APPLICATION FOR SPECIAL DESIGNATED LICENSE

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/

FILED
CITY CLERK'S OFFICE
2014 MAY 15 PM 12 39
CITY OF LINCOLN
NEBRASKA

DO YOU NEED POSTERS? YES ☑ **NO** ☐

RETAIL LICENSE HOLDERS ☒

NON PROFIT APPLICANTS ○

Non Profit Status (check one that best applies)

Municipal ○ Political ○ Fine Arts ○ Fraternal ○ Religious ○ Charitable ○ Public Service ○

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)
(If you're a nonprofit organization leave blank) YK-80900

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

NAME: Murman, Michael, Glacial Till Vineyard & Winery, LLC

ADDRESS: 344 S. 2nd Rd. (mailing: PO Box 283 Bennet NE 68317)

CITY Palmyra **ZIP** 68418

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

BUILDING NAME Old Cheney Road Farmers Market

ADDRESS: 5500 Old Cheney Rd. **CITY** Lincoln

ZIP 68516 **COUNTY and 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 8/17/2014	Date	Date	Date	Date	Date
Hours From 10am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2pm	To	To	To	To	To

a. Alternate date: _____

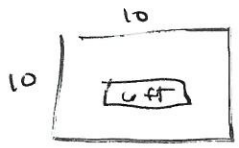
b. Alternate location: _____
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

◯ Dance ◯ Reception ◯ Fund Raiser ◯ Beer Garden ◉ Sampling/Tasting

Other Retail Bottle Sales

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** 10 x 10
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**



If outdoor area, how will premises be enclosed?
X Fence; ___snow fence ☐ chain link ☐ cattle panel
___other _____
X Tent

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)
Check ID's before serving. Must be consumed at our booth. Wines sold for off-sale cannot be consumed at event. Only serving 1/2 oz sample.

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 X**
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 _____

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. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor Tim Murman

Signature of Event Supervisor _____

Event Supervisor phone: Before 4022022887 During 4022022887

Email address tim@glacialtillvineyard.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 _____ Manager 5/15/2014

Authorized Representative/Applicant | Title | Date

Tim Murman

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:	Old Cheney Road Farmers Market		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	8/17/2014	Hours:	10am-2pm
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: ID's will be checked at the table for 1/2 oz sample. must be consumed at table. wine sold for off sale only

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: _____

Who will serve the beverages containing alcohol? see attached sheet
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

5/15/2014
Date

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
Jordan Goodrich	2/10/92	4022170717	no
Tim Murman	4/27/86	4022022887	no
John Murman	7/11/83	4027305129	no
Craig Murman	10/23/89	4026177226	no
Mike Murman	1/28/57	40281788147	no

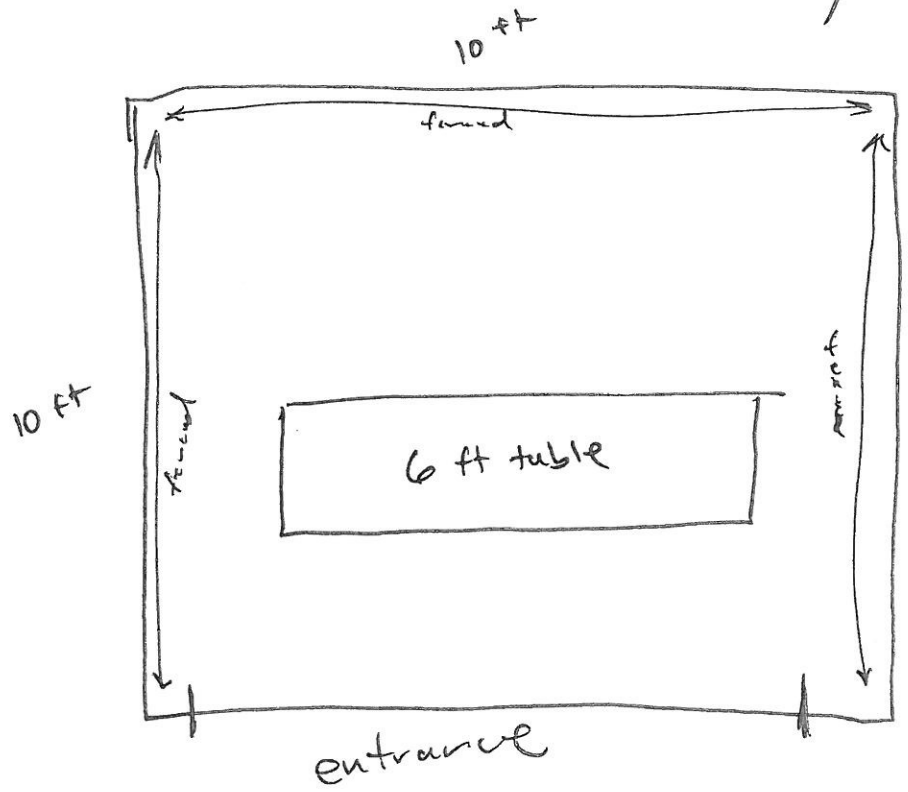
SITE PLAN INFORMATION
REQUIRED FOR ALL OUTDOOR EVENTS

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: ([redacted] x [redacted]') 10x10
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (10 x 10)
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.

[redacted] - side rail skirt fencing will cover 3 sides of our tent
- approximately 4 ft tall
- sample served inside of tent @ table only



- same set up will be used at each farmers market that we license 6 total days.

ATTACH EXTRA PAGES IF NECESSARY