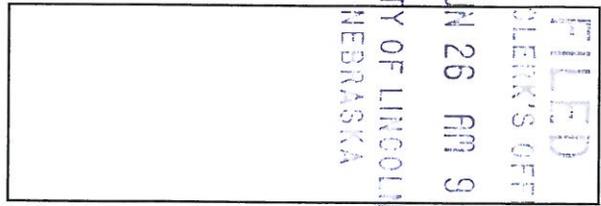


Muhlbach

211

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)

CK 50620

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

NAME:	Lancaster Co Ag Society		
ADDRESS:	4100 N 84th St		
CITY:	Lincoln	ZIP:	68507

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

BUILDING NAME:	Lancaster Event Center		
ADDRESS:	4100 N 84th	CITY:	Lincoln
ZIP:	68507	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 <u>July 31</u>	Date <u>Aug 1</u>	Date <u>Aug 2</u>	Date <u>Aug 3</u>	Date <u>Aug 4</u>	Date <u>Aug 5</u>
Hours From <u>12 noon</u> To <u>1:00 AM</u>					

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: _____

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** 50 x 550

***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? 250 - 2500

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)
All attendees will be ID and wristbanded.
Security will include LEC security staff and 4 County Deputies

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)

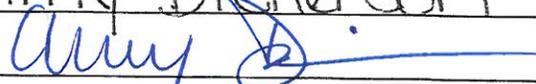
12. Will there be any games of chance operating during the event? YES NO
If so, describe activity: _____

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: Amy Dickerson

Signature of Event Supervisor: 

Event Supervisor phone: Before 402 441-6545 During 402 429-1950

Email address: ADickerson@Lancastereventcenter.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 
Authorized Representative/Applicant
Amy Dickerson
Print Name

Managing Director 6/25/14
Title Date

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.

212

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 26 AM 9 15
CITY OF LINCOLN
NEBRASKA

RETAIL LICENSE HOLDER

DO YOU NEED POSTERS?

YES

NO

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

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ZIP:	68507	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 <u>Aug 6</u>	Date <u>Aug 7</u>	Date <u>Aug 8</u>	Date <u>Aug 9</u>	Date	Date
Hours From <u>12 noon</u> To <u>1:00 AM</u>	Hours From <u>12 noon</u> To <u>1:00 AM</u>	Hours From <u>12 noon</u> To <u>1:00 AM</u>	Hours From <u>12 noon</u> To <u>1:00 AM</u>	Hours From	Hours From

- 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: _____

7. Description of area to be licensed
 Inside building, dimensions of area to be covered **IN FEET** _____ x _____
 (not square feet or acres)

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 ***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
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8. How many attendees do you expect at event? 250 - 2500

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All attendees will be ID and wristbanded. Security will include LEC hired Security staff and 4 County Deputies

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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.

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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: Amy Dickerson

Signature of Event Supervisor: 

Event Supervisor phone: Before 402 441-6545 During 402 429-1950

Email address: ADickerson@Lancastereventcenter.com

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sign here  Managing Director 6/25/14
Authorized Representative/Applicant Title Date
Amy Dickerson
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:	Lancaster County Super Fair		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	July 31 - Aug 5	Hours:	12:00 noon - 1:00 AM
Alternate Date(s):	None	Hours:	

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: All
Attendees will be ID and wristbanded

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

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

Who will serve the beverages containing alcohol? LEC Staff
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: _____

Amy [Signature]
Applicant's Signature

6/25/14
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 10')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (50 x 540)
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. 8' Chainlink fence

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.

*See
Attached*

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
Susie Weiler	11/30/58	730-1241	no
Diane Koopman	9/6/52	314-6652	
Lori Jackson	12/31/60	770-4952	
Barb Bohlen	3/30/62	540-3962	
Brenda Boden	7/17/63	540-1209	
Jacki Synhorst	3/2/61	450-2074	
Kelly Deines	10/2/68	419-9372	
Robyn Pool	02/68	499-3997	
Deb York	8/24/49	489-0145	
Cliff Johnson	8/26/71	853-2018	
Rose Marco	7/7/44	540-5735	
Patty Schroer	9/28/61	525-1619	
Travis Schroer	1/19/89	525-1619	
Jordan Schroer	8/3/93	525-1619	
Lauri Casados	5/6/76	730-0023	
Allen Rummell	8/27/87	840-9690	
Darleen Berks	4/23/61	770-3657	
Christina Biaggio	2/21/85	570-7379	
Jay Delgado	3/8/91	805-3270	
Kathy Smith	4/18/57	540-0275	
Donna Bolz	5/1/49	466-2979	
Kelli Schwaller	3/26/65	464-4810	
Linda Mathis	3/3/63	805-7047	
Reba Hestermann	7/4/93	239-2297	
Sam Medlock	3/29/77	440-7542	

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
Joyann Rall	11/25/57	890-3339	no
Shailea Cox	5/3/94	570-7152	
Kim Moorhouse	5/19/69	560-5543	
Shelly Lewis	9/24/72	770-7621	
Tom Danaher	3/7/61	326-8570	
Terri Danaher	2/2/61	450-5831	
Lance Fraley	10/2/69	310-4358	
Barb Drapel	8/3/62	540-0293	
Lacy Smitty	7/13/82	904-0387	
Jill Topil	3/27/71	420-7380	
Dustin Ideus	3/12/92	499-8205	
Cindy Carter	9/15/54	430-0456	
Evan Hugh	11/18/94	617-3151	
Norma Pappas	6/18/14	217-4054	
Phil Goering	3/29/66	430-9079	
Tori Bohlen	10/5/93	326-2177	
Deb Hughes	5/14/61	617-3150	
Derek Pinzon	1/12/93	314-7842	
Evan Hughes	11/18/94	617-3151	
Karrie Hegeholz	4/22/65	499-9894	
Nicole Mosel	8/17/83	929-0202	

This page is required to be completed by Non Profit applicants only.

**Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

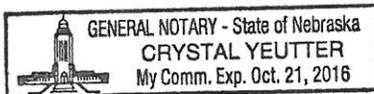
Lancaster County Ag Society
NAME OF CORPORATION

47-0786365
FEDERAL ID NUMBER

Amy Dick
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 25 DAY OF June, 2014.



Crystal Yeutter
NOTARY PUBLIC SIGNATURE & SEAL

Lancaster Event Center Muhlback Motorsport Complex

