

SPECIAL DESIGNATED LIQUOR LICENSE APPLICATIONS

I, Teresa J. Meier, City Clerk of Lincoln, Nebraska, and duly appointed agent by the City Council of Lincoln, Nebraska, after receiving input from various City Departments & reviewing said Special Designated License Application do hereby approve the following attached applications:

*ID/OD = INDOOR/OUTDOOR

#	APPLICANT / ADDRESS	LOCATION / ADDRESS	DATE	TIME	OCCASION	ID/ OD	CC HRG	EMAILED TO STATE	STATE RECYD	LIC RECYD	LIC. MAILED
154	OLD FEDERAL PLACE LLC 129 N 10 TH ST (08)	GRAND MANSE 129 N 10 TH	9/5 9/12 9/26 10/10 10/24 11/7 11/27	8A-2A	BEER GARDEN	OD	7/13	4/28			

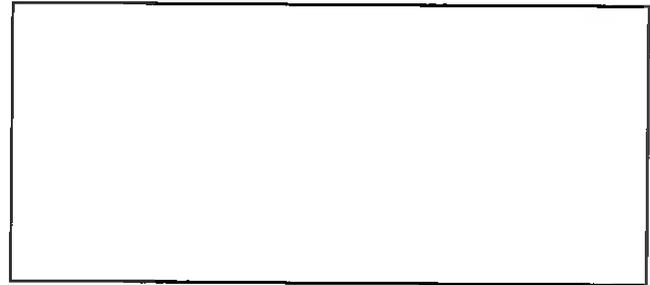
APPROVED:

TERESA J. MEIER, CITY CLERK

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/

2015
Home Football
Games



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) CK-87861

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

NAME: OLD FEDERAL PLACE, LLC

ADDRESS: 129 N. 10TH STREET

CITY LINCOLN ZIP 68508

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

BUILDING NAME GRAND MANSE

ADDRESS: 129 N. 10TH STREET CITY LINCOLN

ZIP 68508 COUNTY and 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 <u>9/5/15</u>	Date	Date	Date	Date	Date
<u>Hours</u> From <u>8 AM</u>	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To <u>2 AM</u>	To	To	To	To	To

- a. Alternate date: NA
- b. Alternate location: NA
(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** 28' x 260'

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

If outdoor area, how will premises be enclosed?

- Fence; snow fence chain link cattle panel other 6' DEER FENCE
- Tent

8. How many attendees do you expect at event? 500

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 / 21 AND OVER ONLY EVENT

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

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

Date <u>9/12/15</u>	Date	Date	Date	Date	Date
<u>Hours</u> From <u>8 AM</u>	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
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Date <u>9/26/15</u>	Date	Date	Date	Date	Date
<u>Hours</u> From <u>8 AM</u>	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
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5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

Date <u>10/10/15</u>	Date	Date	Date	Date	Date
<u>Hours</u> From <u>8am</u>	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
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5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

Date <u>10/24/15</u>	Date	Date	Date	Date	Date
<u>Hours</u> From <u>8am</u>	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
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5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>11/7/15</u>	Date	Date	Date	Date	Date
Hours From <u>8am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>2am</u>	To	To	To	To	To

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Date <u>11/27/15</u>	Date _____	Date _____	Date _____	Date _____	Date _____
<u>Hours</u> From <u>8am</u>	<u>Hours</u> From _____				
To <u>2am</u>	To _____				

a. Alternate date: NA

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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: _____

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 LISA J. PETERSEN

Signature of Event Supervisor 

Phone of Event Supervisor: Before 402-476-4560 During 402-499-3608

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

OWNER
Title

Date

LISA FROELICH
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:	Legends Field at Grand Manse		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	9/5, 9/12, 9/12, 10/10, 10/24	Hours:	8am - 2am
Alternate Date(s):	11/7, 11/27	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: fenced in area, security, wristband on eligible Toddler guests

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: pepsi products

Who will serve the beverages containing alcohol? Grand Manse employees
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: _____

Bisa Froehlich
Applicant's Signature

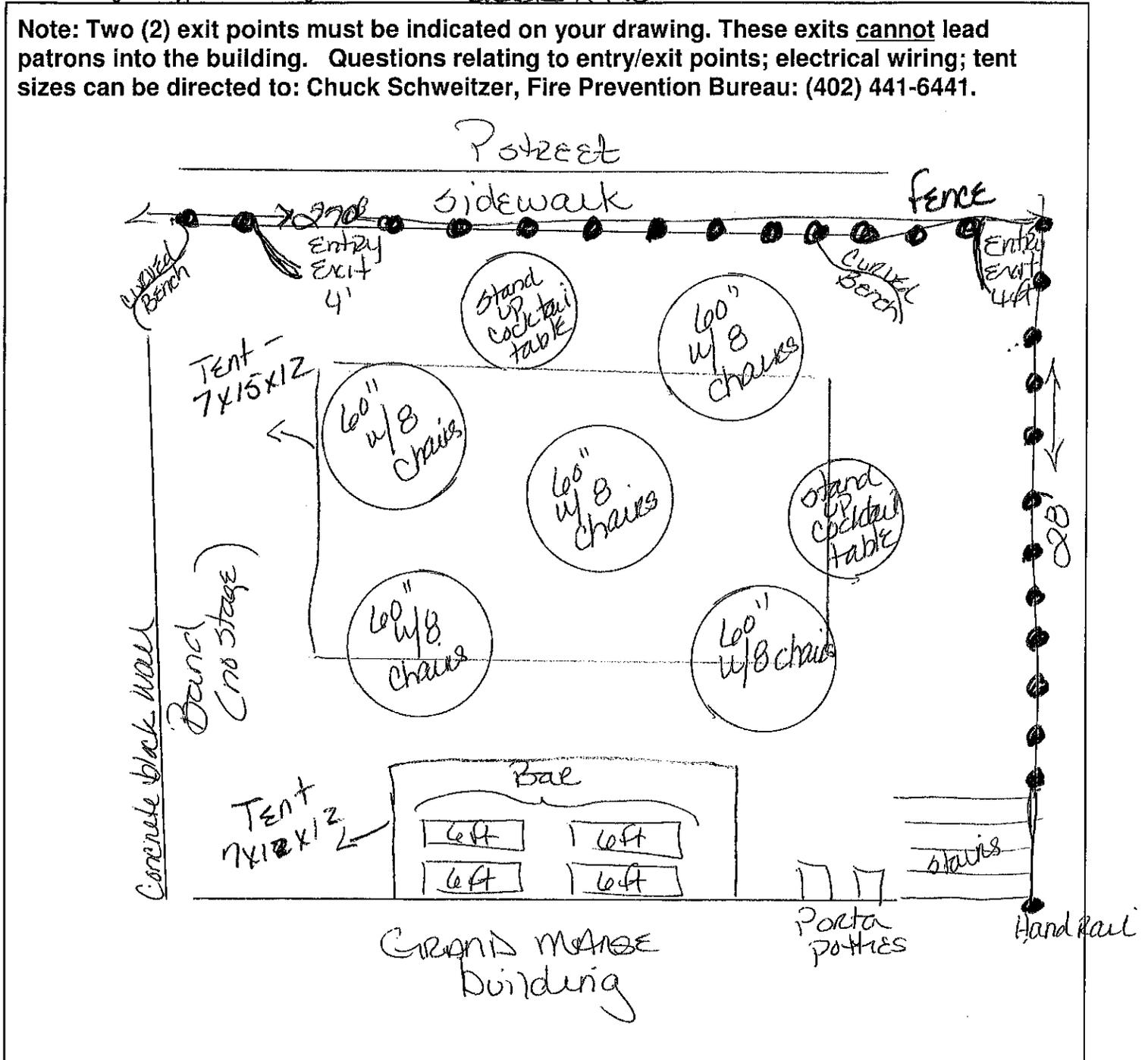
4-22-15
Date

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: (6' x 4') - 2 entry, exit points
2. Size & location of tent(s) (heights, width, depth) 2 tents 7x12x12 and 7x15x12
3. Size of area being used (28' x 270')
4. Location & type of cooking equipment (if used) NONE
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' DEER FENCE

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.



ATTACH EXTRA PAGES IF NECESSARY

