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. Beer☑ Wine☑ Distilled Spirits☑

2. Liquor license number and class (i.e. C55441, CK55441)
(If you're a nonprofit organization leave blank) CK104580

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

NAME:	SMG FOOD & BEVERAGE LLC		
ADDRESS:	300 CONSHOHOCKEN STATE ROAD SUITE 450		
CITY:	WEST CONSHOHOCKEN	**ZIP:**	19428

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

BUILDING NAME:	PINEWOOD BOWL THEATER		
ADDRESS:	3201 SOUTH CODDINGTON	**CITY:**	LINCOLN
ZIP:	68522	**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
8.25.15	8.26.15	8.27.15			
Hours From 6 am To 2 am	**Hours** From 6 am To 2 am	**Hours** From 6 am To 2 am	**Hours** From To	**Hours** From To	**Hours** From To

a. Alternate date: N/A

b. Alternate location: N/A

(**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: CONCERT

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** 700 x 448

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

If outdoor area, how will premises be enclosed?

☑ fence ☐ snow fence ☑ chain link ☐ cattle panel ☐ tent

other: _____

8. How many attendees do you expect at event? 3,000

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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 ☐ (includes wineries) Both ☐ BYO ☐

12. Will there be any games of chance operating during the event? YES ☐ NO ☑
If so, describe activity: N/A

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): 53/168/169

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: THOMAS E. LORENZ

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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 _____ GENERAL MANAGER 7.16.2015
Authorized Representative/Applicant Title Date

THOMAS E. LORENZ
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:	Big Sean Concert		
Applicant and Sponsoring Organization or Individual (if applicable):	PINNACLE BANK ARENA		
Date(s) of Event:	AUGUST 26, 2015	Hours:	8:00 PM
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? ☑ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? ☑ Yes ☐ No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

Will non-alcoholic beverages be served: ☑ Yes ☐ No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA 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: _____

Applicant's Signature

7.16.2015
Date

SITE PLAN INFORMATION
REQUIRED FOR ALL OUTDOOR EVENTS

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

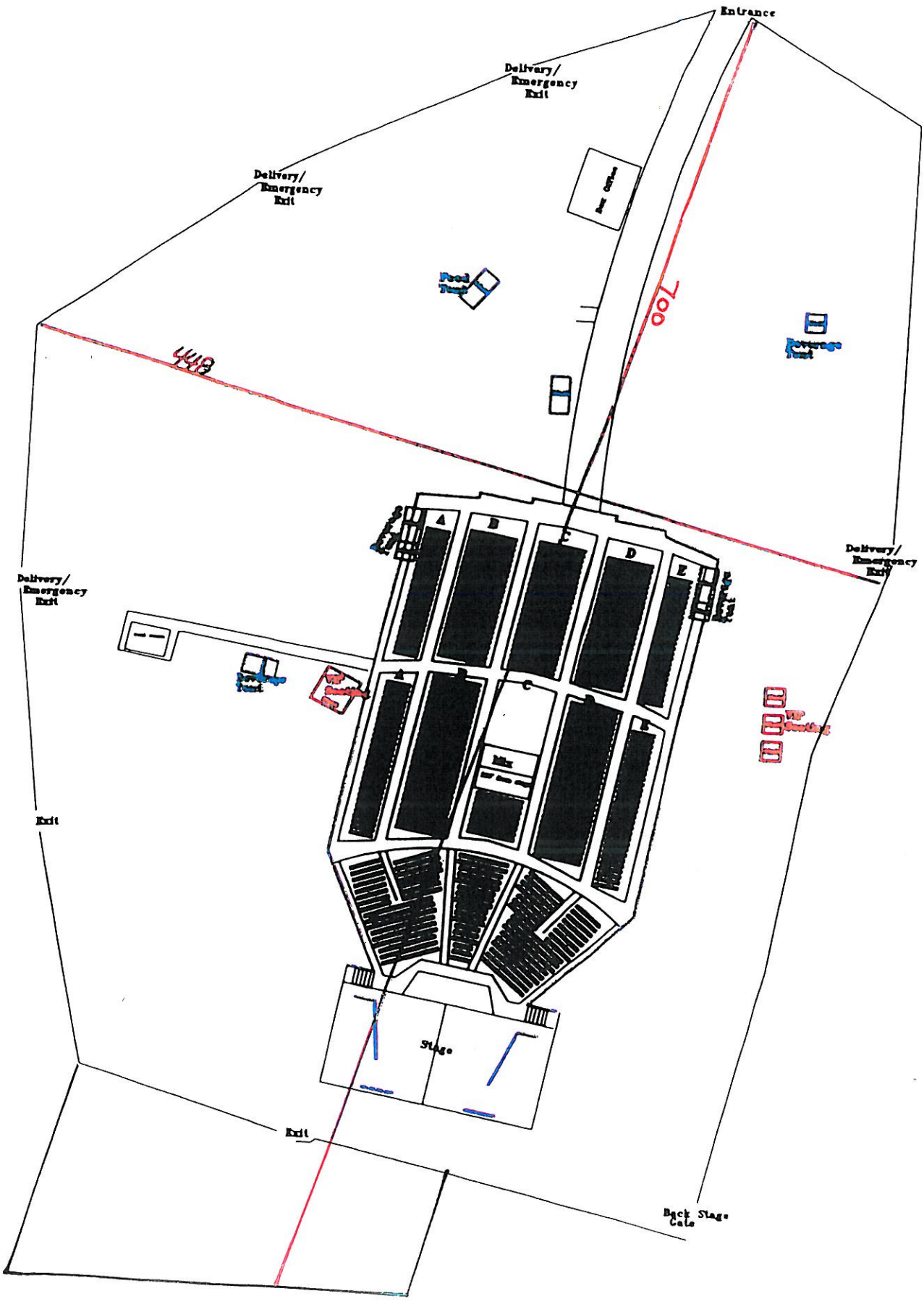
1. Number of Entry & Exit Points & Dimensions: (1 ENTRY ' x 1 EXIT SEE MAP ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (700 x 448)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY


Entrance
Delivery/
Emergency
Exit
Delivery/
Emergency
Exit
Food
Tent
Beverage
Tent
Delivery/
Emergency
Exit
Delivery/
Emergency
Exit
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D
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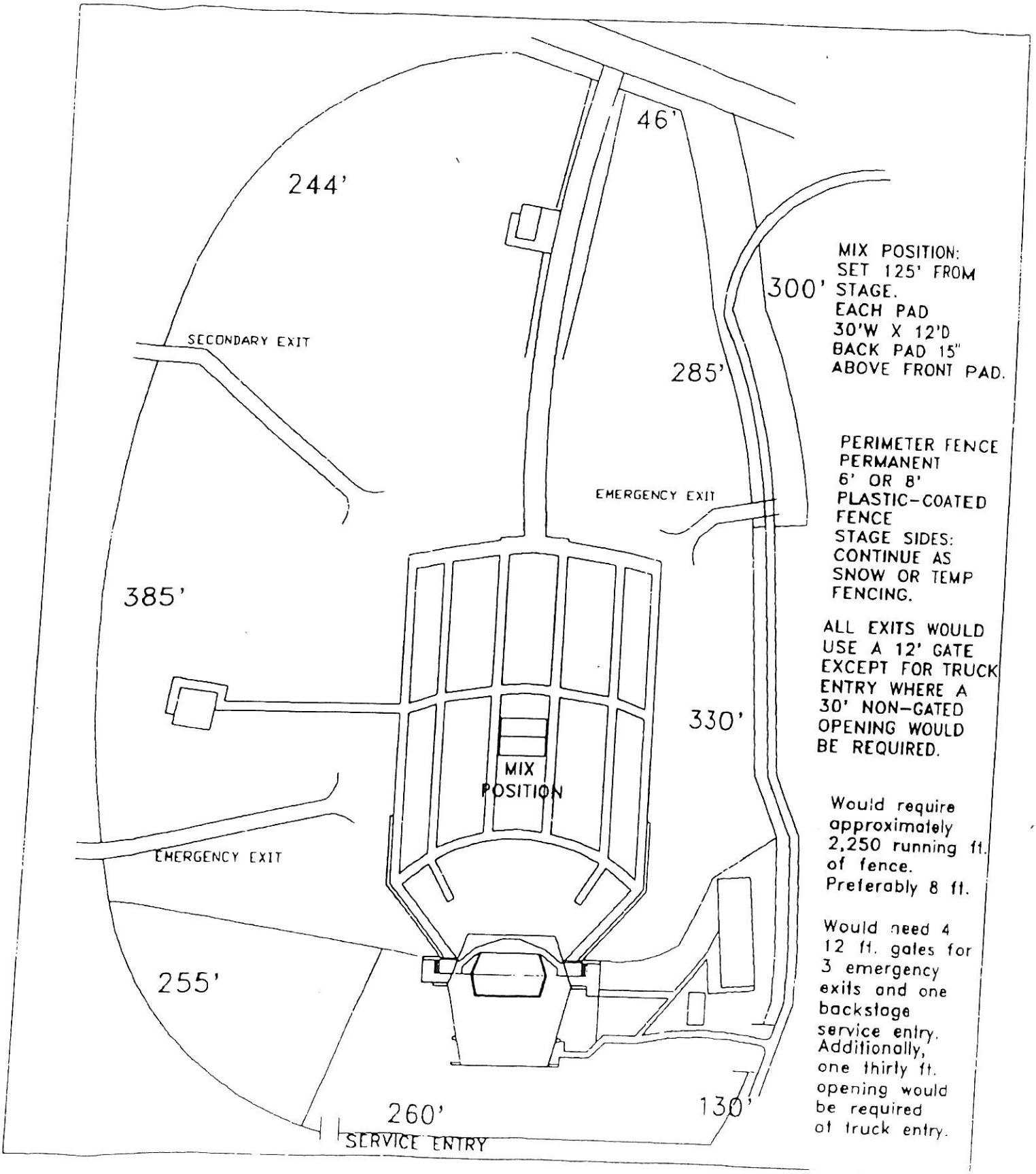
Beverage
Tent
VIP
Seating
VIP
Seating
Mix
Exit
Stage
Exit
Back Stage
Gate



MIX POSITION:
SET 125' FROM STAGE.
EACH PAD
30'W X 12'D
BACK PAD 15"
ABOVE FRONT PAD.

PERIMETER FENCE
PERMANENT
6' OR 8'
PLASTIC-COATED
FENCE
STAGE SIDES:
CONTINUE AS
SNOW OR TEMP
FENCING.

ALL EXITS WOULD USE A 12' GATE EXCEPT FOR TRUCK ENTRY WHERE A 30' NON-GATED OPENING WOULD BE REQUIRED.

Would require approximately 2,250 running ft. of fence. Preferably 8 ft.

Would need 4 12 ft. gates for 3 emergency exits and one backstage service entry. Additionally, one thirty ft. opening would be required of truck entry.

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
The City Clerk's Office has a list	on file		