

**REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION**

\_\_\_\_\_ Police  
\_\_\_\_\_ City Attorney  
\_\_\_\_\_ Bureau of Fire Prevention  
\_\_\_\_\_ Health Department

DATE: 6/28/12  
Return by: 7/9/12

CATERER: **X**

NON - CATERER:

**APPLICANT NAME & ADDRESS: OLD FEDERAL PLACE, LLC DBA GRAND MANSE, 129 N 10<sup>TH</sup> STREET**

**DATE OF EVENT/S: HUSKER HOME GAME DAYS: SEPTEMBER 1, 15, 22, 29; OCTOBER 27; NOVEMBER 10, 17, 2012**

**ALTERNATE DATE(S): NONE**

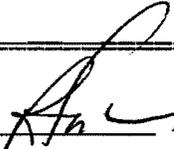
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**RECOMMENDATION OF APPROVAL OR DENIAL**

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 APPROVED

CONDITIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ DENIED

REASON(S) FOR \_\_\_\_\_

**RECEIVED**

~~JUN 29 2012~~

TECHNICAL  
INVESTIGATIONS UNIT

 Signature

\_\_\_\_\_  
Date

(If needed, use back for additional space)

**PUBLIC HEARING BEFORE COUNCIL: JULY 16, 2012**

(SDLRPT.JER)

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/

#1 thru #7

**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)

CK-87861

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

NAME: Old Federal Place, LLC

ADDRESS: 129 N 10<sup>th</sup> Street

CITY Lincoln ZIP 68508

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

ADDRESS: 129 N 10<sup>th</sup> Street

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
9/11/12					
Hours From 8am	Hours From				
To 2am	To	To	To	To	To

- a. Alternate date: NA
- b. Alternate location: NA  
(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** 27' x 260'  
 (not square feet or acres)

If outdoor area, how will premises be enclosed  
 fence, type of fence  snow fence  chain link  cattle panels  other 3.5 White picket fence  
 tent  
 other, explain \_\_\_\_\_

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

8. How many attendees do you expect at event? 500

9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. Wristbands 21 and over only event

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.

- 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
9/15/12					
Hours From 8 AM	Hours From				
To 2 AM	To	To	To	To	To

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

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 Dance  Reception  Fund Raiser  Beer Garden  Sampling/Tasting  Other \_\_\_\_\_

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 Name of building \_\_\_\_\_ (not square feet or acres)

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 (not square feet or acres)

If outdoor area, how will premises be enclosed  
 fence, type of fence  snow fence  chain link  cattle panels  other 3.5 White picket fence  
 tent  
 other, explain \_\_\_\_\_

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

8. How many attendees do you expect at event? 500

9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. Wristbands 17 and over only event

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  
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- 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
9/22/12					
Hours From 8am	Hours From				
To 2am	To	To	To	To	To

- a. Alternate date: NA
- b. Alternate location: NA  
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 Name of building \_\_\_\_\_ (not square feet or acres)

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 (not square feet or acres)

If outdoor area, how will premises be enclosed

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- other, explain \_\_\_\_\_

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YES  NO

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

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- 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
9/29/12					
Hours From 8am	Hours From				
To 2am	To	To	To	To	To

a. Alternate date: NA

b. Alternate location: NA  
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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
10/27/12					
Hours From 8am	Hours From				
To 2am	To	To	To	To	To

a. Alternate date: NA

b. Alternate location: NA  
**(Alternate date or location must be approved by local)**

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

Date	Date	Date	Date	Date	Date
11/10/12					
Hours From 8AM	Hours From				
To 2AM	To	To	To	To	To

- a. Alternate date: NA
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5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

Date	Date	Date	Date	Date	Date
11/17/12					
Hours From 8am	Hours From				
To 2AM	To	To	To	To	To

a. Alternate date: NA

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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.

Ashley Ziegenbain Phone: Before 402-217-2008 During 402-476-4560  
Print name of Event Supervisor

*Ashley Ziegenbain*  
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 *Lisa Froehlich* *Owner* *6-14-12*  
Authorized Representative/Applicant Title Date

*Lisa Froehlich*  
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.

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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.

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**\* 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: Legends Field at Grand Manse

Applicant and Sponsoring Organization or Person (if applicable): \_\_\_\_\_

Date of Event: 9/11; 9/15; 9/22; 9/29; 10/27; 11/10; 11/17 Time of Event: 8am - 2am

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

Number of persons expected to attend: 500 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: Fenced in, security guards per 100 guests, whistbands on eligible ID'd guests

Will food be served?  Yes  No

If yes, please list food to be served: \_\_\_\_\_

Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: Pepsi 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

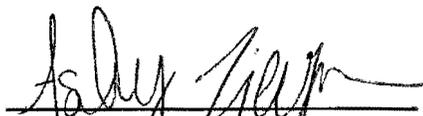
Who will serve the beverages containing alcohol? Grand Manse employees

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

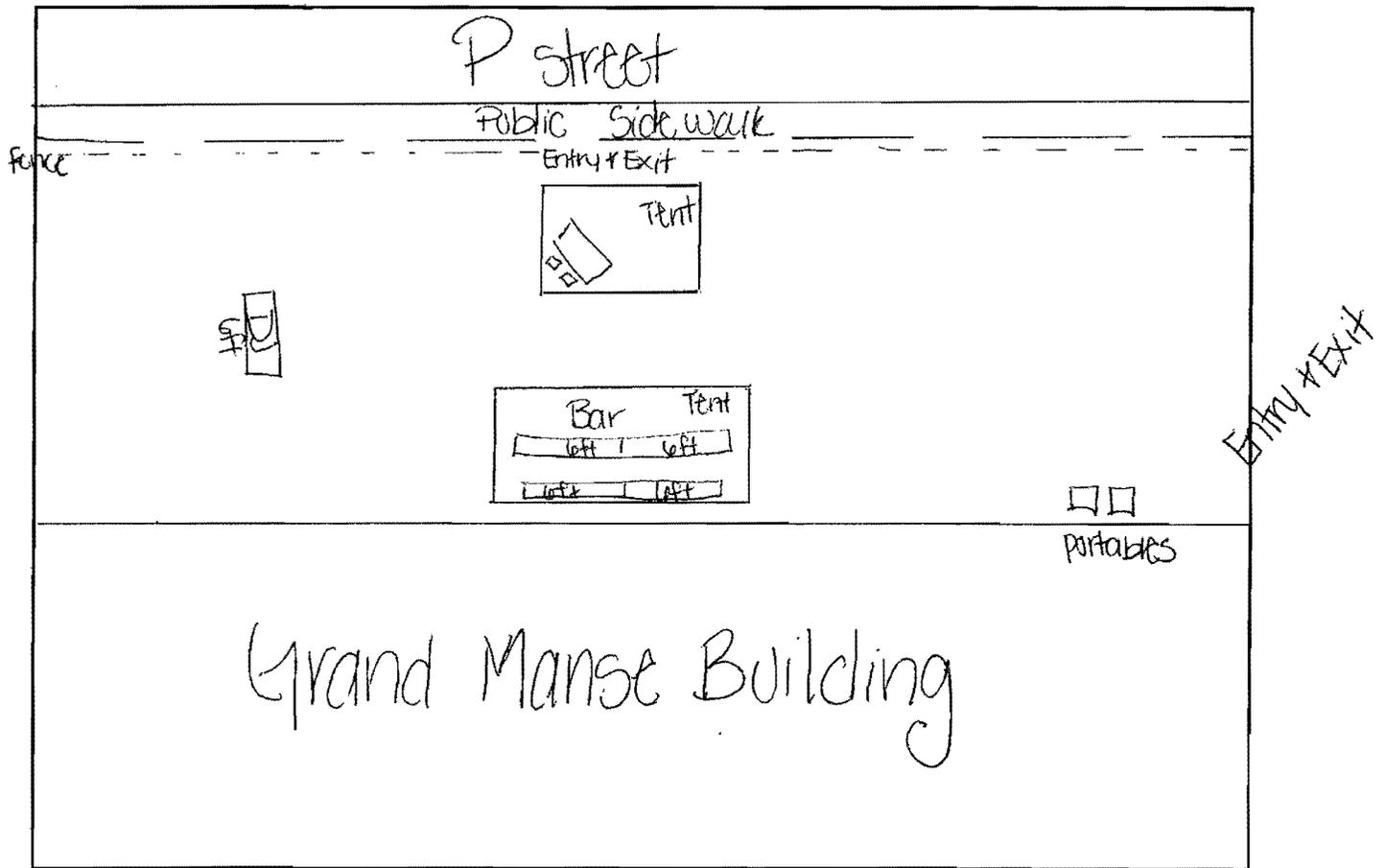
10/14/12  
Date

**\*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.

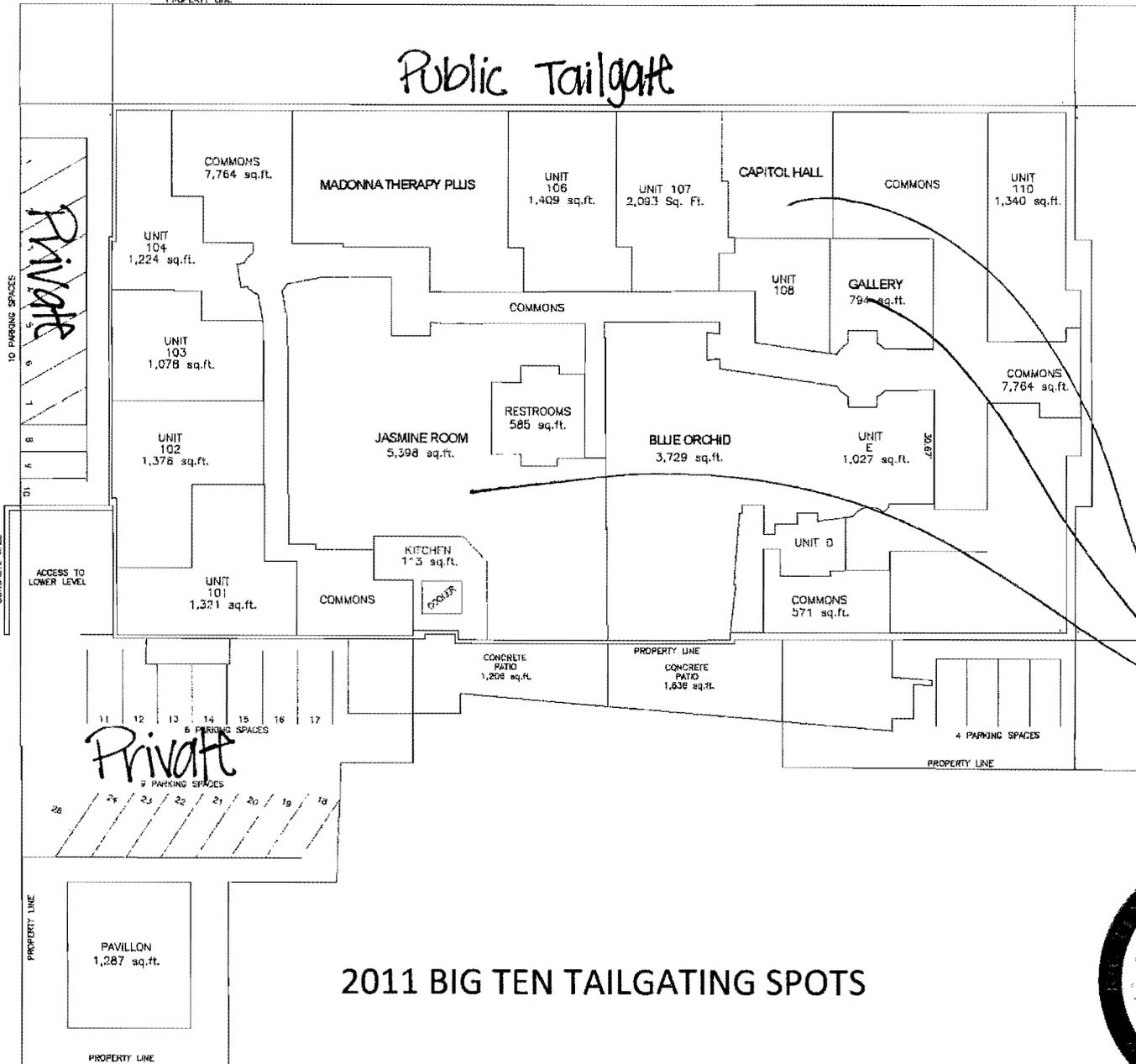
1. Number of Entry & Exit Points & Dimensions: 2  
(height & width) ( 7 x 4 )
2. Size & location of tent(s): 2 tents 1.7x12x12 2.7x15x12  
(heights, width, depth) ( x x )
3. Size of area being used: Outdoor event on the side of our building  
(height & width) ( 27 x 200 )
4. Location & type of cooking equipment (if used) NA
5. Location of tables & chairs: 6 6ft tables / 2 chairs  
(If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: 3 1/2' white picket fence  
(height) ( 3 1/2 )



"P" STREET ROW

Public Tailgate

No. 9th STREET ROW



Private

Private

No. 10th STREET ROW

Already Licensed

### 2011 BIG TEN TAILGATING SPOTS

