

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

2015 JAN 30 PM 3 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

- Beer  Wine  Distilled Spirits
- Liquor license number and class (i.e. C55441, CK55441)  
(If you're a nonprofit organization leave blank)
- Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

C108502

FILED  
JAN 30 2015  
CITY CLERK'S OFFICE

NAME:	MOCHARA, LLC		
ADDRESS:	3201 SOUTH ST #181		
CITY:	LINCOLN	ZIP:	68502

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

BUILDING NAME:	McFARLAND & SON'S IRISH PUB		
ADDRESS:	710 P STREET	CITY:	LINCOLN
ZIP:	68508	COUNTY & COUNTY #:	LANCASTER

- 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)

4 PM  
11 PM

Date 3/17/15	Date	Date	Date	Date	Date
Hours From H.A.M.	Hours From	Hours From	Hours From	Hours From	Hours From
To 2 A.M.	To	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: \_\_\_\_\_

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 30' x 80'  
 \*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? \_\_\_\_\_

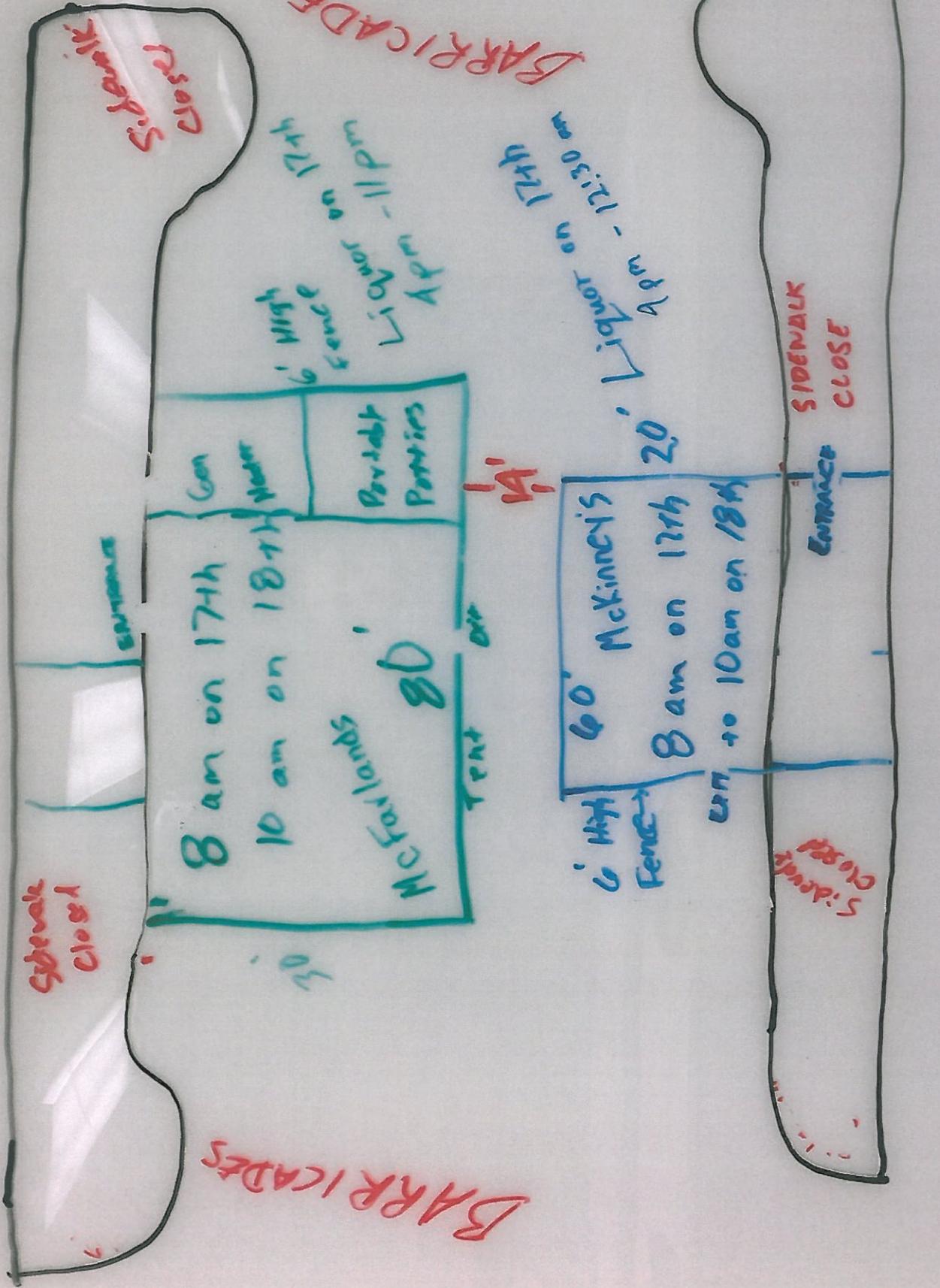
9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)  
EVERYONE WILL BE CHECKED UPON ENTRANCE & GIVEN A WRISTBAND

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

8th

9

BARRICADES



BARRICADES

SIDEWALK CLOSE

SIDEWALK CLOSE

SIDEWALK CLOSE

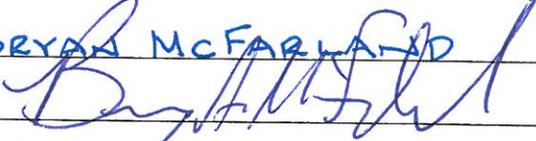
11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES  NO   
Non-Profit: Where will you be purchasing your alcohol?  
Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Both \_\_\_\_\_ BYO \_\_\_\_\_  
(includes wineries)

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

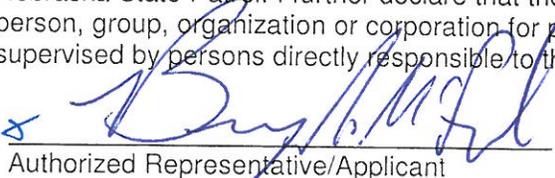
NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special 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: BRYAN MCFARLAND  
Signature of Event Supervisor:   
Event Supervisor phone: Before 402-528-8838 During SAME  
Email address: bam2468@gmail.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   COO 1-21-15  
Authorized Representative/Applicant Title Date  
BRYAN A MCFARLAND  
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:	MCFARLANDS ST PATRICKS DAY PARTY		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

ENTRANTS WILL BE CARDED & WRIST BANDED UPON ENTRY

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:    JUICE, SODA, WATER

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_  
**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

1-21-15  
Date