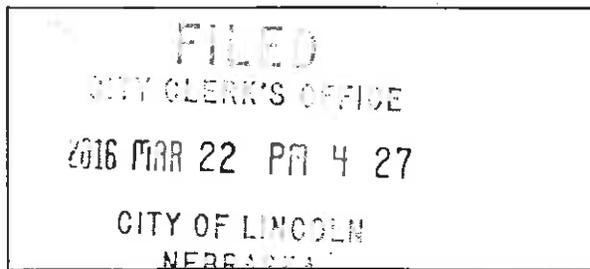


**APPLICATION FOR SPECIAL DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov/](http://www.lcc.nebraska.gov/)  
Email Applications: [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov)



DO YOU NEED POSTERS? YES  NO

**NON PROFIT APPLICANTS**

(Check one that best applies)

Municipal  Political  Fine Arts  Fraternal  Religious  Charitable  Public Service

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-55441)

CK086816

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer  Wine  Distilled Spirits

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

NAME: OMAHA EXPOSITION & RACING

ADDRESS: 6303 Q STREET

CITY OMAHA ZIP 68117

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

BUILDING NAME LINCOLN RACE COURSE

ADDRESS: 7055 S 1ST STREET CITY LINCOLN, NE

ZIP 68512 COUNTY and 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

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

Date 5/6/16	Date 5/7/16	Date	Date	Date	Date
<b>Hours</b> From 7:00 AM	<b>Hours</b> From 7:00 AM	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 2:00 AM	To 2:00 PM	To	To	To	To

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance \_\_\_ Reception \_\_\_ Fund Raiser \_\_\_ Beer Garden  Sampling/Tasting \_\_\_

Other Simulcasting Pari-Mutuel Horse Racing / Kentucky Derby Weekend

6. 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** 45 X 80 x 25 X 70

\***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

\_\_\_ other \_\_\_\_\_

Tent

7. How many attendees do you expect at event? 400

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

All Persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

9. 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



## SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Kentucky Derby Weekend Event		
Applicant and Sponsoring Organization or Individual (If applicable):			
Date(s) of Event:	5/6/16 - 5/7/16	Hours:	Morn - 2pm
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: All persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

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

food items which will be served inside the facility

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

coffee, non-alcoholic beer

Who will serve the beverages containing alcohol?    Authorized servers and 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: \_\_\_\_\_

Chris Hanks  
Applicant's Signature

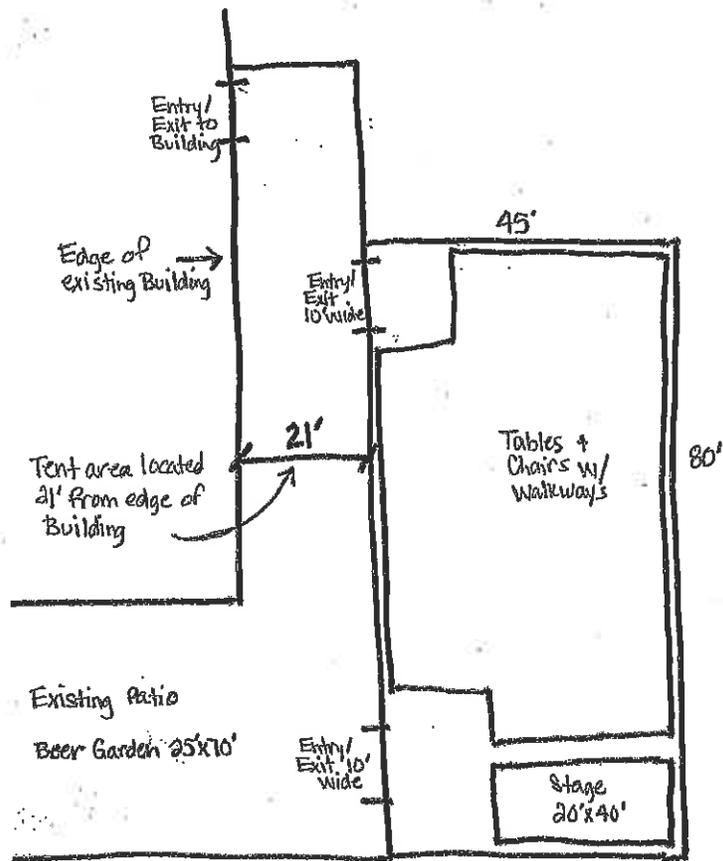
3/18/16  
Date

## 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.

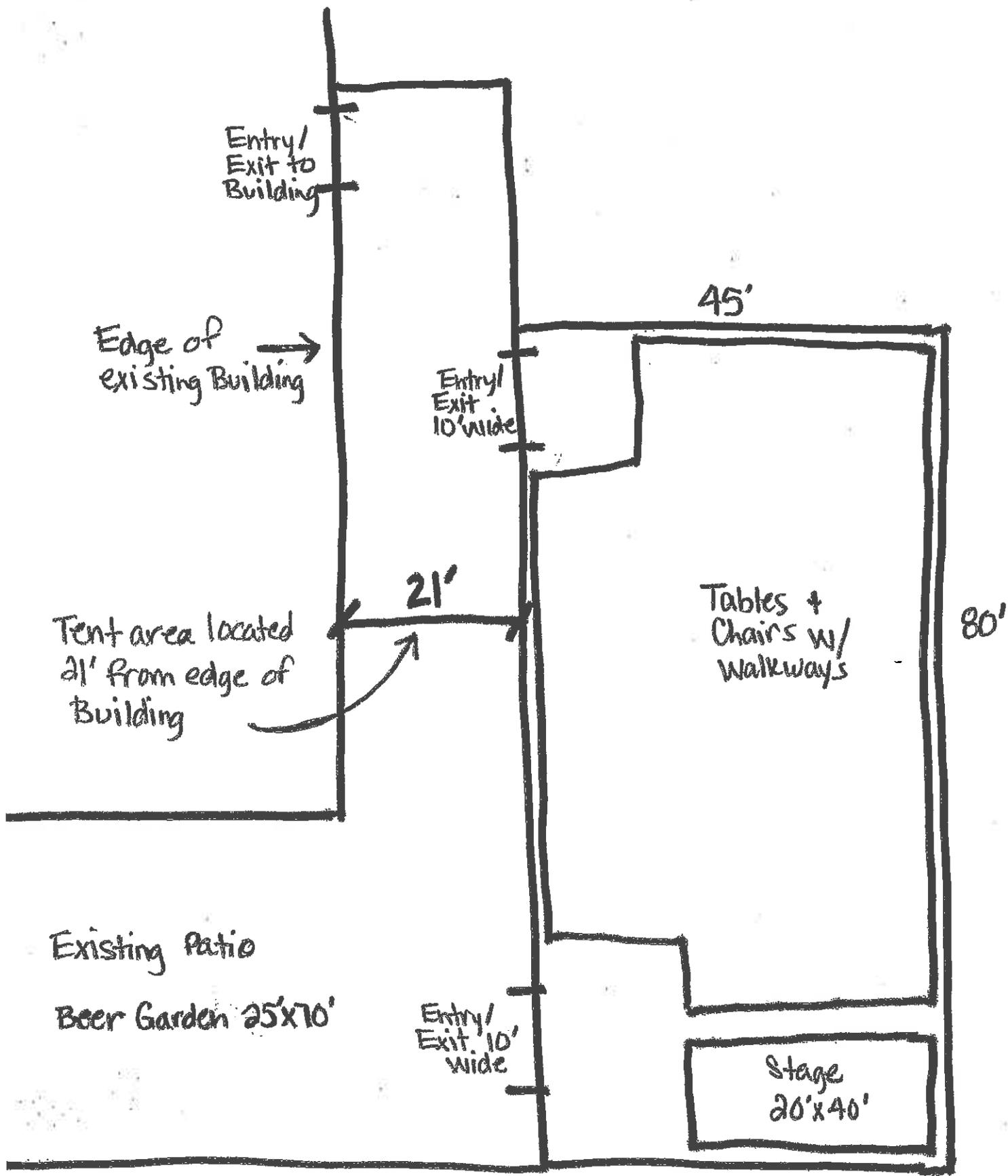
1. Number of Entry & Exit Points & Dimensions: (10' tall x 10' wide) 2 - Entry/Exit points
2. Size & location of tent(s) (heights, width, depth) 45' x 80' x 10' high + 25' x 70'
3. Size of area being used (45' x 80' & 25' x 70')
4. Location & type of cooking equipment (if used) None in Tent
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. See Below
6. Height & type of fencing to be used. Snow fence that is 3' high

**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.**



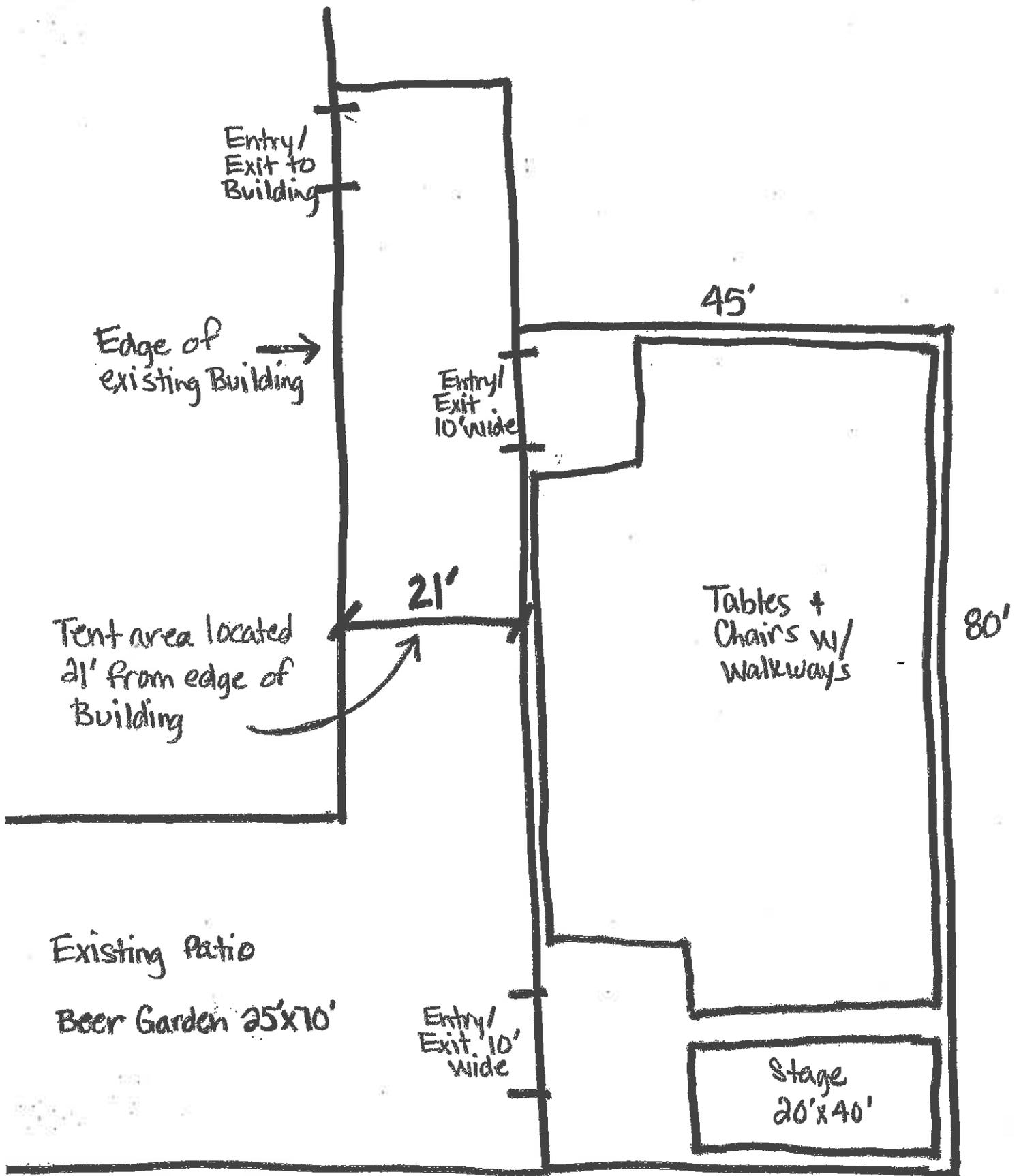
Note: Snow fence to be used around tent/Beer Garden that is 3' high.  
Fire Extinguisher shall be provided.

ATTACH EXTRA PAGES IF NECESSARY



Note: Snow fence to be used around tent/Beer Garden that is 3' high.

Fire Extinguisher shall be provided.

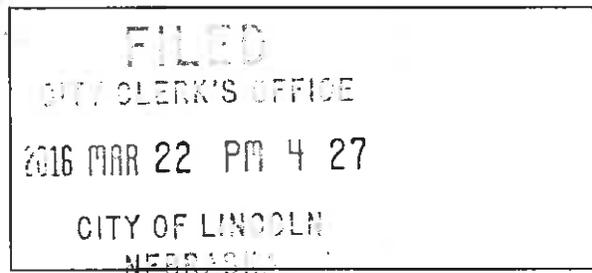


Note: Snow fence to be used around tent/Beer Garden that is 3' high.

Fire Extinguisher shall be provided.

**APPLICATION FOR SPECIAL DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
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LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
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Email Applications: [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov)



DO YOU NEED POSTERS? YES  NO

**NON PROFIT APPLICANTS**

(Check one that best applies)

Municipal  Political  Fine Arts  Fraternal  Religious  Charitable  Public Service

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-55441)

CK086816

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer  Wine  Distilled Spirits

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

NAME: OMAHA EXPOSITION & RACING

ADDRESS: 6303 Q STREET

CITY OMAHA ZIP 68117

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

BUILDING NAME LINCOLN RACE COURSE

ADDRESS: 7055 S 1ST STREET CITY LINCOLN, NE

ZIP 68512 COUNTY and 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

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

Date 5/21/16	Date	Date	Date	Date	Date
<u>Hours</u> From 7:00 AM	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To 2:00 AM	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance \_\_\_ Reception \_\_\_ Fund Raiser \_\_\_ Beer Garden  Sampling/Tasting \_\_\_

Other Simulcasting Pari-Mutuel Horse Racing / Preakness Stakes

6. 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** 45 X 80 x 25 X 70

\***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

\_\_\_ other \_\_\_\_\_

\_\_\_ Tent

7. How many attendees do you expect at event? 400

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

All Persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

9. 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

10. Where will you be purchasing your alcohol?

Wholesaler X Retailer \_\_\_\_\_ Both \_\_\_\_\_ BYO \_\_\_\_\_  
(includes wineries)

11. Will there be any games of chance operating during the event? YES \_\_\_ NO \_\_\_

If so, describe activity Pari-Mutuel Wagering, Keno, Pickles Cards

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.

12. Any other information or requests for exemptions: \_\_\_\_\_

13. 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 Christy Harris

Signature of Event Supervisor 

Event Supervisor phone: Before 402-708-6900 During 402-708-6900

Email address charris@lincolnracing.com

Consent of Authorized Representative/Applicant

14. 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 3/18/16  
Authorized Representative/Applicant Title Date

Christy Harris  
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:	Preakness Stakes		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	5/21/16	Hours:	7am - 2am
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: All persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

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

food items which will be served inside the facility

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

coffee, non-alcoholic beer

Who will serve the beverages containing alcohol? Authorized servers and 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: \_\_\_\_\_

Chris Hunt  
Applicant's Signature

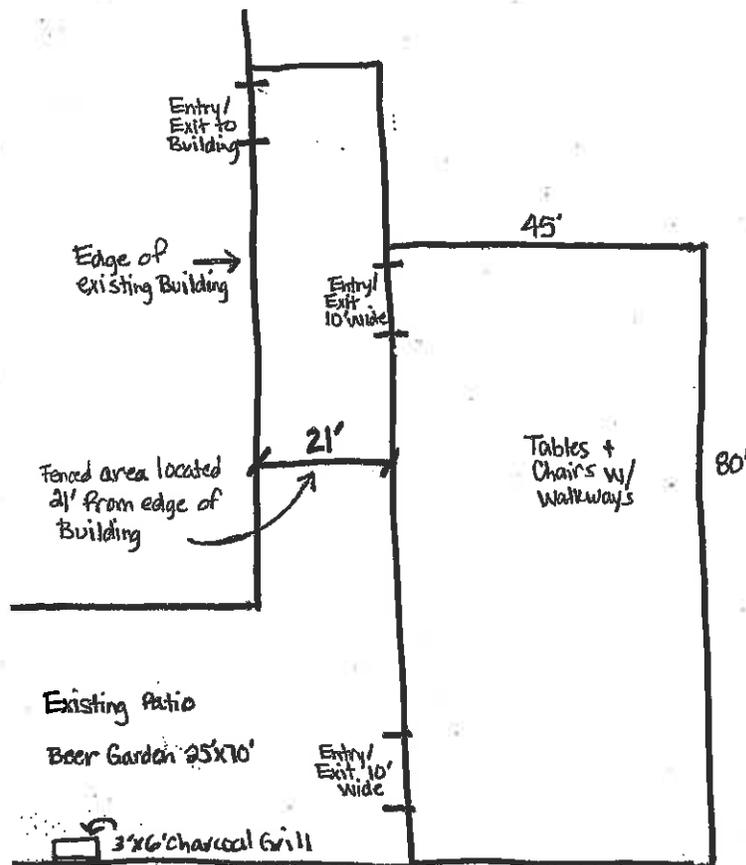
3/18/16  
Date

## 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: (10' tall x 10' wide) 2 - Entry/Exit points
2. Size & location of tent(s) (heights, width, depth) No Tent used for this Event
3. Size of area being used (45' x 80' & 25' x 70')
4. Location & type of cooking equipment (if used) 3' x 6' charcoal Grill placed 40' from edge of building
5. Location of tables & chairs; if stage for band provided & dance area, show location & dimensions on drawing. See Below
6. Height & type of fencing to be used. Snow fence that is 3' high

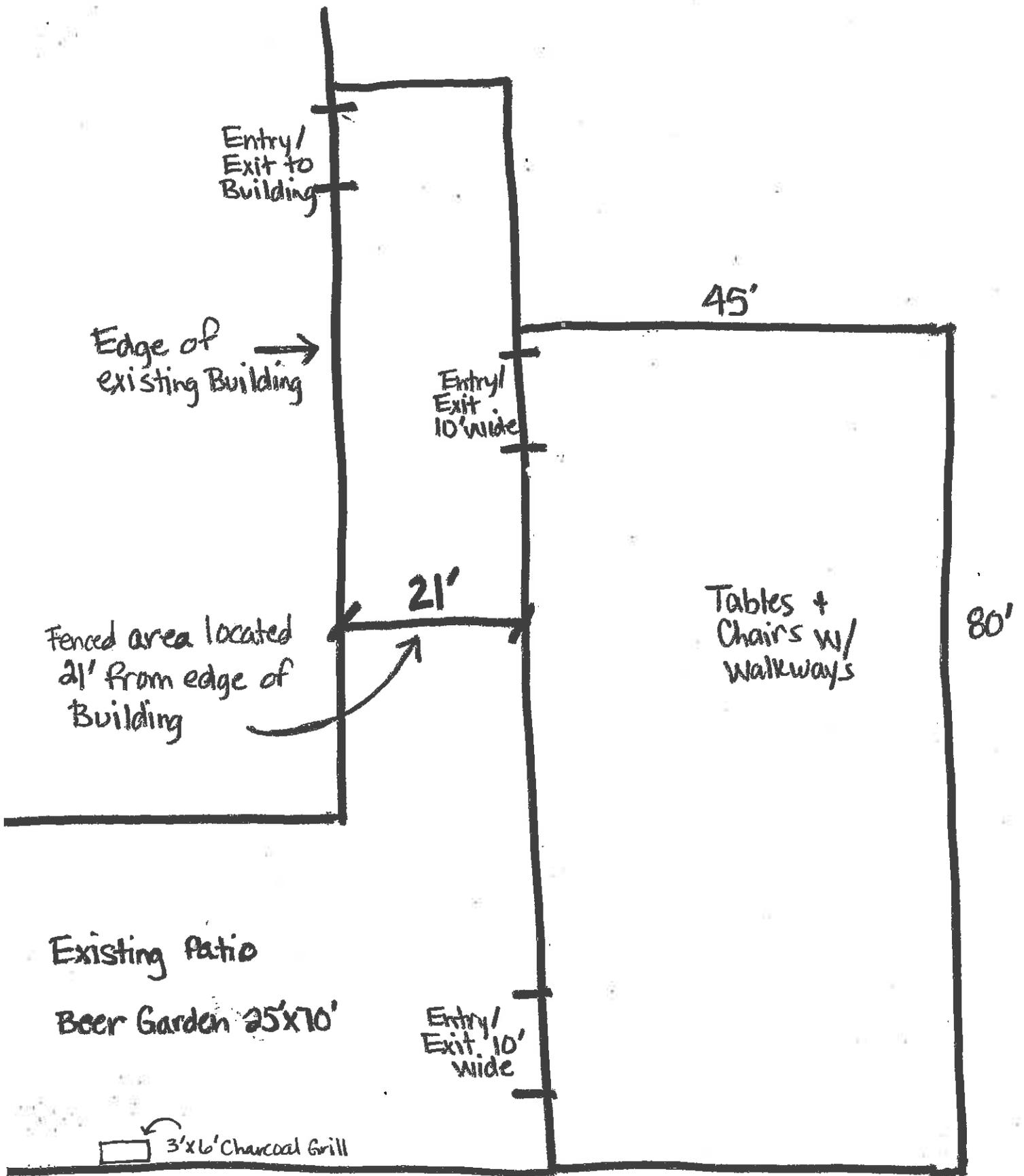
**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**



Note: Snow fence to be used around tent/Beer Garden that is 3' high.

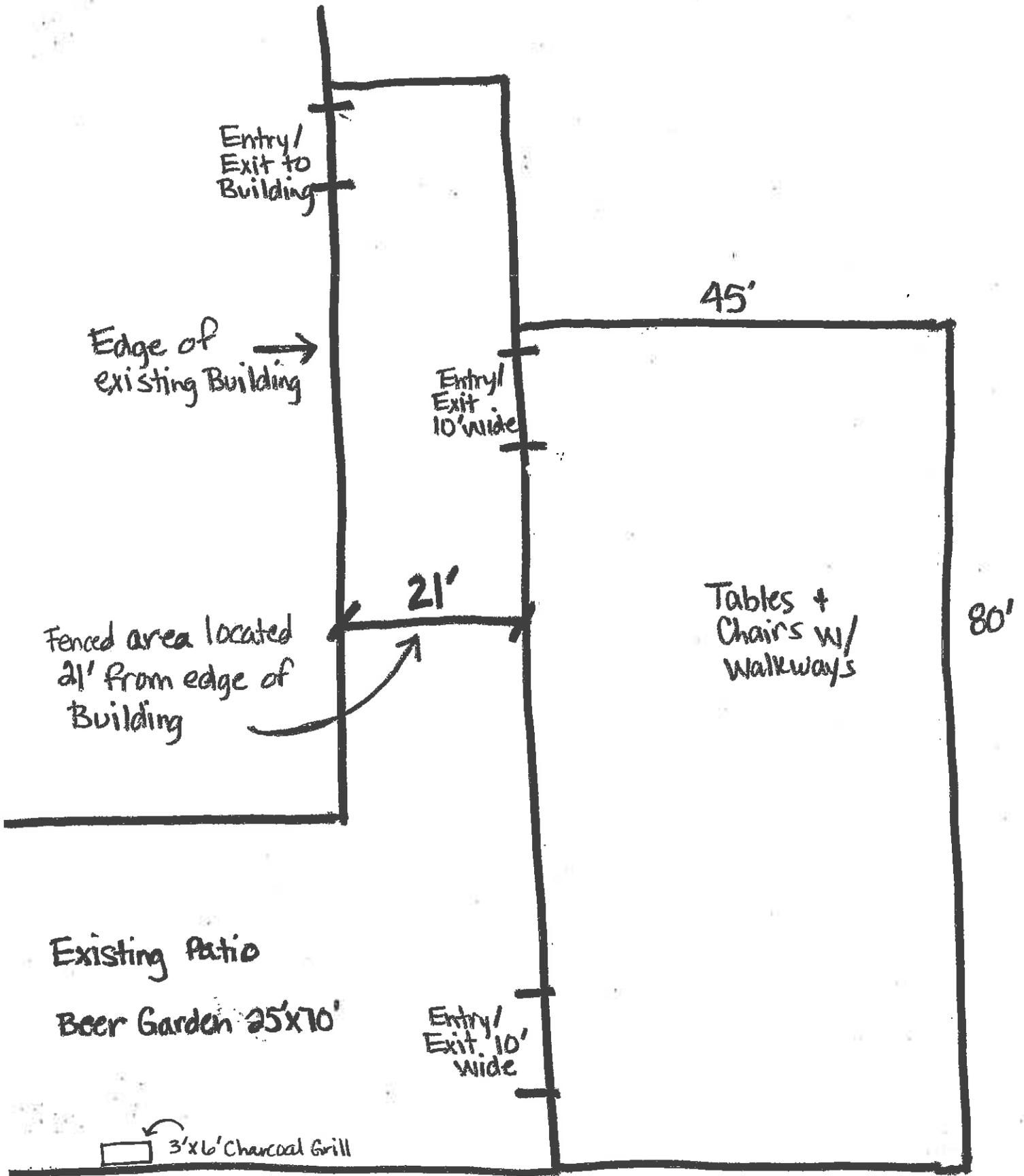
Fire Extinguisher shall be provided.

**ATTACH EXTRA PAGES IF NECESSARY**



Note: Snow fence to be used around tent/Beer Garden that is 3' high.

Fire Extinguisher shall be provided.



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**APPLICATION FOR SPECIAL DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
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Email Applications: [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov)

**FILED**  
CITY CLERK'S OFFICE  
2016 MAR 22 PM 4 27  
CITY OF LINCOLN  
NEBRASKA

DO YOU NEED POSTERS? YES  NO

**NON PROFIT APPLICANTS**  
(Check one that best applies)

Municipal  Political  Fine Arts  Fraternal  Religious  Charitable  Public Service

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-55441)

CK086816

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer  Wine  Distilled Spirits

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

NAME: OMAHA EXPOSITION & RACING

ADDRESS: 6303 Q STREET

CITY OMAHA ZIP 68117

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

BUILDING NAME LINCOLN RACE COURSE

ADDRESS: 7055 S 1ST STREET CITY LINCOLN, NE

ZIP 68512 COUNTY and 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

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

Date 6/11/18	Date	Date	Date	Date	Date
<u>Hours</u> From 7:00 AM	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To 2:00 AM	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
 (Alternate date or location must be specified in local approval)

5. Indicate type of activity to be carried on during event:

Dance \_\_\_ Reception \_\_\_ Fund Raiser \_\_\_ Beer Garden  Sampling/Tasting \_\_\_

Other Simulcasting Pari-Mutuel Horse Racing / Belmont Stakes

6. 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 45 X 80 x 25 X 70

\***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  
 \_\_\_ other \_\_\_\_\_

Tent

7. How many attendees do you expect at event? 400

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

All Persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

9. 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

10. Where will you be purchasing your alcohol?

Wholesaler X Retailer \_\_\_\_\_ Both \_\_\_\_\_ BYO \_\_\_\_\_  
(includes wineries)

11. Will there be any games of chance operating during the event? YES \_\_\_ NO \_\_\_

If so, describe activity Pari-Mutuel Wagering, Keno, Pickles Cards

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.

12. Any other information or requests for exemptions: \_\_\_\_\_

13. 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 Christy Harris

Signature of Event Supervisor 

Event Supervisor phone: Before 402-708-6900 During 402-708-6900

Email address charris@lincolnracing.com

Consent of Authorized Representative/Applicant

14. 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 3/18/16  
Authorized Representative/Applicant Title Date

Christy Harris  
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:	Belmont Stakes		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	6/11/16	Hours:	7am - 2am
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: All persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

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

food items which will be served inside the facility

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

coffee, non-alcoholic beer

Who will serve the beverages containing alcohol? Authorized servers and bartenders  
**Must complete Server/Seller Applicant Information Sheet.**

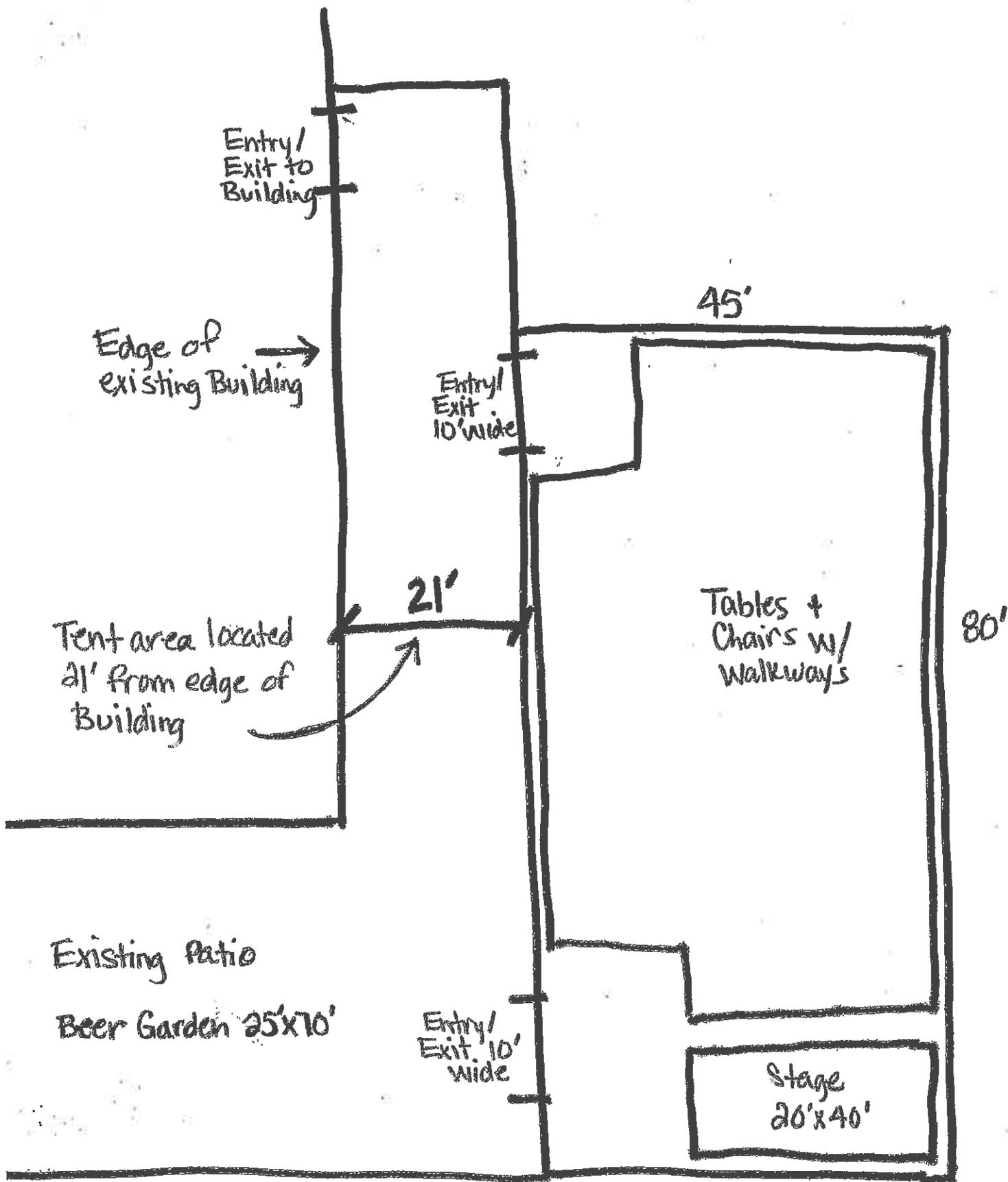
Have the designated servers received responsible beverage server training?     Yes     No

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: \_\_\_\_\_

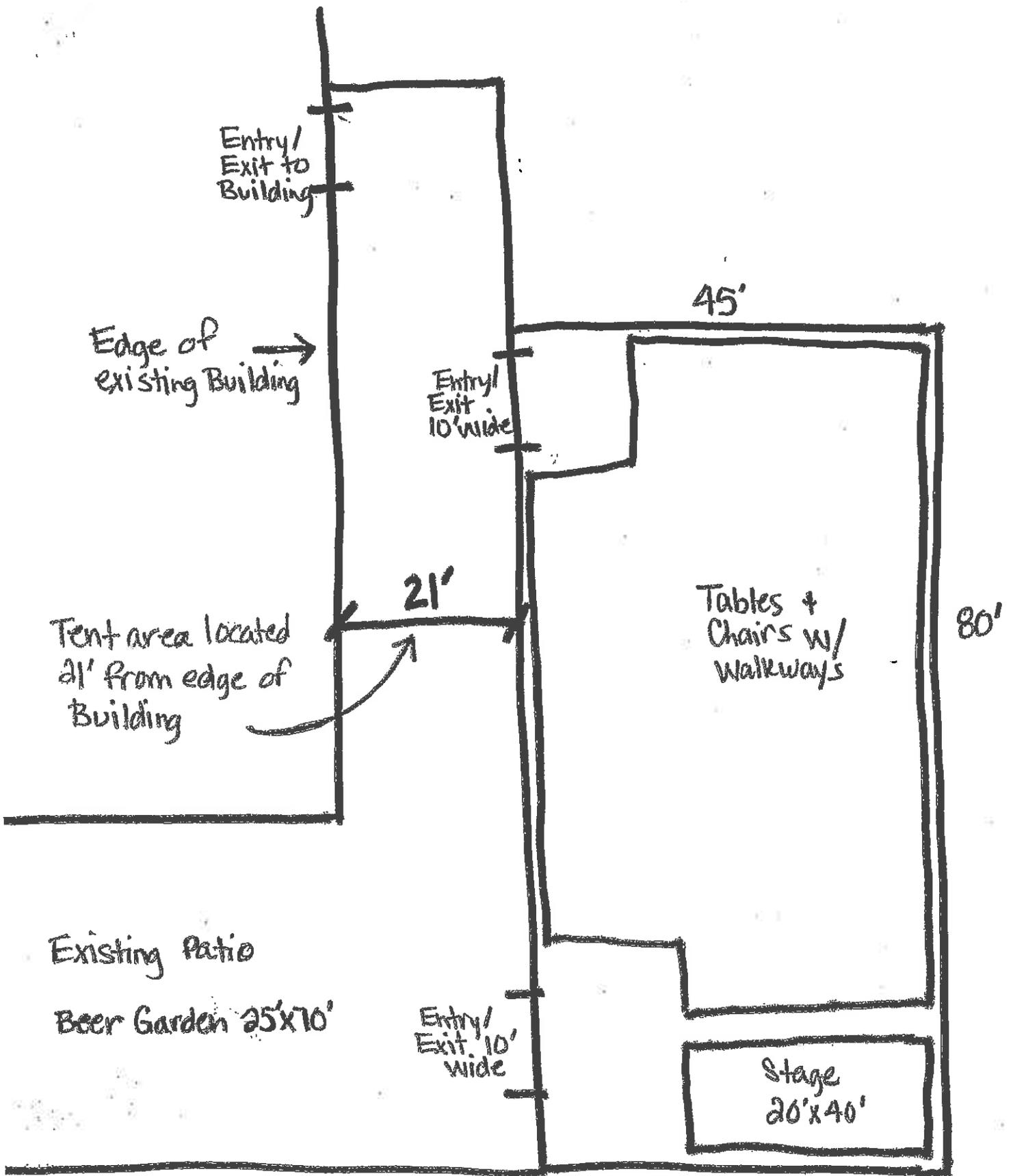
Chris Hunt  
Applicant's Signature

3/18/16  
Date



Note: Snow fence to be used around tent/Beer Garden that is 3' high.

Fire Extinguisher shall be provided.

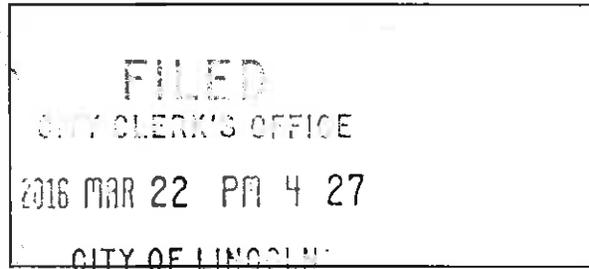


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**APPLICATION FOR SPECIAL DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
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Email Applications: [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov)



DO YOU NEED POSTERS? YES  NO

**NON PROFIT APPLICANTS**  
(Check one that best applies)

Municipal  Political  Fine Arts  Fraternal  Religious  Charitable  Public Service

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-55441)

CK086816

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer  Wine  Distilled Spirits

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

NAME: OMAHA EXPOSITION & RACING

ADDRESS: 6303 Q STREET

CITY OMAHA ZIP 68117

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

BUILDING NAME LINCOLN RACE COURSE

ADDRESS: 7055 S 1ST STREET CITY LINCOLN, NE

ZIP 68512 COUNTY and 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

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

Date 9/8/16	Date	Date	Date	Date	Date
<b>Hours</b> From 7:00 AM	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 2:00 AM	To	To	To	To	To

a. Alternate date: 9/9/16; 9/10/16; 9/11/16 OR 9/12/16 IN LIEU OF THE SCHEDULED 9/8/16 EVENT DATE

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance \_\_\_ Reception \_\_\_ Fund Raiser \_\_\_ Beer Garden  Sampling/Tasting \_\_\_

Other Simulcasting Pari-Mutuel Horse Racing / Live Horse Race Day

6. 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** 45 X 80 x 25 X 70

**\*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

\_\_\_ other \_\_\_\_\_

\_\_\_ Tent

7. How many attendees do you expect at event? 400

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

All Persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

9. 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

10. Where will you be purchasing your alcohol?

Wholesaler X      Retailer \_\_\_\_\_      Both \_\_\_\_\_      BYO \_\_\_\_\_  
(includes wineries)

11. Will there be any games of chance operating during the event? YES \_\_\_ NO \_\_\_

If so, describe activity Pari-Mutuel Wagering, Keno, Pickles Cards

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.

12. Any other information or requests for exemptions: \_\_\_\_\_

13. 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 Christy Harris

Signature of Event Supervisor 

Event Supervisor phone: Before 402-708-6900 During 402-708-6900  
Email address charris@lincolnracing.com

Consent of Authorized Representative/Applicant

14. 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 3/18/16  
Authorized Representative/Applicant Title Date

Christy Harris  
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:	Live Horse Race Day		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	9/8/16	Hours:	7am - 2am
Alternate Date(s):	9/9/16; 9/10/16; 9/11/16 & 9/12/16	Hours:	7am - 2am

in lieu of the scheduled 9/8/16 event date

Is the event open to the public?     Yes     No

How will you ensure that minors will not be served or consume beverages containing alcohol: All persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

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

food items which will be served inside the facility

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

coffee, non-alcoholic beer

Who will serve the beverages containing alcohol?    Authorized servers and 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: \_\_\_\_\_

Chris Hunt  
Applicant's Signature

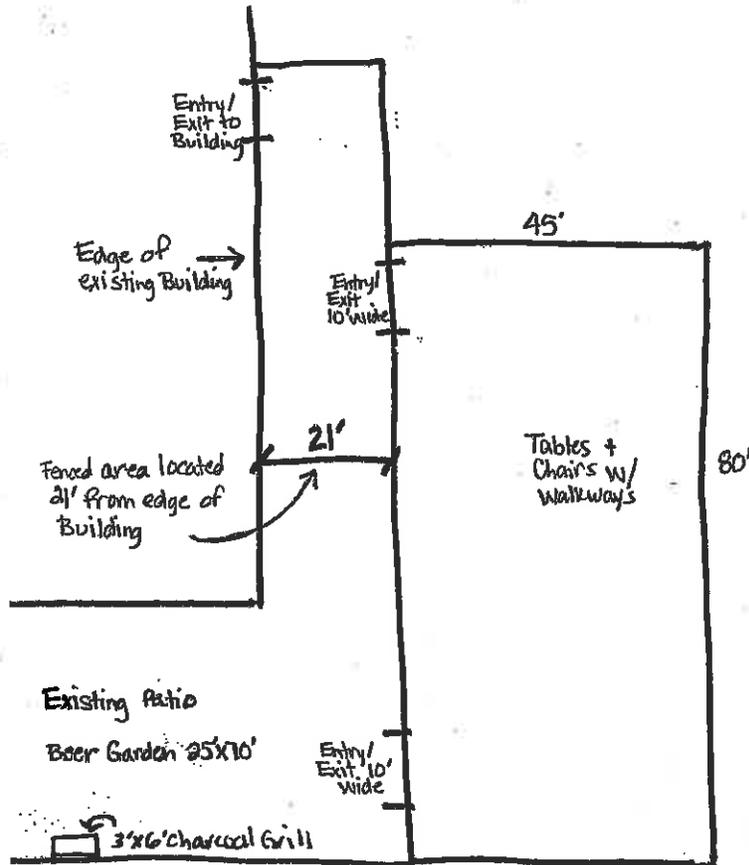
3/18/16  
Date

## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

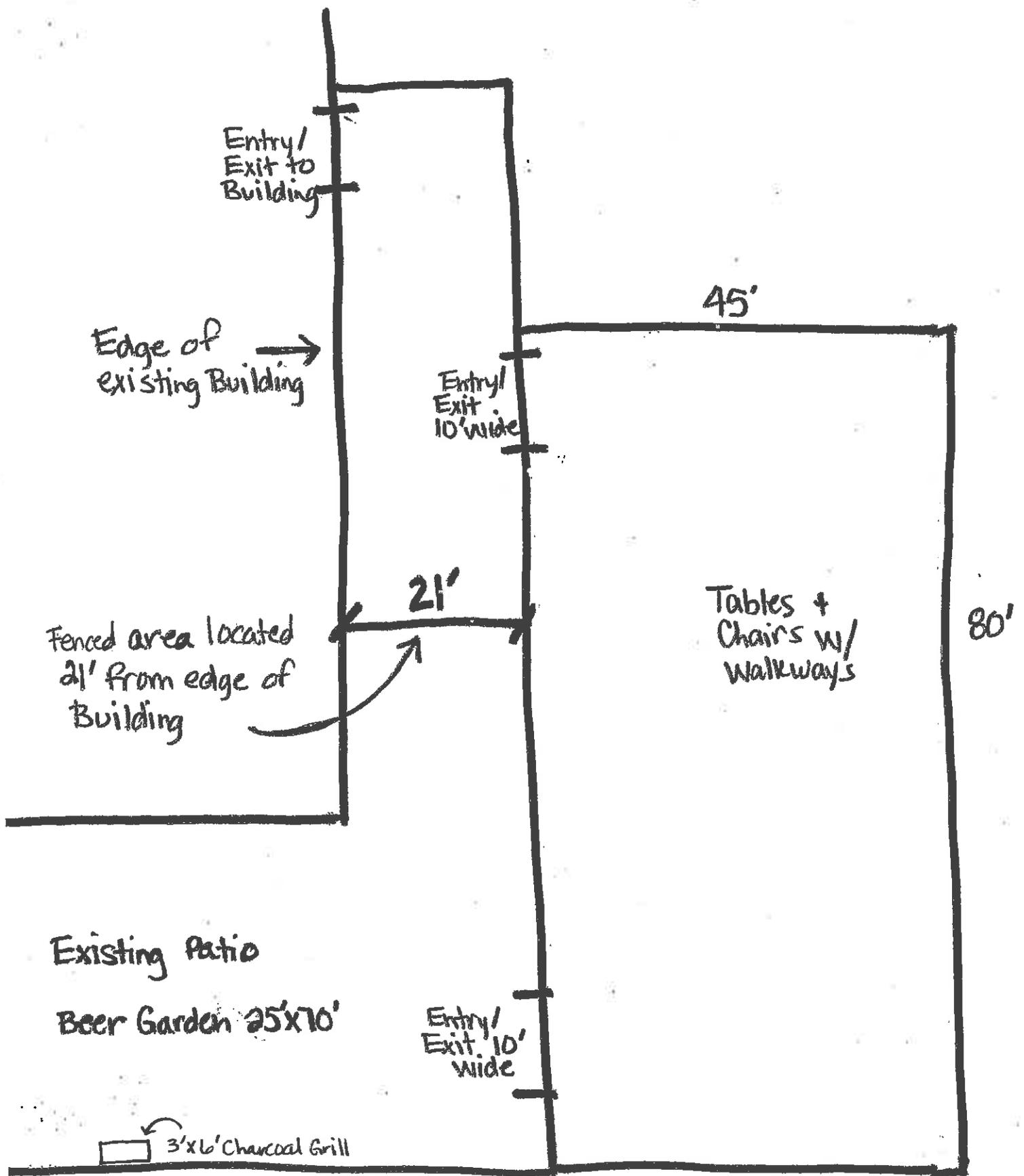
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1. Number of Entry & Exit Points & Dimensions: (10' tall x 10' wide) 2 - Entry/Exit points
2. Size & location of tent(s) (heights, width, depth) No Tent used for this Event
3. Size of area being used (45' x 80' & 25' x 10')
4. Location & type of cooking equipment (if used) 3' x 6' charcoal Grill placed 40' from edge of building
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. See Below
6. Height & type of fencing to be used. Snow fence that is 3' high

**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.**

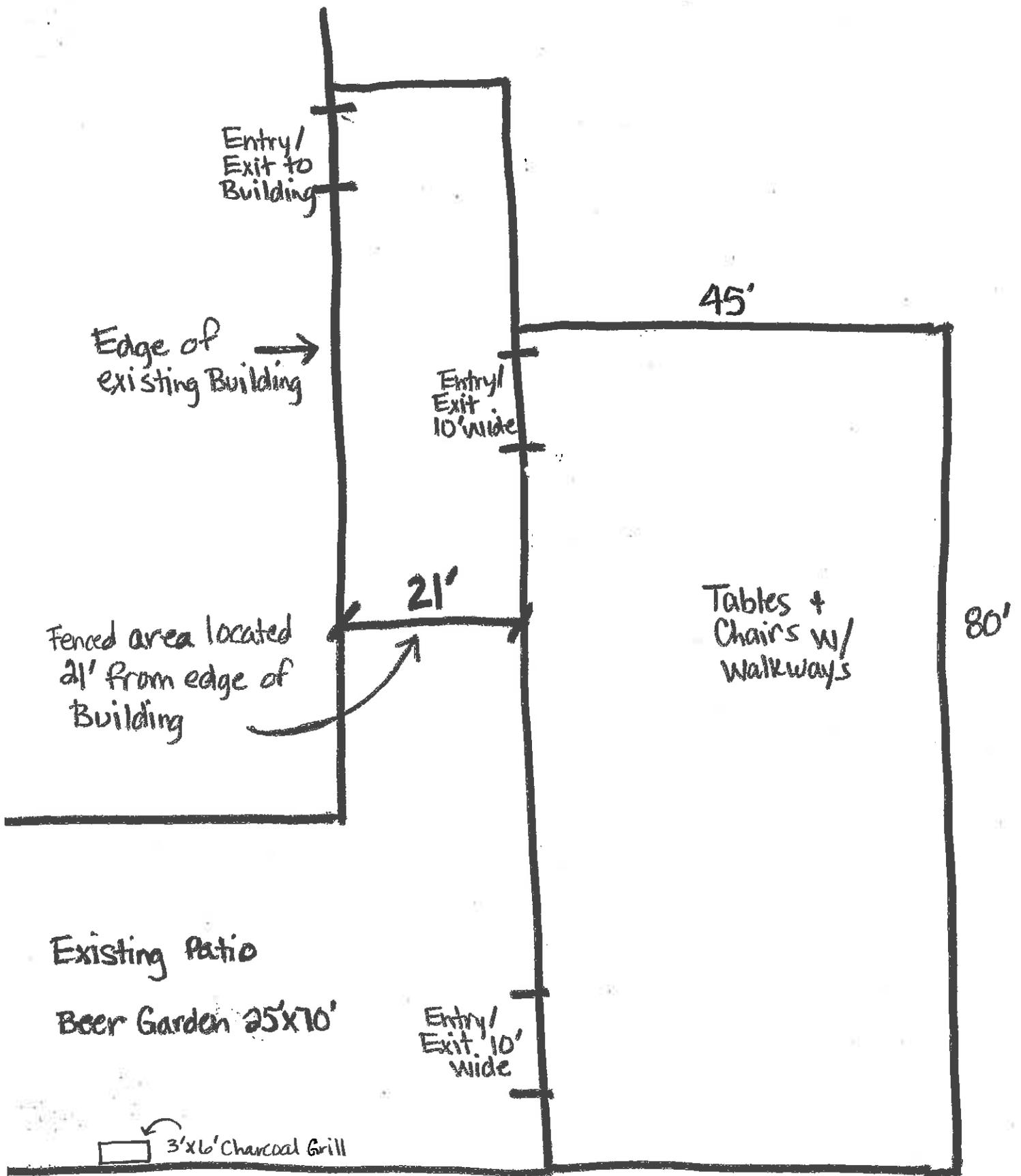


ATTACH EXTRA PAGES IF NECESSARY



Note: Snow fence to be used around tent/Beer Garden that is 3' high.

Fire Extinguisher shall be provided.

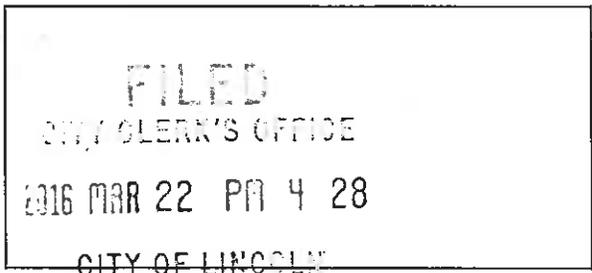


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**APPLICATION FOR SPECIAL DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov/](http://www.lcc.nebraska.gov/)  
Email Applications: [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov)



DO YOU NEED POSTERS? YES X NO     

**NON PROFIT APPLICANTS**  
(Check one that best applies)

Municipal      Political      Fine Arts      Fraternal      Religious      Charitable      Public Service     

**LIQUOR LICENSE HOLDERS**

Liquor license number and class (i.e. C-55441)

**CK086816**

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed: Beer X Wine X Distilled Spirits X

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

NAME: OMAHA EXPOSITION & RACING

ADDRESS: 6303 Q STREET

CITY OMAHA ZIP 68117

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

BUILDING NAME LINCOLN RACE COURSE

ADDRESS: 7055 S 1ST STREET CITY LINCOLN, NE

ZIP 68512 COUNTY and COUNTY # LANCASTER

a. Is this location within the city/village limits? YES X 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 X

c. Is this location within 300' of any university or college campus? YES      NO X

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

Date 11/5/16	Date	Date	Date	Date	Date
<b>Hours</b> From 7:00 AM	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 2:00 AM	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

5. Indicate type of activity to be carried on during event:

Dance \_\_\_ Reception \_\_\_ Fund Raiser \_\_\_ Beer Garden  Sampling/Tasting \_\_\_

Other Simulcasting Pari-Mutuel Horse Racing / Breeders' Cup

6. 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** 45 X 80 x 25 X 70

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

If outdoor area, how will premises be enclosed?

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7. How many attendees do you expect at event? 400

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9. 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



## SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Breeder's Cup		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	11/5/16	Hours:	7am - 2am
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: All persons wishing to purchase alcoholic beverages will be required to have a wristband issued by Lincoln Race Course personnel after presenting appropriate identification establishing age 21 or over. No one without a wristband will be allowed to purchase alcoholic beverages. Security personnel will be provided by Lincoln Race Course.

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Food items which will be served inside the facility

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If yes, please list non-alcoholic beverages to be served:    Soda, water, tea,

coffee, non-alcoholic beer

Who will serve the beverages containing alcohol?    Authorized servers and 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: \_\_\_\_\_

Chris Hunt  
Applicant's Signature

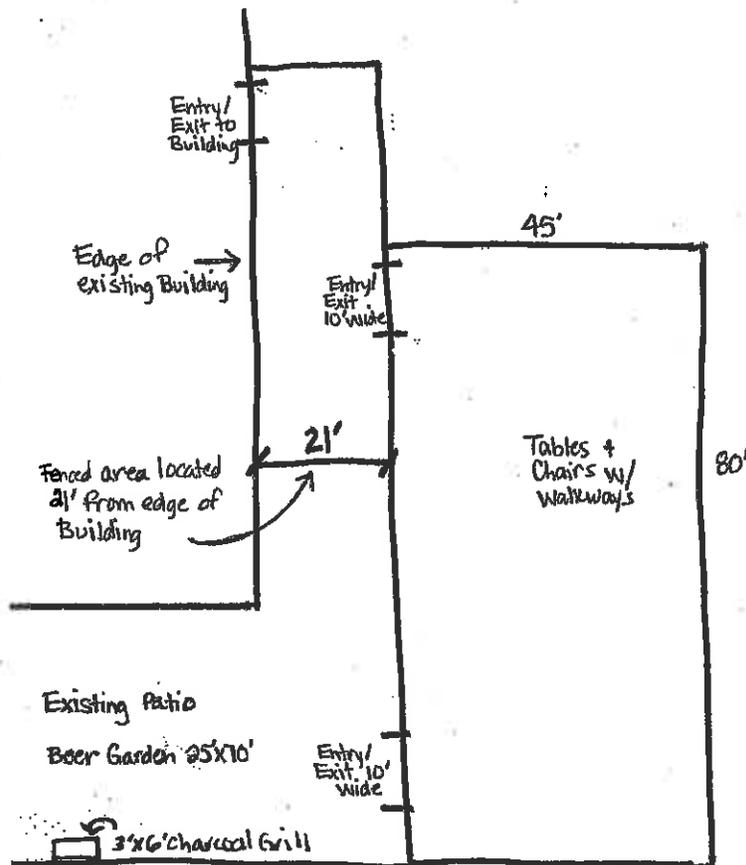
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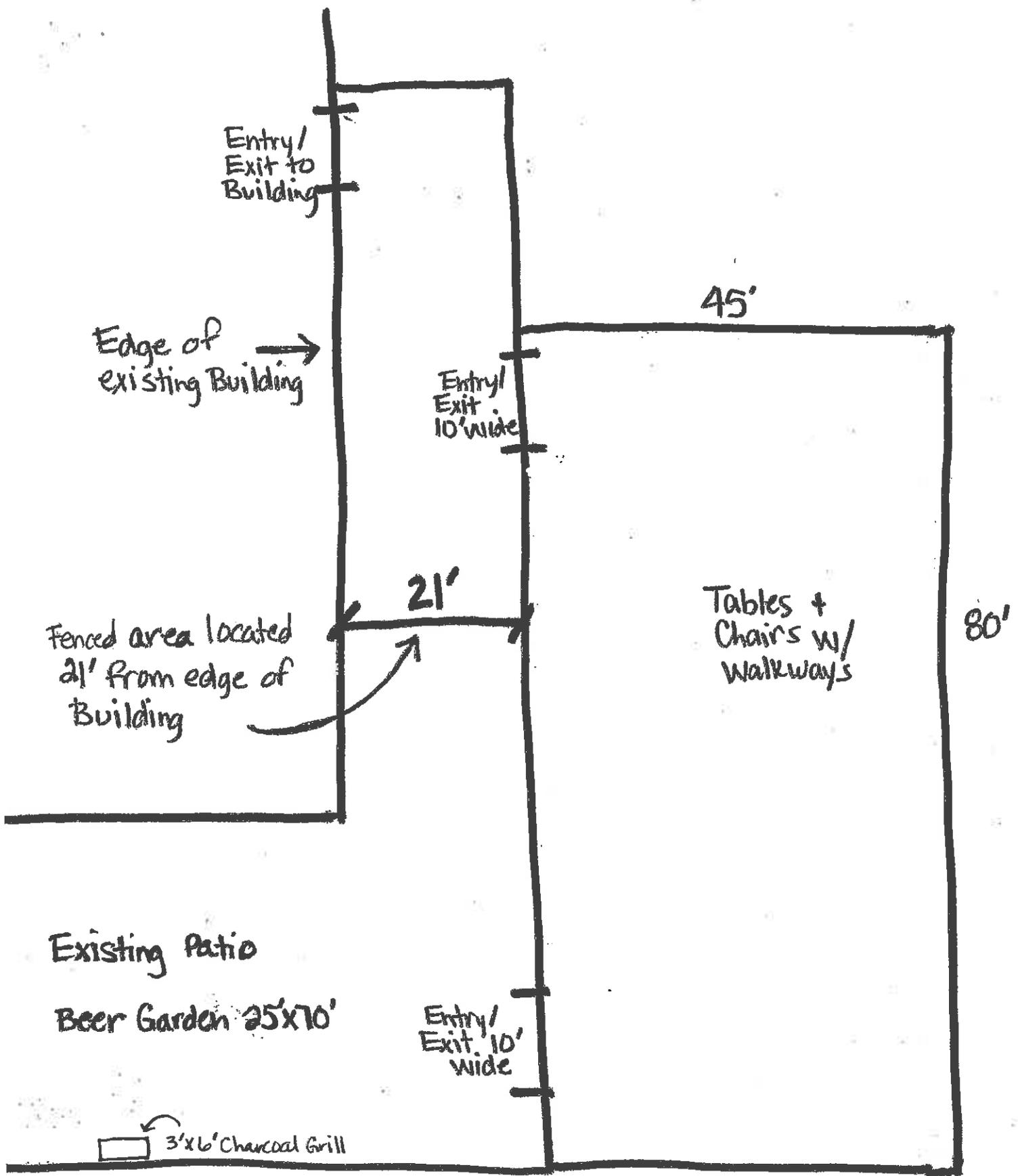
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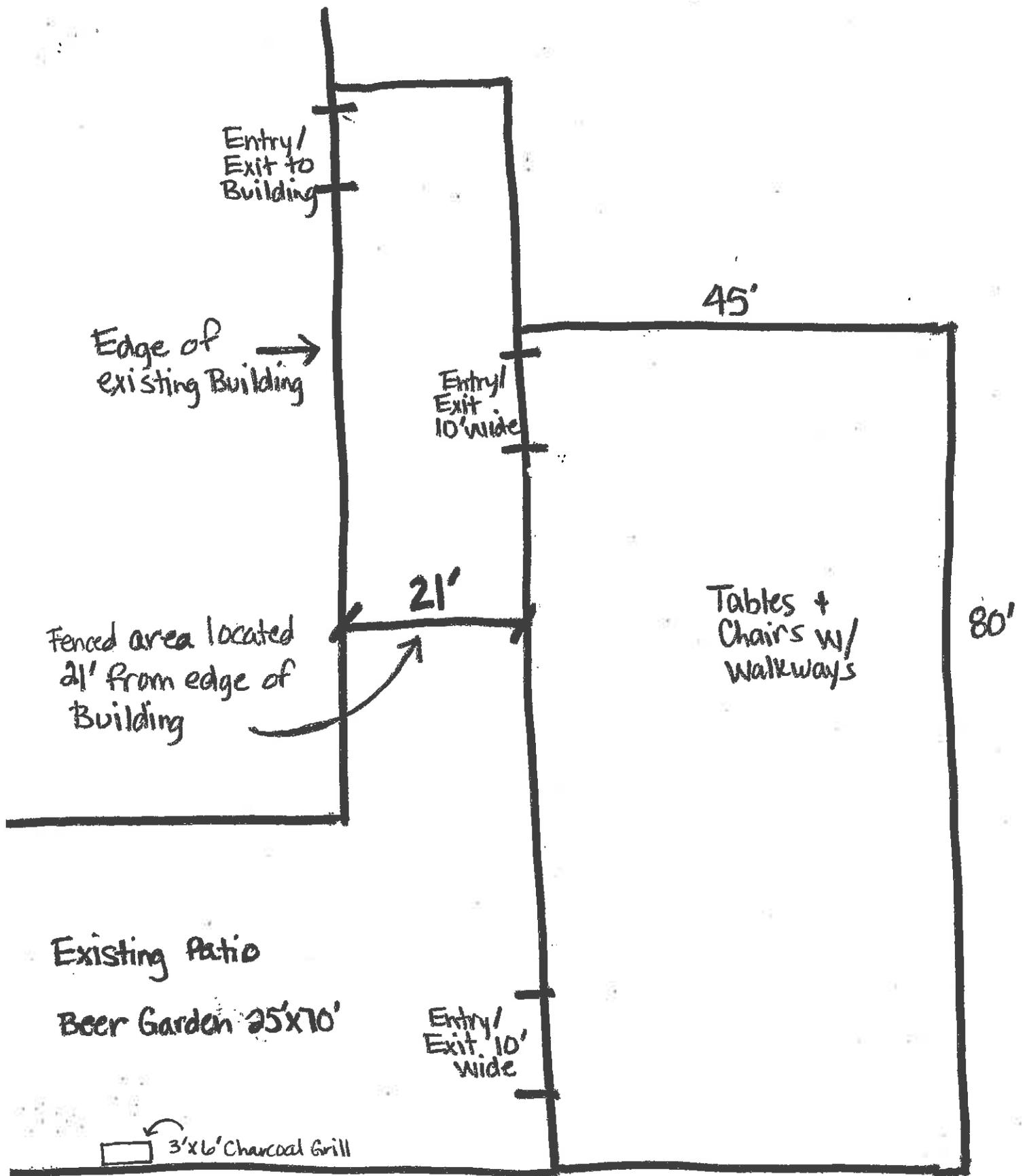
Fire Extinguisher shall be provided.

**ATTACH EXTRA PAGES IF NECESSARY**



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