

JUNE

~~JULY~~ 28, 2014

GNS CORP.  
DBA CAPPY'S  
5560 S 48<sup>TH</sup> #4  
LINCOLN NE 68516

**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, July 14, 2014 at 3:00 p.m., for the following applications of:

GNS CORP DBA CAPPY'S FOR AN OUTDOOR SDL AT LINCOLN RACQUET CLUB  
AT 5300 OLD CHENEY ON JULY 18<sup>TH</sup> FROM 6P - 12A

**\*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.

SINCERELY,

TERESA J. MEIER  
CITY CLERK

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

FILED  
 CITY CLERK'S OFFICE  
 2014 JUN 26 PM 1 09

FILED  
 CITY CLERK'S OFFICE  
 2014 JUN 19 AM 10 00

CITY OF LINCOLN  
 NEBRASKA

CITY OF LINCOLN

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**

- Beer  Wine  Distilled Spirits
- Liquor license number and class (i.e. C55441, CK55441)  
 (If you're a nonprofit organization leave blank)

IK 073142

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

NAME:	GNS Corporation DBA Cappys Bar		
ADDRESS:	PO Box 31463 / 701 Marina Bay Place		
CITY:	Lincoln	ZIP:	68501

\*Please mail permits to Cappys 5560 S. 43<sup>RD</sup> #4 (68516)

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

BUILDING NAME:	Lincoln Regquet Club		
ADDRESS:	5300 Old Cherry Rd	<del>Lincoln</del>	CITY: (Nebraska) Lincoln
ZIP:	68516	COUNTY & COUNTY:	Lincoln

- Is this location within the city/village limits? YES  NO
- Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES  NO
- 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>7-18-14</u>	Date	Date	Date	Date	Date
Hours From <u>6:00pm</u> To <u>12:00am</u>	Hours From To	Hours From To	Hours From To	Hours From To	Hours From To

- a. Alternate date: ~~7-18-14~~ July 25, 2014
- b. Alternate location: same  
(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** 175 x 155  
 \***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

\* Attached

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? 200

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)

Party is for 21 + other members only + Trained bartenders

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 (**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: John F. Caporale

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-613-2395 During Anytime night/Day

Email address: Cappy402@hotmail.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 [Signature] Gm 6-16-14  
Authorized Representative/Applicant Title Date  
John F. Caporale (CAPPY)  
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:	Ragouette Club members Pool Party		
Applicant and Sponsoring Organization or Individual (if applicable):	CAPPY'S Bar - John Caporale		
Date(s) of Event:	July 18, 2014	Hours:	6pm - 12am
Alternate Date(s):	<del>July 25, 2014</del>	Hours:	<del>6pm - 12am</del>

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 Bartenders - Checking ID's - But the Party is 21 + over only

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

Burgers - Hotdogs on Grill (but not served by my company)  
Cappy's will be serving a variety of catered appetizers or salads

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

Soft, water, juice, coffee and tea

Who will serve the beverages containing alcohol? Trained/Permitted Staff Listed on Sheet  
**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: \_\_\_\_\_

John Caporale  
Applicant's Signature

6-16-14  
Date

SPECIAL DESIGNATED LIQUOR LICENSE APPLICATIONS

I, Teresa J. Meier, City Clerk of Lincoln, Nebraska, and duly appointed agent by the City Council of Lincoln, Nebraska, after receiving input from various City Departments & reviewing said Special Designated License Application do hereby approve the following attached applications:  
 \*ID/OD = INDOOR/OUTDOOR

#	APPLICANT / ADDRESS	LOCATION COVERED	DATE	TIME	OCCASION	ID/OD	CC HRG	LIC REC'D	LIC. MAILED
204	GNS CORP. DBA CAPPY'S 5560 S 48TH SUITE 4 (16)	LINCOLN RACQUET CLUB 5300 OLD CHENEY RD	7/25	6P - 12A	BEER GARDEN	OD	7/14		

APPROVED: Teresa J. Meier  
 TERESA J. MEIER, CITY CLERK

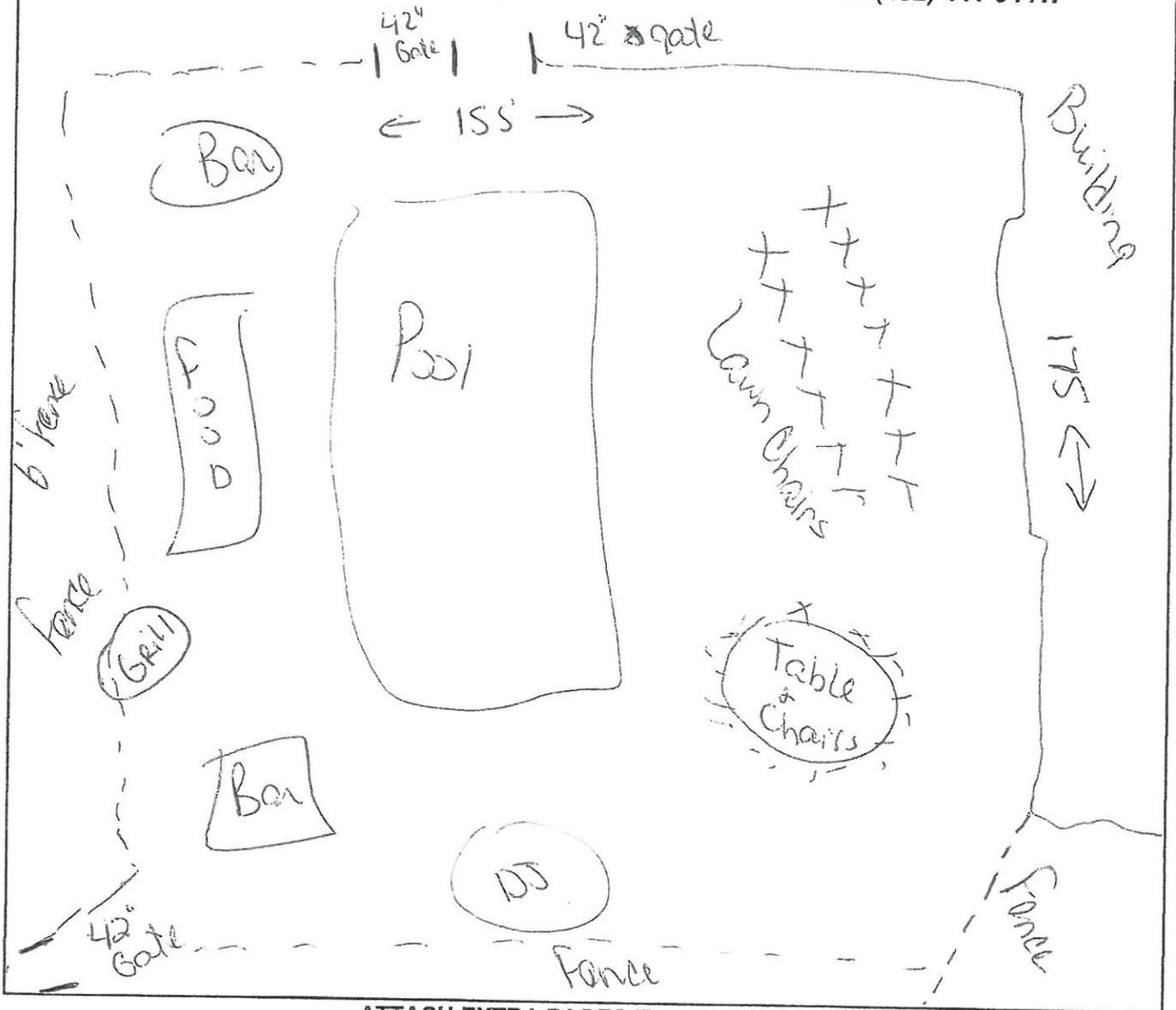
Changed start Date  
 to July 18, 2014 6pm - 12am  
 and added Alternate Date of July 25, 2014  
 6pm - 12am  
 (SFC)  
 6-26-14

## 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: (42" wide) 3 gates
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (175 x 155)
4. Location & type of cooking equipment (if used) GAS GRILL
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. 6' Chain Link Fence - Permanent

**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

