



FINANCE DEPARTMENT  
Office of the City Clerk  
555 South 10th Street Suite 103 Lincoln, NE 68508  
402-441-7436 fax: 402-441-8325 lincoln.ne.gov

AUGUST 6, 2014

JSD LLC  
DBA HUSKERVILLE PUB & PIZZA  
2805 NW 48<sup>TH</sup> ST  
LINCOLN NE 68524

**NOTICE OF HEARING ON LIQUOR APPLICATIONS**  
**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, AUGUST 18, 2014 AT 3:00 P.M., for the following applications of:

**JSD LLC DBA HUSKERVILLE PUB & PIZZA FOR AN OUTDOOR SDL AT  
2805 NW 48TH  
ON SATURDAY AUG. 23RD FROM 11A - 1A**

**JSD LLC DBA HUSKERVILLE PUB & PIZZA FOR AN OUTDOOR SDL AT  
FRONTIER HARLEY DAVIDSON, 205 NW 40TH ST,  
ON MONDAY, SEPTEMBER 1ST FROM 11A - 7P**

**\*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.

SANDY L. DUBAS  
DEPUTY CITY CLERK

FILED

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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

CITY CLERK'S OFFICE  
2014 JUL 30 PM 3 42  
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

€102397

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

NAME:	JSD LLC		
ADDRESS:	2805 NW 48th		
CITY:	Lincoln	ZIP:	68524

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

BUILDING NAME:	Frontier Harley Davidson		
ADDRESS:	205 NW 40th	CITY:	Lincoln
ZIP:	68528	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 Sept 1	Date	Date	Date	Date	Date
Hours From 11:00 am	Hours From	Hours From	Hours From	Hours From	Hours From
To 7:00 pm	To	To	To	To	To

- a. Alternate date: \_\_\_\_\_
- b. Alternate location: \_\_\_\_\_  
**(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** 121 x 81 triangle

**\*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? 150

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)

Minors will not be allowed inside the area and exits/entrance will be manned by staff and hands marked for entry

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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: David Warneke

Signature of Event Supervisor: 

Event Supervisor phone: Before 402-450-5952 During 402-450-5952

Email address: dwarneke@eprod.com

15. Consent of Authorized Representative/Applicant  
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

Owner

Title

7/30/2014

Date

David warneke

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:	Frontier Harley Davidson Bike Show		
Applicant and Sponsoring Organization or Individual (if applicable):	Huskerville Pub and Pizza/Frontier Harley Davidson		
Date(s) of Event:	1 sept 2014	Hours:	11:00 am to 7:00 pm
Alternate Date(s):		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: \_\_\_\_\_

Minors will not be allowed into the fenced beer garden and exits and entrances will be manned by staff and hands marked for adults.

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

There will be food served by another vendor that will NOT be located within the beer garden area.

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

Who will serve the beverages containing alcohol?      Present owners and staff of Huskerville pub

**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

7/30/14  
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.

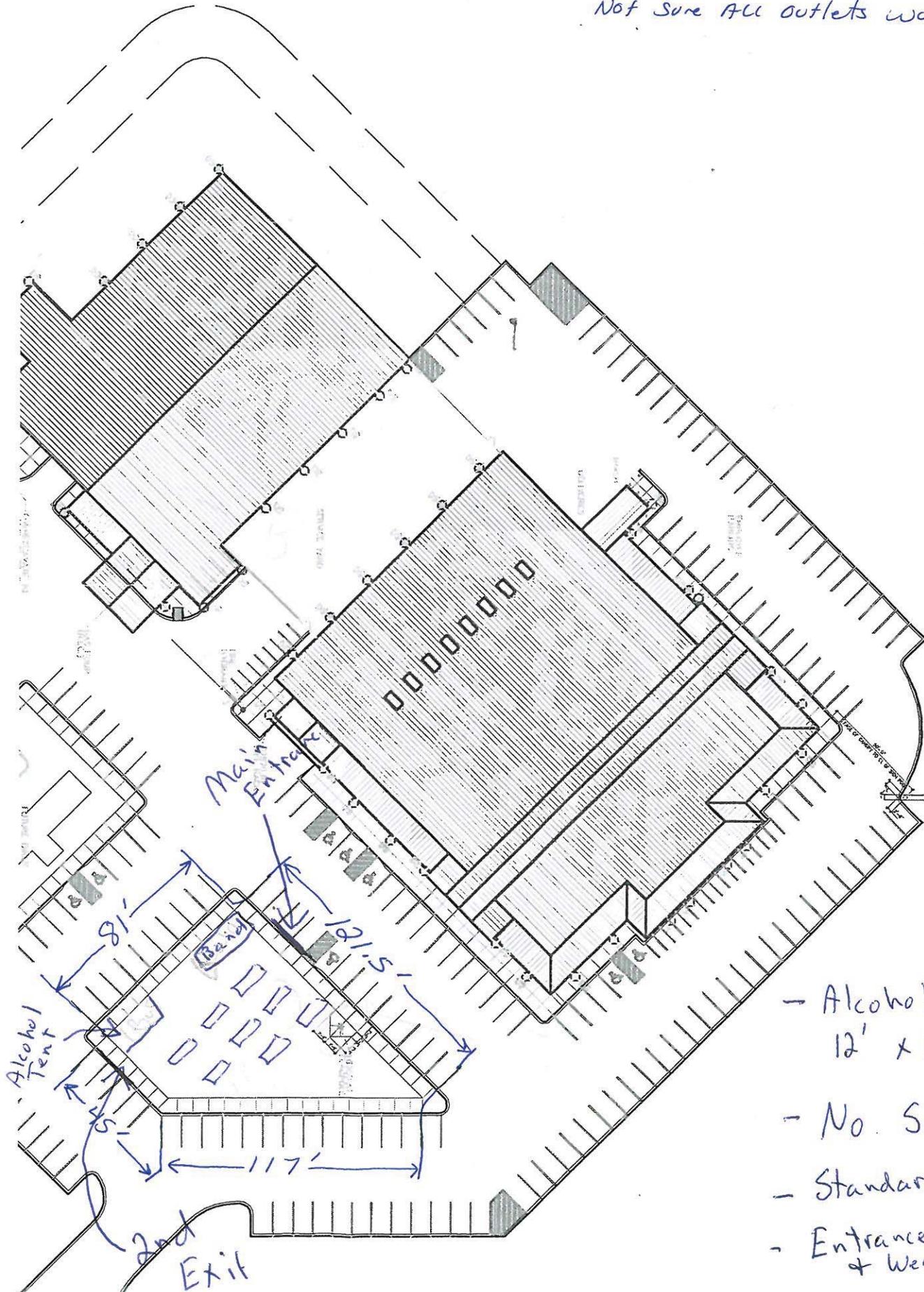
1. Number of Entry & Exit Points & Dimensions: (2 \_\_\_\_\_ ' x 4 foot wide ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (81 \_\_\_\_\_ x 121 Triangle)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used. 6 foot Orange Construction

**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 Map

ATTACH EXTRA PAGES IF NECESSARY

Map of Island for Beer Garden.  
We will have to make sure of Electrical  
Not sure all outlets work.



- Alcohol Tent  
12' x 12'
- No Stage
- Standard Tables
- Entrances on East  
& West Side