

AUGUST 12, 2014

JAKE'S CIGARS & SPIRITS
101 N. 14TH ST., SUITE 7
LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

**APPLICANT OR DESIGNATED REPRESENTATIVE
IS REQUIRED TO ATTEND THIS HEARING.**

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on MONDAY, AUGUST 25, 2014 AT 5:30 P.M., for the following applications of:

ACR CORPORATION DBA JAKE'S CIGARS FOR AN SDL ON SAT., SEPT. 13, 2014 AT 101 N 14TH ST SUITE 1 FROM 4 P.M. TO 7 P.M.

***Please note: Even if you have had this event in the past, you are still required to attend this meeting.**

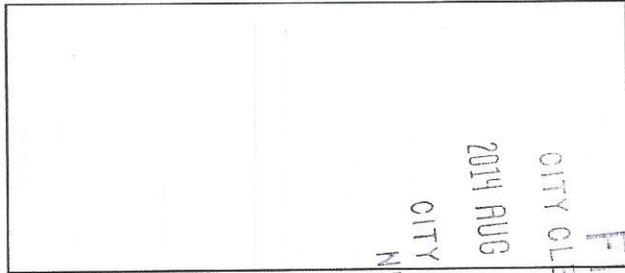
At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

TERESA J. MEIER
CITY CLERK

206 Amended Hours

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 CLERKS OFFICE
2014 AUG 8 PM 1 51
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) CCB-086215

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

NAME: Jake's Cigars & Spirits

ADDRESS: 101 North 14th Street Suite #7

CITY Lincoln ZIP 68508

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

BUILDING NAME _____

ADDRESS: _____ CITY _____

ZIP _____ COUNTY and COUNTY # _____

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 <u>9/13/14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
<u>Hours</u> From <u>4 pm</u>	<u>Hours</u> From _____	<u>Hours</u> From _____	<u>Hours</u> From _____	<u>Hours</u> From _____	<u>Hours</u> From _____
To <u>7 pm</u>	To _____	To _____	To _____	To _____	To _____

a. Alternate date: 10/14/14

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** _____ 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
 other _____
 Tent

8. How many attendees do you expect at event? 500

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)

IDs will be checked at the entrance and wrist bands will be issued to adults of the legal age to drink. Volunteers and Lincoln police dept. officers will be insuring compliance.

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 _____

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 Jason Hutchison

Signature of Event Supervisor [Signature]

Event Supervisor phone: Before (402) 770-0247 During (402) 770-0247
Email address _____

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 [Signature] General Manager 8-8-14
Authorized Representative/Applicant Title Date

Jason Hutchison
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:	Jake's Beerfest Block Party		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	September 13th	Hours:	11 am - 12 am
Alternate Date(s):	October 4th	Hours:	11 am - 12 am

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 @ entrance to event and wrist bands will be placed on all persons of legal age.

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

BBQ - Single Barrel

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? trained 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: _____

[Signature]
Applicant's Signature

5-12-14
Date

