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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

6/12
O.D.

FILED
CITY CLERK'S OFFICE
2015 MAY 13 AM 11 26
CITY OF LINCOLN
NEBRASKA

DO YOU NEED POSTERS? YES ( ) NO (X)

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) CLK-50620

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)

NAME: Lancaster Co Ag Society Lancaster Event Center

ADDRESS: 4100 N 84th St

CITY Lincoln **ZIP** 68507

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

BUILDING NAME Muhlbach Motorsports Complex

ADDRESS: 4100 N 84th **CITY** Lincoln

ZIP 68507 **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 (X)

c. Is this location within 300' of any university or college campus? YES ( ) NO (X)

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

Date 6/12/15	Date	Date	Date	Date	Date
Hours From 10:00Am	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 1:30Am	To	To	To	To	To

a. Alternate date: none

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 Mud Valleyball

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** 545 x 313
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See sketch

If outdoor area, how will premises be enclosed?
☐ Fence; ☐ snow fence ☑ chain link ☐ cattle panel
☐ other _____
☐ Tent

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

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)
Attendees will be ID and wristbanded. Security will be hired LEC staff

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 ☐

11. **Retailer: Will you be purchasing your alcohol from a wholesaler?** YES X NO ___
Non-Profit: Where will you be purchasing your alcohol?

Wholesaler X **Retailer** ____ (includes wineries) **Both** _____ **BYO** _____

12. Will there be any games of chance operating during the event? YES ___ NO X

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: _____

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 Susie Weiler

Signature of Event Supervisor Susie Weiler

Event Supervisor phone: Before 402.730.1241 During 402.730.1241
Email address sweiler@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 _____ Managing Director 5-12-15
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.

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:	Mud Valleyball		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	6/12/15	Hours:	10:00AM – 1:30AM
Alternate Date(s):	none	Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Attendee's will be ID and wristbanded. Security will be LEC hired staff

Will food be served? X Yes ____ No If yes, please list food to be served: hamburgers, Cheeseburgers, Chips, Walking tacos, Candy, popcorn

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: gatorade, Water, pop energy drinks

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? X Yes ____ No

Will there be a charge for admission? ____ Yes X 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 X No If so, explain: ____

Applicant's Signature

5/13/15
Date

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(I).

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 Co Ag Society
NAME OF CORPORATION

47-0786365
FEDERAL ID NUMBER

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 12 DAY OF May, 2015

NOTARY PUBLIC SIGNATURE & SEAL

General Notary - State of Nebraska
LOIS E. HARTZELL
My Comm. Exp. April 24, 2016.

LANCASTER COUNTY

Mud Valley ball

[redacted] Setup

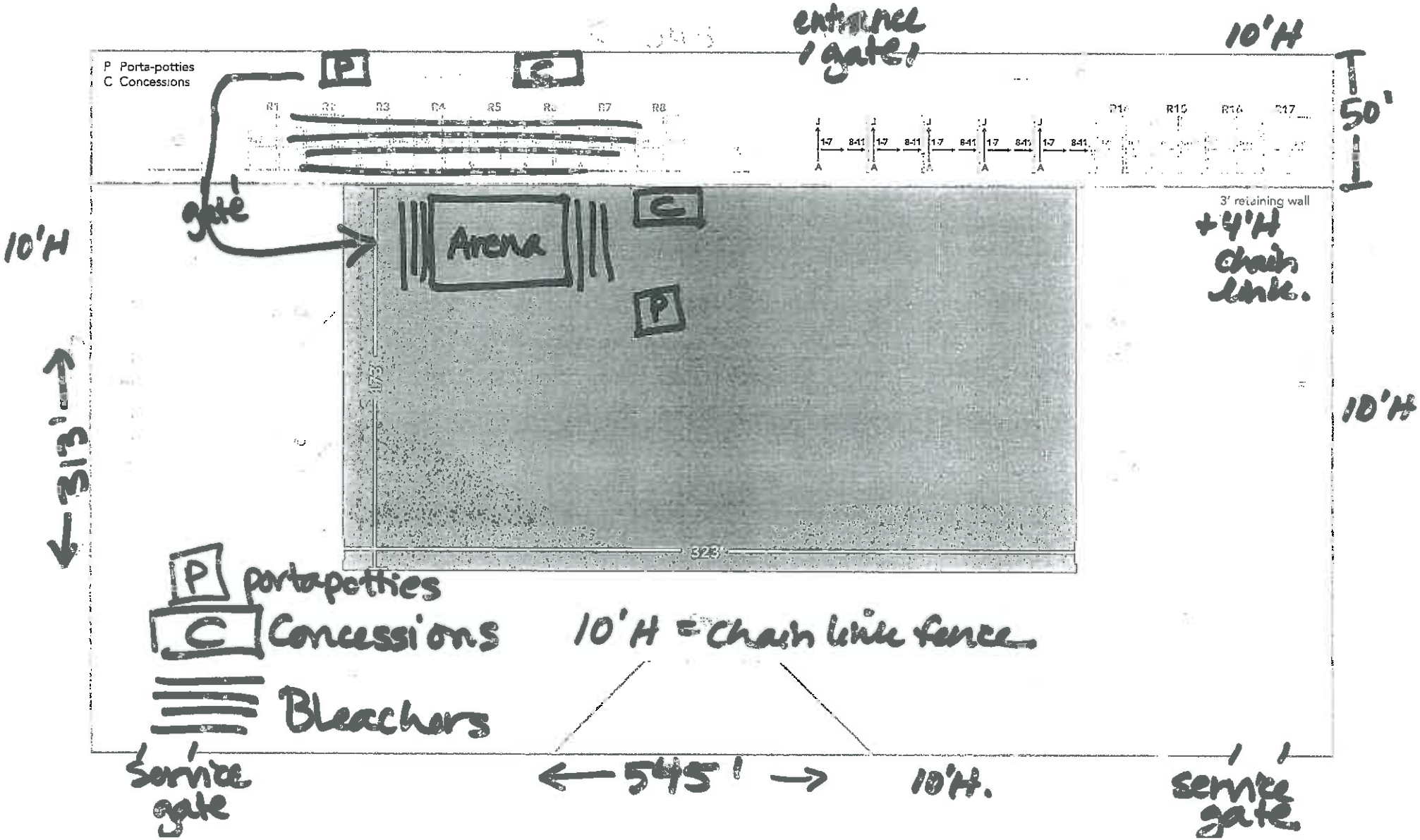
[redacted] | Muhlbach Motor Sport Complex

North →

Lancaster
EVENT CENTER

Reserved Elevated Bleachers

General Admission Standing Room



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NEBRASKA

APPLICATION FOR SPECIAL DESIGNATED LICENSE

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

6/27
D.D.

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) CLK-50620

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)

NAME: Lancaster Co Ag Society Lancaster Event Center

ADDRESS: 4100 N 84th St

CITY Lincoln ZIP 68507

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

BUILDING NAME Muhlbach Motorsports Complex

ADDRESS: 4100 N 84th St CITY Lincoln

ZIP 68507 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 (X)

c. Is this location within 300' of any university or college campus? YES ( ) NO (X)

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

Date 6/27/15	Date	Date	Date	Date	Date
Hours From 2:00pm	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 1:30 Am	To	To	To	To	To

a. Alternate date: none

b. Alternate location: none
(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 Bull ride

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** 550 x 313
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See sketch attached

If outdoor area, how will premises be enclosed?
[ ] Fence; [ ] snow fence [✓] chain link [ ] cattle panel
[ ] other _____
[ ] Tent

7. How many attendees do you expect at event? 1,000 – 1,500

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)
Attendees will be ID and wristbanded Security will be LEC hired staff

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES [X] NO [ ]

a. Are there separate toilets for both men and women? YES [X] NO [ ]

10. **Where will you be purchasing your alcohol?**

Wholesaler X **Retailer** ____ (includes wineries) **Both** _____ **BYO** _____

11. Will there be any games of chance operating during the event? YES [ ] NO [X]

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 Susie Weiler

Signature of Event Supervisor Susie Weiler

Event Supervisor phone: Before 402.730.1241 During 402.730.1241

Email address sweiler@Lancastereventcenter.org

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 _____ Managing Director 5/12/15

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.

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.

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 Co Ag Society
NAME OF CORPORATION

47-0786365
FEDERAL ID NUMBER

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 12th DAY OF May, 2015

Lois E Hartzell
NOTARY PUBLIC SIGNATURE & SEAL

General Notary - State of Nebraska
LOIS E. HARTZELL
My Comm. Exp. April 24, 2016.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	TBR Bull ride		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	6/27/15	Hours:	2:00 pm - 1:30 AM
Alternate Date(s):	none	Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Attendee's will be ID and wristbanded. Security will include Fry and Frazey security and LEC staff

Will food be served? X Yes ____ No If yes, please list food to be served: BBQ Brisket, hamburgers, hot dogs, chips, popcorn, Candy

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: gatorade, water, pop energy drinks

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? X Yes ____ No

Will there be a charge for admission? X 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 X No If so, explain: ____

Susie Weiler
Applicant's Signature

5/13/15
Date

LANCASTER COUNTY

Bull Ride Setup

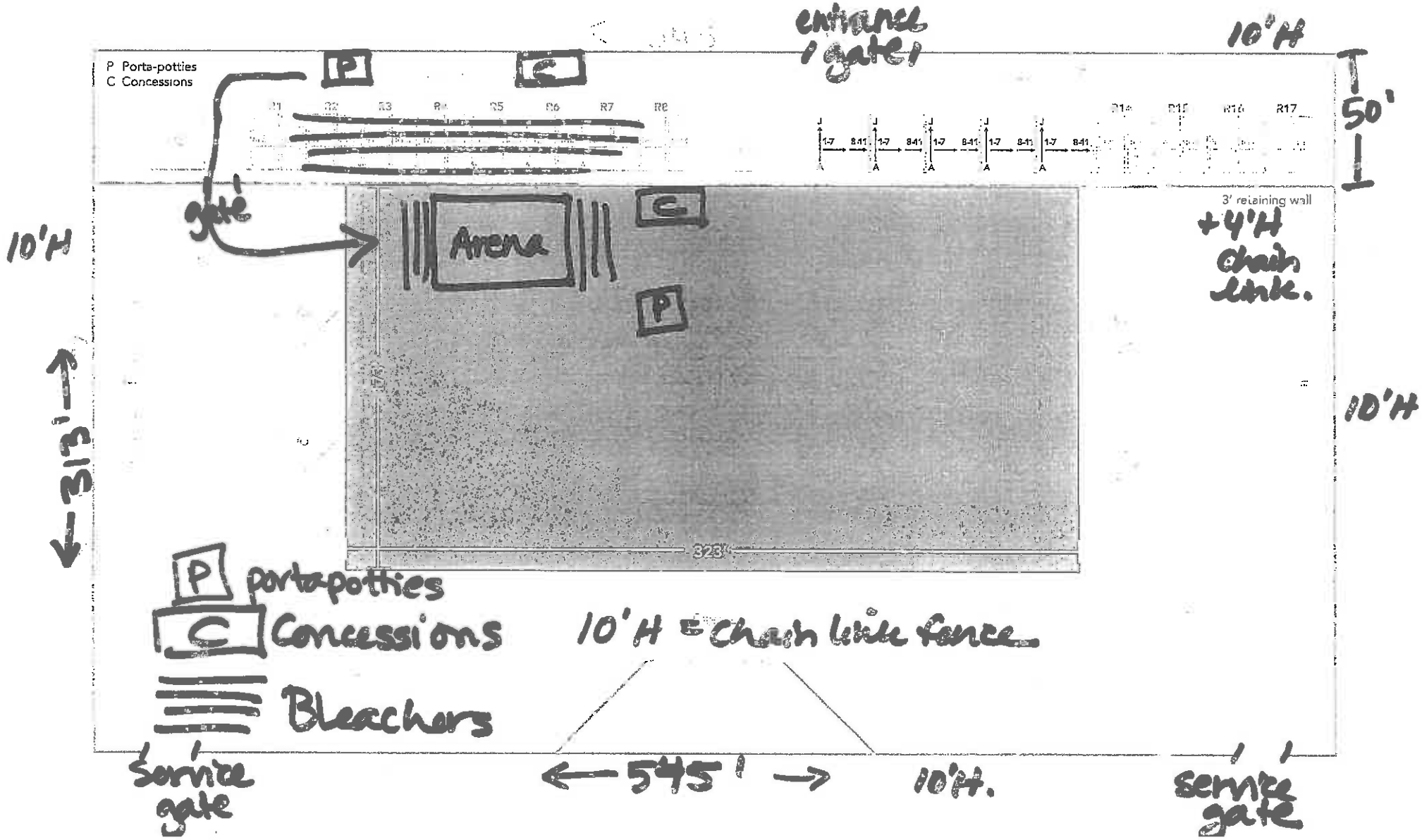
August 6, 2015 | Muhlbach Motor Sport Complex

North →

Lancaster
EVENT CENTER

Reserved Elevated Bleachers

General Admission Standing Room



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PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov/
michelle.porter@hotmail.com

7/18
O.D.

DO YOU NEED POSTERS? YES ( ) NO (X)

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) CLK - 50620

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)

NAME: Lancaster Co Ag Society Lancaster Event Center

ADDRESS: 4100 N 84th st

CITY Lincoln ZIP 68507

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

BUILDING NAME Muhlbach Motorsports Complex

ADDRESS: 4100 N 84th st CITY Lincoln

ZIP 68507 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 (X)

c. Is this location within 300' of any university or college campus? YES ( ) NO (X)

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

Date 7/18/15	Date	Date	Date	Date	Date
Hours From 2:00 pm	**Hours** From	**Hours** From	**Hours** From	**Hours** From	**Hours** From
To 1:30 AM	To	To	To	To	To

a. Alternate date: none

b. Alternate location: none
(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 (X) Beer Garden ( ) Sampling/Tasting ( )

Other Bull Ride

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** 550 x 313
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See Sketch Attached

If outdoor area, how will premises be enclosed?
[ ] Fence; [ ] snow fence [X] chain link [ ] cattle panel
[ ] other _____
[ ] Tent

7. How many attendees do you expect at event? 1,500 - 2,000

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)
Attendee's will be ID and wristbanded Security will be hired LEC security staff

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES [X] NO [ ]

a. Are there separate toilets for both men and women? YES [X] NO [ ]

10. **Where will you be purchasing your alcohol?**

Wholesaler X **Retailer** ____ (includes wineries) **Both** ____ **BYO** ____

11. Will there be any games of chance operating during the event? YES [ ] NO [X]

If so, describe activity _____

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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 Susie Weiler

Signature of Event Supervisor Susie Weiler

Event Supervisor phone: Before 402.730.1241 During 402.730.1241
Email address SWeiler@Lancasteroventcenter.org

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 _____ Managing Director 5-12-15
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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SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 12 DAY OF May, 2015.

Lois E Hartzell
NOTARY PUBLIC SIGNATURE & SEAL

General Notary - State of Nebraska
LOIS E. HARTZELL
My Comm. Exp. April 24, 2016.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	TBR Bullride		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	7 - 18 - 15	Hours:	2:00 pm - 1:30AM
Alternate Date(s):	none	Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Attendee's will be ID and wristbanded. Security will include Fry & Frazey Security and LEC staff

Will food be served? X Yes ____ No If yes, please list food to be served: BBQ Brisket, Hamburgers, hotdogs, popcorn, chips candy

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Have the designated servers received responsible beverage server training? X Yes ____ No

Will there be a charge for admission? X 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 X No If so, explain: ____

Susan Weeden
Applicant's Signature

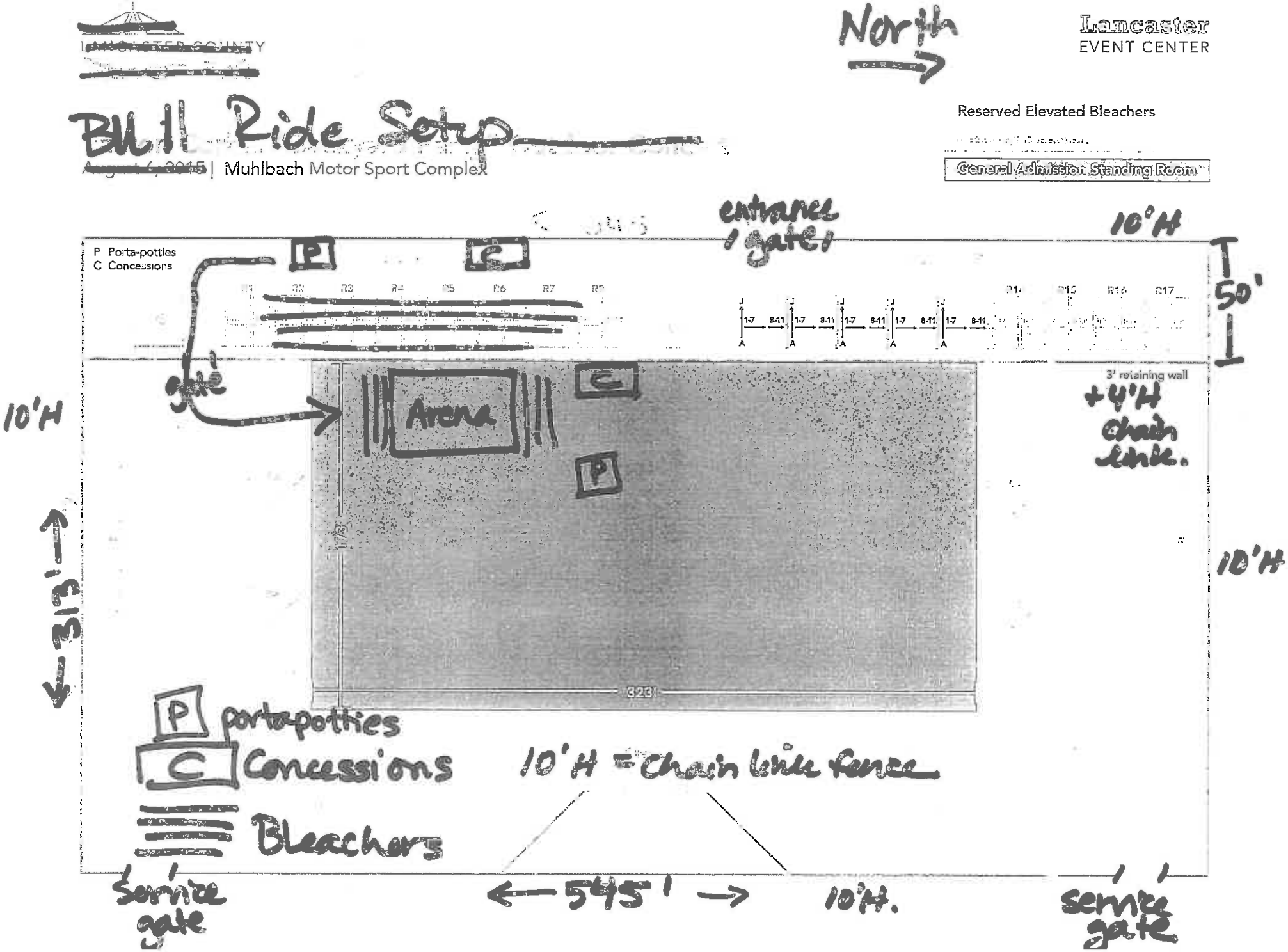
5/13/15
Date

LANCASTER COUNTY

Bull Ride Setup

August 6, 2015 | Muhlbach Motor Sport Complex

Lancaster
EVENT CENTER



178

FILED
CITY CLERK'S OFFICE
2015 MAY 13 AM 11 27
CITY OF LINCOLN
NEBRASKA

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

Aug 6
0.D

DO YOU NEED POSTERS? YES ( ) NO (X)

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) CLK - 50620

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)

NAME: Lancaster Co Ag Society Lancaster Event Center

ADDRESS: 4100 N 84th St

CITY Lincoln ZIP 68507

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

BUILDING NAME Muhlbach Motorsports Complex - Easton Corbin outdoor concert

ADDRESS: 4100 N 84th St CITY Lincoln

ZIP 68507 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 (X)

c. Is this location within 300' of any university or college campus? YES ( ) NO (X)

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

Date 8/6/15	Date	Date	Date	Date	Date
Hours	**Hours**	**Hours**	**Hours**	**Hours**	**Hours**
From 2:00 pm	From	From	From	From	From
To 1:30 AM	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 Concert

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** 545 x 313
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See attached sketch

If outdoor area, how will premises be enclosed?
[ ] Fence; [ ] snow fence [X] chain link [ ] cattle panel
[ ] other _____
[ ] Tent

7. How many attendees do you expect at event? 2,000 - 7,000

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)
Attendee's will be ID and wristbanded. Security will include Fry & Frazey Security team and 6 LPD Officers armore nearby on fairgrounds.

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES [X] NO [ ]

a. Are there separate toilets for both men and women? YES [X] NO [ ]

10. **Where will you be purchasing your alcohol?**

Wholesaler X **Retailer** ____ (includes wineries) **Both** _____ **BYO** _____

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 Susie Weiler

Signature of Event Supervisor Susie Weiler

Event Supervisor phone: Before 402.730.1241 During 402.730.1241

Email address sweiler@lancastereventcenter.org

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 _____ Managing Director 5-12-15

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.

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.

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 Co Ag Society
NAME OF CORPORATION

47-0786365
FEDERAL ID NUMBER

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 12 DAY OF May, 2015.

Lois E Hartzell
NOTARY PUBLIC SIGNATURE & SEAL

General Notary - State of Nebraska
LOIS E. HARTZELL
My Comm. Exp. April 24, 2016.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	Easton Corbin Outdoor Concert		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	8-6-2015	Hours:	2:00pm - 1:30Am
Alternate Date(s):		Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Attendee's will be ID and wristbanded. Security will include Fry & Frazey Security Team and 6 LPD Officers or more nearby on fairgrounds

Will food be served? ✓ Yes ____ No If yes, please list food to be served: hamburger's, Hot dogs, Chips, popcorn, corndogs BBQ sandwiches

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: gatorade, pop, water

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? X Yes ____ No

Will there be a charge for admission? X 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 X No If so, explain: ____

Susie Weiler
Applicant's Signature

5/13/15
Date

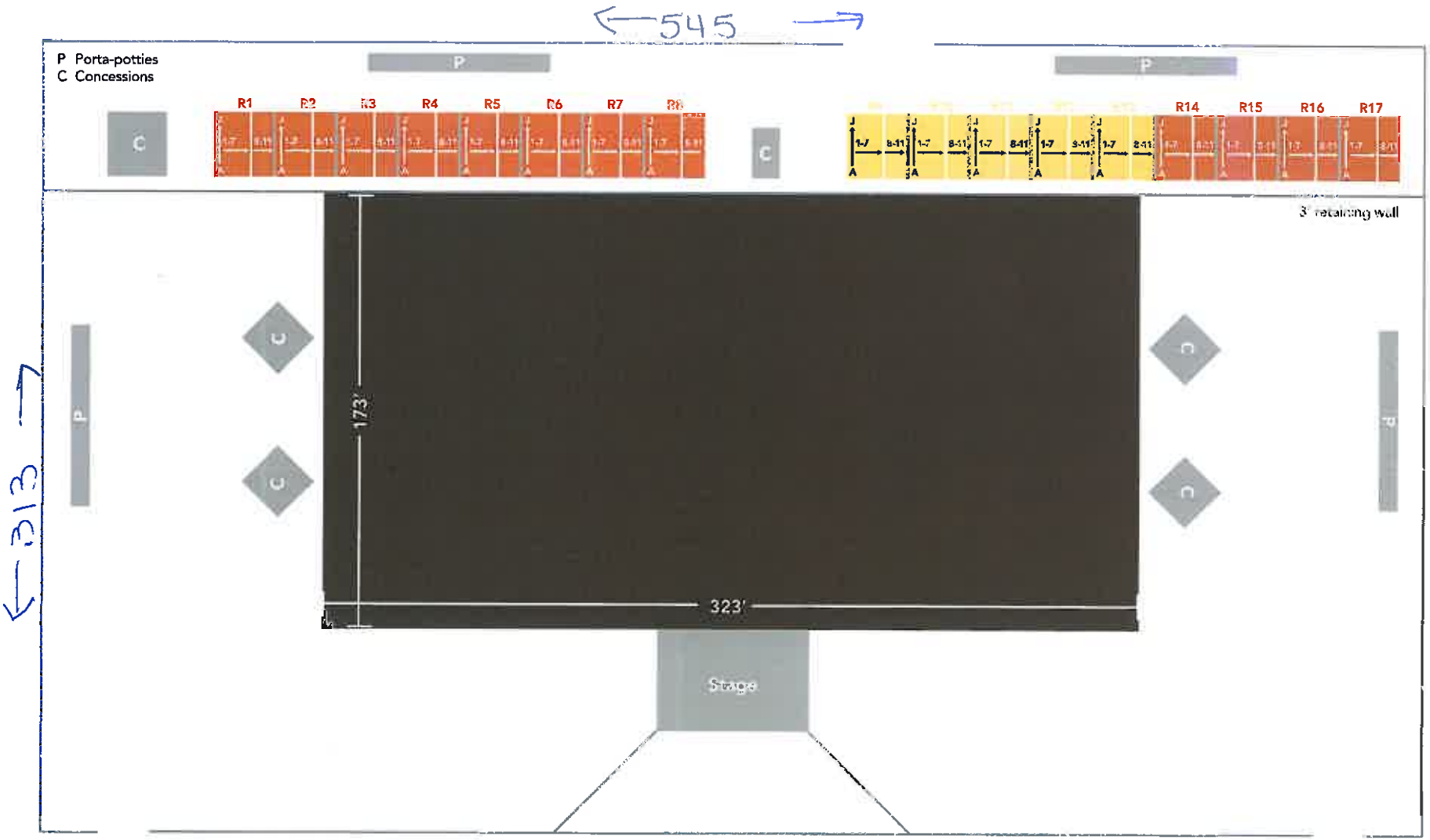
LANCASTER COUNTY
Super Fair

Lancaster
EVENT CENTER

Easton Corbin "Backyard Party" Outdoor Concert

August 6, 2015 | Muhlbach Motor Sport Complex

Reserved Elevated Bleachers
Reserved Bleachers
General Admission Standing Room



FILED
CITY CLERK'S OFFICE
2015 MAY 13 AM 11 27
CITY OF LINCOLN
NEBRASKA

184

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/
micheile.porter@hotmail.com

8/22
OD

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) CLK - 50620

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)

NAME: Lancaster Co Ag Society Lancaster Event Center

ADDRESS: 4100 N 84th St

CITY Lincoln ZIP 68507

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

BUILDING NAME Muhlbach Motorsports Complex

ADDRESS: 4100 N 84th St CITY Lincoln

ZIP 68507 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 3/22/15	Date	Date	Date	Date	Date
Hours From 2:00pm	Hours From	Hours From	Hours From	Hours From	Hours From
To 1:30 AM	To	To	To	To	To

a. Alternate date: none

b. Alternate location: none
(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 Bullride

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** 550 x 313
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See sketch attached

If outdoor area, how will premises be enclosed?
[ ] Fence; [ ] snow fence [✓] chain link [ ] cattle panel
[ ] other _____
[ ] Tent

7. How many attendees do you expect at event? 1,500 - 2,000

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)
Attendees will be ID and wristbanded. Security will be hired LEC security staff

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES [X] NO [ ]

a. Are there separate toilets for both men and women? YES [X] NO [ ]

10. **Where will you be purchasing your alcohol?**

Wholesaler X Retailer ____ (includes wineries) Both ____ BYO ____

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 Susie Weiler

Signature of Event Supervisor Susie Weiler

Event Supervisor phone: Before 402.730.1241 During 402.730.1241
Email address SuWeiler@LancasterEventCenter.org

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 _____ Managing Director 5-12-14

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.

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.

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

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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 Co Ag Society
NAME OF CORPORATION

47-0786365
FEDERAL ID NUMBER

SIGNATURE OF TITLE OF CORPORATE OFFICERS

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SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 12 DAY OF May, 2015

Lois E Hartzell
NOTARY PUBLIC SIGNATURE & SEAL

General Notary - State of Nebraska
LOIS E. HARTZELL
My Comm. Exp. April 24, 2016.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	TBR Bull ride		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	8/22/15	Hours:	2:00pm - 1:30Am
Alternate Date(s):	none	Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Attendee's will be ID and wristbanded. Security will include Fry & Frazey security and LEC staff.

Will food be served? X Yes ____ No If yes, please list food to be served: hamburgers, hotdogs, candy, walking taco's popcorn

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: gatorade, water, pop energy drinks

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? X Yes ____ No

Will there be a charge for admission? X 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 X No If so, explain: ____

Susie Wilson
Applicant's Signature

5/13/15
Date

LANCASTER COUNTY

Bull Ride Setup

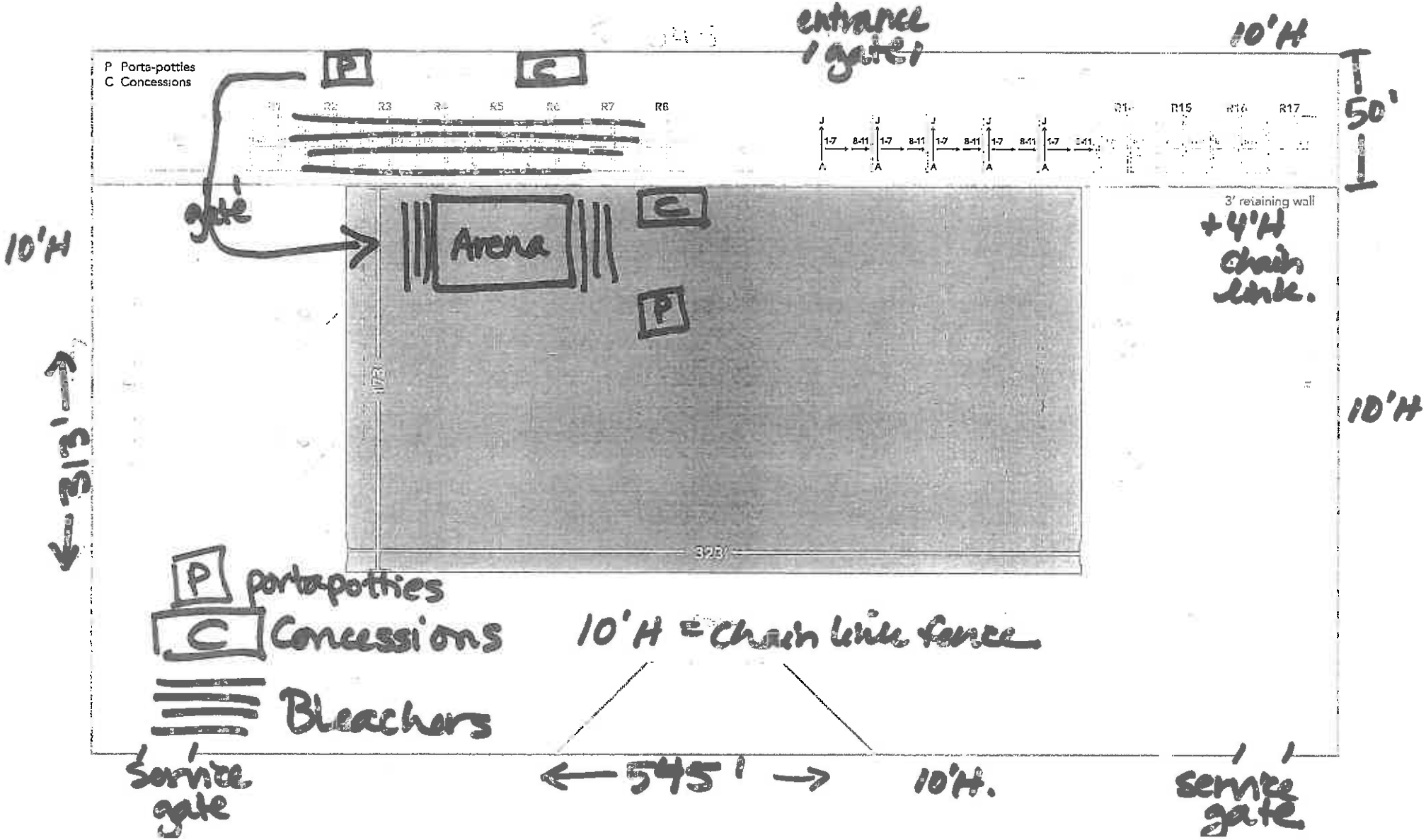
August 7, 2015 | Muhlbach Motor Sport Complex

North →

Lancaster
EVENT CENTER

Reserved Elevated Bleachers

General Admission Standing Room



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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

9/19
OD

FILED
CITY CLERK'S OFFICE
2015 MAY 13 AM 11 27
CITY OF LINCOLN
NEBRASKA

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) CLK - 50620

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)

NAME: Lancaster Co Ag Society Lancaster Event Center

ADDRESS: 4100 N 84th St

CITY Lincoln ZIP 68507

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

BUILDING NAME Muhlbach Motorsports Complex

ADDRESS: 4100 N 84th St CITY Lincoln

ZIP 68507 COUNTY and COUNTY # _____

a. Is this location within the city/village limits? YES (X) 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 (X)

c. Is this location within 300' of any university or college campus? YES ( ) NO (X)

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

Date 9/19/15	Date	Date	Date	Date	Date
Hours From 2:00pm	Hours From	Hours From	Hours From	Hours From	Hours From
To 1:30AM	To	To	To	To	To

a. Alternate date: none

b. Alternate location: none
(**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 Bull ride

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** 550 x 313
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See attached Sketch

If outdoor area, how will premises be enclosed?
[ ] Fence; [ ] snow fence [X] chain link [ ] cattle panel
[ ] other _____
[ ] Tent

7. How many attendees do you expect at event? 1,500 - 2,000

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)
Attendea's will be ID and wristbanded. Security will be hired LEC Security staff

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES [X] NO [ ]

a. Are there separate toilets for both men and women? YES [X] NO [ ]

10. **Where will you be purchasing your alcohol?**

Wholesaler X **Retailer** ____ (includes wineries) **Both** _____ **BYO** _____

11. Will there be any games of chance operating during the event? YES [ ] NO [X]

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 Susie Weiler

Signature of Event Supervisor Susie Weiler

Event Supervisor phone: Before 402.730.1241 During 402.730.1241
Email address SWeiler@lancastereventcenter.org

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 _____ Managing Director 5-12-15
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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Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status

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Lancaster Co Ag Society
NAME OF CORPORATION

47-0786365
FEDERAL ID NUMBER

SIGNATURE OF TITLE OF CORPORATE OFFICERS

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SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 12 DAY OF May, 2015

NOTARY PUBLIC SIGNATURE & SEAL

General Notary - State of Nebraska
LOIS E. HARTZELL
My Comm. Exp. April 24, 2016.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	TBR Bullride		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	9/19/15	Hours:	2:00pm – 1:30AM
Alternate Date(s):	none	Hours:	

Is the event open to the public? X Yes ____ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Attendees will be ID and wristbanded. Security will include Fry & Frazey Security and LEC Staff.

Will food be served? X Yes ____ No If yes, please list food to be served: hamburgers, hotdogs, BBQ, popcorn, candy, walking tacos

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served: Iced tea, pop, water 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? X Yes ____ No

Will there be a charge for admission? X 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 X No If so, explain: ____

Susie Wilder
Applicant's Signature

5/13/15
Date

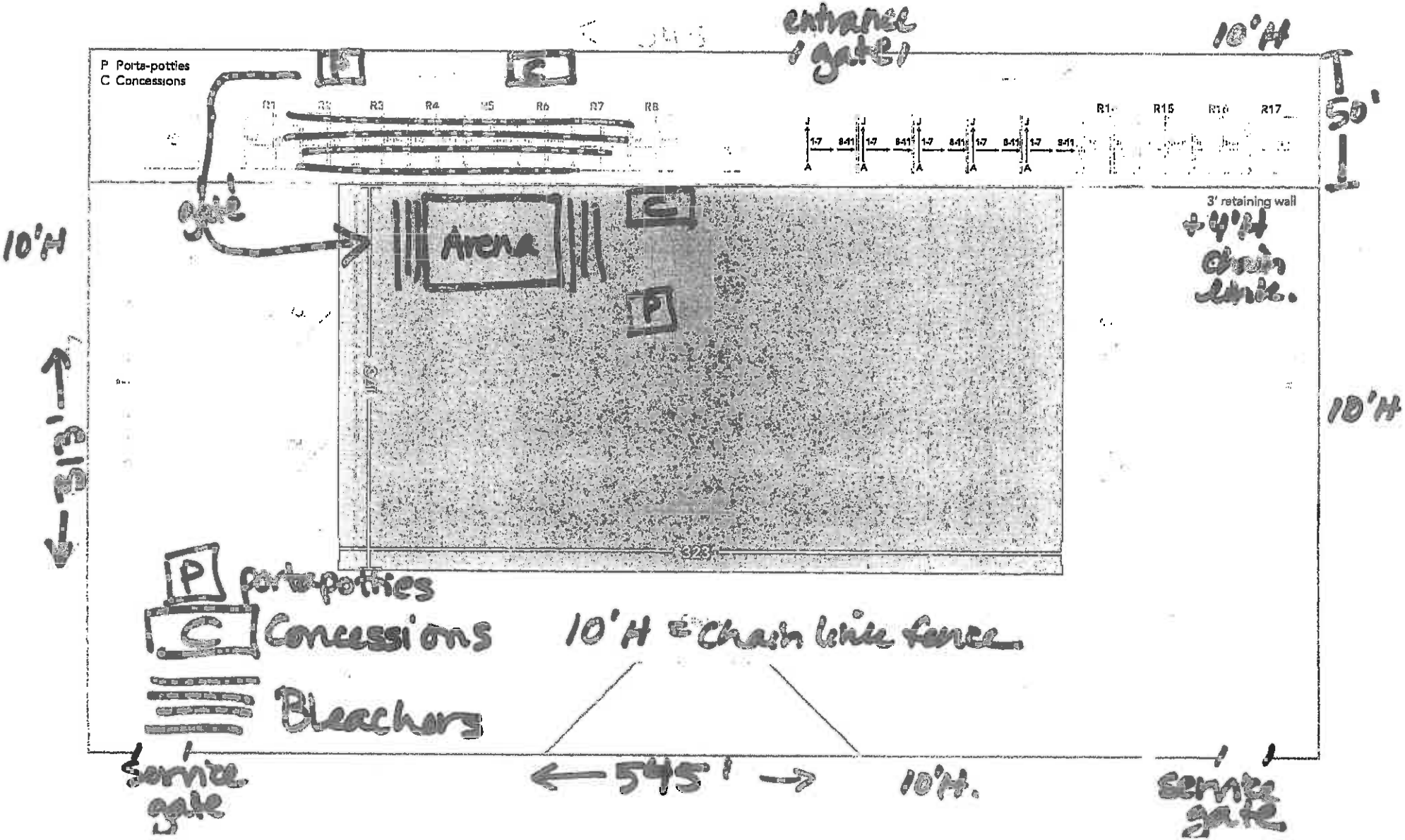
LANCASTER COUNTY

Bull Ride Setup

August 6, 2015 | Muhlbach Motor Sport Complex

North

Lancaster
EVENT CENTER

Reserved Elevated Bleachers

General Admission Standing Room