

## APPLICATION FOR SPECIAL DESIGNATED LICENSE

**APPLICATIONS MUST BE LEGIBLE & ALL QUESTIONS ANSWERED!**

Once an application has been submitted, **no further changes may be made**. Proofread your application & double check the dates & times **BEFORE** submitting it!

1. Identify applicant type:  Liquor License Holder  Class K  Non Profit

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

3.

LICENSEE'S NAME & ADDRESS (as it appears on License) OR APPLICANT'S NAME & ADDRESS IF NOT A LIQUOR LICENSE HOLDER			
NAME:	Soaring Wings Vineyard, LLC		
ADDRESS:	17111 S 138th St		
CITY:	Springfield	ZIP:	68059
License # (CK 10070):	LK-94857		

4.

LOCATION OF EVENT			
BUILDING NAME:	Outdoor		
ADDRESS:	1265 S Cotner Blvd.	ZIP:	68510

- a. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? Yes  No
- b. Is this location within 300' of any university or college campus? Yes  No
- c. Any statute or Liquor Commission waivers requested? Yes  No
- d. Is event on City streets or property? If so, a Special Event Permit is required. Yes  No

5.

DATE(S) AND TIME(S) OF EVENT (Limit of six (6) consecutive days on one application)						
Date:	5/20/17					
From:	3pm					
To:	11pm					

- a. Alternate date: \_\_\_\_\_ Time: \_\_\_\_\_
- b. Alternate location: \_\_\_\_\_

6. Type of activity to be carried on during event: Dance \_\_\_ Reception \_\_\_ Fundraiser \_\_\_  
 Beer Garden \_\_\_ Sampling/Tasting  Other bottles sales, growler sales  
 (For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_

8. Outdoor Event: Dimensions of area to be covered **IN FEET**: length: (60) x width: (90)  
**\*Complete Supplemental Form & Site Plan**

9. How many attendees do you expect at event? 3,000  
 If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) It is a 21 and older event. Wristbands will be used with a third party checking ID's at the door. We also have a row of Snowfence around the event.

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer No (Includes wineries)  
 Both \_\_\_\_\_ BYO \_\_\_\_\_

11. Will there be any games of chance operating during the event? YES \_\_\_ NO   
 If so, describe activity: \_\_\_\_\_

**NOTE:** Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

12. Name of Event Supervisor: Brian Wallingford Phone: 402-617-1109  
 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.

**Consent of Authorized Representative Of License / Nonprofit Representative**

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.

**sign here**

<u>signed Jimmy D shaw</u>	<u>Member</u>	<u>3/23/17</u>
<b>Authorized Representative/Applicant</b>	<b>Title</b>	<b>Date</b>
<u>Jimmy D Shaw</u>	<u>jim@soaringwingswine.com</u>	<u>4022532479</u>
<b>Print Name</b>	<b>email (be sure to check email for Rec. Sheet)</b>	<b>Phone</b>

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

Name of Event:	(Piedmont Uncorked)		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	(5/20/17)	Hours:	(4-9pm (extended SDL to be safe))
Alternate Date(s):		Hours:	

Public Event       Private Event

Minors Prohibited       Minors Allowed

If minors are allowed, how will you ensure that minors will not be served or consume beverages containing alcohol: \_\_\_\_\_

Will food be served?     Yes     No    If yes, please list food to be served: Food at  
The event, but not by us.

Will non-alcoholic beverages be served:     Yes     No

If yes, please list non-alcoholic beverages to be served:    (Water and pop)

Who will serve the beverages containing alcohol?    Rod Suggit  
**Must complete Server/Seller Applicant Information Sheet.**

Will there be a charge for admission?     Yes     No

Liquor violations in the last year?     Yes     No    If so, explain: \_\_\_\_\_

**Jimmy D. Shaw** Digitally signed by Jimmy D. Shaw  
Date: 2017.03.23 17:45:25 -05'00'  
Applicant's Signature

23/01/17  
Date

## SITE PLAN - REQUIRED FOR **ALL** OUTDOOR EVENTS

Please provide a DETAILED drawing to ensure your application is not denied Include the following:

- Number of Entry & Exit Points & Dimensions: ( \_\_\_\_\_ ' x \_\_\_\_\_ ' ) Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building.
- Size & location of tent(s) (heights, width, depth) (If larger than 400 sq. ft., you must have a Tent Permit. Contact the Building and Safety Department at (402) 441-7521.
- Size of area being used ( \_\_\_\_\_ Length x \_\_\_\_\_ Width)
- If in a parking lot:
  - must show exactly where the event will be held in the parking lot
  - show how many parking spots will be used for the event
  - show how many parking spots will be left for parking
  - Any businesses that use that parking lot must still have the minimum required parking stalls for their business.
  - If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
  - Per the Zoning Ordinance, if they are NOT closed, those businesses still must have the minimum required parking available. You may have to find another location for your event.
- Location & type of cooking equipment (if used)       None
- Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.

**Note: 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**

Sign in



Explore

# 36/230 Parking Spots Used

Four Seasons - Piedmont

Fish World

Harbor Coffeehouse

Piedmont Bistro

Subway

Gloria Deo



Cooney

Seagram Blvd

