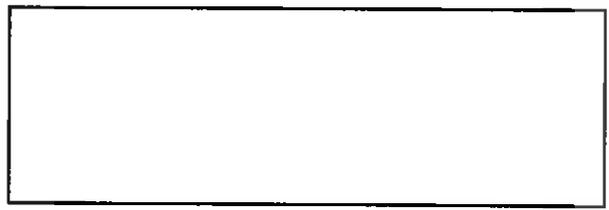


APPLICATION FOR SPECIAL DESIGNATED LICENSE CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10<sup>TH</sup> ST LINCOLN NE 68508 PHONE: (402) 441-7438



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) CK 83579

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

Table with 4 columns: NAME, ADDRESS, CITY, ZIP. Handwritten entries: BDF, LLC; 140 N. 12th Street; Lincoln, NE; 68508

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

Table with 4 columns: BUILDING NAME, ADDRESS, CITY, COUNTY & COUNTY #. Handwritten entries: Parking Lot at 8th & T (N. of Post Office); 605 N. 8th St; Lincoln; NE; 68508; 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 800' of any university or college campus? YES  NO

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

Date	Date	Date	Date	Date	Date
10-3-15					
Hours From					
12 pm					
To	To	To	To	To	To
11 pm					

- a. Alternate date: NONE
- 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: Market to Market Relay Finish Event

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 350' x 350'  
 \*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? 4800

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)

Designated Security team, Experienced Licensed Servers, over 21 ID Bands

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): None

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: Kevin Reynolds

Signature of Event Supervisor: Kevin Reynolds

Event Supervisor phone: Before 402-770-7659 During 402-770-7659

Email address: Kreynolds@neb.n.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 Kevin Reynolds President 8-28-15  
Authorized Representative/Applicant Title Date  
Kevin Reynolds  
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:	Market to Market Relay		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	10-3-15	Hours:	12pm to 11pm
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: \_\_\_\_\_

Experienced Servers, ID Bands for over 21, designated Professional Security

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

Event organizers from licensed caterers or other establishments, such as Valentino's, Hy-Vee etc

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

Bottled Water - Carbonated - Soda

Who will serve the beverages containing alcohol? trained experienced licensed servers  
**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: \_\_\_\_\_

\_\_\_\_\_

Kevin Reynolds  
Applicant's Signature

0-20-15  
3-20-15  
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 ( \_\_\_\_\_ x \_\_\_\_\_ )
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.**

*MAP included*

**ATTACH EXTRA PAGES IF NECESSARY**

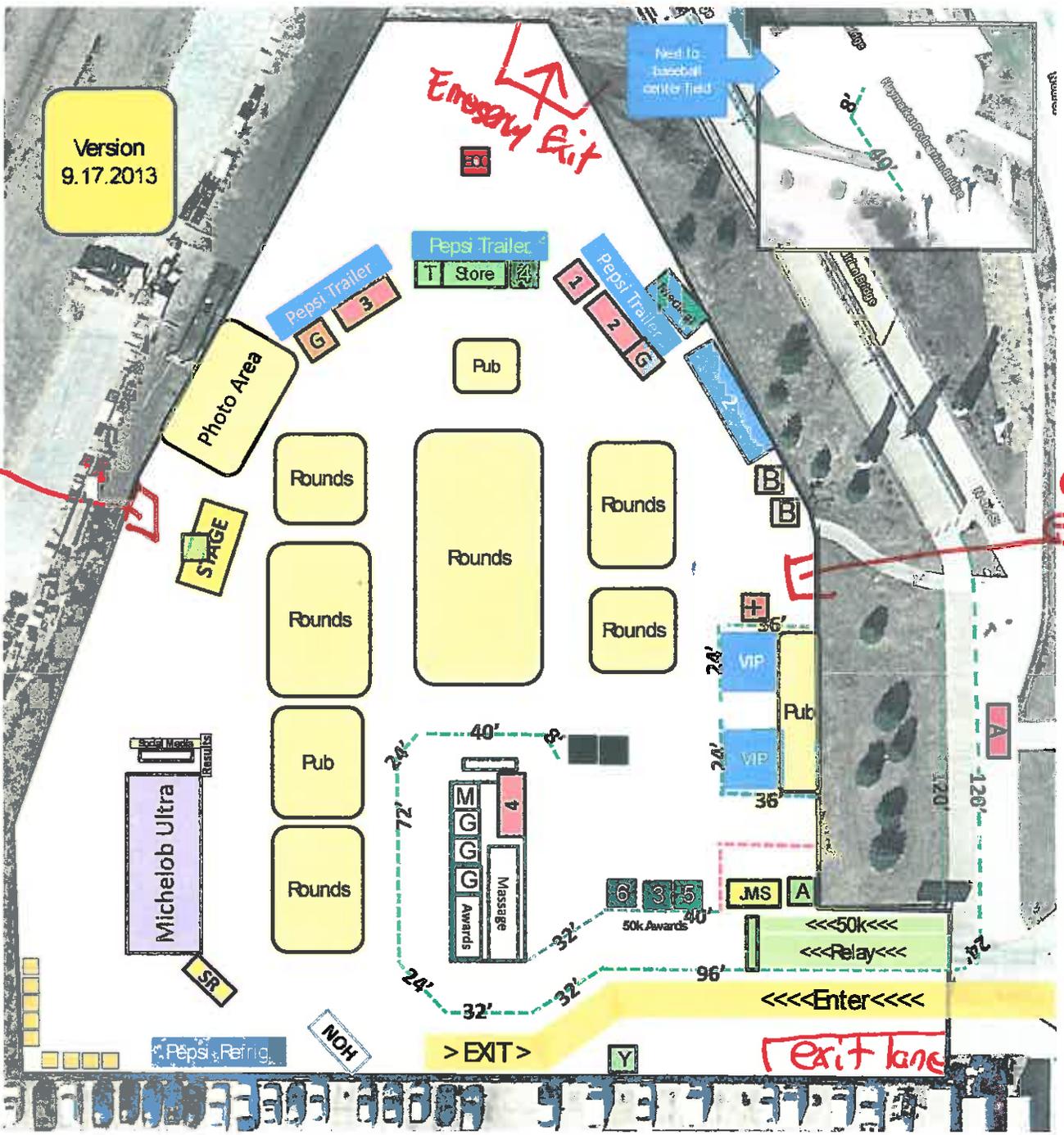
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*Emergency Exit*

*Emergency Exit*

*Emergency Exit*

Need to  
baseball  
center field



**Market to Market Relay**

- ECC Event Command Center
- Store M2M Store
- Y Volunteer Check-In & General Info Bag Drop Pick-up Location

**Expo Vendors**

- 1
- 2 Lincoln Running Company
- 3 Screen Ink
- 4 Great Plain Trails Network
- 5 Blue Cross Blue Shield
- 6 Team In Training

**Drinks**

- G Gatorade/Pepsi/Aquafina
- G Gatorade under Tent
- M Max Muscle
- B FREE Can Corona Beer

**Food**

- 1 Pizza Hut
- 2 Famous Dave's
- 3 GUP Kitchen
- 4 Whole Foods Market

**Other**

- 4 ft. Barricade Fencing
- 6 ft. Barricade Fencing,

**Medical**

- Medical Secondary Medical Tent
- A Ambulance
- + Primary Medical Tent

**Timing & Sound**

- JMS JMSTiming
- A Announcer Booth
- Results Results
- T Timing Booth

**Sanitation**

- Recycling Bin
- Trash Bin
- Portable Toilet