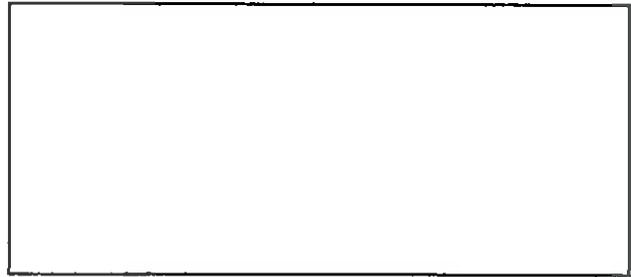


APPLICATION FOR SPECIAL DESIGNATED LICENSE

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.ne.gov/

*June 14
O.D.*



DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDERS

NON PROFIT APPLICANTS

Non Profit Status (check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

COMPLETE ALL QUESTIONS

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

2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank) 073142 class k

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

NAME: GNS Corporation Premise: Cappy's

ADDRESS: 5560 s. 48th street suite 4

CITY Lincoln ZIP 68516

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

BUILDING NAME Cappy's Bar/GNS Plaza

ADDRESS: 5560 S. 48th street CITY lincoln

ZIP 68516 COUNTY and COUNTY # Lancaster #2

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 june 14, 2015	Date	Date	Date	Date	Date
<u>Hours</u> From 10:30am	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To 8:00pm	To	To	To	To	To

a. Alternate date: june 28, 2015

b. Alternate location: same location as stated above
(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 ⁵⁵ _____ x ⁵⁵ _____

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

Attached Copy

If outdoor area, how will premises be enclosed?

Fence; snow fence chain link cattle panel
 other _____
 Tent

8. How many attendees do you expect at event? 300

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)

Wristbands issued only to those 21 years + older
Security at all entrances/exits - licensed bar staff

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 x 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 keno and pull tab cards but not to be sold in sdl area

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: _____

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 John F. Caporale

Signature of Event Supervisor _____

Event Supervisor phone: Before 402-613-2395 During 402-613-2395

Email address cappy402@hotmail.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

GM
Title

5-10-2015
Date

John F. Caporale

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:	Annual Outdoor Bike Show		
Applicant and Sponsoring Organization or Individual (if applicable):	CAPPY'S Bar		
Date(s) of Event:	Sun June 14, 2015	Hours:	11am - 8pm
Alternate Date(s):	Sun June 28, 2015	Hours:	11am - 8pm

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: _____

Security of all entrances checking ID's & issuing wristbands to those 18 or older

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

Smoked wings, Burgers, Hotdogs, Pulled Pork, Chips

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

Soda, Juice, water, Energy Drinks

Who will serve the beverages containing alcohol? Trained & Permitted 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: _____

[Signature]
Applicant's Signature

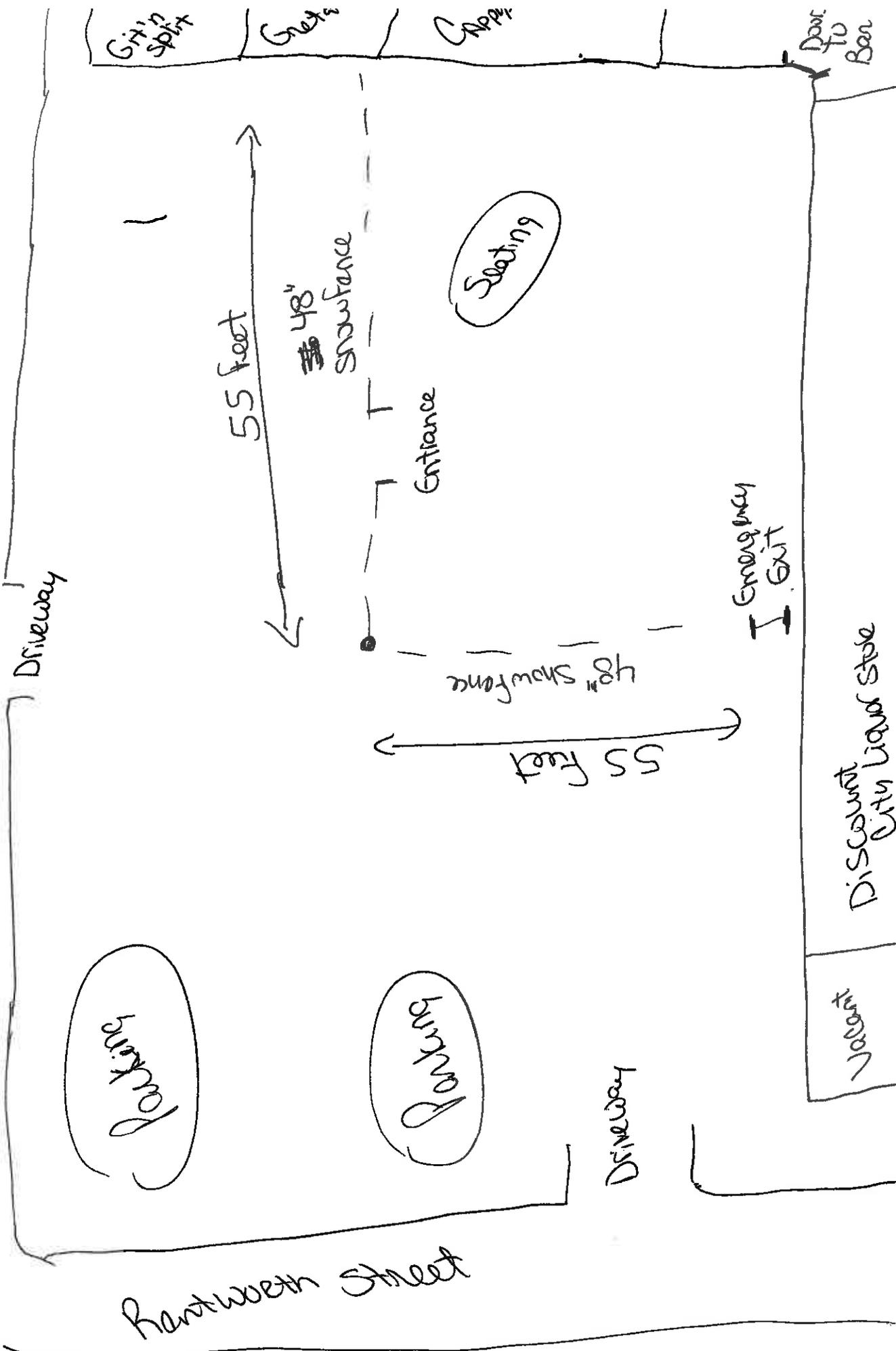
5-22-15
Date

← South

North →

48th Street

Rantworth Street



Driveway

Driveway

Parking

Parking

55 feet

55 feet

48" snowfence

48" snowfence

Entrance

Seating

Emergency Exit

Discount City Liquor Store

Vaccines

Grip Spitz

Greta

Cappi

Door to Bar

Bar

