

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

Police
 City Attorney
 Bureau of Fire Prevention
 Health Department

DATE: 8/28/12
Return by: 8/6/12

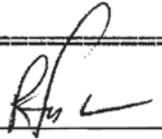
CATERER:

NON - CATERER: X

**APPLICANT NAME & ADDRESS: TACK ROOM INC/TACK ROOM PROPERTIES, LLC
1445 CORNHUSKER HIGHWAY**

**DATE OF EVENT/S: OCTOBER 13, 2012; 5:30 PM TO 2:00 AM
ALTERNATE DATE(S): OCTOBER 14, 2012; 5:30 PM TO 2:00 AM**

RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 #843
Signature

8-28-2012
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: 9/17/12 @ 3:00 PM

(SDLRPT.JER)

RECEIVED
AUG 28 2012
TECHNICAL
INVESTIGATIONS UNIT

press

APPLICATION FOR SPECIAL DESIGNATED LICENSE RETAIL LICENSE HOLDERS

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.ne.gov/

10/13

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BEFORE SUBMITTING APPLICATION TO THE LIQUOR CONTROL COMMISSION

- Include approval from the City, Village or County Clerk where the event is to be held
- A license fee \$40 (payable to Nebraska Liquor Control Commission) for each day/event to be licensed (i.e. if you have two separate areas at one event they both need to be licensed) (unless licensed as a K Caterer no fees required)
- Application MUST be received at the Liquor Control Commission Office no later than 10 working days prior to event (excluding weekends, Federal and State observed holidays)

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. C-55441) C-42280

3. Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)
NAME: Tack Room Inc. / Tack Room Properties, LLC
ADDRESS: 1445 Cornhusker Hwy
CITY Lincoln, NE ZIP 68521

4. Location where event will be held; name, address, city, county, zip code
ADDRESS: 1445 Cornhusker Hwy
CITY Lincoln, NE. ZIP 68521
COUNTY Lancaster

CITY OF LINCOLN
NEBRASKA
2022 NOV 24 PM 4:30
Page 1

- a. Is this location within the city/village limits? YES NO
- b. Is this location within the 150' of church, school, hospital or home aged/indigent or for veterans their wives? YES NO
- c. Is this location within 300' of any university or college campus? YES NO

Must be consecutive days

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

Date	Date	Date	Date	Date	Date
10-13-12					
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
5:30pm To 2:00am	To	To	To	To	To

- a. Alternate date: 10-14-12
- b. Alternate location: same as applied for within
(Alternate date or location must be approved by local)

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 60 ft. x 90 ft.
 Name of building _____ (not square feet or acres)

- Outdoor area dimensions of area to be covered IN FEET 60 ft. x 90 ft.
 (not square feet or acres)

- If outdoor area, how will premises be enclosed
 fence, type of fence snow fence chain link cattle panels other _____
 tent
 other, explain _____

*If both inside and outdoor area to be licensed include **simple sketch**

8. How many attendees do you expect at event? 100-150

9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. This event will be 21 and over with IDs required to attend and we will give wristbands to indicate supervised participation. We have over 25 security volunteer staff members to control this aspect of this event...

10. Will premises to be covered by license comply with all Nebraska sanitation laws?
 YES NO
- a. Are there separate toilets for both men and women? YES NO

11. Where will you be purchasing your alcohol wholesaler retailer both

12. Will there be any games of chance operating during the event? YES NO
 If so, describe activity _____

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

13. Any other information or requests for exemptions:

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.

Jeff "Shorty" Brauer Phone: Before 402-310-3559 During same
Print name of Event Supervisor

Jeffrey S Brauer
Signature of Event Supervisor

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 Gary Burow President 7-11-12
Authorized Representative/Applicant Title Date

Gary Burow
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.

*** THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS ***

**SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM**

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: 1st Annual Fall Freedom Fest Street Dance

Applicant and Sponsoring Organization or Person (if applicable): Tack Room Inc.

Date of Event: Saturday, Oct. 13th, 2012 Time of Event: 5:30 pm to 2:00 am

Has the applicant applied for and received liquor liability insurance? Yes No

Number of persons expected to attend: 100-150 Number of persons under 21 expected: _____

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 Id's will be checked at the entrance gate and wrist bands will be applied and staff members will constantly survey the crowd to assure all guests have wrist bands on.

Will food be served? Yes No

If yes, please list food to be served: Hamburgers and Hot Dogs

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

Please identify the beverages containing alcohol that will be served: Wine Beer Distilled Spirits

Will this be a cash or complimentary bar? Cash Complimentary

Who will serve the beverages containing alcohol? bartenders employed by the Tackroom

Have the designated servers received responsible beverage service 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: _____

Sary Burrow
Applicant's Signature

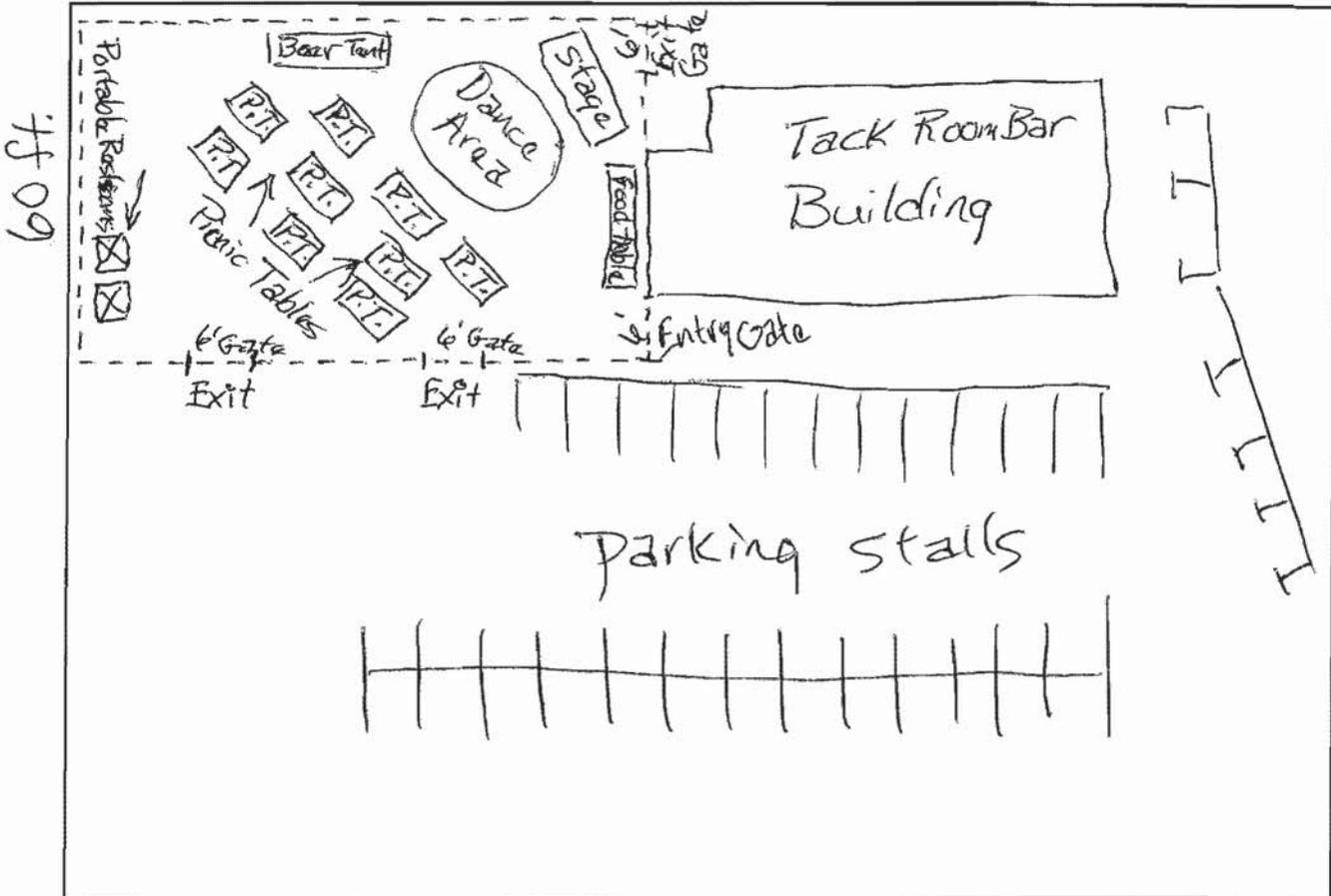
7-11-12
Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

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: 1 Entry Gate plus 2 Exit Gates
(height & width) (7ft high x 6ft wide)
2. Size & location of tent(s): None
(heights, width, depth) (_____ x _____ x _____)
3. Size of area being used: 60ft. x 90ft. area of parking lot
(height & width) (_____ x _____)
4. Location & type of cooking equipment (if used) Outdoor yard grill
5. Location of tables & chairs: picnic tables (see drawing)
(If stage for band provided & dance area, show dimensions & site on drawing.)
6. Height & type of fencing to be used: 6ft. high by 10ft. long cattle panels
(height) (_____)
90ft.



copy

To whom it may concern;

Anything you can do to help us in the approval of this event would be greatly appreciated by all of us staff at The Tack Room.

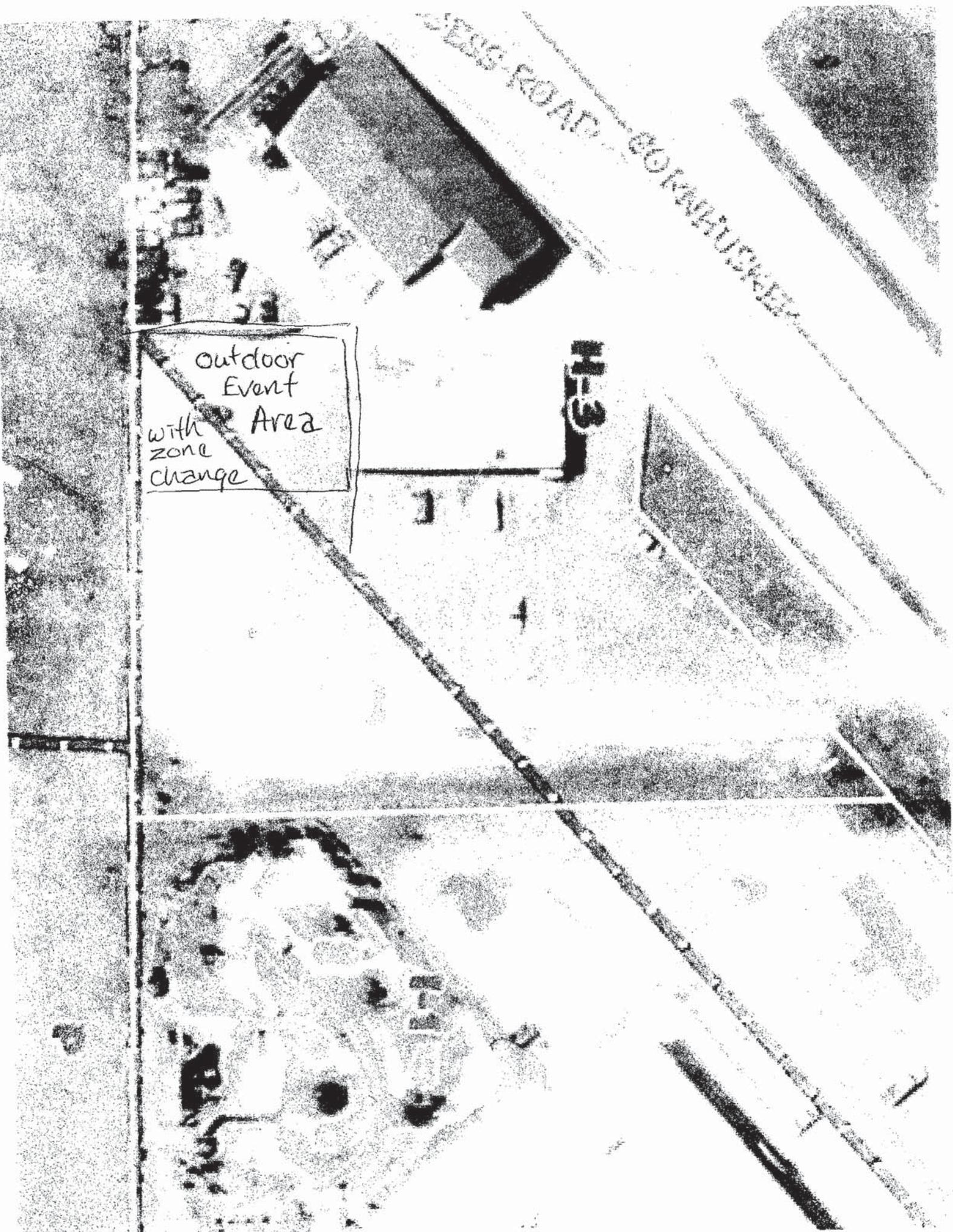
This event will raise money for the **Make*A*Wish Foundation** and **The Wounded Warrior Project**.

Thank you again.

Sincerely,

The Tack Room Staff

Larry Burrow
Jeffrey L. Brauer "Shorty"
Geneal Winger
John Maston
Pamela Tucker
Jim Dunn



Outdoor
Event
Area
with
zone
change

SESS ROAD

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BORGHUCKER