JUNE 30, 2014

LINCOLN PUB GROUP INC
728 ½ Q ST
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, July 14, 2014 at 3:00 p.m., for the following applications of:

LINCOLN PUB GROUP INC DBA N-ZONE FOR AN OUTDOOR SDL'S ON HOME FOOTBALL SATURDAY'S AT 728 & 728½ Q ST ON 8/30, 9/6, 9/20, 9/27, 10/25, 11/1, 11/22

***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 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

FILED
CITY CLERK'S OFFICE
2014 JUN 27 PM 12 43
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) CK076569

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

NAME:	Lincoln Polo Group Inc.		
ADDRESS:	728 ½ Q ST		
CITY:	Lincoln NE	**ZIP:**	68508

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

BUILDING NAME:	Lincoln Hide + Fur Building Parking Lot - connected to N-Zone		
ADDRESS:	728 Q St	**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
8/30/14	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Hours	**Hours** X	**Hours** X	**Hours** X	**Hours** X	**Hours** X
From 8 am	From [redacted]	From [redacted]	From [redacted]	From [redacted]	From [redacted]
To 12 am (midnight)	To [redacted]	To [redacted]	To [redacted]	To [redacted]	To [redacted]

a. Alternate date: N/A

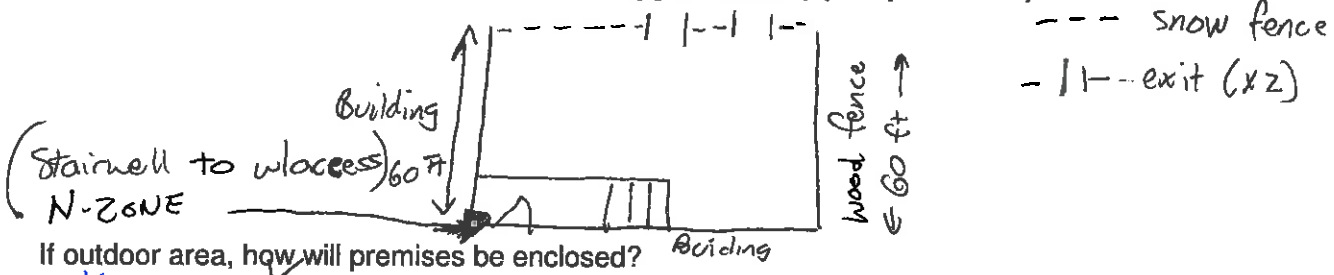
b. Alternate location: N/A

(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** 80 x 60
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**



If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: - Building on west SIDE, wood Fence on east & South

8. How many attendees do you expect at event? 100

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)
Security will posted at entrance, all ID's will be checked. No one under 21 allowed in. Management will conduct random checks to ensure 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☐
access to indoor restrooms at N-ZONE

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 9/6/14	Date	Date	Date	Date	Date
Hours From 8 am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight	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: _____

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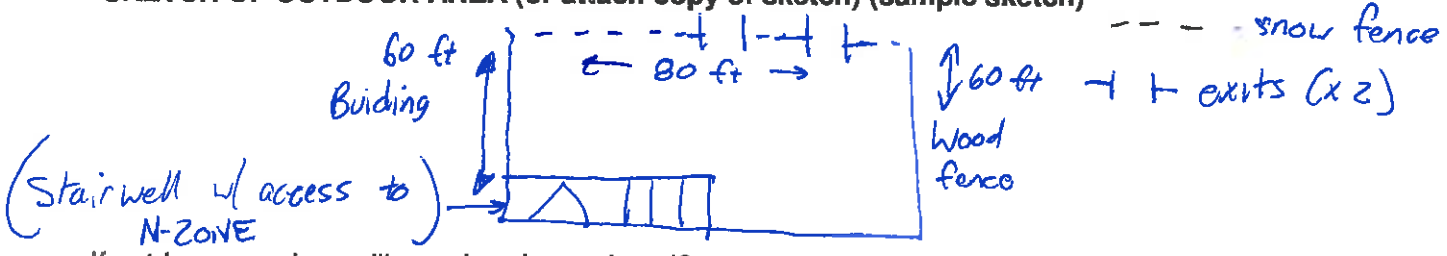


If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: Building on south & west, wood fence on east

8. How many attendees do you expect at event? 100

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)
Security will check ID's at the door - no one under 21 allowed.
Management will do random checks to ensure 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☐
access to N-ZONE's restrooms inside

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 9/20	Date	Date	Date	Date	Date
Hours From 8 am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight	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** 80 x 60
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

please see previous dates (8/30) & (9/6)

- or -

~~page~~ site plan information page

If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: Building on west side & south, wood fence on east

8. How many attendees do you expect at event? 100

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)
Security staff at entrances will check ID's. no one under 21 admitted.
Management will do random compliance checks.

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☐
Access to restrooms ~~at~~ inside at the N-ZONE

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 9/27	Date	Date	Date	Date	Date
Hours From 8 am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight	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** 80 x 60
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

Please see Application for 8/30 or 9/6

-or-

site plan information page

If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: Building on South & west wood fence on east

8. How many attendees do you expect at event? 100

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)
Security staff will be at entrances checking ID's. No one under 21 admitted. Management will do random compliance checks

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☐
Access to N-ZONE restrooms inside

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 10/25	Date	Date	Date	Date	Date
Hours From 8 am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight	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** 80 x 60
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

Please see Application for 8/30 or 9/6
-or-
site plan information page

If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: Building on south & west
wood fence on east

8. How many attendees do you expect at event? 100

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)
Security will be posted at entrances - No one under 21 allowed
Management will be doing random compliance checks

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☐
Access to N-ZONE's restrooms inside

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 11/1/14	Date	Date	Date	Date	Date
Hours From 8 am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight	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** 80 x 60
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

Please see application for 8/30 or 9/6

-or-

site information plan page

If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: Building on South + West sides
Wood fence on east

8. How many attendees do you expect at event? 100

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)
Security staff will be posted at entrances to check ID's - No one under 21 allowed. Management will do random compliance checks

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☐
access to N-Zone's restrooms inside

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 11/22	Date	Date	Date	Date	Date
Hours From 8 am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To Midnight	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** 80 x 60
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

Please see Application for 8/30 or 9/6

-or-

site plan information page

If outdoor area, how will premises be enclosed?
X fence X snow fence ____chain link ____cattle panel ____tent
other: Building on west + South
wood fence on east

8. How many attendees do you expect at event? 100

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)
Security will be at entrances to check ID's. No one under 21 allowed in. Management will do random compliance checks

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☐
Access to restrooms inside N-ZONE.

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: Pickle Card Machine inside at N-ZONE

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: Michael Figueroa

Signature of Event Supervisor: M. Figueroa

Event Supervisor phone: Before (402) 475-8683 During (402) ~~475-8683~~ 314-5609

Email address: NZoneLincoln@gmail.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 M. Figueroa — Authorized Representative/Applicant

OWNER — Title

6/27/14 — Date

MICHAEL K. FIGUEROA — 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:	Beer Garden for Gameday		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	8 am → Midnight
Alternate Date(s):	N/A	Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: ID's will be checked at entrances. No one under 21 will be allowed in. Management will ~~ran~~ randomly check ID's to ensure compliance.

Will food be served? X Yes ____ No If yes, please list food to be served: Standard Bar menu (Pizza, wings, Burgers, Appetizers, et al) is available inside. Customers will order inside + be able to take outside

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: Pepsi, Diet Pepsi, 7up (or something similar), water.

Who will serve the beverages containing alcohol? Todd Campfield
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? X Yes ____ No

Will there be a charge for admission? ____ Yes X 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 X No If so, explain: ____

M Ferguson
Applicant's Signature

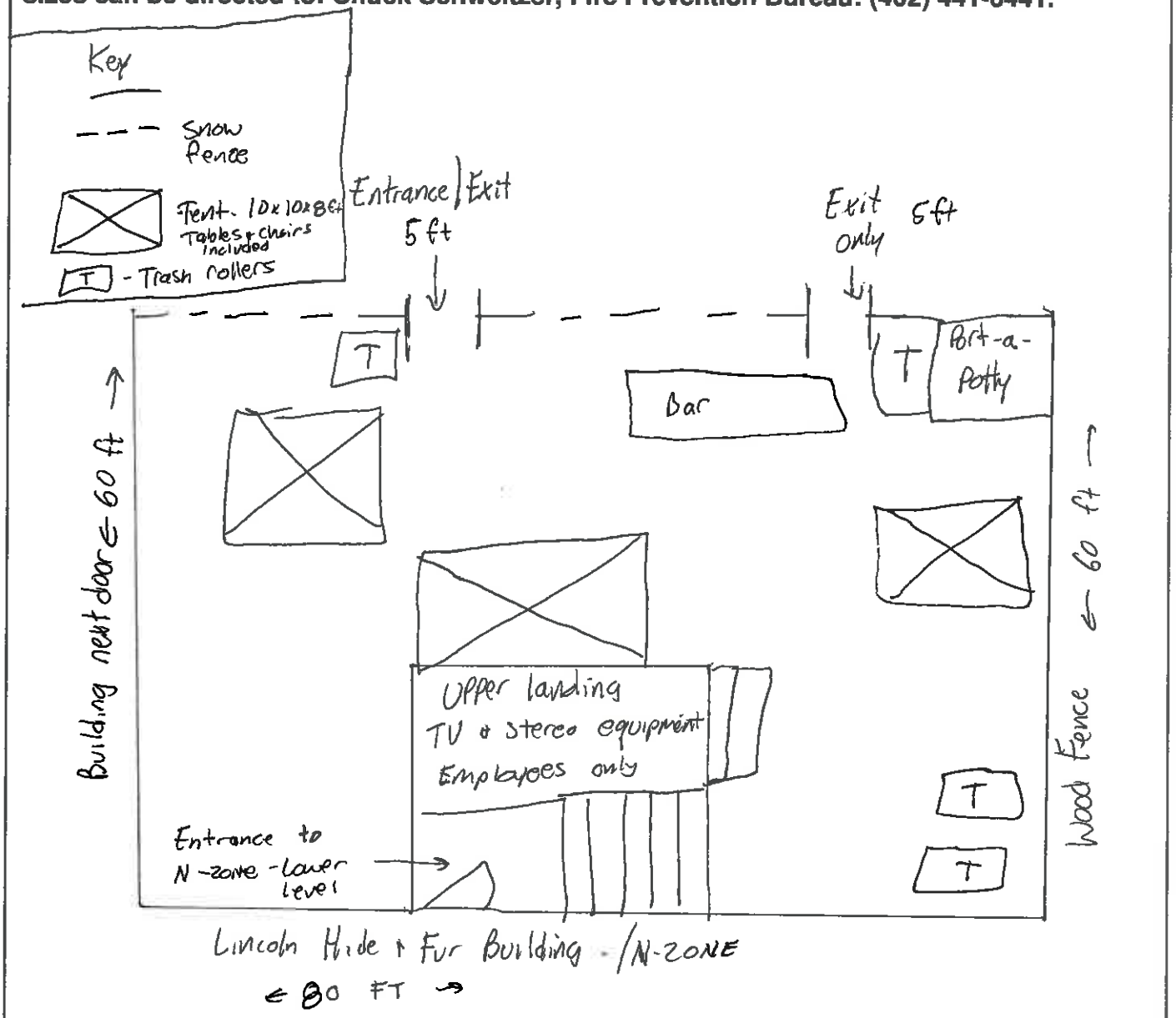
6/27/14
Date

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: (_____' x _____')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (60 x 80)
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

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
[redacted]		[redacted]	[redacted]
Mike Figueroa	9/9/64	(402) 314-5609	NO
Todd Campfield	9/6/81	402 416-5901	NO
Blake Jackson	4/23/86	402 499-8121	NO
Amanda Petterson	7/7/86	402 533 8645	NO
KEVIN BLAZEK / OWNER	N/A	402 440-1368	NO