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APPLICATION FOR SPECIAL DESIGNATED LICENSE
CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

FILED
CITY CLERK'S OFFICE
2014 APR 17 AM 8
CITY OF LINCOLN
NEBRASKA

DO YOU NEED POSTERS? YES ☐ NO ☑

RETAIL LICENSE HOLDER ☑

NON PROFIT APPLICANT ☐

Non Profit Status (check one that best applies):
Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

COMPLETE ALL QUESTIONS

1. Beer ☑ Wine ☐ Distilled Spirits ☐

2. Liquor license number and class (i.e. C55441, CK55441)
(If you're a nonprofit organization leave blank) L96497

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

NAME:	Blue Blood Brewing Company, Inc.		
ADDRESS:	500 West South Street, Suite 8		
CITY:	Lincoln	**ZIP:**	68522

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

BUILDING NAME:	500 Building		
ADDRESS:	500 West South St.	**CITY:**	Lincoln
ZIP:	68522	**COUNTY & COUNTY #:**	Lancaster, 2

a. Is this location within the city/village limits? YES ☑ NO ☐

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES ☐ NO ☑

c. Is this location within 300' of any university or college campus YES ☐ NO ☑

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

Date May 10	Date	Date	Date	Date	Date
Hours From 12:00 pm	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 10:00 pm	To	To	To	To	To

a. Alternate date: _____

b. Alternate location: _____
(**Alternate date or location must be specified in local approval)**

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_____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 70 x 90
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?
☐ fence ☑ snow fence ☐ chain link ☐ cattle panel ☐ tent
other: _____

8. How many attendees do you expect at event? 100

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)
All patrons will be carded and wristbanded to identify those over 21.

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. Retailer: Will you be purchasing your alcohol from a wholesaler? YES☐ NO☑
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler ☐ Retailer ☐ (includes wineries) Both ☐ BYO ☑

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 (**must** be received by Commission 30 days prior to event, complete NLCC form 140): _____

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. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Ralph Allen

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-202-4843 During 402-202-4843

Email address: ralph@bluebloodbrewing.com

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 _____ President 4/16/2014
Authorized Representative/Applicant Title Date

Brian Podwinski
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.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	Beer Garden		
Applicant and Sponsoring Organization or Individual (if applicable):			Blue Blood Brewing Co.
Date(s) of Event:	May 10, 2014	Hours:	12:00 pm to 10:00pm
Alternate Date(s):		Hours:	

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 will be carded and wristbanded to identfy those over 21 years of age.

Will food be served? ☑ Yes ☐ No If yes, please list food to be served: _____

A local food truck, yet to be identified, will be present.

Will non-alcoholic beverages be served: ☑ Yes ☐ No
If yes, please list non-alcoholic beverages to be served: Bottled water.

Who will serve the beverages containing alcohol? Blue Blood Staff
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server 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

4/16/2014 Date

SITE PLAN INFORMATION
REQUIRED FOR ALL OUTDOOR EVENTS

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 ' x 4 ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (70 x 90)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

See Attached Diagram

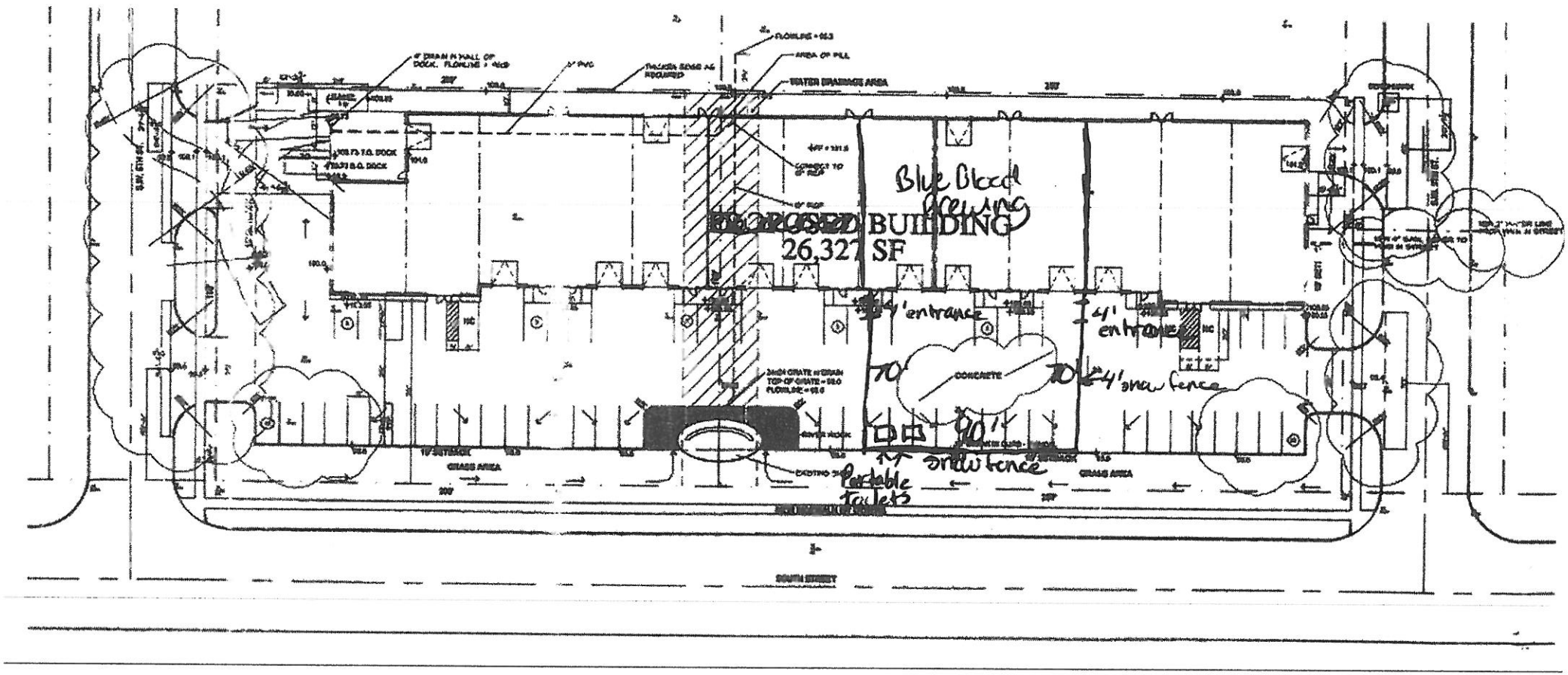
ATTACH EXTRA PAGES IF NECESSARY

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Brian Podwinski	8/8/78	4024772337	No
Kyle Podwinski	11/15/91	4024772337	No
Amanda Podwinski	5/1/82	4024772337	No
Nate Shapiro		4024772337	No
Ralph Allen		4024772337	No
Nick Schiffenmiller		4024772337	No
Becky Vaspir		4024772337	No
Sara Marcellus		4024772337	No



BUILDING
26,327 SF
Blue Blood Brewing
4' entrance
4' entrance
70'
70'
4' snow fence
90'
snow fence
Portable toilets
CONCRETE
GRASS AREA
GRASS AREA
WATER DRAINAGE AREA
SOUTH STREET