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

DO YOU NEED POSTERS? YES ☑ NO ☐

FILED
CITY CLERK'S OFFICE
2014 MAY 22 PM 3 30
CITY OF LINCOLN
NEBRASKA

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) CK086816

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

NAME:	Omaha Exposition & Racing Inc.		
ADDRESS:	6303 "Q" Street		
CITY:	Omaha	**ZIP:**	68117

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

BUILDING NAME:	Lincoln Race Course		
ADDRESS:	7055 S 1st Street	**CITY:**	Lincoln
ZIP:	68512	**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 6/7/14	Date	Date	Date	Date	Date
Hours From 9am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight (6/8/14)	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: Simulcast Pari-Mutuel Horse Racing/Belmont Stakes

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** 40 x 80
***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? 250

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 persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be able to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

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: Pari-Mutuel wagering, pickle cards, Keno

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: Christy Harris

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-708-6900 During 402-708-6900

Email address: charris@lincolnracing.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 _____ General Manager 5/22/14
Authorized Representative/Applicant Title Date

Christy Harris
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:	Belmont Weekend Event		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	6/7/14	Hours:	9am to Midnight (6/8/14)
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 persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be able to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

Will food be served? ☑ Yes ☐ No If yes, please list food to be served: The same food items that will be served inside the facility.

Will non-alcoholic beverages be served: ☑ Yes ☐ No
If yes, please list non-alcoholic beverages to be served: Soda, water, tea, coffee, non-alcoholic beer

Who will serve the beverages containing alcohol? Authorized servers and bartenders
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

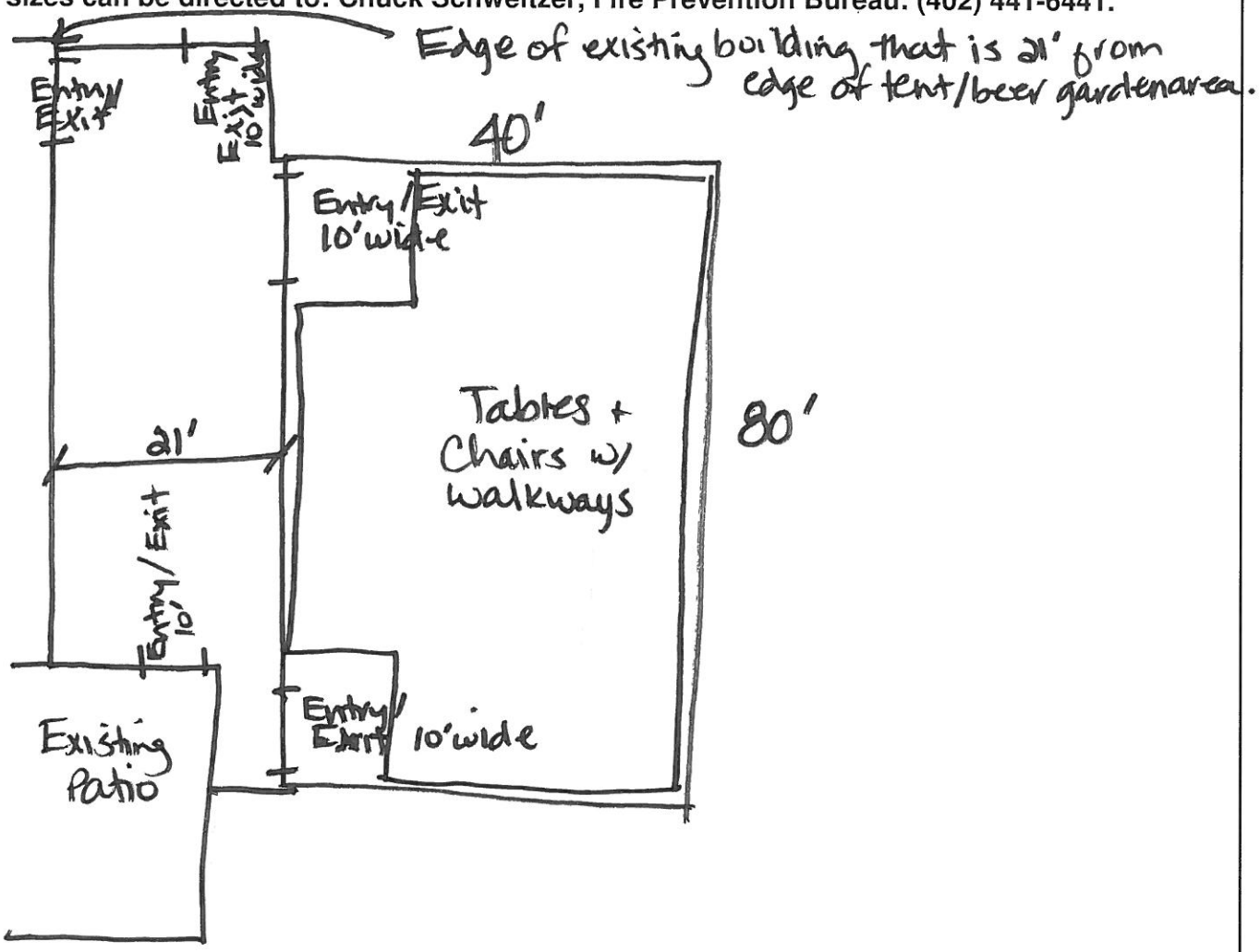
5/22/14
Date

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: (10' tall ' x 10' wide ')
2. Size & location of tent(s) (heights, width, depth) 40' x 80'
3. Size of area being used (40' x 80') and transition area.
4. Location & type of cooking equipment (if used) None in tent/beer garden
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. See below
6. Height & type of fencing to be used. snow fence that is 3' high

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.



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
Anthony Kreiter	1-06-77	402-805-2560	No
Christina Cordova	12-30-68	402-805-2560	No
Amanda Giddens	1-29-85	402-805-2560	No
Derek Small	1-17-85	402-805-2560	No
Cassie Whittemore	10-06-88	402-805-2560	No
Jessica McBride	5-11-87	402-805-2560	No
Liz Luff	5-29-79	402-805-2560	No
Latisha Sparks	9-4-89	402-805-2560	No
SUSAN DAVIS	3/15/54	402-805-2560	No
Amy Porter	12/23/80	402-805-2560	No
Julie Quattrocchi	9/5/63	402-805-2560	No
Billie Henry	7/7/79	402-805-2560	No
Kina Kirchoff	4/12/89	402-805-2560	No
Leisa Maas	6/1/60	402-805-2560	No
Steve Mackell	6/14/60	402-805-2560	No
Skyler Priester	3/30/92	402-805-2560	No
Alex Davis	12/9/93	402-805-2560	No
Jeremy Hicks	9/12/93	402-805-2560	No
Holly Decker	7/4/89	402-805-2560	No
Jamie Norton	8/15/83	402-805-2560	No
Grace Marlsen	11/7/93	402-805-2560	No
Chelcie Mora	11/14/89	402-805-2560	No
Kelsey Nelson	9/21/89	402-805-2560	No
Holi Gillette	7/20/82	402-805-2560	No
Mariah Ostermann	5/26/92	402-805-2560	No

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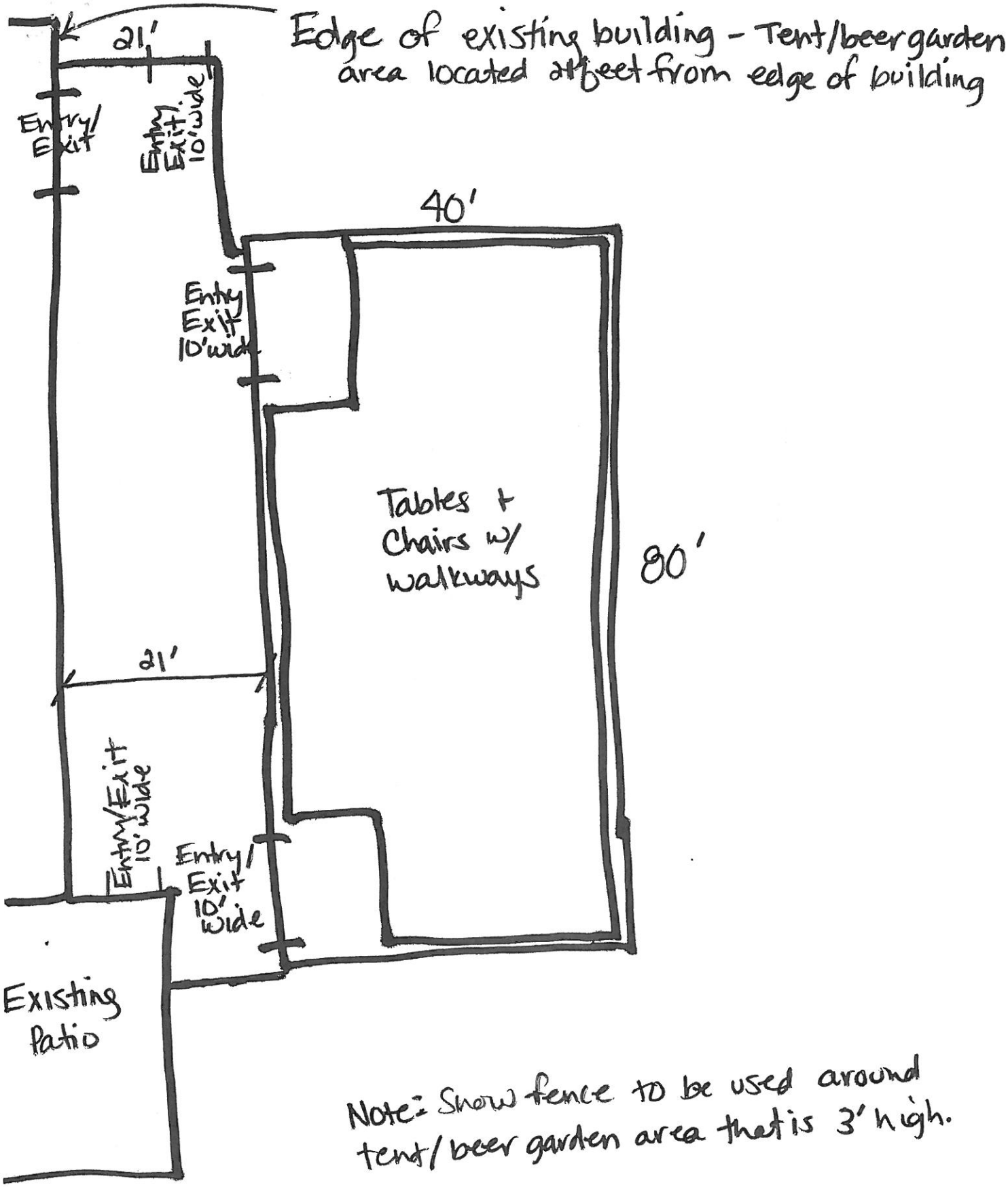
NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Kelsey Aude	4/20/92	402-805-2560	No
Brennan Rutt	2/5/87	402-805-2560	No
Carrie Addleman	12/24/77	402-805-2560	No
Kathy Kinney	3/8/55	402-805-2560	No
Courtney Quattrocchi	9/12/90	402-805-2560	No
Terry Craven	12/31/70	402-805-2560	No
Diondra Burton-King	12/29/91	402-805-2560	No
Kaitlyn Binkly	9/7/92	402-805-2560	No
Rachel Johnson	10/24/92	402-805-2560	No
Michel Dacosta	9/17/88	402-805-2560	No
Juan Nava	9/23/93	402-805-2560	No
Kelly Coiner	3/28/62	402-805-2560	No
Avery Carlson	12/13/91	402-805-2560	No
Kevin Connick	3/19/65	402-805-2560	No
Kevin Snook	7/13/57	402-805-2560	No
Ashley Arrendo	9/29/94	402-805-2560	No
Caleb Hagenbarner	4/2/93	402-805-2560	No
Kathy Smith	4/18/57	402-805-2560	No
Ally Smith	11/26/88	402-805-2560	No
		402-805-2560	No
		402-805-2560	No
		402-805-2560	No
		402-805-2560	No
		402-805-2560	No
		402-805-2560	No



Note: Show fence to be used around tent/beer garden area that is 3' high.

Fire extinguisher shall be provided.