

**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

**FILED**  
 CITY CLERK'S OFFICE  
 2015 SEP 14 PM 2 12

**DO YOU NEED POSTERS?**

YES  OF LINCOLN   
 NEBRASKA

**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)

ABK 108500

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

<b>NAME:</b>	ZIPLINE BREWING CO.		
<b>ADDRESS:</b>	2100 MAGNUM CIRCLE		
<b>CITY:</b>	LINCOLN	<b>ZIP:</b>	68522

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

<b>BUILDING NAME:</b>	ZIPLINE BREWING CO.		
<b>ADDRESS:</b>	2100 MAGNUM CIR	<b>CITY:</b>	LINCOLN
<b>ZIP:</b>	68522	<b>COUNTY &amp; COUNTY #:</b>	LANCASTER 02

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 10/4/15	Date	Date	Date	Date	Date
<b>Hours</b> From 12pm	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 5pm	To	To	To	To	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: \_\_\_\_\_

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** 36' \_\_\_\_\_ x 72'

**\*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? 150

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)

\_\_\_\_\_

\_\_\_\_\_

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: ~~Kelly Hoo~~ Jacob Ehlers

Signature of Event Supervisor: \_\_\_\_\_

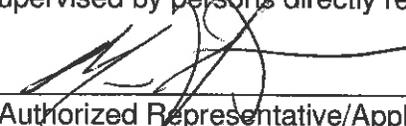
Event Supervisor phone: Before ~~402-535-8807~~ 308-539-45 During ~~402-535-8807~~ 308-539-4159

Email address: ~~ehlers.jacob@gmail.com~~ ehlers.jacob@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

  
 \_\_\_\_\_  
 Authorized Representative/Applicant

OWNER  
 \_\_\_\_\_  
 Title

9/14/15  
 \_\_\_\_\_  
 Date

MARCUS POWERS  
 \_\_\_\_\_  
 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.