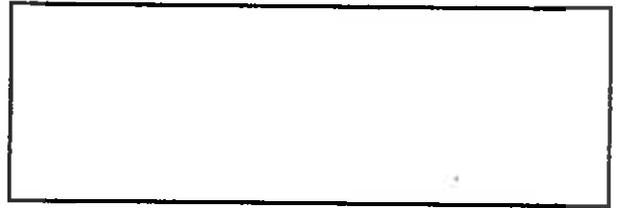


APPLICATION FOR SPECIAL DESIGNATED LICENSE
 CITY OF LINCOLN CITY CLERK'S OFFICE
 555 S 10TH ST
 LINCOLN NE 68508
 PHONE: (402) 441-7438



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) IK 073142

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:	GNS Corporation (Premise - Capps)		
ADDRESS:	PO Box 81463 701 Marina Bay Place		
CITY:	Lincoln	ZIP:	68501

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

BUILDING NAME:	Lincoln Gala Reception Hall		
ADDRESS:	2602 Park Blvd.	CITY:	Lincoln
ZIP:	68501 68502	COUNTY & COUNTY #:	2 - 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
31, 2015	Sept 25, 2015				
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
3pm	3pm				
To	To	To	To	To	To
2am	2am				

- 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: Dance Permit not applicable - not open to public

7. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET 85 x 88
 (not square feet or acres)

*Outdoor area dimensions of area to be covered IN FEET 00 x 40

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

Attached

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? 300

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 Bartenders + Security checking all ID's

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 F. Caporale

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-613-2395 During same

Email address: Caporale402@gmail.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 [Signature] Gm 8-20-15
Authorized Representative/Applicant Title Date
John F. Caporale
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:	WEDDING Reception		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	OCT 31, 2015	Hours:	5pm - 2am
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/Permitted Bar Staff ⊕ Security Cording Everyone

Will food be served? Yes ___ No If yes, please list food to be served: _____

NOT SURE - OUTSIDE CATERER

Will non-alcoholic beverages be served: Yes ___ No
If yes, please list non-alcoholic beverages to be served: _____

Pop - Juice - Tea - Coffee - Energy Drinks - water

Who will serve the beverages containing alcohol? Trained Bartenders
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: _____

[Signature]
Applicant's Signature

8-20-15
Date

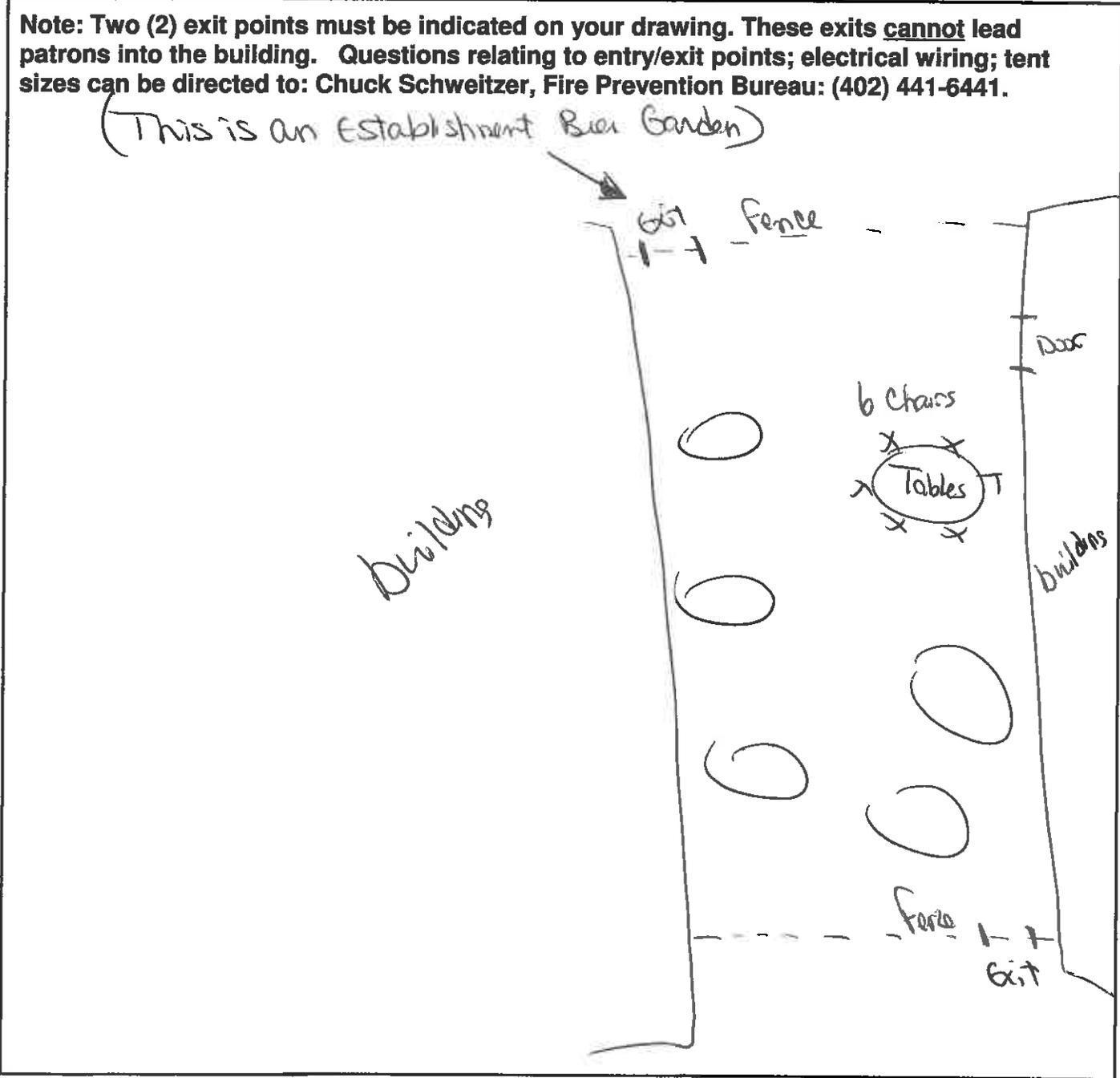
SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

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: (4' x 4') 2 Exits + 1 Entrance to building
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3. Size of area being used (20 x 40) Fenced
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.

(This is an Establishment Beer Garden)



ATTACH EXTRA PAGES IF NECESSARY

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

Name of Event:	Wedding Reception		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	Sept 1, 2015 9-25-15	Hours:	5pm-2am
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/Permitted Bar Staff @ Security Checking Everyone

Will food be served? Yes No If yes, please list food to be served: _____

not sure - outside caterer

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: _____

Pop - Juice - Tea - Coffee - Energy Drinks - water

Who will serve the beverages containing alcohol? Trained Bartenders
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Have the designated servers received responsible beverage server training? Yes No

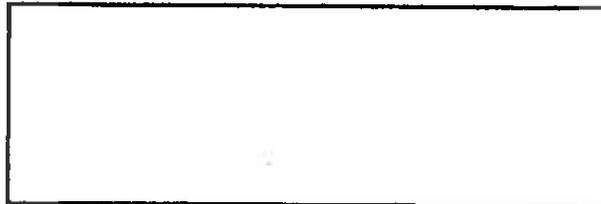
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[Signature]
Applicant's Signature

8-20-15
Date

APPLICATION FOR SPECIAL DESIGNATED LICENSE
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 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)

IK 073142

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:	GNS Corporation (Premise - Capps)		
ADDRESS:	PO Box 81463 701 Marina Bay Place		
CITY:	Lincoln	ZIP:	68501

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

BUILDING NAME:	Lincoln Gala Reception Hall		
ADDRESS:	2602 Park Blvd.	CITY:	Lincoln
ZIP:	68501 68502	COUNTY & COUNTY #:	2 - 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
Oct 31, 2015					
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
3pm					
To	To	To	To	To	To
2AM					

- 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: Dance Permit not applicable - not open to public

7. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET 85 x 88
 (not square feet or acres)

*Outdoor area dimensions of area to be covered IN FEET 00 x 40
 *SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

Attached

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? 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)

Trained Bartenders + Security Checking all ID's

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 F. Caporale
Signature of Event Supervisor: [Signature]
Event Supervisor phone: Before 402-613-2395 During same
Email address: Caporale4020@gmail.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 [Signature] Gm 8-20-15
Authorized Representative/Applicant Title Date
John F. Caporale
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:	Wedding Reception		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	Oct 31, 2015	Hours:	5pm-2am
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/Permitted Bar Staff ⊕ Security Carding Everyone

Will food be served? Yes No If yes, please list food to be served: _____

not sure - outside caterer

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: _____

Pop - Juice - Tea - Coffee - Energy Drinks - water

Who will serve the beverages containing alcohol? Trained Bartenders
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: _____

[Signature]
Applicant's Signature

8-20-15
Date

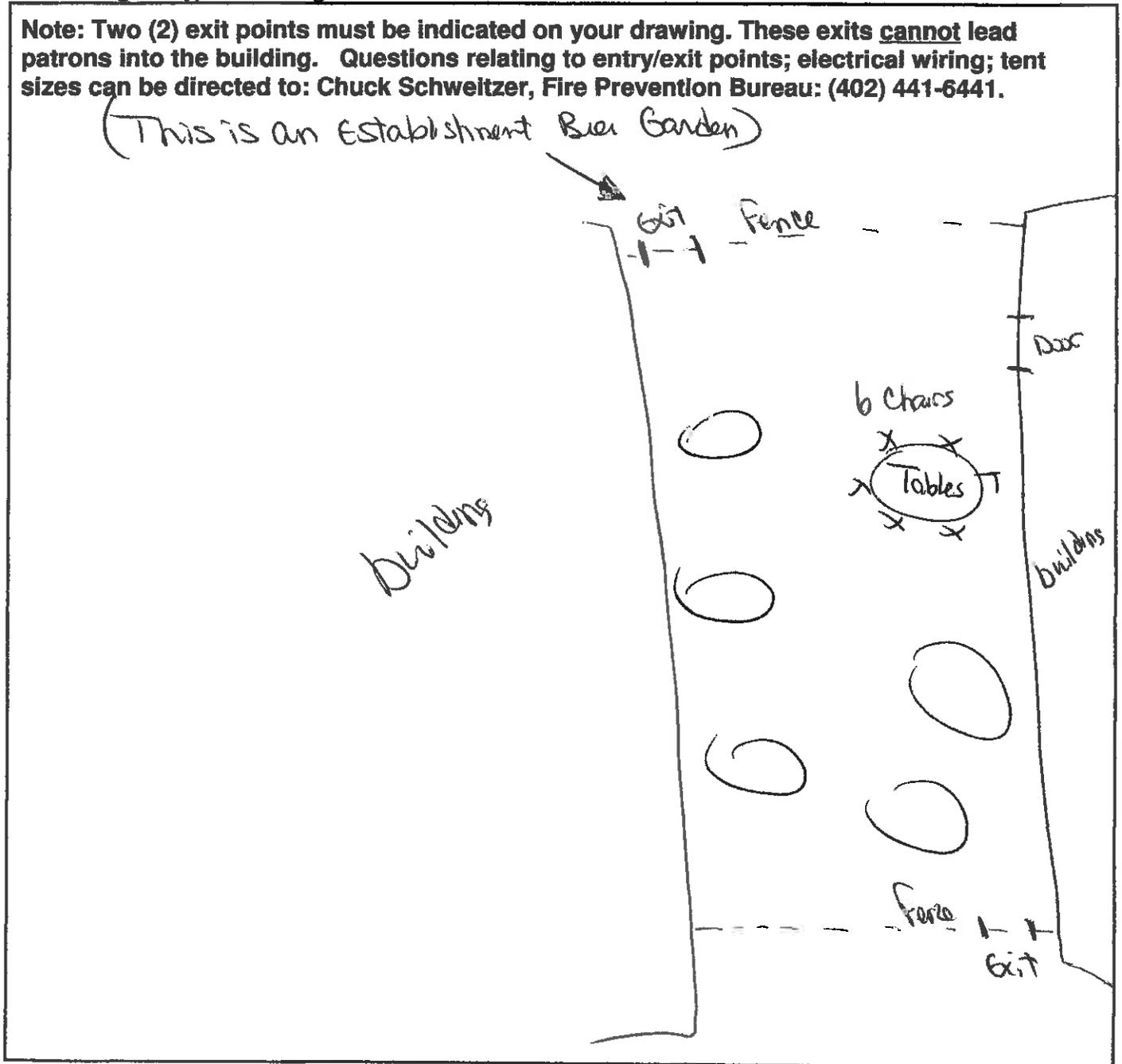
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1. Number of Entry & Exit Points & Dimensions: (4' x 4') 2 Exits + 1 Entrance to building
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (20 x 40) Fenced
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
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(This is an Establishment Bier Garden)



ATTACH EXTRA PAGES IF NECESSARY

APPLICATION FOR SPECIAL DESIGNATED LICENSE
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 555 S 10TH ST
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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)

IK 073142

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:	GWS Corporation (Premise - Capps)		
ADDRESS:	PO Box 81463 701 Marina Bay Place		
CITY:	Lincoln	ZIP:	68501

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

BUILDING NAME:	Lincoln Gala Reception Hall		
ADDRESS:	2602 Park Blvd.	CITY:	Lincoln
ZIP:	68501 68502	COUNTY & COUNTY #:	2 - 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
6/21, 22	NOV 7				
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
5pm	5pm				
To	To	To	To	To	To
2am	2am				

- a. Alternate date: N/A
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 (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: Dance Permit not applicable - not open to public

7. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET 85 x 88
 (not square feet or acres)

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

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If outdoor area, how will premises be enclosed?

fence
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Print name of Event Supervisor: John F. Caporale

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-613-2395 During same

Email address: Caporale402@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

[Signature]
Authorized Representative/Applicant

Gm
Title

8-20-15
Date

John F. Caporale
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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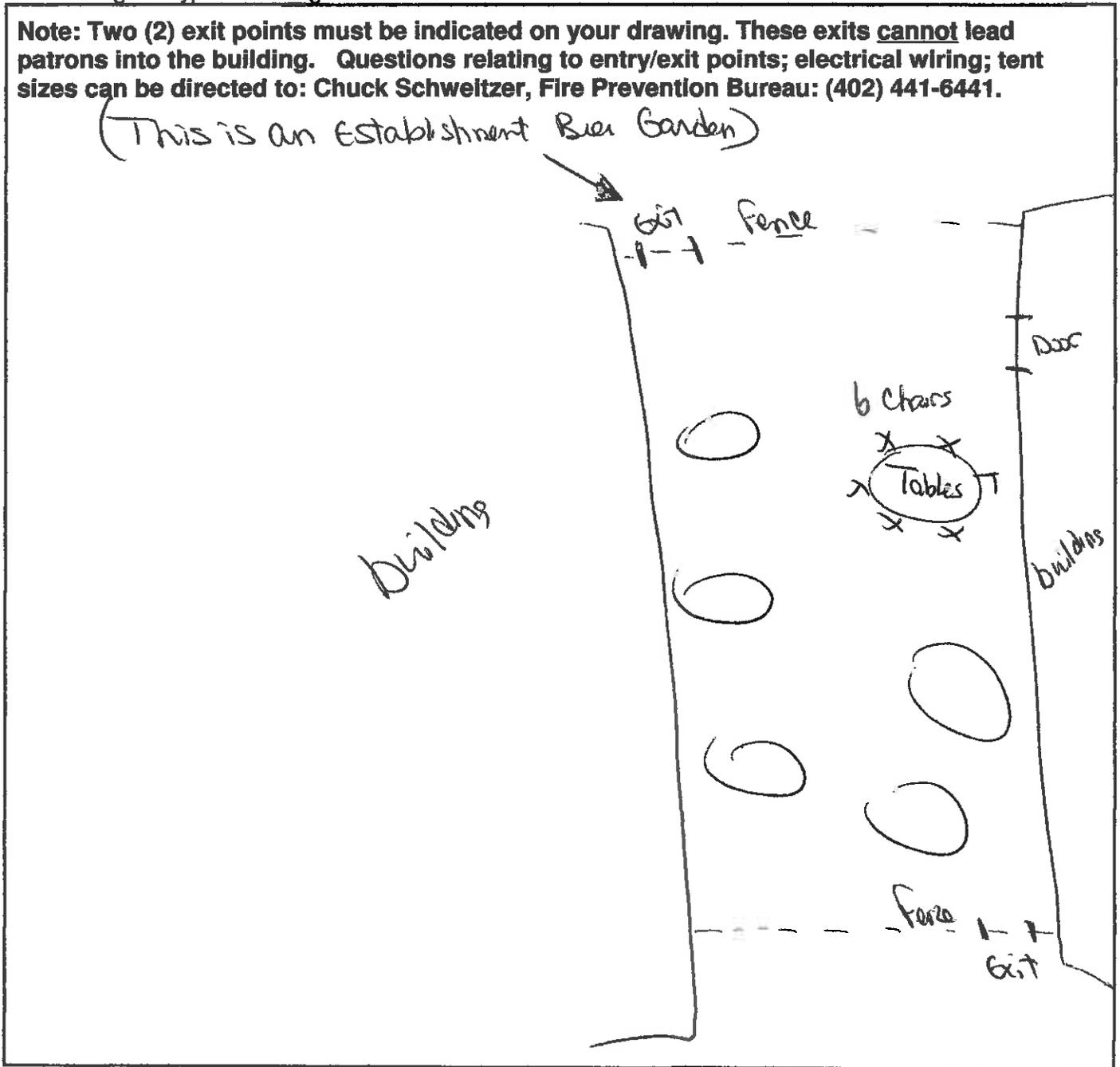
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(This is an Establishment Beer Garden)



ATTACH EXTRA PAGES IF NECESSARY

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

Name of Event: <u>Wedding Reception</u>			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event: <u>Oct 31, Nov 15 11-7-15</u>	Hours:	<u>5pm - 2am</u>	
Alternate Date(s): <u>N/A</u>	Hours:	<u>N/A</u>	

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/Permitted Bar Staff ⊕ Security Carding Everyone

Will food be served? Yes No If yes, please list food to be served: _____

AST Wife - outside Caterer TACO Bar provided by Cappys Catering

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: _____

Pop - Juice - Tea - Coffee - Energy Drinks - water

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Applicant's Signature

8-20-15
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