106

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 ☑

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) 104580CK

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:	PINNCALE 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	Date	Date	Date	Date	Date
5.30.2014					
Hours From 10 AM	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2 AM	To	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** _____ x _____
(not square feet or acres)
stadium Terrace 13,000
*Outdoor area dimensions of area to be covered **IN FEET** 176' x 83' X 56
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

Please See Map

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? 14,000

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 BE CHECKING 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 ☐ (includes wineries) Both ☐ BYO ☐

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 (**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: Tom Lorenz

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: TLORENZ@SMGLINCOLN.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 Tom Lorenz

Authorized Representative/Applicant

GENERAL MANAGER
Title

3.31.2014
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.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	CHER CONCERT		
Applicant and Sponsoring Organization or Individual (if applicable):		PINNACLE BANK ARENA	
Date(s) of Event:	MAY 30, 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 BE CHECKING ID'S

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

PRETZELS, POPCORN, PIZZA, HAMBURGER, CHICKEN SANDWICH, NACHOS 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

3.31.2014
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.

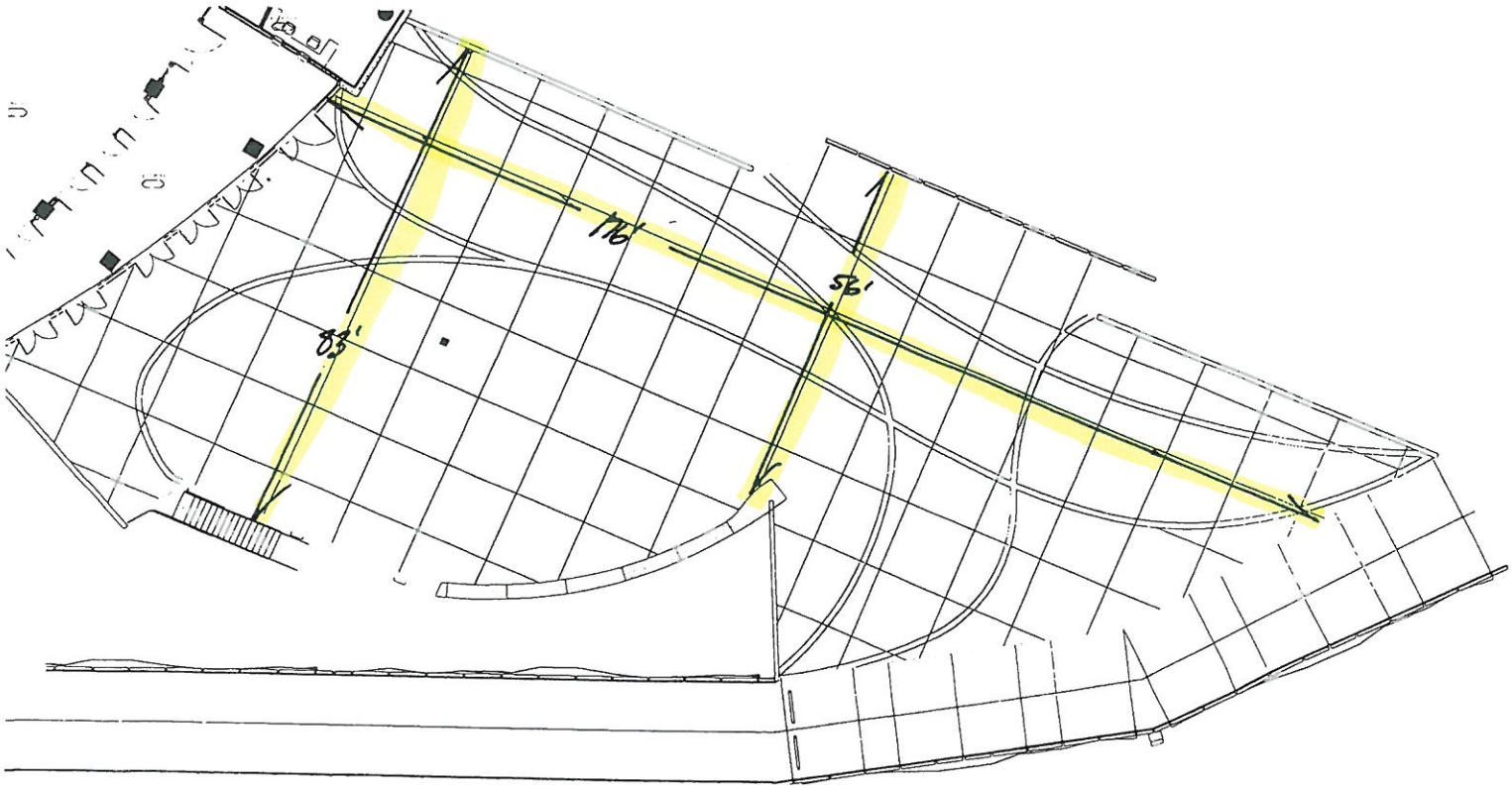
1. Number of Entry & Exit Points & Dimensions: (_____' x _____')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____ x _____)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location &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

ATTACH EXTRA PAGES IF NECESSARY

Stadium Terrace
13,000 sq. ft.



108

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LINCOLN NE 68508
PHONE: (402) 441-7438

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NON PROFIT APPLICANT ☐

Non Profit Status (check one that best applies):
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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	Date	Date	Date	Date	Date
6.7.2014					
Hours From 10 AM	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2 PM	To	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** ____ x ____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** Stadium Terrace 176' x 83' x 56'
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

Please See Map.

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 BE CHECKING 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 ☐ (includes wineries) Both ☐ BYO ☐

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 (**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: Tom Lorenz

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: TLORENZ@SMGLINCOLN.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 Tom Lorenz — Authorized Representative/Applicant

GENERAL MANAGER — Title

3.31.2014 — 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.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	ROD STEWART & CARLOS SANTANA CONCERT		
Applicant and Sponsoring Organization or Individual (if applicable):	PINNACLE BANK ARENA		
Date(s) of Event:	JUNE 7, 2014	Hours:	7:30 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: PIZZA, POPCORN, NACHOS, HAMBURGERS, CHICKEN SANDWICH, PRETZELS, 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 PNNACLE 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: _____

Tom Lorenz
Applicant's Signature

3.31.2014
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 FOLLOWING MAP

ATTACH EXTRA PAGES IF NECESSARY

35'
116'
35'

107

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PHONE: (402) 441-7438

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	Date	Date	Date	Date	Date
6.21.2014					
Hours From 10 AM	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 2AM	To	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** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 176 x 63 X 56 (STADIUM TERRACE)
***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? 11,000

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 ☐ (includes wineries) Both ☐ BYO ☐

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 (**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: Tom Lorenz

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

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Consent of Authorized Representative/Applicant

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sign here Tom Lorenz — Authorized Representative/Applicant

GENERAL MANAGER — Title

4.1.2014 — 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.

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SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	JAMES TAYLOR CONCERT		
Applicant and Sponsoring Organization or Individual (if applicable):		PINNACLE BANK ARENA	
Date(s) of Event:	SAT. JUNE 21, 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 WILL CHECK ID'S

Will food be served? ☑ Yes ☐ No If yes, please list food to be served: PIZZA, NACHOS, PRETZELS

POPCOEN, HAMBURGERS, CHICKEN SANDWICH, 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 EMPLOYES WILL CHECK ID'S
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: _____

Tom Lorenz
Applicant's Signature

4.1.2014
Date

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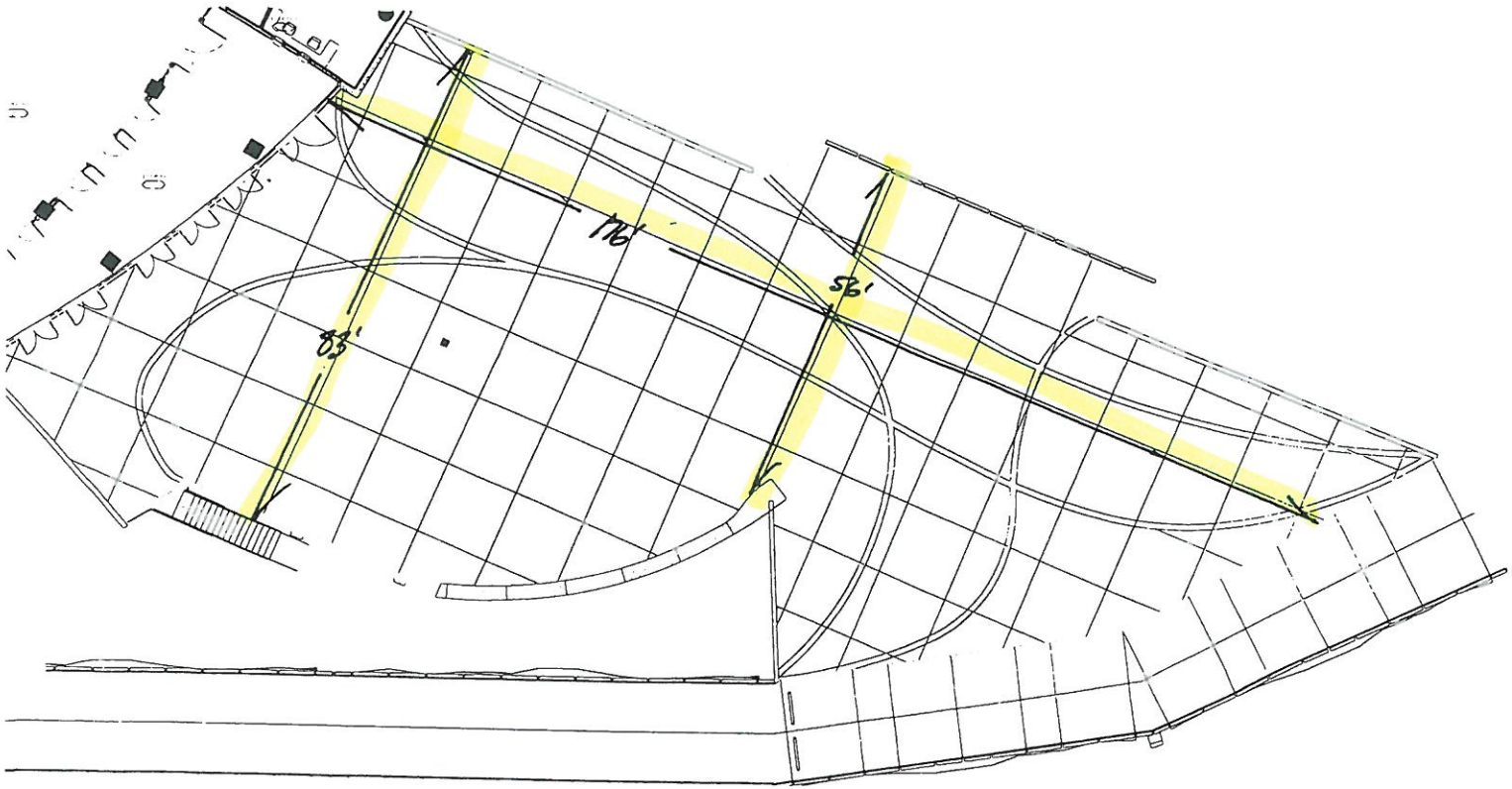
PLEASE SEE FOLLOWING MAP

ATTACH EXTRA PAGES IF NECESSARY

Stadium Terrace



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ADDRESS:	400 PINNACLE ARENA DRIVE		
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ZIP:	68508	**COUNTY & COUNTY #:**	LANCASTER

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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 8.20.2014	Date	Date	Date	Date	Date
Hours From 10 AM	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
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b. Alternate location: N/A
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Wholesaler ☑ Retailer ☐ (includes wineries) Both ☐ BYO ☐

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 (**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: Tom Lorenz

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: TLORENZ@SMGLINCOLN.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 Tom Lorenz

Authorized Representative/Applicant | Title: GENERAL MANAGER | Date: 4.1.2014

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.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS

Name of Event:	KATY PERRY CONCERT		
Applicant and Sponsoring Organization or Individual (if applicable):	PINNACLE BANK ARENA		
Date(s) of Event:	WED. AUGUST 20, 2014	Hours:	7:00 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 WILL CHECK ID'S

Will food be served? ☑ Yes ☐ No If yes, please list food to be served: PIZZA, NACHOS, PRETZELS

POPCOEN, HAMBURGERS, CHICKEN SANDWICH, 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 EMPLOYES WILL CHECK ID'S
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: _____

Tom Lorenz
Applicant's Signature

4.1.2014
Date

SITE PLAN INFORMATION
REQUIRED FOR ALL OUTDOOR EVENTS

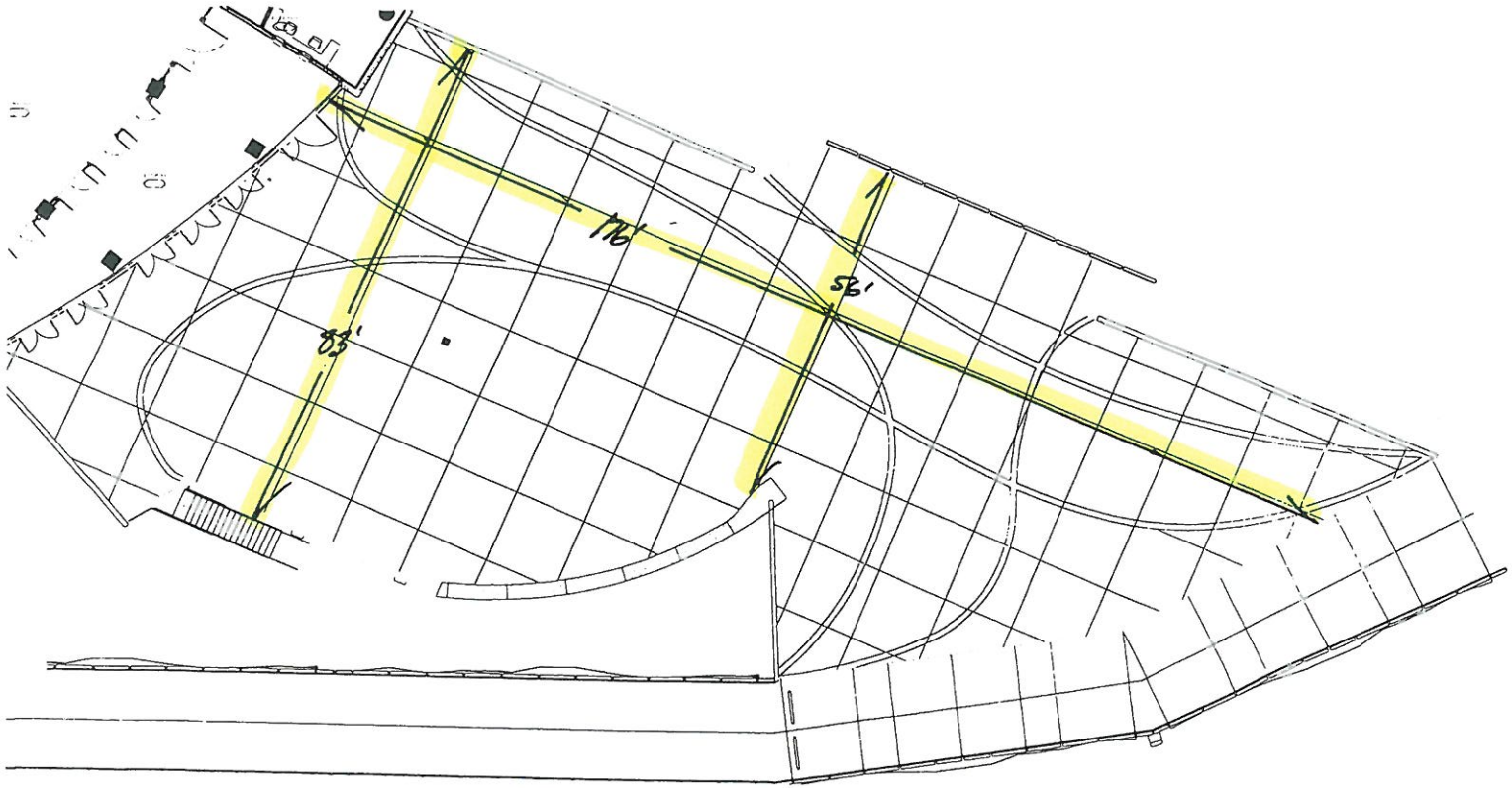
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

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 FOLLOWING MAP

ATTACH EXTRA PAGES IF NECESSARY


116'
58'
83'