

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

Police
 City Attorney
 Bureau of Fire Prevention
 Health Department

DATE: 9/6/12
Return by: 8/6/12

CATERER: X

NON - CATERER:

APPLICANT NAME & ADDRESS: WMJD, LLC DBA SINGLE BARREL, 130 N 10TH ST

DATE OF EVENT/S: SEPTEMBER 29,2012; 8AM TO 12 AM

ALTERNATE DATE(S): NONE

RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 #843
Signature

RECEIVED

SEP 07 2012

TECHNICAL
INVESTIGATIONS UNIT
Date

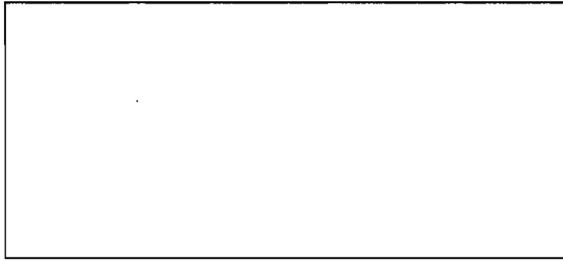
(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: XXXXXXXXXX

(SDLRPT.JER)

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)

CK-96079

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

NAME: WMJD, LLC. DBA SINGLE BARREL

ADDRESS: 7200 SILVERTHORN DR.

CITY LINCOLN ZIP 68521

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

ADDRESS: 130 N 10TH ST

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
9/29/12					
Hours From 8 AM	Hours From				
To 12 PM	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 18' 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**

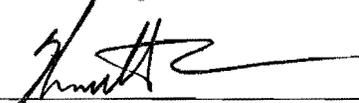
8. How many attendees do you expect at event? 1000 INSIDE/OUTSIDE
9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. ~~21+ ONLY~~ 21+ ONLY, SECURITY AT EVERY ENTRANCE, WRISTBANDS
10. Will premises to be covered by license comply with all 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:

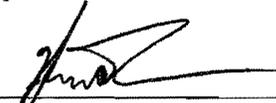
14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable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

HEATH MAIOMBER Phone: Before 402-730-5157 During 402-730-5157
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 
Authorized Representative/Applicant Title MEMBER MEMBER Date 8/30/12

HEATH MAIOMBER
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

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: 6 TOTAL, 2 10FT EXITS, 1 20' GARAGE DOOR, 2 6FT DOUBLE DOORS
(height & width) () x () 1 3' DOOR
2. Size & location of tent(s): 1 10'x10' POP UP TENT AT ENTRANCE
(heights, width, depth) () x () x ()
3. Size of area being used: 2160 sq. FT
(height & width) (18) x (120)
4. Location & type of cooking equipment (if used) SINGLE BARREL MAIN KITCHEN INSIDE
GRILL ON OUTSIDE SOUTH SIDE
5. Location of tables & chairs: _____
(If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: 6 FT PORTABLE FENCE
(height) ()

