

214

Thursday
July 30th

FILED

CITY CLERK'S OFFICE
2015 JUN 17 PM 1 31
CITY OF LINCOLN
NEBRASKA

APPLICATION FOR SPECIAL
DESIGNATED LICENSE
CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDER

NON PROFIT APPLICANT

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. C55441, CK55441)
(If you're a nonprofit organization leave blank) YK 102353

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

NAME:	Junto LLC dba Junto Winery		
ADDRESS:	1356-182nd Road		
CITY:	Seward	ZIP:	68434

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

BUILDING NAME:	Fallbrook Town Square		
ADDRESS:	570 Fallbrook Blvd	CITY:	Lincoln
ZIP:	68521	COUNTY & 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	Date	Date	Date	Date	Date
7/30/15					
Hours From					
3 pm					
To	To	To	To	To	To
9 pm					

- a. Alternate date: _____
- b. Alternate location: _____
 (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** 10 x 10
 ***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

attachment

If outdoor area, how will premises be enclosed?
 fence snow fence chain link cattle panel tent
 other: *Area is contained in park area with vendors stationed in a designated booth area. Signs are posted on all sides.*

8. How many attendees do you expect at event? 400

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)
*Our booth will be staffed with 2 people at all times.
 ID's will be checked.*

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 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: John Siebert

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-803-0587 During 402-803-0587

Email address: john@juntowne.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

Teresa Siebert
Authorized Representative/Applicant

Manager
Title

4-20-15
Date

Teresa Siebert
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:	Fallbrook Farmers Marke +		
Applicant and Sponsoring Organization or Individual (if applicable):	Junto Wine		
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: _____

_____ *IDs will be checked. Event Supervisors will monitor area.*

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? *John + Ashley Siebert*
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: _____

Seren Siebert
Applicant's Signature

4-20-15
Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

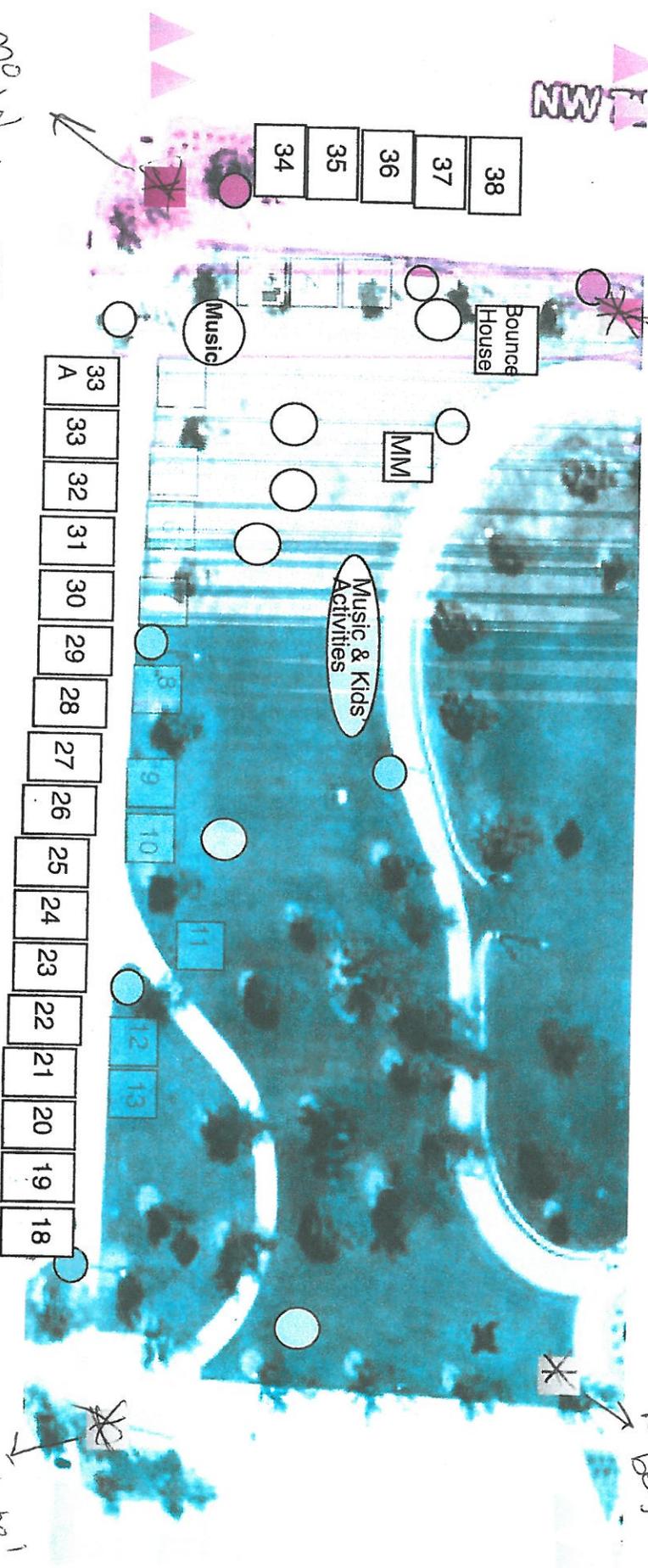
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (_ _ ' x _ _)
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) *n 4*
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.

ATTACH EXTRA PAGES IF NECESSARY

Fallbrook Farmers' Market Site Map



- KEY**
-  Electricity/Light Poles
 -  Market Manager/Information Booth
 -  Tables/Seating
 -  Traffic Cones
 -  "No alcohol beyond this point" signs

"No alcohol beyond this point" signs

No alcohol beyond

No alcohol beyond

No alcohol beyond

NW

APPLICATION FOR SPECIAL DESIGNATED LICENSE
CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

Thursday
Aug. 27th

FILED
CITY CLERK'S OFFICE
2015 JUN 17 PM 1 32
CITY OF LINCOLN
NEBRASKA

DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDER

NON PROFIT APPLICANT

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. C55441, CK55441) (If you're a nonprofit organization leave blank)
YK 102353

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

NAME:	Junto LLC		
ADDRESS:	1356 182 nd Road		
CITY:	Seward	ZIP:	68434

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

BUILDING NAME:	Fallbrook Town Square		
ADDRESS:	570 Fallbrook Blvd	CITY:	Lincoln
ZIP:	68521	COUNTY & 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	Date	Date	Date	Date	Date
8/27/13					
Hours From					
3pm					
To	To	To	To	To	To
9pm					

a. Alternate date: _____

b. Alternate location: _____
 (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 10 x 10

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

attachment

If outdoor area, how will premises be enclosed?

fence
 snow fence
 chain link
 cattle panel
 tent

other: *Area is contained in park area with vendors stationed in a designated booth area. Signs are posted on all sides.*

8. How many attendees do you expect at event? 400

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)

Our booth will be staffed with 2 people at all times.

ID's will be checked.

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 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: John Siebert

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-803-0587 During 402-803-0587

Email address: john@juntowne.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

Teresa Siebert
Authorized Representative/Applicant

Manager
Title

4-20-15
Date

Teresa Siebert
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:	Fallbrook Farmers Marke +		
Applicant and Sponsoring Organization or Individual (if applicable):	Junto Wine		
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: _____
IDs will be checked. Event Supervisors will monitor area.

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? John + Ashley Siebert
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: _____

Sarah Siebert
 Applicant's Signature

4-20-15
 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: (' x ')
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) NA
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.

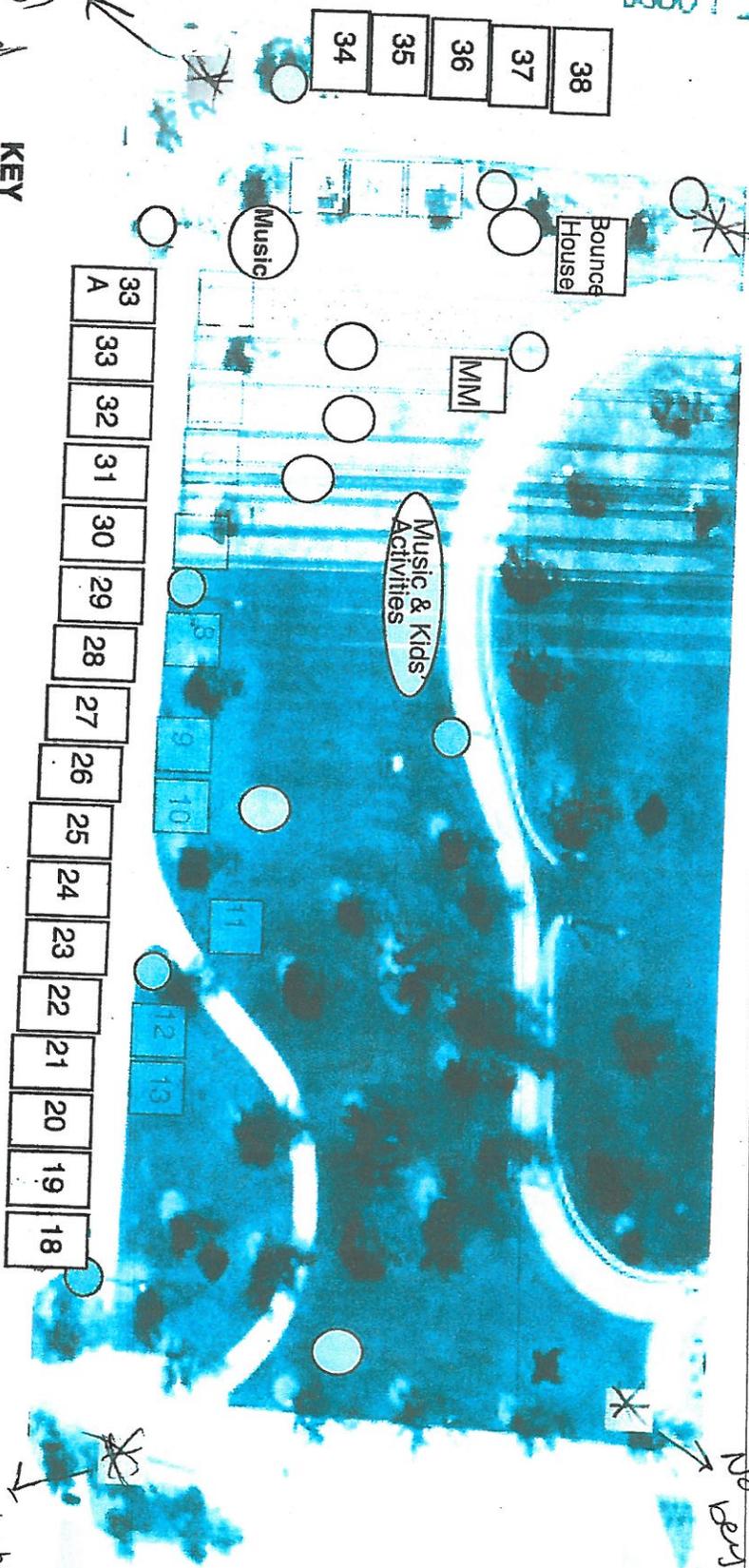
ATTACH EXTRA PAGES IF NECESSARY

Fallbrook Farmers' Market Site Map

No alcohol beyond

No alcohol beyond

No alcohol beyond



KEY

○ Electricity/Light Poles

MM Market Manager/Information Booth

○ Tables/Seating

Traffic Cones

"No alcohol beyond this point" signs

216

APPLICATION FOR SPECIAL DESIGNATED LICENSE
CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

Thursday
Sept. 24

FILED
CITY CLERK'S OFFICE
2015 JUN 17 PM 1 31
CITY OF LINCOLN
NEBRASKA

DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDER

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CITY:	Seward	ZIP:	68434

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ZIP:	68521	COUNTY & COUNTY #:	Lancaster

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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	Date	Date	Date	Date	Date
9/24/15					
Hours From					
3pm					
To	To	To	To	To	To
9pm					

a. Alternate date: _____

b. Alternate location: _____
 (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 10 x 10
 *SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

attachment

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- fence
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 cattle panel
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other: *Area is contained in park area with vendors stationed in a designated booth area. Signs are posted on all sides.*

8. How many attendees do you expect at event? 400

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)

Our booth will be staffed with 2 people at all times. ID's will be checked.

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 NO
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler _____ Retailer _____ Both _____ BYO _____
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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: John Siebert

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-803-0587 During 402-803-0587

Email address: john@juntavine.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 Teresa Siebert Manager 4-20-15
Authorized Representative/Applicant Title Date
Teresa Siebert
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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(Including those for Non Profit Organizations)

Name of Event:	Fallbrook Farmers Marke +		
Applicant and Sponsoring Organization or Individual (if applicable):	Junto Wine		
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: _____
ID's will be checked. Event Supervisors will monitor area.

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? *John + Ashley Siebert*
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: _____

Susan Siebert
 Applicant's Signature

4-20-15
 Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

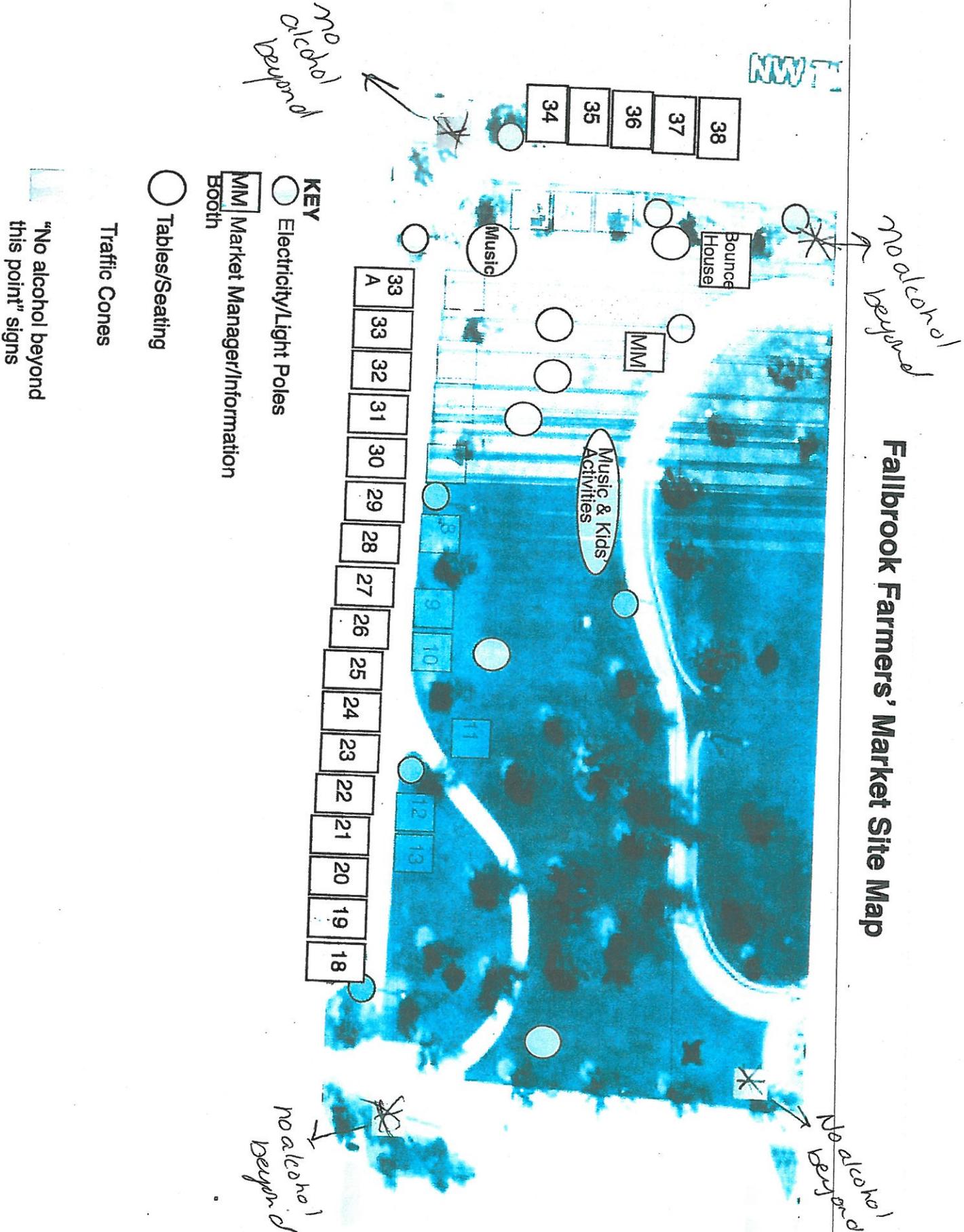
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ATTACH EXTRA PAGES IF NECESSARY

Fallbrook Farmers' Market Site Map



No alcohol beyond

No alcohol beyond

No alcohol beyond

No alcohol beyond

- 38
- 37
- 36
- 35
- 34

Bounce House

MMI

Music & Kids Activities

Music

- 33 A
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- 13

- KEY**
- Electricity/Light Poles
 - ◻ MMI Market Manager/Information Booth
 - Tables/Seating
 - Traffic Cones

"No alcohol beyond this point" signs

NW

