

**APPLICATION FOR SPECIAL DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.nebraska.gov/  
michelle.porter@hotmail.com

DO YOU NEED POSTERS? YES  NO

**NON PROFIT APPLICANTS**

(Check one that best applies)

Municipal   Political   Fine Arts   Fraternal   Religious   Charitable   Public Service

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-055441)

YK-80900

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer  Wine  Distilled Spirits

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

Murman, Michael, Glacial Till Vineyard & Winery, LLC

NAME: \_\_\_\_\_

344 S. 2nd Rd. (Mailing: PO Box 283. Bennet NE 68317)

ADDRESS: \_\_\_\_\_

CITY Palmyra ZIP 68418

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

Old Cheney Road Farmers Market

BUILDING NAME \_\_\_\_\_

5500 Old Cheney Rd.

Lincoln

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

68516

Lancaster

ZIP \_\_\_\_\_ COUNTY and COUNTY # \_\_\_\_\_

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

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

Date 4/26/2015	Date	Date	Date	Date	Date
<u>Hours</u> From 10am	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To 2pm	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance  Reception  Fund Raiser  Beer Garden  Sampling/Tasting

Other Bottles of wine for off sale only

6. 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** 10 x 10

**\*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 \_\_\_\_\_

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

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)  
 Before serving 1 oz samples customers must show a valid ID. Samples must be consumed in licensed area.

9. 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

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

Date 5/3/2015	Date	Date	Date	Date	Date
<u>Hours</u> From 10am	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
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(not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** <sup>10</sup> x <sup>10</sup>

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 Before serving 1 oz samples customers must show a valid ID. Samples must be consumed in licensed area.

9. 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

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

Date 5/10/2015	Date	Date	Date	Date	Date
<b>Hours</b> From 10am	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 2pm	To	To	To	To	To

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Before serving 1 oz samples customers must show a valid ID. Samples must be consumed in licensed area.

9. 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

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

Date 5/17/2015	Date	Date	Date	Date	Date
<u>Hours</u> From 10am	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
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 Before serving 1 oz samples customers must show a valid ID. Samples must be consumed in licensed area.

9. 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

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

Date 5/24/2015	Date	Date	Date	Date	Date
<b>Hours</b> From 10am	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 2pm	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance  Reception  Fund Raiser  Beer Garden  Sampling/Tasting

Other Bottles of wine for off sale only

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Before serving 1 oz samples customers must show a valid ID. Samples must be consumed in licensed area.

9. 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

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

Date 5/31/2015	Date	Date	Date	Date	Date
<u>Hours</u> From 10am	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To 2pm	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

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 Before serving 1 oz samples customers must show a valid ID. Samples must be consumed in licensed area.

9. 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

10. Where will you be purchasing your alcohol?

Wholesaler \_\_\_ Retailer X Both \_\_\_ BYO \_\_\_  
(includes wineries)

11. 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.

12. Any other information or requests for exemptions: \_\_\_\_\_

13. 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

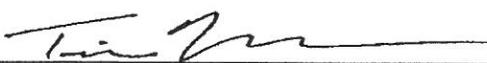
Print name of Event Supervisor Tim Murman

Signature of Event Supervisor 

Event Supervisor phone: Before 4022022887 During 4022022887  
Email address tim@glaciattitvineyard.com

Consent of Authorized Representative/Applicant

14. 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  Manager 4/1/2015  
Authorized Representative/Applicant Title Date  
Tim Murman  
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:	Old Cheney Road Farmers Market		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	4/26, 5/3, 5/10, 5/17, 5/24, 5/31	Hours:	10AM - 2PM
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: \_\_\_\_\_

Will check ID's before serving 1 oz samples. Samples must be consumed at our licensed 10ft x 10ft area. Wines for off sale only. No glasses or bottles consumed on site

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: \_\_\_\_\_

Who will serve the beverages containing alcohol? Only Glacial Till Vineyard Employees who must complete Server/Seller Applicant Information Sheet. have receive RBST certification

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

4/1/2015  
Date

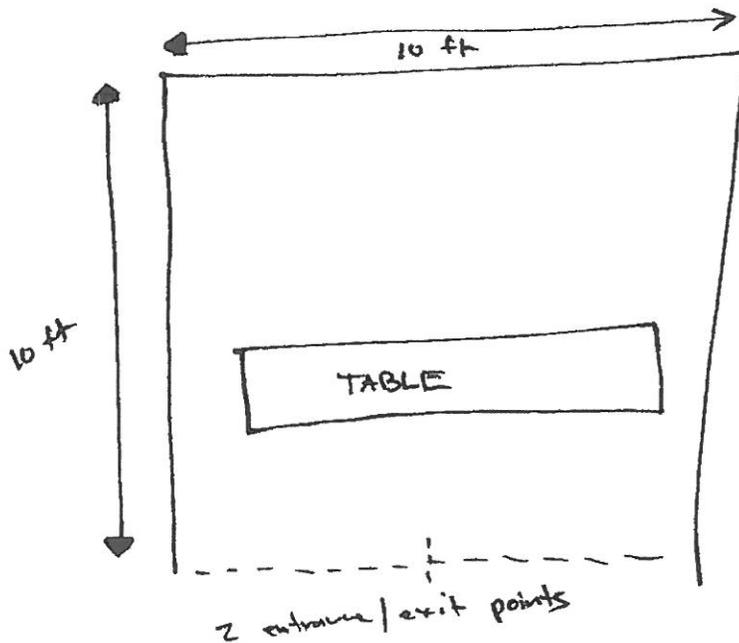
# SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

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: ( 10 ' x 10 ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 10 x 10 )
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.**

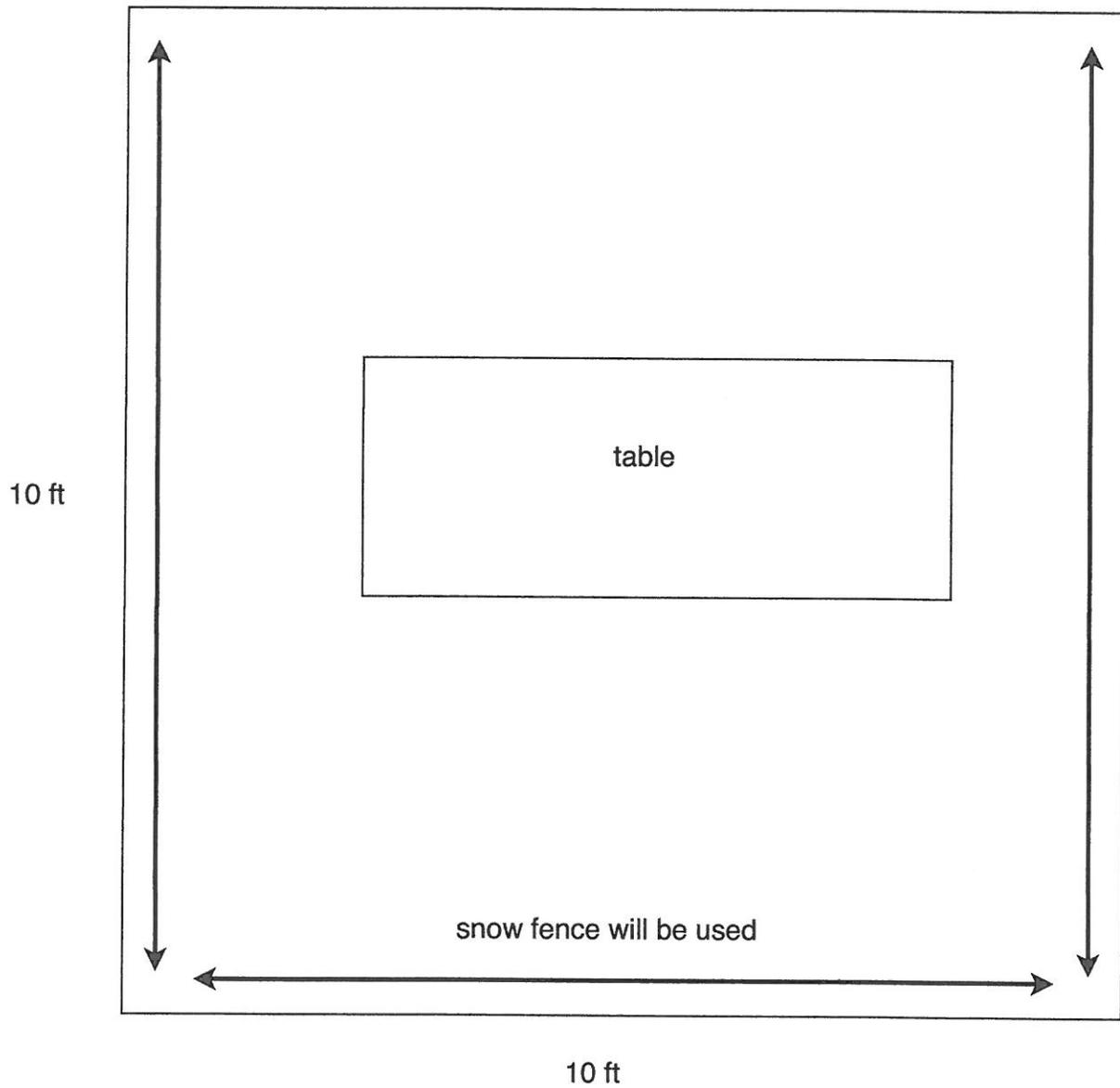
- 10 ft x 10 ft pop up tent w/ stake walls on 3 sides
- table in middle of tent to serve samples / sell bottles of wine
- 



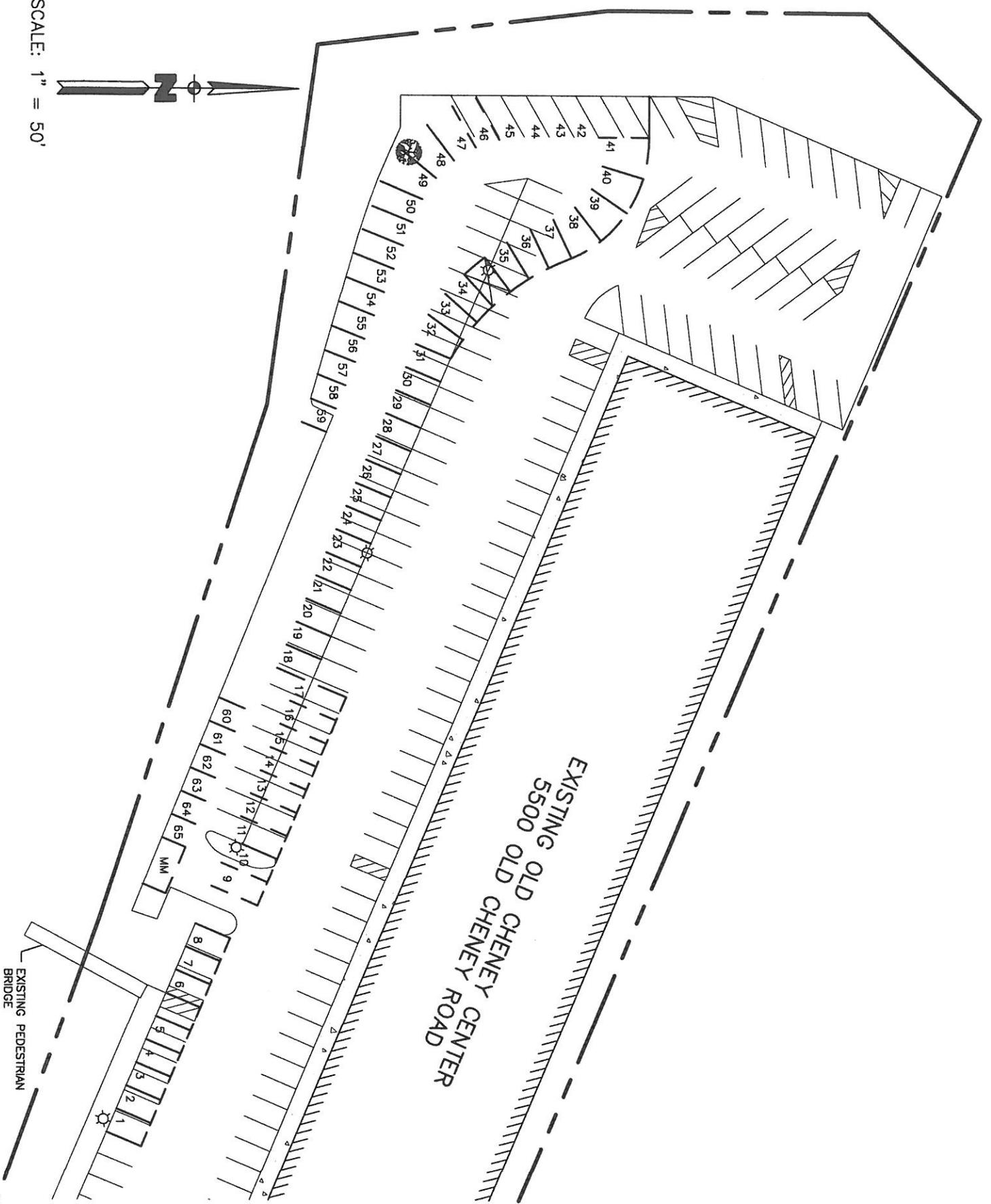
ATTACH EXTRA PAGES IF NECESSARY



# Outdoor Area To Be Licensed



EXISTING OLD CHENEY CENTER  
5500 OLD CHENEY CENTER  
ROAD



SCALE: 1" = 50'



EXISTING PEDESTRIAN  
BRIDGE

First	Middle	Last	Email	RBST	Certificate #	Expires	CITY	Permit #	Expires	Remove
jordan	matthew	goodrich	jordan@glacialtillvineyard.com		RB-0006390.	2016-03-27		LNK-0014399.	2016-03-27	
craig	andrew	murman	craig@glacialtillvineyard.com		RB-0006393.	2016-03-27		LNK-0014398.	2016-03-27	
john	m	murman	j.murman@glacialtillvineyard.com		RB-0006386.	2016-03-27		LNK-0014396.	2016-03-27	
tim		murman	tim@glacialtillvineyard.com		RB-0006388.	2016-03-27		LNK-0014393.	2016-03-27	
lisa	ann	lowitz	lisalowitz@hotmail.com		RB-0006406.	2016-03-27		LNK-0014438.	2016-03-27	
victoria	sue	cary	vic.cary@windstream.net		RB-0006655.	2016-03-28		.	2014-04-07	
michael	lee	murman	mmurman@penlink.com		RB-0007866.	2016-03-31		LNK-0015515.	2016-03-31	
sandra	kay	dewitt	sandradewitt@ymail.com		RB-0007769.	2016-03-31		.	2014-04-07	

END RECORDS