # 133

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

DATE: 4/19/12

Return by: 4/27/12

CATERER:

NON - CATERER:

APPLICANT NAME & ADDRESS: MEIER'S WINE INC, 1244 SOUTH STREET. ALTERNATE
LOCATION: CENTER FOR PEOPLE IN NEED, 3901 N 27TH ST

ALTERNATE DATE(S): NONE

RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 843
Signature

4-23-12
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: APRIL 30, 2012

(SDLRPT.JER)

RECEIVED

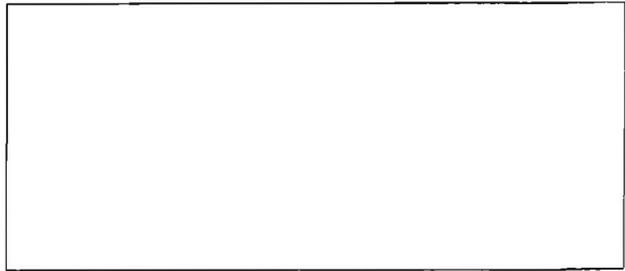
APR 23 2012

TECHNICAL
INVESTIGATIONS UNIT

Russ

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)

84621 CK

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

MEIER'S WINE, INC
NAME: D.B.A. MEIER'S CORK 'N BOTTLE

ADDRESS: 1244 SOUTH ST

CITY LINCOLN ZIP 68502

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

ADDRESS: 215 CENTENNIAL MALL SOUTH

CITY Lincoln 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 than six (6) consecutive days on one application)

Date	Date	Date	Date	Date	Date
MAY 10, 2012					
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
3:00pm To 8:00pm	To	To	To	To	To

- a. Alternate date: _____
- b. Alternate location: CENTRAL FOR PEOPLE IN NEED 3901 N. 27th, Lincoln, NE 68521
(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** 75' x 75'
 Name of building LINCOLN COMMUNITY FOUNDATION GARDEN (not square feet or acres)
 Outdoor area dimensions of area to be covered **IN FEET** 160' x 120'
 (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? 200
9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. ALL PATRONS TO BE CHECKED AT SEVERAL STATIONS.
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:

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.

KEVIN MEIER Phone: Before 402 476 1518 During 402 853 2221
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  PRES. 4/18/12
Authorized Representative/Applicant Title Date

KENNETH C MEIER
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: RETIREMENT RECEPTION

Applicant and Sponsoring Organization or Person (if applicable): MELO'S CORK N BOTTLE

Date of Event: MAY 10, 2012 Time of Event: 3:00pm 8:00pm

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

Number of persons expected to attend: 200 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: ALL PATRONS TO
BE CARDED AT ALCOHOL SERVING STATIONS

Will food be served? Yes No

If yes, please list food to be served: CATERED APPETIZERS

Will non-alcoholic beverages be served: Yes No

If yes, please list non-alcoholic beverages to be served: SOFT DRINKS, H2O

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

Will this be a cash or complimentary bar? Cash Complimentary

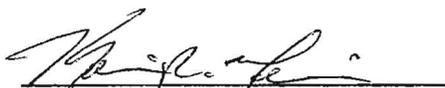
Who will serve the beverages containing alcohol? MELO'S CORK N BOTTLE

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

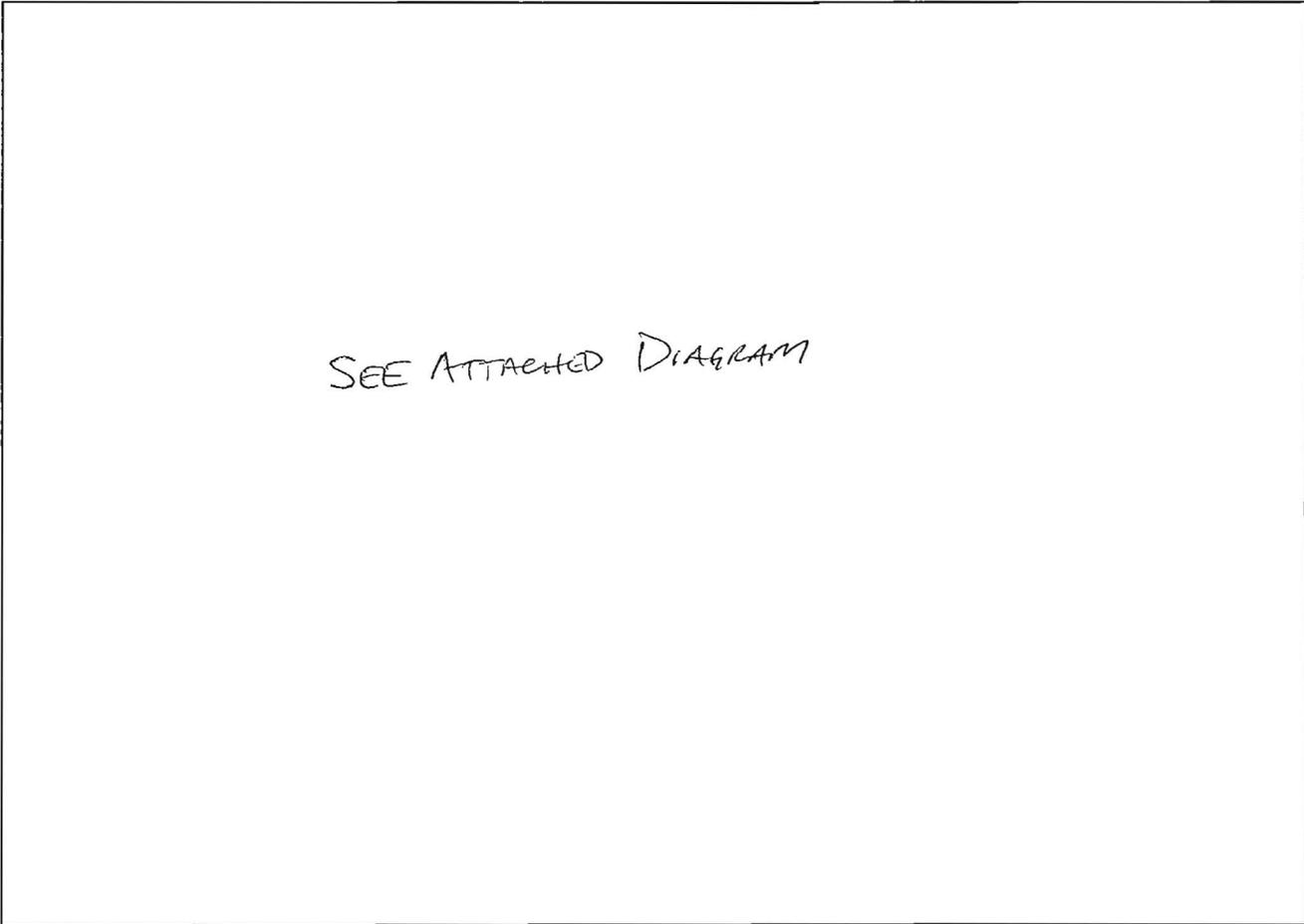
4/18/12
Date

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
(height & width) (8' x 20')
2. Size & location of tent(s): N/A
(heights, width, depth) (_____ x _____ x _____)
3. Size of area being used: 160' x 120'
(height & width) (_____ x _____)
4. Location & type of cooking equipment (if used) N/A
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: 8' IRON
(height) (_____)



LAYOUT OF LCF GARDEN

