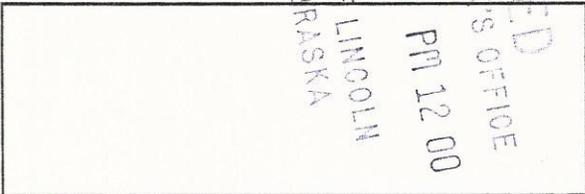


APPLICATION FOR SPECIAL DESIGNATED LICENSE
 CITY OF LINCOLN CITY CLERK'S OFFICE
 555 S 10TH ST
 LINCOLN NE 68508
 PHONE: (402) 441-7438

139

FILED
 CITY CLERK'S OFFICE
 APR 23 PM 12:00
 CITY OF LINCOLN
 NEBRASKA



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)

CK-83579

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

NAME:	BDF, LLC CAPTAIN JACKS		
ADDRESS:	140 No. 12 th Street		
CITY:	Lincoln	ZIP:	68508

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

BUILDING NAME:	Aldott Sports Complex		
ADDRESS:	7600 N. 70 th	CITY:	Lincoln
ZIP:	68517	COUNTY & COUNTY #:	Lincoln

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 May 31, 2014	Date June 1, 2014	Date	Date	Date	Date
Hours From 9:00 am	Hours From 9 am	Hours From	Hours From	Hours From	Hours From
To 11:00 pm	To 11 pm	To	To	To	To

a. Alternate date: NONE

b. Alternate location: NONE
 (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:

NEBRASKA COP Soccer Tournament

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** 631 x 912

***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? 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)

Wast BANS, Licensed Servers, Security Personnel

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

PORTA Potties

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 (**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: Kevin Reynolds
Signature of Event Supervisor: Kevin Reynolds
Event Supervisor phone: Before 401-770-7659 During 401-770-7659
Email address: Kreynolds@neb.rr.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 Kevin Reynolds President 4-7-14
Authorized Representative/Applicant Title Date
Kevin Reynolds
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:		NEBRASKA CUP Soccer Tournament	
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	MAY 31, 2014: JUNE 1, 2014	Hours:	9am - 11pm
Alternate Date(s):	JUNE 1, 2014	Hours:	9am - 11pm

2 DAY TOURNAMENT

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: _____

Wrist Bands: I'd check, Security Staff

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

* Tournament Staff will have Food Vendor trucks *

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: _____

Water - Soda Pop

Who will serve the beverages containing alcohol? List Attached
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: _____

Kevin Reynolds
Applicant's Signature

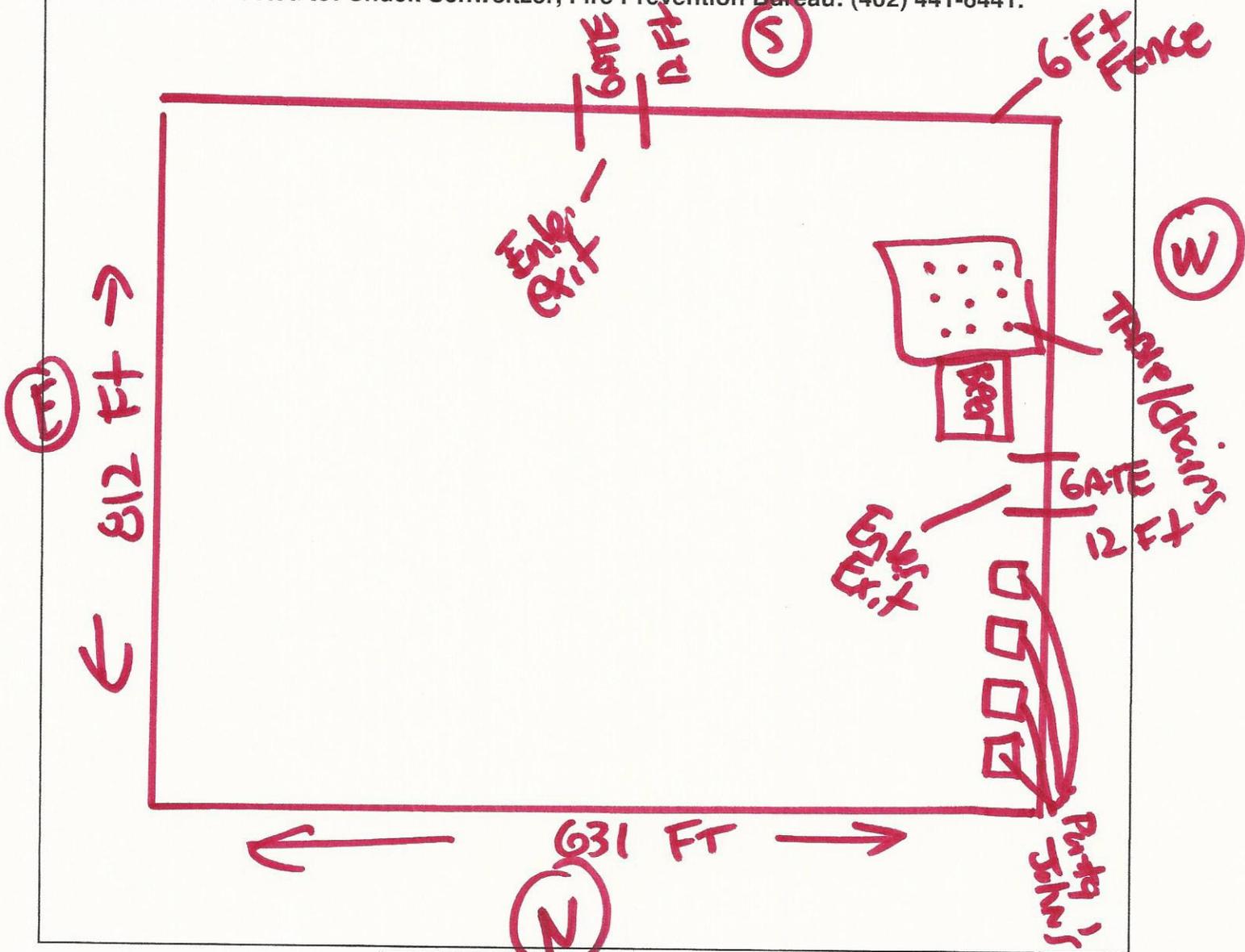
4-7-14
Date

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: (2 ' x 12 ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (631 x 812)
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.



ATTACH EXTRA PAGES IF NECESSARY

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Beer Area



- Volleyball
- House of Speed
- Special Events
- Reserve/Rent
- Membership
- Fitness Facility
- Sponsors
- Make a Payment

Abbott Sports Complex
7600 N. 70th Street
Lincoln, NE 68517
402.464.2255
Office Hours:
8:00am-12:00pm
1:00pm-5:00pm

Contact: Jackie Wagner
Email: administrator@capitalsoccer.com
Phone: (402) 464-5425
Capital Soccer Association
P.O. Box 29435
Lincoln, NE 68529



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First	Middle	Last	Email	RBST	Certificate #	Expires	CITY	Permit #	Expires	Remove
whitney	marie	armstrong	Whitney.m.armstrong@gmail.com		RB-0000207.	2015-11-02		LNK-0015684.	2016-04-01	
kevin	d	reynolds	kreynolds@neb.rr.com		RB-0003456.	2016-03-07		LNK-0015641.	2016-04-01	
mckinley	s	jons	mckinleyjons@ymail.com		RB-0005304.	2016-03-21		LNK-0015909.	2016-04-04	
maria	gabriela	lapera	mgabylapera@gmail.com		RB-0003662.	2016-03-09		LNK-0014116.	2016-03-25	
nadine	i	ault	hugger_883_2000@yahoo.com		RB-0000470.	2015-12-18		LNK-0015649.	2016-04-01	
Connie		Witte	witteconstance@gmail.com		RB-0000559.	2015-12-30		LNK-0015771.	2016-04-02	
chelsea	elaine	heidbrink	cheidbrink2@unl.edu		RB-0004070.	2016-03-12		LNK-0015695.	2016-04-01	
barry		franzen	barry@outlooklife.com		RB-0007576.	2016-03-31		LNK-0015334.	2016-03-31	
dawn	j	warren	djwarren1421@gmail.com		RB-0020600.	2016-07-31		LNK-0020601.	2016-07-31	
christopher		vasek	christophervasek@gmail.com		RB-0024745.	2016-11-14		LNK-0024746.	2016-11-14	

END RECORDS