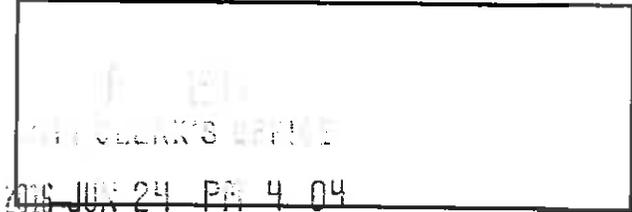


320

**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  
Email Applications: [tmeier@lincoln.ne.gov](mailto:tmeier@lincoln.ne.gov)  
If you do not receive confirmation of receipt, email to: [sphan@lincoln.ne.gov](mailto:sphan@lincoln.ne.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. C55441)  
(If you're a nonprofit organization leave blank)

CK076569

**COMPLETE ALL QUESTIONS**

- Type of alcohol to be served and/or consumed: Beer  Wine \_\_\_ Distilled Spirits
- Licensee name (last, first,), corporate name or limited liability company (LLC) name  
(As it reads on your liquor license).

NAME:	Lincoln Pub Group Inc		
ADDRESS:	728 1/2 O Street		
CITY:	Lincoln NE	ZIP:	68508

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

BUILDING NAME:	Lincoln Hide & Fur Building Parking Lot		
ADDRESS:	728 O st	CITY:	Lincoln
ZIP:	68508	COUNTY & COUNTY #:	Lancaster

- Is this location within the city/village limits? YES  NO \_\_\_
- Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES \_\_\_ NO
- 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 <u>9/3</u>	Date <u>9/10</u>	Date <u>9/17</u>	Date <u>10/1</u>	Date <u>10/22</u>	Date <u>11/12</u>	<u>11/1</u>
Hours From <u>8am</u>	<u>8am</u>					
To <u>Midnight</u>	<u>Midnight</u>					

- a. Alternate date: N/A
- b. Alternate location: N/A  
 (Alternate date or location must be specified in local approval)

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

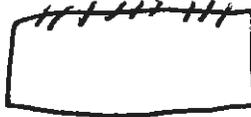
Dance  Reception  Fund Raiser  Beer Garden  Sampling/Tasting   
 Other \_\_\_\_\_

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 75 x 100

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



see Attached

If outdoor area, how will premises be enclosed?

fence  snow fence  chain link  cattle panel  tent

other: \_\_\_\_\_

7. How many attendees do you expect at event? 100

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)

Security at Door to check ID's - No minors allow. Management will conduct follow up / random ID checks to ensure compliance

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

Inside @ N-ZONE

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 X NO \_\_\_\_\_

If so, describe activity: Pickle card Machine inside N-ZONE

**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: \_\_\_\_\_

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: Todd J Campfield

Signature of Event Supervisor: *T. J. Campfield*

Event Supervisor phone: Before 402 416 5901 During 402 416 5901

Email address: NZONELINcoln@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

*Kevin J Blazek*  
Authorized Representative/Applicant

*owner*  
Title

*6/23/16*  
Date

*KEVIN J BLAZEK*  
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:	UNL HOME FOOTBALL TAILGATE / BEER Garden									
Applicant and Sponsoring Organization or Individual (if applicable):	Lincoln Pub Group inc									
Date(s) of Event:	9/3	9/10	9/17	10/1	10/22	Hours:	11/12	11/19	8am Midnight for all	
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: Security  
will be placed at door to check ID's. No minors allowed

Will food be served?  Yes  No If yes, please list food to be served: Event menu  
from N-ZONE inside. Food will be available to order inside + take outside to  
eat. Pizza, wings, Burgers, Appetizers

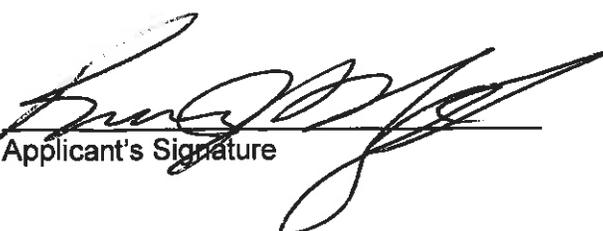
Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: Pop + Water available inside

Who will serve the beverages containing alcohol? N-ZONE 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: \_\_\_\_\_

  
Applicant's Signature

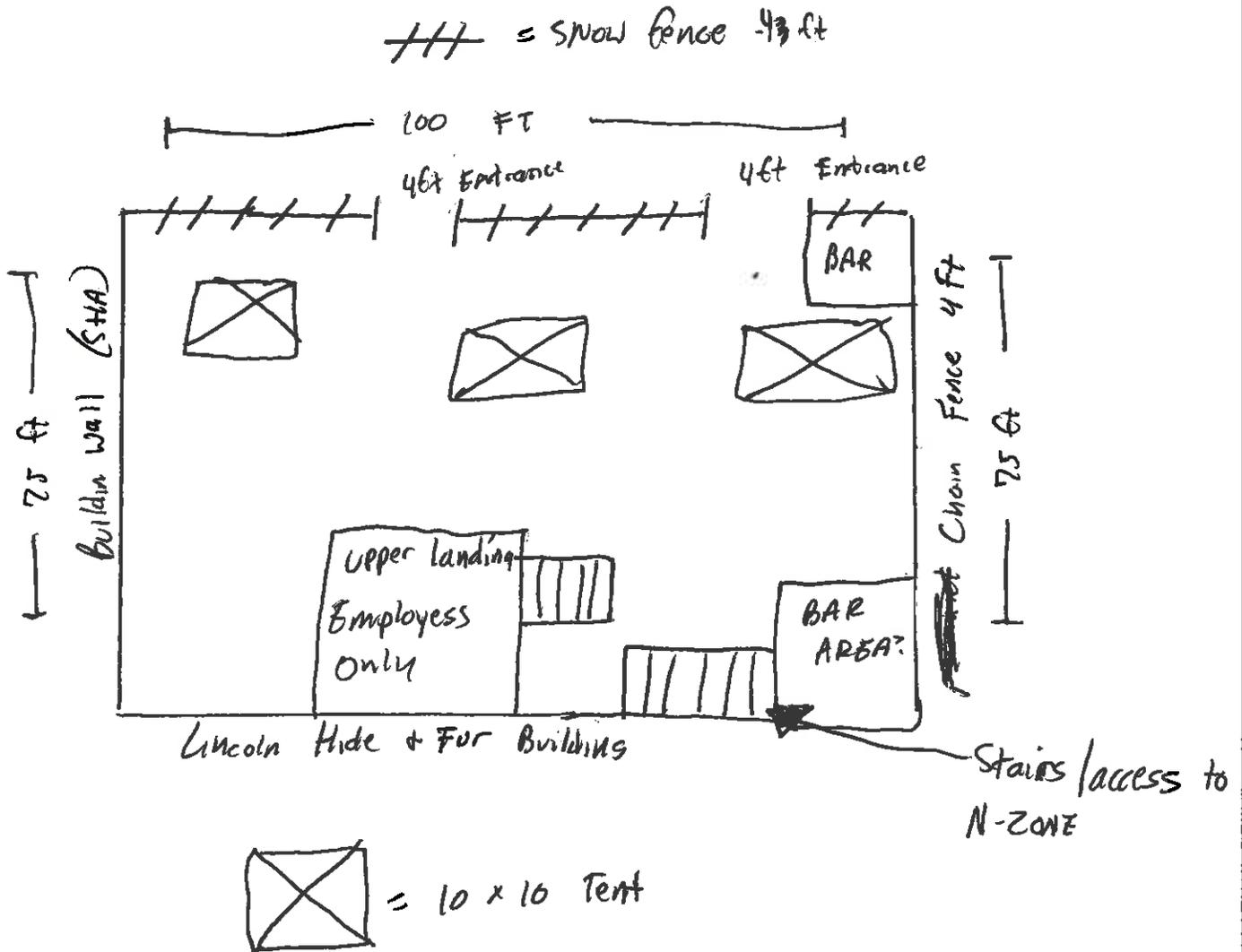
6/23/16  
Date

# 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: ( 4 ' x 4 ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
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.**



ATTACH EXTRA PAGES IF NECESSARY

Building wall (SHA) 1-75 FT-1

Lincoln Hide + Fur Building

Upper landing Employees Only



Stairs + access to N-ZONE (Food + Restrooms)

possible RAE AREA

BAR Area

1-75 FT-1

Chain Fence

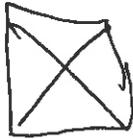
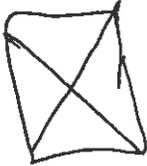


160 FT

/// = Snow fence



= 10x10 Tent



**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

321

FILED  
 CITY CLERK'S OFFICE  
 2016 JUN 24 PM 4 05  
 CITY OF LINCOLN  
 NEBRASKA

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)

OK076569

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.

<b>NAME:</b>	Lincoln Pub Group Inc		
<b>ADDRESS:</b>	728 E O St		
<b>CITY:</b>	Lincoln	<b>NE</b>	<b>ZIP:</b> 68508

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

<b>BUILDING NAME:</b>	Lincoln Hide + Fur		
<b>ADDRESS:</b>	728 E St	<b>CITY:</b>	Lincoln
<b>ZIP:</b>	68508	<b>COUNTY &amp; COUNTY #:</b>	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
9/10					
Hours From					
8 am					
To	To	To	To	To	To
Midnight					

- a. Alternate date: W/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 75 x 100

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

See 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? 100

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)  
Staff at door. ID's checked  
No one under 21

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

Inside @ W-201E

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES  NO   
Non-Profit: Where will you be purchasing your alcohol?  
Wholesaler OK Retailer \_\_\_\_\_ Both \_\_\_\_\_ BYO \_\_\_\_\_  
(includes wineries)

12. Will there be any games of chance operating during the event? YES  NO   
If so, describe activity: Pickle BALL CARD Machine

**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: Todd Campbell

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402 416 5901 During 402 484 475 8683

Email address: NZONELincoln@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] Owner 6/27  
Authorized Representative/Applicant Title Date  
Kevin Blazek  
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:	<u>Football Tailgate</u>		
Applicant and Sponsoring Organization or Individual (if applicable):	<u>Lincoln Pub Group</u>		
Date(s) of Event:	<u>9/10</u>	Hours:	<u>8 am - Midnight</u>
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: Security @  
Door No Minors allowed

Will food be served?     Yes     No    If yes, please list food to be served: Event menu  
food available inside

Will non-alcoholic beverages be served:     Yes     No  
If yes, please list non-alcoholic beverages to be served:    Pop & water available inside

Who will serve the beverages containing alcohol?    N-ZONE staff  
**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

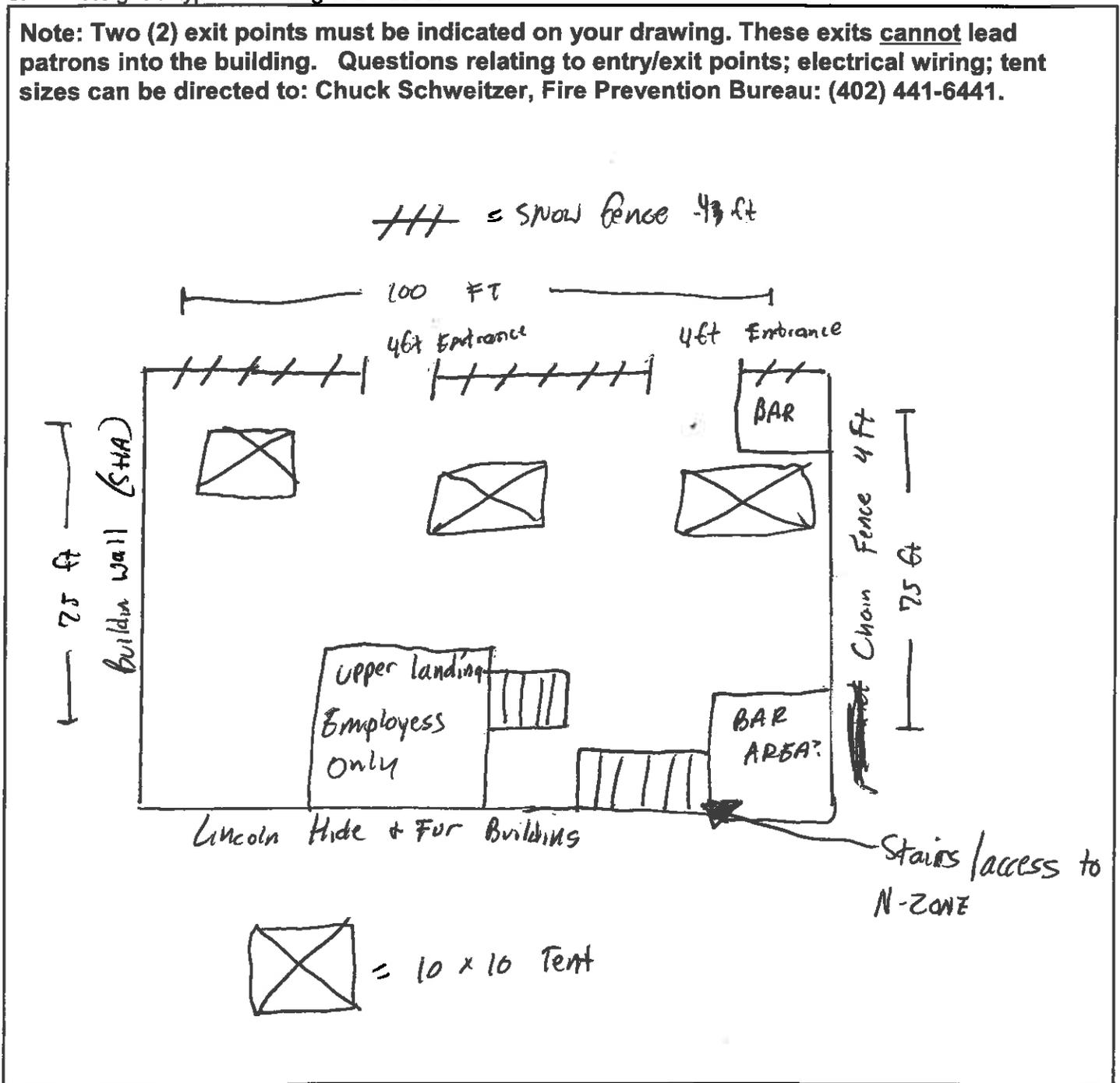
6/23  
Date

# 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. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
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.**

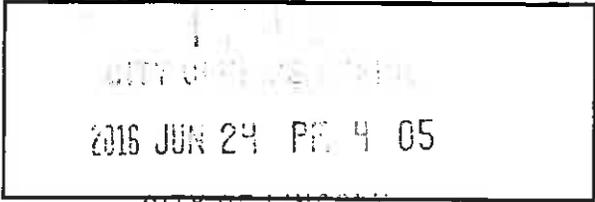


ATTACH EXTRA PAGES IF NECESSARY



**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

322



DO YOU NEED POSTERS? **NEED** 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**

- Type of alcohol to be served and/or consumed: Beer  Wine  Distilled Spirits
- Liquor license number and class (i.e. C55441, CK55441) (If you're a nonprofit organization leave blank) CK076569
- 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.

<b>NAME:</b>	Lincoln Pub Group Inc		
<b>ADDRESS:</b>	728 K Q St		
<b>CITY:</b>	Lincoln NE	<b>ZIP:</b>	68508

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

<b>BUILDING NAME:</b>	Lincoln Hide & Fur Building		
<b>ADDRESS:</b>	728 Q St	<b>CITY:</b>	Lincoln
<b>ZIP:</b>	68508	<b>COUNTY &amp; COUNTY #:</b>	Lancaster

- Is this location within the city/village limits? YES  NO
- Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES  NO
- 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 <u>9/17</u>	Date	Date	Date	Date	Date
Hours From <u>8am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>Midnight</u>	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** 75 x 100  
**\*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**  
See 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? 100

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)  
staff at ~~Door~~ checking ID's  
No minors allowed Management spot check.

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

INSIDE @ N-ZONE

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: Riddle CARD MACHINES

**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: Todd Campfield

Signature of Event Supervisor: 

Event Supervisor phone: Before 402 416 5901 During 402 475 8603

Email address: NZOR Lincoln@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

6/23  
Date

Kevin Blazek  
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:	Football Tailgate / Bear Garden		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	9/17	Hours:	8 am - Midnight
Alternate Date(s):	NA	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: Staff at Door checking ID's - No minors allowed

Will food be served?  Yes  No If yes, please list food to be served: Event menu  
Food available inside to order

Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: Pop + Water inside

Who will serve the beverages containing alcohol? N-ZONE Staff  
**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: \_\_\_\_\_

K. J. [Signature]  
Applicant's Signature

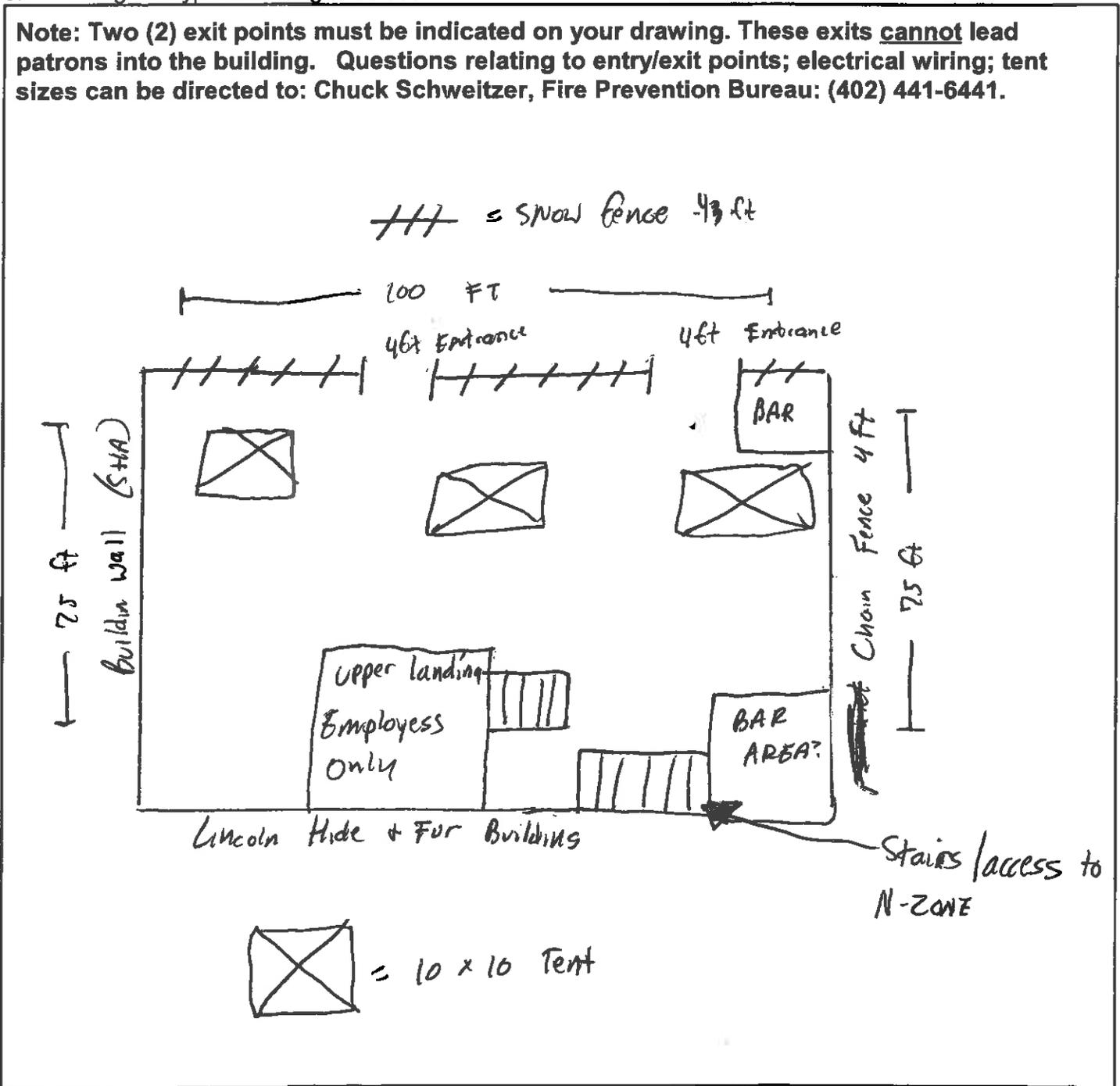
6/27/16  
Date

# 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: ( 4 ' x 4 ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
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.**



ATTACH EXTRA PAGES IF NECESSARY

Building wall (SHA) 75 FT

Lincoln Hide + for Building

Upper landing Employees Only



Possible RAR AREA

BAR Area

75 FT

Chain Fence



100 FT

/// = snow fence



10x10 Tent

Stairs + access to N-ZONE (Food + Restrooms)

**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

323

CITY CLERK'S OFFICE  
 2016 JUN 24 PM 4 05  
 CITY OF LINCOLN

DO YOU NEED POSTERS? NEBRASKA  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) CK076569

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.

<b>NAME:</b>	Lincoln Pub Group Inc.		
<b>ADDRESS:</b>	728 1/2 Q St		
<b>CITY:</b>	Lincoln	<b>ZIP:</b>	68508

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

<b>BUILDING NAME:</b>	Lincoln Hide + Fur Building		
<b>ADDRESS:</b>	728 G St	<b>CITY:</b>	Lincoln
<b>ZIP:</b>	68508	<b>COUNTY &amp; COUNTY #:</b>	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 <u>10/11</u>	Date	Date	Date	Date	Date
Hours From <u>8 am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>Midnight</u>	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 75 x 100  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

See 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? 100

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)  
Staff at Door ID's Checked  
No MINORS

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

INSIDE @ D-2 ONE

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: Fiddly CARDS INSIDE

**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: Todd Campbell

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402 416 5901 During 402 425 8683

Email address: NTONE@LINCOLN@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	<u>[Signature]</u>	<u>Owner</u>	<u>6/23</u>
	Authorized Representative/Applicant	Title	Date
	<u>Kevin Blazek</u>		
	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:	Football Beer Garden		
Applicant and Sponsoring Organization or Individual (if applicable):	Lincoln Pub Group		
Date(s) of Event:	10/1	Hours:	8am Midnight
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: ID's checked at the Door - no minors allowed

Will food be served?  Yes  No If yes, please list food to be served: Food menu available inside

Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: Pop + Water available inside

Who will serve the beverages containing alcohol? N-ZONE Staff  
**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: \_\_\_\_\_

K. J. [Signature]  
Applicant's Signature

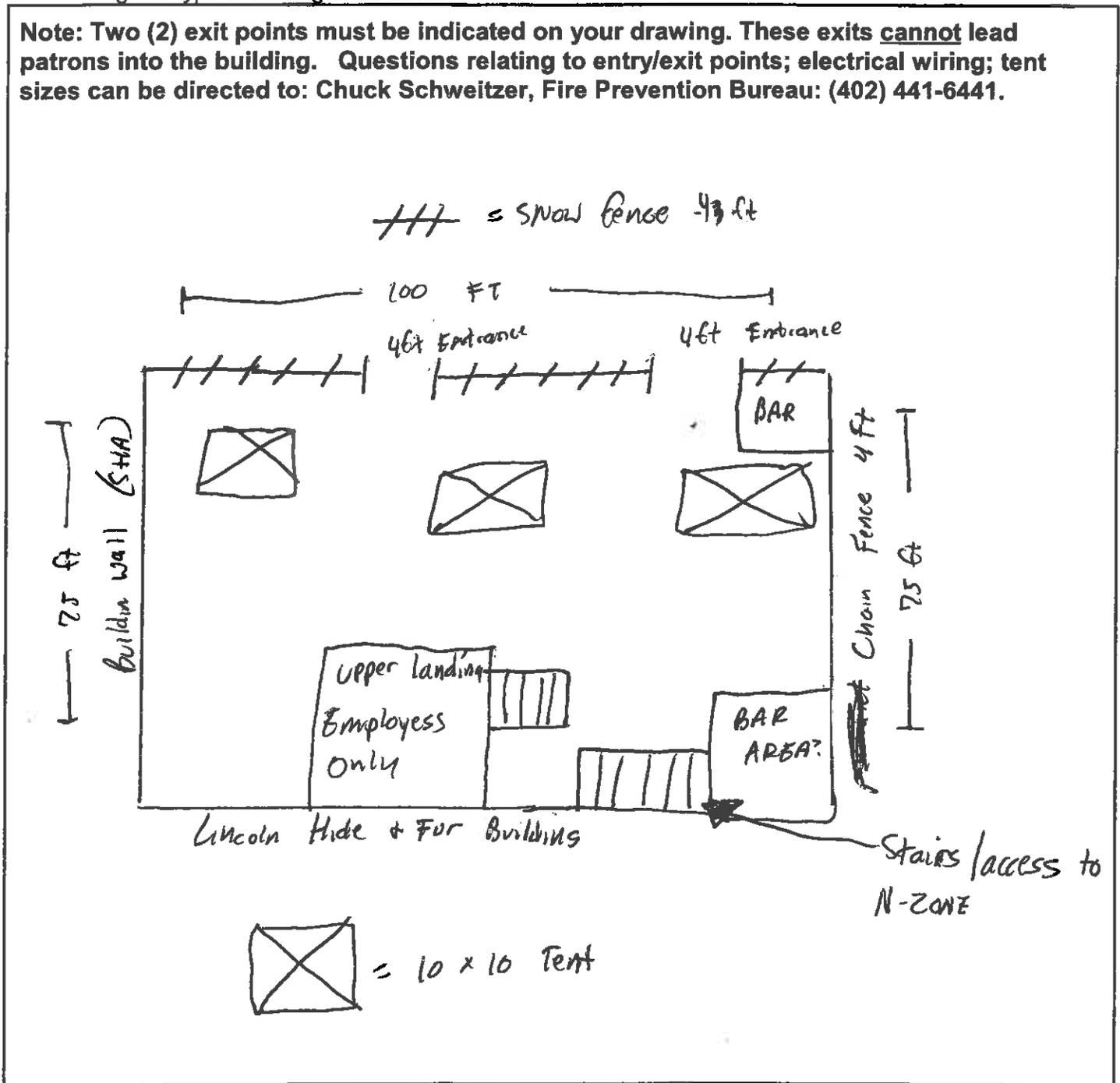
6/27  
Date

# 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. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
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.**



ATTACH EXTRA PAGES IF NECESSARY

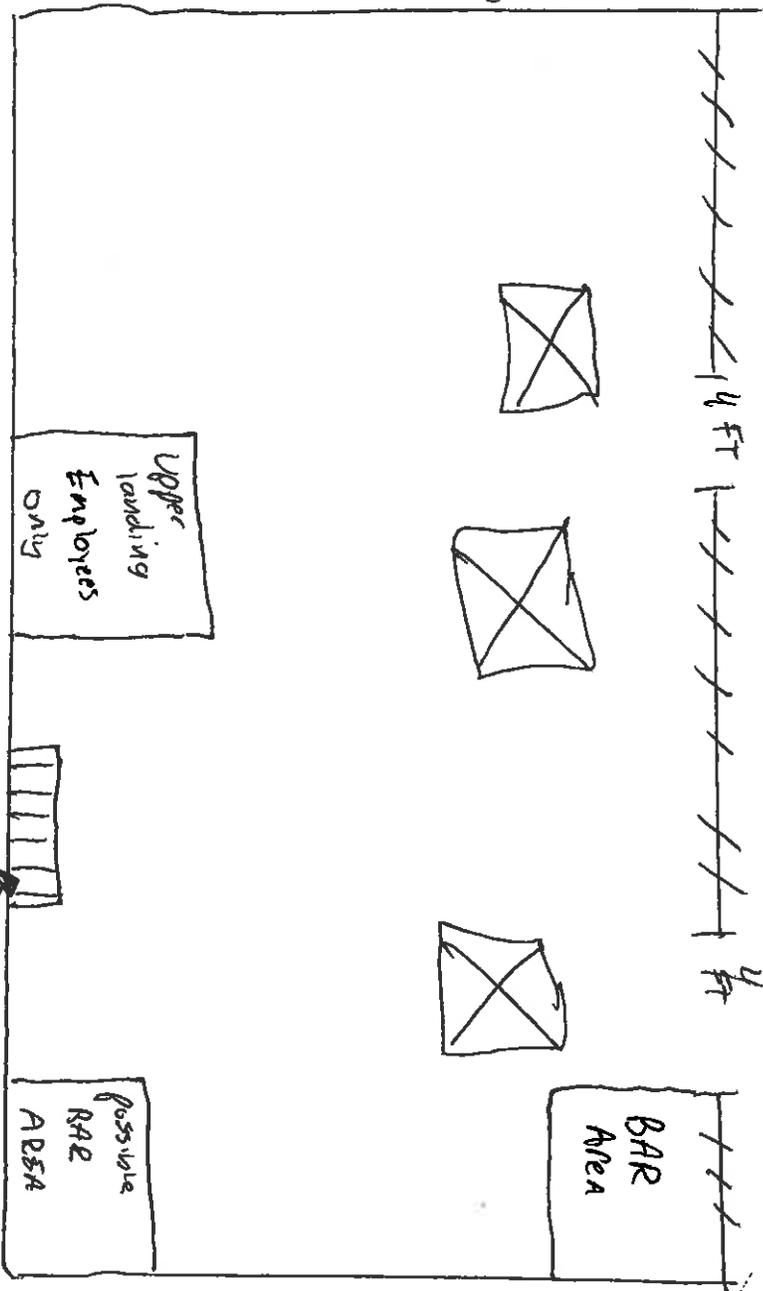
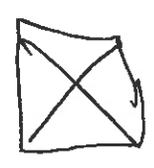
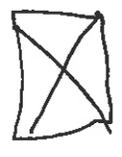
building wall (SHA) - 75 FT -



- 160 FT -

/// = snow fence

☒ = 10x10 Tent



UPPER landing  
Employees  
ONLY

possible  
RAR  
AREA

BAR  
Area

- 75 FT -

Chain  
Fence

Lincoln  
Hide + Fur  
Building

Stairs & access to N-ZONE  
(Food & Restrooms)

**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

324

2016 JUN 24 PM 4 05  
 CITY OF LINCOLN  
 NEBRASKA

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 076569

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.

<b>NAME:</b>	Lincoln Pub Group		
<b>ADDRESS:</b>	720 1/2 Q St		
<b>CITY:</b>	Lincoln	<b>ZIP:</b>	68508

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

<b>BUILDING NAME:</b>	Lincoln Hide + Fur Building		
<b>ADDRESS:</b>	720 Q St	<b>CITY:</b>	Lincoln
<b>ZIP:</b>	68508	<b>COUNTY &amp; COUNTY #:</b>	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 10/22	Date	Date	Date	Date	Date
Hours From 8 am	Hours From	Hours From	Hours From	Hours From	Hours From
To Midnight	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 75 x 600  
 \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

See 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? 100

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)  
Staff at door. ID's checked  
No minors allowed

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

INSIDE @ N-ZONE

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: Pickle CARDS INSIDE

**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: Todd Campbell

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402 416 5901 During 402 425 8683

Email address: AZONELinda@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

Owner  
Title

6/23  
Date

Karin Blazek  
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:	Foot BALL Bear Garden		
Applicant and Sponsoring Organization or Individual (if applicable):	Lincoln Pub Group		
Date(s) of Event:	10/22	Hours:	8 am Midnight
Alternate Date(s):	N/A	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: Staff at Door. ID's checked. NO MINORS allowed

Will food be served?  Yes  No If yes, please list food to be served: Event menu available INSIDE

Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: Pop + Water Available INSIDE

Who will serve the beverages containing alcohol? All-Zone Staff  
**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: \_\_\_\_\_

K-Y [Signature]  
Applicant's Signature

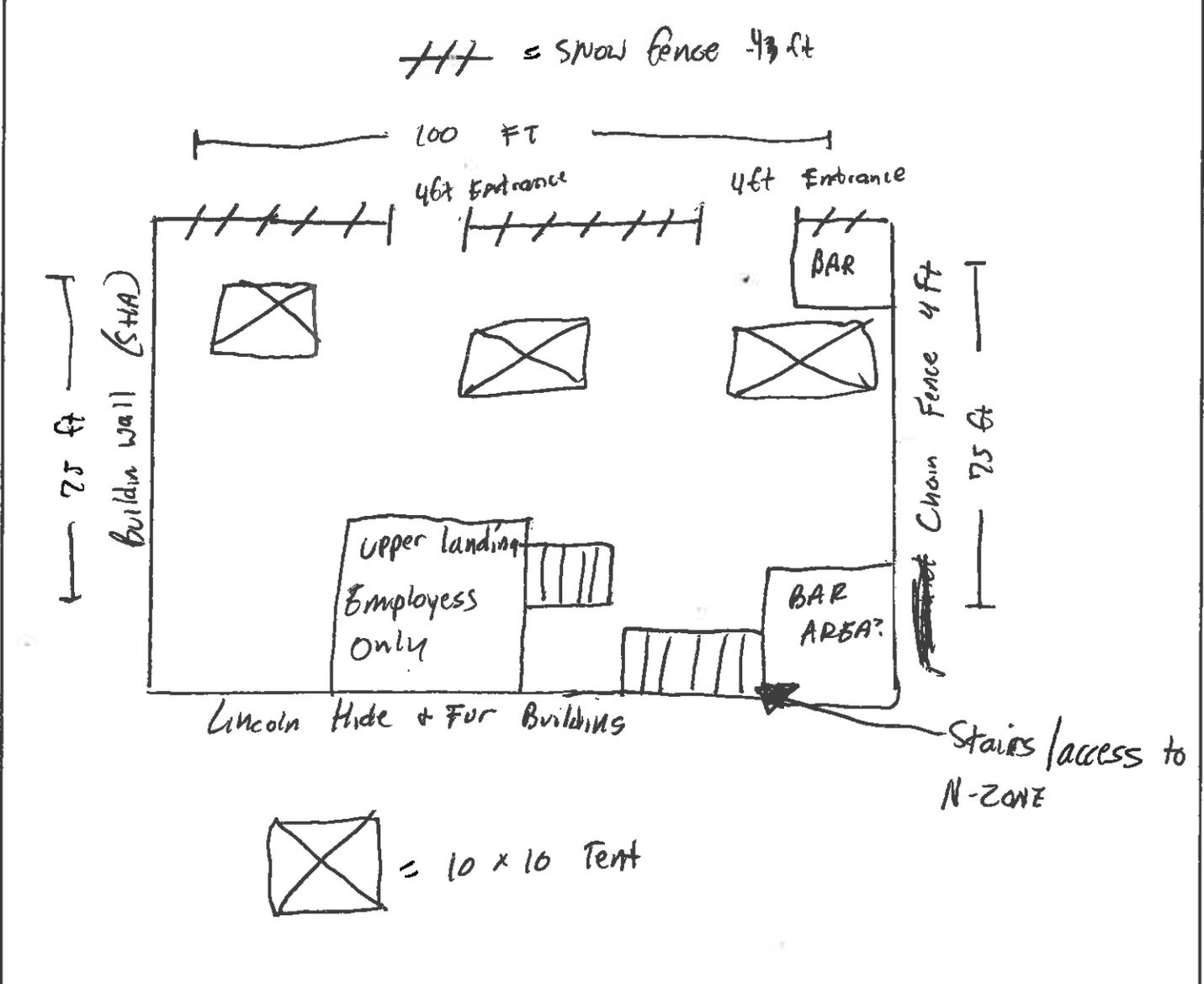
6/23  
Date

# 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. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
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.**



ATTACH EXTRA PAGES IF NECESSARY

Building wall (SHA) 75 FT

Lincoln Hide + Fur Building

Upper landing  
Employees  
only



Stairs + access to N-ZONE  
(Food + Restrooms)

possible  
RAE  
ABSA

BAR  
Area

75 FT

Chain  
Fence

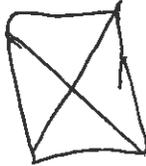


100 FT

/// = Snow fence



10x10 Tent



**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

325

CITY CLERK'S OFFICE  
 2016 JUN 24 PM 4 05  
 CITY OF LINCOLN

DO YOU NEED POSTERS? YES  NEBRASKA 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)  
 C.F. 076569

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.

<b>NAME:</b>	Lincoln Pub Group		
<b>ADDRESS:</b>	728 1/2 Q ST		
<b>CITY:</b>	Lincoln	<b>ZIP:</b>	68508

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

<b>BUILDING NAME:</b>	Lincoln Hide + Fur Building		
<b>ADDRESS:</b>	728 Q ST	<b>CITY:</b>	Lincoln
<b>ZIP:</b>	68508	<b>COUNTY &amp; COUNTY #:</b>	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 <u>11/12</u>	Date	Date	Date	Date	Date
Hours From <u>8 am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>Midnight</u>	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** 75 x 100

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

See 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? 100

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)  
Staff at Door ID's checked  
No minors allowed

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   
INSIDE @ N-ZONE

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: Pickle CARDS JASSIE MACHINE 'INSIDE

**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: Todd Campfield  
Signature of Event Supervisor: *Todd Campfield*  
Event Supervisor phone: Before 402 416 5901 During 402 475 8683  
Email address: NZONELINCOLN@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 *Kevin Blazek* OWNER 6/23  
Authorized Representative/Applicant Title Date  
Kevin Blazek  
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:	Football & Beer Garden		
Applicant and Sponsoring Organization or Individual (if applicable):	Lincoln Pub Group		
Date(s) of Event:	11/12	Hours:	8 am - Midnight
Alternate Date(s):	N/A	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: \_\_\_\_\_

Staff at Door Checking ID's No Minors allowed

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

Event menu available inside

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

Pop & water available inside

Who will serve the beverages containing alcohol? N-ZONE Staff  
**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: \_\_\_\_\_

K. J. [Signature]  
Applicant's Signature

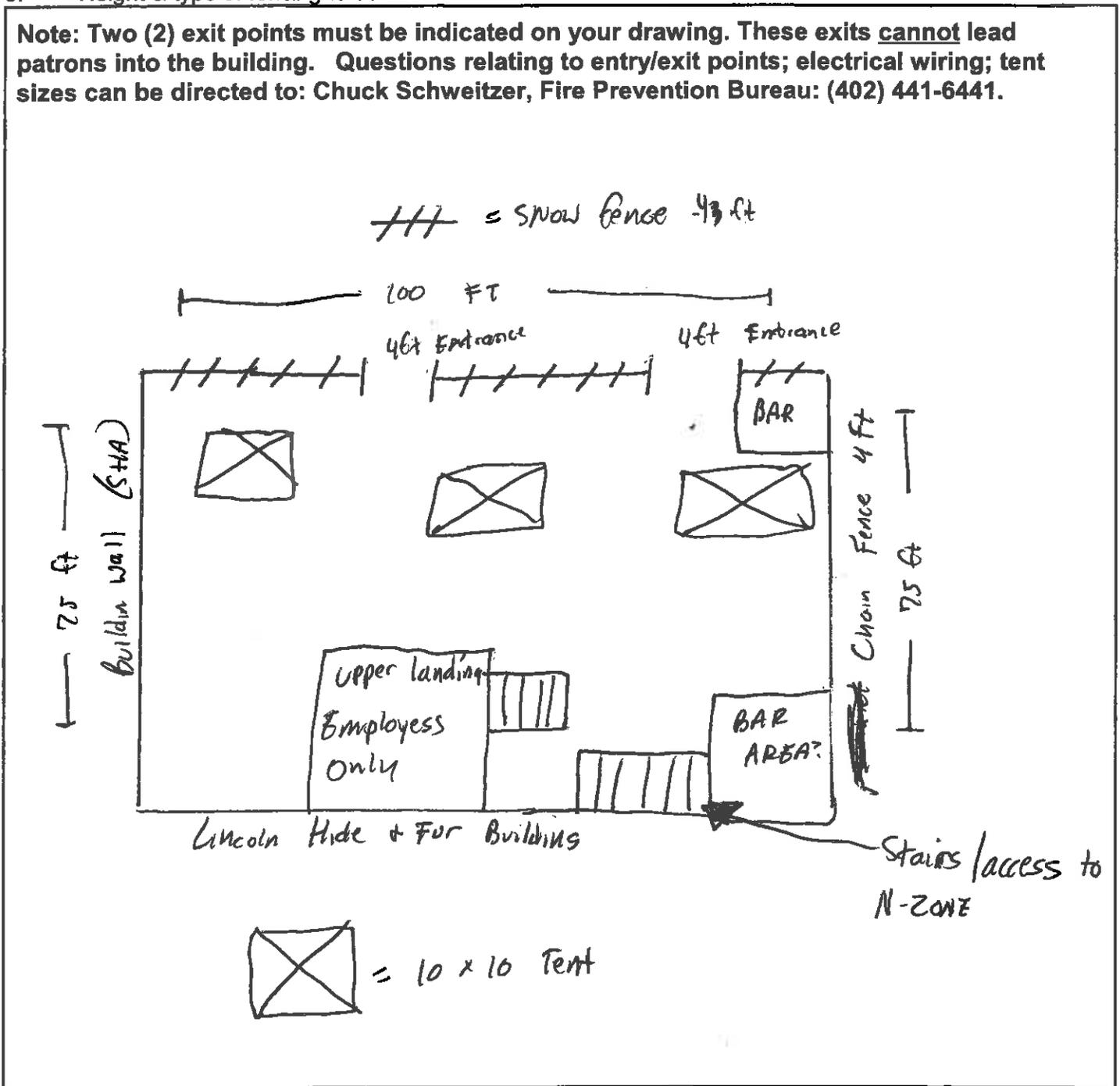
6/23  
Date

# 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.

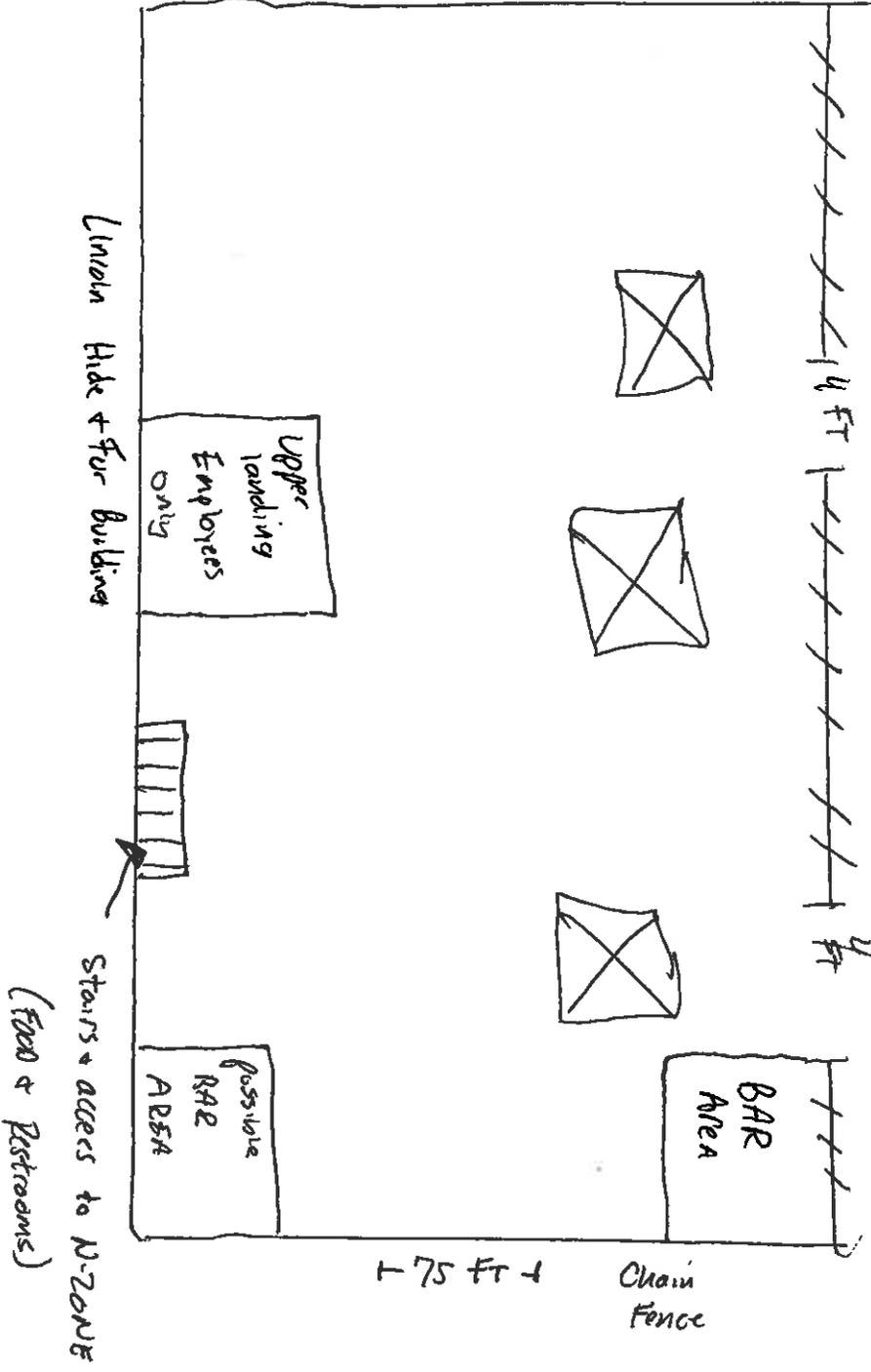
1. Number of Entry & Exit Points & Dimensions: ( 4 ' x 4 ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions 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.**



ATTACH EXTRA PAGES IF NECESSARY

Building wall (SHA) - 75 FT -

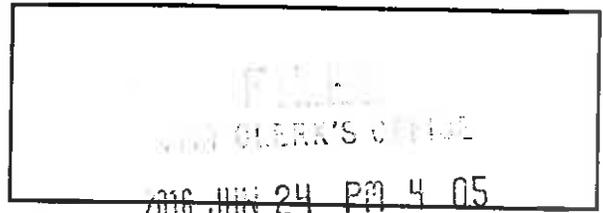


--- = Snow fence

☒ = 10x10 Tent

**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

*326*



**DO YOU NEED POSTERS?**

YES  NO   
 CITY 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. 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 07 6569*

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.

<b>NAME:</b>	<i>Lincoln Pub Group Inc</i>		
<b>ADDRESS:</b>	<i>728 1/2 Q St</i>		
<b>CITY:</b>	<i>Lincoln</i>	<b>ZIP:</b>	<i>68508</i>

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

<b>BUILDING NAME:</b>	<i>Lincoln Hide + Fur Building</i>		
<b>ADDRESS:</b>	<i>728 Q St</i>	<b>CITY:</b>	<i>Lincoln</i>
<b>ZIP:</b>	<i>68508</i>	<b>COUNTY &amp; COUNTY #:</b>	<i>LANCASTER</i>

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 <u>12/19</u>	Date	Date	Date	Date	Date
Hours From <u>8 am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>Midnight</u>	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 75 x 100

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

see 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? 100

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)

Staff at door will check ID's. No minors allowed

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

INSIDE @ N-ZONE

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: Pick CARD Machine INSIDE

**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: Todd Campbell

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 416-5901 During 425-8683

Email address: AzoneIncoln@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

Owner  
Title

6/23/16  
Date

Kevin Blazek  
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:	FootBALL Beer Garden		
Applicant and Sponsoring Organization or Individual (if applicable):	Lincoln Pub Group inc		
Date(s) of Event:	11/19	Hours:	9 am Midnight
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: \_\_\_\_\_  
Staff at Door checking ID's. No minors allowed

Will food be served?     Yes     No    If yes, please list food to be served: \_\_\_\_\_  
Event menu available inside @ N-ZONE. Apps, Pizza, Wings, etc.

Will non-alcoholic beverages be served:     Yes     No  
 If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_  
Pop & water available inside

Who will serve the beverages containing alcohol?    N-ZONE Staff  
**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

K. J. [Signature]  
 Applicant's Signature

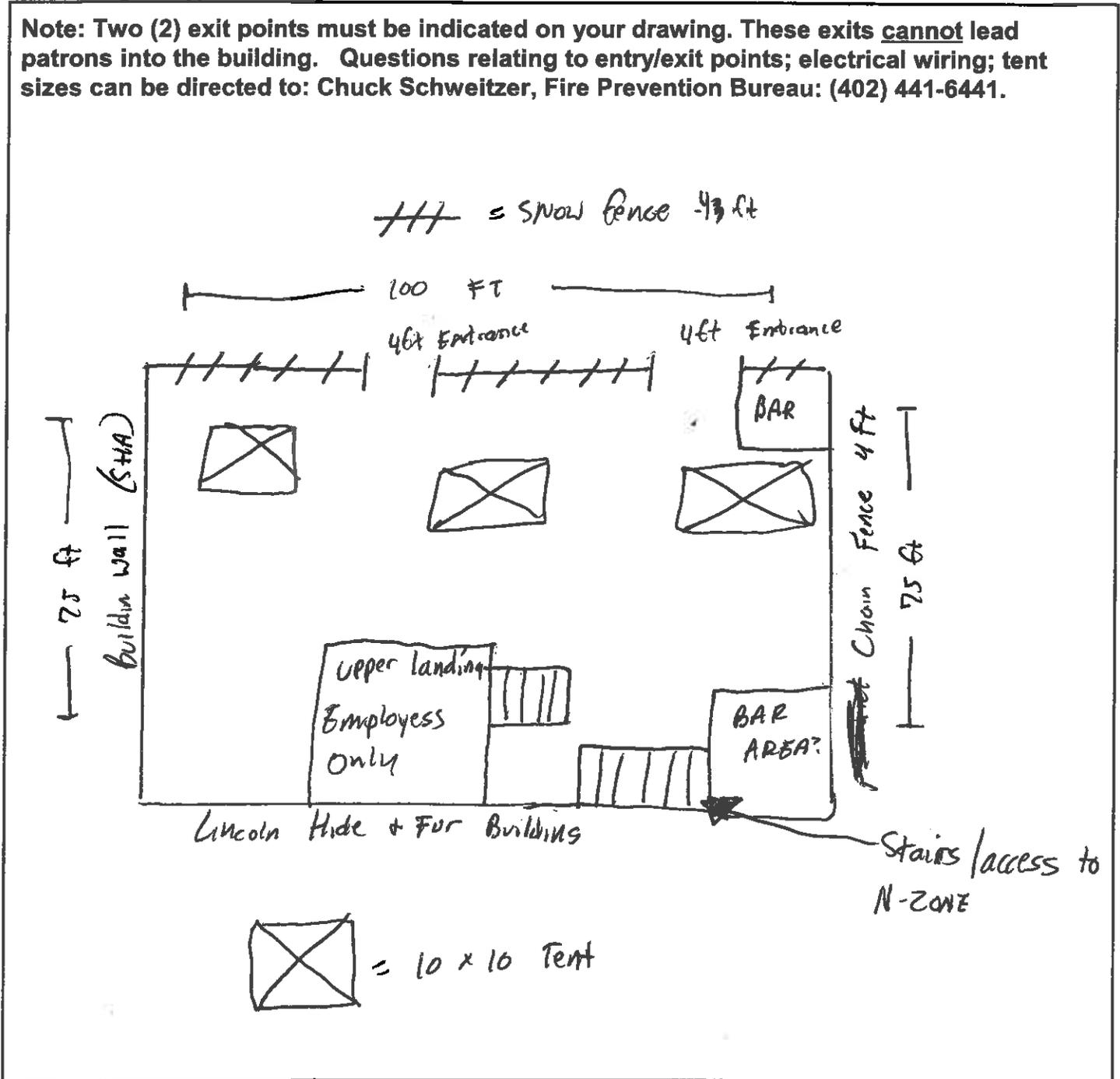
6/23  
 Date

# 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. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 75 x 100 )
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.**



ATTACH EXTRA PAGES IF NECESSARY

Building wall (SHA) 75 FT

Lincoln Hide + Fur Building

Upper landing Employees only

possible RAE AREA

BAR Area

75 FT

Chain Fence

100 FT



/// = Snow fence



= 10x10 Tent

Stairs + access to N-ZONE (Food + Restrooms)

