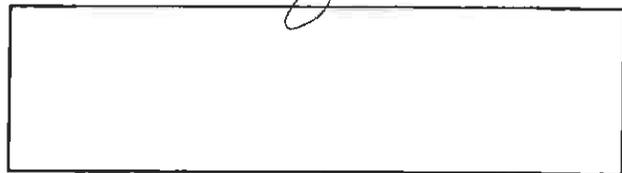


APPLICATION FOR SPECIAL DESIGNATED LICENSE

CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN, NE 68508
PHONE: (402) 441-7438

Cirque Du Soleil



Special Designated License (SDL) Application Quick Checklist

Revised 7/18/13

Requirements:

- ✓ Applications must be completed legibly **or they will be returned.**
- ✓ Submit 1 **original** application via U.S. mail (allow a minimum of 2 extra days if mailing) or hand delivery.
- ✓ Applications must be received in our office 21 calendar days prior to day of event. Includes caterer & non caterer. *The Application must be received in Nebraska Liquor Control Commission (NLCC) office a **MINIMUM** of ten (10) working days prior to the date of event (when counting days exclude weekends and holidays) **NO EXCEPTIONS**
- ✓ Applications, including the Supplemental Forms, for outdoor events must be filed 21 calendar days prior to day of event & may require public hearing before City Council.
- ✓ Outdoor Husker Home Football Game Day Events: 1) Must be held on property immediately adjacent to the applicant's liquor licensed premise - **NO EXCEPTIONS**; 2) Must file 21 calendars day prior to event; 3) include supplemental form; 4) requires City Council approval.
- ✓ Indoor Husker Home Football Game Day events must be filed 21 calendar days prior to event.
- ✓ Only 501c Non-profits **or** retail liquor license holders can apply for special designated licenses.
- ✓ Non-profits: 1) must complete page 5 and pay appropriate fees; 2) Two checks must be submitted with application: a) \$40/day payable to Nebraska Liquor Control Commission; b) \$80/day payable to City of Lincoln; 3) If an outdoor event, must complete the Supplemental Form & Site Plan Pages; 4) Must complete the Server/Seller Applicant Information Sheet.
- ✓ When requesting an exemption from NLCC rules, i.e. waiver of double fencing, request must be received in (NLCC) office a **MINIMUM** of 30 days prior to the date of the event, waiving double fence must complete form 140. Contact NLCC at (402) 471-2571.
- ✓ Non caterer license holders must deposit 2 checks w/City Clerk: \$40/day payable to Nebraska Liquor Control Commission; \$80/day payable to City of Lincoln. This includes non profit organizations (i.e., charitable, political, religious)
- ✓ Server/Seller training is **required** for **anyone** serving alcohol, including nonprofit corporations. Wholesale employees are not allowed to sell/serve alcoholic beverages. Call the Food Safety Program at 402-441-6280. Flyer attached.
- ✓ If requesting sales on Sunday attach copy of local ordinance or resolution

Information:

- ✓ Non caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
- ✓ Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license
- ✓ \$80.00 late filing fee imposed on licensed caterer if not filed within 21 calendar day timeline.



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)

CK104580

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

NAME:	PINNACLE BANK ARENA		
ADDRESS:	400 PINNACLE ARENA DRIVE		
CITY:	LINCOLN	ZIP:	68508

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

BUILDING NAME:	PINNACLE BANK ARENA		
ADDRESS:	400 PINNACLE ARENA DR.	CITY:	LINCOLN
ZIP:	68508	COUNTY & 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 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 6.24.2014	Date 6.25.2014	Date	Date	Date	Date
Hours From 10 AM	Hours From 10 AM	Hours From	Hours From	Hours From	Hours From
To 2 AM	To 2 AM	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A
(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** Stadium Terrace 83 & 56 x 176 13,000 sq ft
 (not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** _____ x _____

***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? 7,000

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S

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

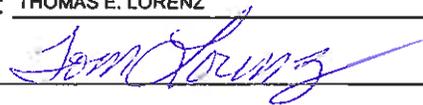
11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler Retailer Both BYO
(includes wineries)

12. Will there be any games of chance operating during the event? YES NO
If so, describe activity: N/A

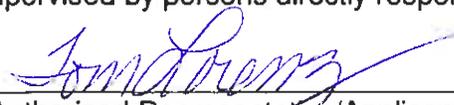
NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special 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): N/A

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: THOMAS E. LORENZ
Signature of Event Supervisor: 
Event Supervisor phone: Before 402-904-4444 During 402-416-5227
Email address: TLORENZ@SMGLINCOLN.COM

15. Consent of Authorized Representative/Applicant
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  GENERAL MANAGER 4.28.2014
Authorized Representative/Applicant Title Date
THOMAS E. LORENZ
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.

This page is required to be completed by Non Profit applicants only.

**Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

NAME OF CORPORATION

FEDERAL ID NUMBER

SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS _____ DAY OF _____,

NOTARY PUBLIC SIGNATURE & SEAL

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	CIRQUE DU SOLEIL		
Applicant and Sponsoring Organization or Individual (if applicable):	PINNACLE BANK ARENA		
Date(s) of Event:	JUNE 24-25, 2014	Hours:	8:00 PM
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: _____

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S

Will food be served? Yes No If yes, please list food to be served: POPCORN, HOTDOGS,

NACHOS, PRETZELS, HAMBURGERS, ETC.

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: BOTTLE WATER & PEPSI PRODUCTS

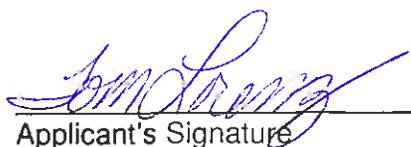
Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

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

4.28.2014

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.

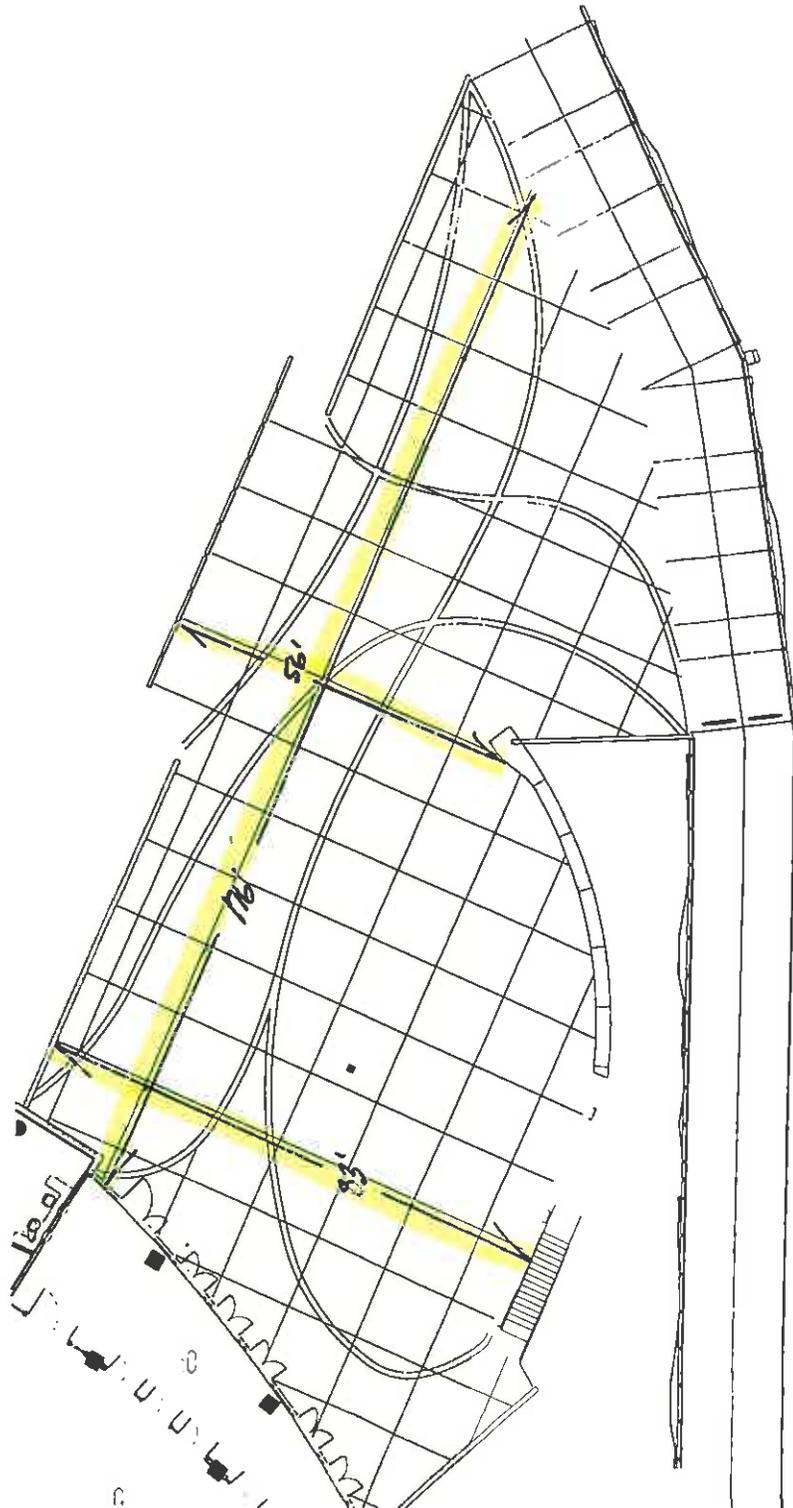
1. Number of Entry & Exit Points & Dimensions: (_____ ' x _____')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____ x _____)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & 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.

PLEASE SEE ATTACHED MAP

ATTACH EXTRA PAGES IF NECESSARY

Stadium Terrace



Stadium
Terrace

Pinnacle Bank
Arena

