

APPLICATION TO OPERATE A TEENAGE CLUB

Governed by Lincoln Municipal Code Chapter 5.52

Revised 2/28/08

FEE: \$25.00; LICENSE YEAR: June 1 thru May 31

RETURN APPLICATION & PAYMENT TO: City Clerk's Office, 555 S. 10th St., Lincoln NE 68508

Make checks payable to **City of Lincoln**. (Please note: Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately and your check will not be returned.)

Please PRINT using blue or black ink only!

CLUB INFORMATION							
NAME:							
STREET ADDRESS:							
CITY:		STATE:		ZIP:		PHONE #:	
EMAIL ADDRESS:							

APPLICANT'S NAME & HOME INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		DATE OF BIRTH:		AGE:	
EMAIL ADDRESS:					

MAILING ADDRESS FOR STATEMENTS & CORRESPONDENCE					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

OWNER'S NAME & HOME INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		DATE OF BIRTH:		AGE:	
EMAIL ADDRESS:					

MANAGER OF CLUB					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		DATE OF BIRTH:		AGE:	
EMAIL ADDRESS:					

SPONSORS & CHAPERONS <i>(attach separate sheet if necessary)</i>					
NAME	STREET ADDRESS	CITY	STATE	ZIP	AGE

MANNER IN WHICH ORGANIZED

COMPLETE DESCRIPTION OF THE PREMISES

MAXIMUM # OF PERSONS WHO WILL BE ALLOWED ON CLUB PREMISES:	
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ACTIVITIES TO BE SPONSORED, PROMOTED OR ENGAGED IN BY SUCH CLUB

TYPE OF FACILITIES WHICH WILL BE PROVIDED BY THE CLUB FOR MEMBERS

TYPE OF OPERATION - PLEASE CHECK ONE		
<input type="checkbox"/> Individually Owned	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership

PARTNERS, OFFICER, DIRECTORS, & STOCKHOLDERS OWNING OVER 25% OF STOCK <i>(use separate sheet if necessary)</i>					
NAME	STREET ADDRESS	CITY	STATE	ZIP	AGE

HAVE ANY OF THE ABOVE NAMED PERSONS BEEN CONVICTED OF A FELONY: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES , list names of person & where it occurred & explain <i>(use separate sheet of paper if necessary)</i> :		
NAME	CITY & STATE OF WHERE IT OCCURRED	EXPLANATION

MINIMUM NUMBER OF ADULT SUPERVISORS:	
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_____ Printed Name of Applicant
_____ Date
_____ Applicant's Signature

Applications are available on the City's web site at "www.lincoln.ne.gov".

REVIEWING ACTION - OFFICE USE ONLY			
DEPARTMENT	APPROVED / DENIED	SIGNATURE	DATE
Police Dept.:			
Bureau of Fire Prevention:			
Health Dept.:			
Building & Safety:			

COMMENTS