TO: NEBRASKA LIQUOR CONTROL COMMISSION **DATE: July 14, 2015**

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 ***If Applicant requested an Alternate Date, be sure to include that as well.**

#	APPLICANT / ADDRESS	LOCATION / ADDRESS	DATE	TIME	OCCASION	ID/ OD	CC HRG	EMAILED TO STATE	STATE RECV'D	LIC RECV'D	LIC. MAILED
234	DELIGIANNIS, FANI 3031 DIADEM DR (16)	ANNUNCIATION GREEK ORTHODOX CHURCH 950 N 63RD ST	8/28 8/29	4P-10P 11A-10P	BEER GARDEN	OD	8/17	7/14			

APPROVED: Teresa J. Meier
TERESA J. MEIER, CITY CLERK

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 ☐

FILED
JUL 14 2015
CITY CLERK'S OFFICE

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)

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license). If you are a nonprofit, name & address of the organization.

NAME:	Deligiannis, Fani		
ADDRESS:	3031 Diadem Drive		
CITY:	Lincoln	**ZIP:**	68516

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

BUILDING NAME:	Annunciation Greek Orthodox Church		
ADDRESS:	950 N 63rd	**CITY:**	Lincoln
ZIP:	68505	**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
aug 28	aug 29				
Hours From 4pm To 10pm	**Hours** From 11 am To 10pm	**Hours** From To	**Hours** From To	**Hours** From To	**Hours** From 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** 230 x 116
***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

attached

If outdoor area, how will premises be enclosed?
X fence X snow fence X chain link ____cattle panel ____tent
other: _____

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)
everyone entering the festival will be carded to make sure they are 21 yrs or above (no exceptions) and will be given a wrist band.

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 X Retailer X (includes wineries) Both X BYO ____

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: Fani Deligiannis

Signature of Event Supervisor: Fani Deligiannis

Event Supervisor phone: Before 402-770-5158 During same

Email address: fdeli75@gmail.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 Fani Deligiannis — Authorized Representative/Applicant

Festival Chair — Title

6/15/15 — Date

Fani Deligiannis — 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.

Annunciation Greek Orthodox Church
NAME OF CORPORATION

47-0576665
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 14 DAY OF July, 2015.

GENERAL NOTARY - State of Nebraska
JANET FYE HARDESTY
My Comm. Exp. August 3, 2016

NOTARY PUBLIC SIGNATURE & SEAL

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	A Taste of Greece - Greek Festival		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	Aug 28th & 29th	Hours:	Friday 4-10pm Sat - 11am-10pm
Alternate Date(s):	NA	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: We will Card at the enterance and issue wristbands to those 21 and up

Will food be served? X Yes ____ No If yes, please list food to be served: Greek Chicken, Souvlaki (kababs), Salad, Gyro, Spanakopita, Potatoes, greenbeans, dolmathes, hummus, olives, Feta cheese, & desserts

Will non-alcoholic beverages be served: X Yes ____ No
If yes, please list non-alcoholic beverages to be served:
Soda, Water, Coffee

Who will serve the beverages containing alcohol? Individuals over 21 yrs old.
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: ____

Fani Daly
Applicant's Signature

6/15/15
Date

SITE PLAN INFORMATION
REQUIRED FOR ALL OUTDOOR EVENTS

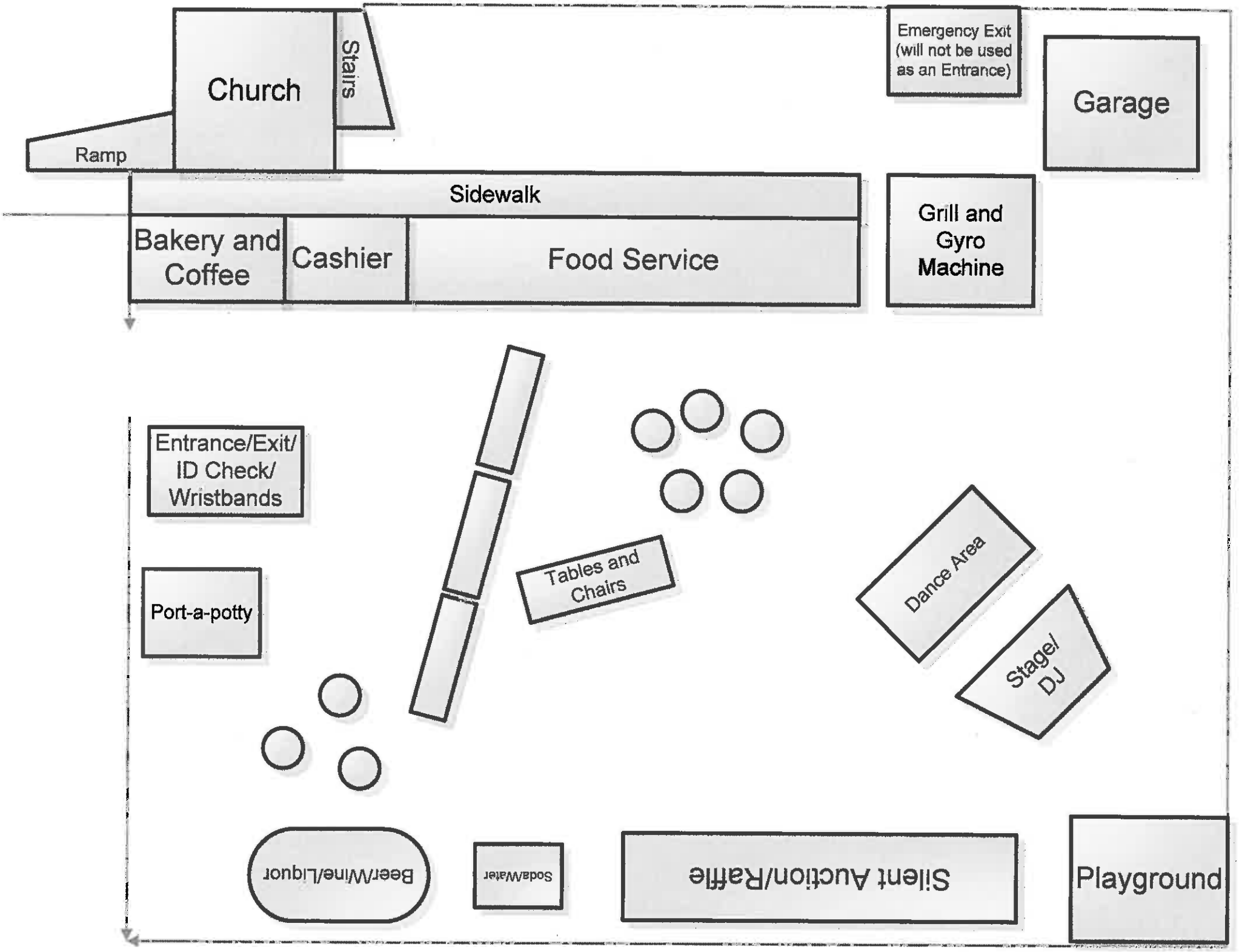
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (6 ' x 3 ')
2. Size & location of tent(s) (heights, width, depth) 10x10 tents (15) 30x10 (1)
3. Size of area being used (230 x 116)
4. Location & type of cooking equipment (if used) Outdoor grill, gyromachine indoor Kitchen
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. all over church parking lot
6. Height & type of fencing to be used. Chain link fence 4 ft. snow fence 4 ft

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.

Attached Map of parking lot

ATTACH EXTRA PAGES IF NECESSARY


Church
Stairs
Ramp
Emergency Exit (will not be used as an Entrance)
Garage
Sidewalk
Bakery and Coffee
Cashier
Food Service
Grill and Gyro Machine
Entrance/Exit/ ID Check/ Wristbands
Port-a-potty
Tables and Chairs
Dance Area
Stage/ DJ
Beer/Wine/Liquor
Soda/Water
Silent Auction/Raffle
Playground

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	D/O/B	LNK Permit #
Fani Deligiannis	7/28/1975	
Teresa Knezovich	4/28/1970	
Jeff Shapoval	10/17/1983	