

# SPECIAL DESIGNATED LICENSE APPLICATION

(Revised: 8/3/18)

**PER CITY ORDINANCE - SDL APPLICATIONS MUST BE SUBMITTED TO CITY CLERK A MINIMUM OF 21 CALENDAR DAYS PRIOR TO THE EVENT - NO EXCEPTIONS!**

RESTRICTIONS	
1	Only Retail Liquor License Holders <b>or</b> 501c Non-Profit Corporations can apply for special designated licenses.
2	Husker Home Football Game Days - Outdoor events must be held on property <u>immediately adjacent</u> to the applicant's liquor licensed premises - <b>NO EXCEPTIONS!</b>
3.	Non-caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
4	Per Nebraska Liquor Control Act Section R013.06 - Only twelve (12) SDLs can be issued at any specific location that could otherwise hold an annual liquor license.

STEP	INSTRUCTIONS
1	Complete SDL Application
2	If an outdoor event, must complete the Supplemental Form & Site Plan Pages. See Site Plan requirements below.
3	Complete Server/Seller Permit Information Page, this <b>MUST</b> be submitted <b>WITH</b> your application. This applies to Non-Profit Organizations as well.
4	If applicant is a non-profit organization, the page titled " <b>APPLICATION FOR SPECIAL DESIGNATED LICENSE AFFIDAVIT OF <span style="background-color: yellow;">NON-PROFIT</span> STATUS</b> " must be completed.
5	Complete the " <b>Special Designated License Local Recommendation Form (Form 200)</b> " Note: Although the City allows you to apply for 6 <b>non-consecutive</b> dates on our application, the State does <b>NOT</b>
6	Proofread your application - make sure the date(s) and time(s) are correct.
7	Scan & email your application in <b>pdf format</b> to <a href="mailto:SDLS@lincoln.ne.gov">SDLS@lincoln.ne.gov</a>
8	<b>Note your calendar</b> to contact our office <b>at least</b> 12 days prior to the event date if you have <b>not</b> received the Local Recommendation Form via email. Contact: Teresa Meier, City Clerk, at (402) 441-7438 or by email at <a href="mailto:tmeier@lincoln.ne.gov">tmeier@lincoln.ne.gov</a> . If you receive an Out of Office message, contact Sony Phan, Deputy City Clerk at (402) 441-7437 or by email at <a href="mailto:sphan@lincoln.ne.gov">sphan@lincoln.ne.gov</a> .
9	<b>Fee:</b> If you do not have a Class K (Catering) Liquor License or are a Non-Profit Organization - \$80 per day. The check should be made payable to City of Lincoln & mailed to: City Clerk, Attn: Teresa, 555 S. 10 <sup>th</sup> St., Lincoln NE 68508. The \$80 fee is <b>nonrefundable</b> should you withdraw your application for <b>any</b> reason.
10	Once your SDL is approved by the City, you will receive the Local Recommendation Form back via email.
11	Now you are ready to submit your application to the State.

## SUBMITTING YOUR APPLICATION TO THE STATE

STEP	INSTRUCTIONS
1	You <b>MUST</b> submit your application a <b>minimum</b> of 10 <b>working</b> days prior to the event
2	<p><b>LIQUOR LICENSE HOLDERS</b> - If you have not already done so, before submitting your application, you must first register following the steps below:</p> <p>Step 1: Use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>  <b>**Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</b></p> <p>Step 2: Please email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name, License Number, and a contact name &amp; phone number after you have registered. NLCC will update your profile with this information and have it ready for your first application.</p>
3	<p><b>NON-PROFIT APPLICANTS</b> - If you have not already done so, go to the link below and register your Non-Profit Organization using the instructions below:</p> <p>Step 1: Register your organization. Please use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>  <b>***Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</b></p> <p>Step 2: Email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name.</p> <p>Step 3: Please go to the link below and complete this form. Please fax or email it to our office. We will need this information to create your profile as a first time applicant.  <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf</a></p>
4	After this information is received in their office, they will contact you with the remaining steps after we receive this information. The steps are also found at this link: <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf</a>
5	The NLCC's website is: <a href="https://ecmp.nebraska.gov/LCC-SDL/Account/Login">https://ecmp.nebraska.gov/LCC-SDL/Account/Login</a>
6	If you are a Non-Profit Organization, you will need to complete & submit Form 201 which can be found on the NLCC's website.
7	If you do not have a Class K (Catering) Liquor License or are a Non-Profit, there is a fee of \$40 per day, paid online, <b>nonrefundable</b> .
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9	Questions regarding applying online? Contact Michelle Porter at (402) 471-2821.

**OUTDOOR EVENTS - SITE PLAN MUST BE DETAILED & SHOW THE FOLLOWING:**

1	Number of Entry & Exit Points & Dimensions: ( _____ ' x _____ ' )
2	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.
3	Size of area being used ( _____ Length x _____ Width)
4	<p>If in a parking lot:</p> <ol style="list-style-type: none"><li>1. must show exactly where the event will be held in the parking lot</li><li>2. show how many parking spots will be used for the event</li><li>3. show how many parking spots will be left for parking</li><li>4. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.</li><li>5. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.</li><li>6. 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.</li></ol>
5	Identify location & type of cooking equipment (if used)
6	Identify location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
7	Identify height & type of fencing to be used. (Fencing Requirements: 6 ft., plastic, wood snow fence materials (or equal) or chain link.)

# 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 <i>(as it appears on License)</i> OR APPLICANT'S NAME & ADDRESS IF NOT A LIQUOR LICENSE HOLDER			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>Liquor License # (CK 10070):</b>			

4.

LOCATION OF EVENT			
<b>BUILDING NAME:</b>			
<b>ADDRESS:</b>		<b>ZIP:</b>	

- 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 days on one application)						
Date:						
From:						
To:						

- 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 \_\_\_\_\_  
(For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_  
\*If you are licensing two or more areas that do not form one large area, you need to give the dimensions of each area. If necessary, use a separate sheet.

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

9. How many attendees do you expect at event? \_\_\_\_\_  
If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ (Includes  
Both \_\_\_\_\_ BYO \_\_\_\_\_ wineries)

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

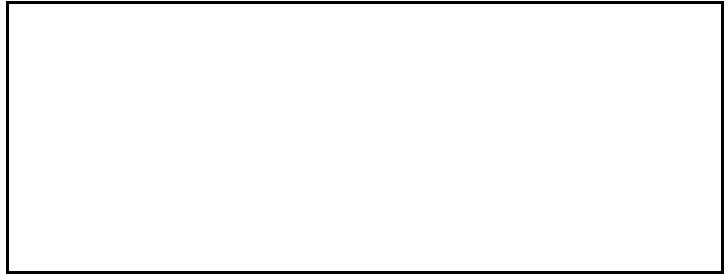
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
email (be sure to check email for Rec. Sheet)

\_\_\_\_\_  
Phone

**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
Non-Profit Applicants ONLY**

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)



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

*(Including Non Profit Organizations)*

Name of Event:			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will non-alcoholic beverages be served:     Yes     No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

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

1. 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.
2. 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.
3. Size of area being used (\_\_\_\_\_ Length x \_\_\_\_\_ Width)
4. If in a parking lot:
  - a. must show exactly where the event will be held in the parking lot
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  - e. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
  - f. 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.
5. Location & type of cooking equipment (if used)  None
6. 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





### Special Designated License

### Local Recommendation Form (Form 200)

Applications must be entered on the portal after local approval - no exceptions

Late applications are non-refundable and will be rejected

**Retail Liquor License Name or Name of Non-Profit Organization**

**Retail Liquor License Address or Non-Profit Business Address**

**Retail Liquor License Number or Non-Profit Federal ID#**

**Event Date(s):** \_\_\_\_\_

**Event Start Time(s):** \_\_\_\_\_

**Event End Time(s):** \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_

**Alternate Location Building & Address:** \_\_\_\_\_

**Event Building Name:** \_\_\_\_\_

**Event Street Address/City:** \_\_\_\_\_

**Indoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_

**Outdoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_ (Diagram must be attached)

**Type of Event:** \_\_\_\_\_ **Estimate # of attendees:** \_\_\_\_\_

**Type of alcohol to be served:** Beer \_\_\_\_\_ Wine \_\_\_\_\_ Distilled Spirits \_\_\_\_\_  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** \_\_\_\_\_ **Event Contact Phone Number:** \_\_\_\_\_

**Event Contact Email:** \_\_\_\_\_

**\*Signature Authorized Representative:** \_\_\_\_\_

**\*Retail Licensees - Must be signed by a member listed on permanent license.**

**\*Non-Profit Organization - Must be signed by a Corporate Officer**

**Local Governing Body completes below:**

The local governing body for the City/County of Lincoln approves the issuance of a Special Designated License as requested above.

\_\_\_\_\_  
Local Governing Body Authorized Signature

\_\_\_\_\_  
Date

# Alcohol Server/Seller Permits Available Online

1. Go to [www.fbstnebraska.education](http://www.fbstnebraska.education)
2. Create your profile. (This is the same profile for food handlers.). You must have an email address to receive your Login ID and password confirmation.
3. **First** - click on the Responsible Beverage Service Training (RBST) **State Alcohol** training. Take the training and test, OR exam only if you have taken another Nebraska Liquor Control Commission approved training Course.
4. **Second** - click on the Responsible Beverage Service Training (RBST) **City Alcohol** training. Read through the Lincoln laws and then take the exam for the Lincoln Alcohol Server/Seller Permit.

The Lincoln Server/Seller Permit costs \$15 and is valid for three years.

Help is available Monday through Friday (except holidays)  
8:00 AM to 4:30 PM.

Call the Food Safety Program at 402-441-6280  
or the UNL Helpdesk at 402-472-4340.

\*\*\*\*\*

## Alcohol Manager Training

The alcohol management training class is available through the Responsible Hospitality Council (RHC). The RHC alcohol management training courses are scheduled on the second Thursday of the month and are held at the Lincoln Police Department Main Station, 575 South 10<sup>th</sup> Street, from 2:00 p.m. to 6:00 p.m.

The class costs \$75.00 per person and pre-registration is highly recommended. Class size is limited to 25 and classes fill up quickly, so please register as soon as possible.

Reservations for the management class can be made by phone at 402-441-7638, or by completing the registration form here: <https://www.lincoln.ne.gov/city/police/pdf/RHCregistration18.pdf>

Send the registration form and fee to:  
Responsible Hospitality Council  
c/o City Council  
555 S 10th Street  
Lincoln, NE 68508

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4	After this information is received in their office, they will contact you with the remaining steps after we receive this information. The steps are also found at this link: <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf</a>
5	The NLCC's website is: <a href="https://ecmp.nebraska.gov/LCC-SDL/Account/Login">https://ecmp.nebraska.gov/LCC-SDL/Account/Login</a>
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4	<p>If in a parking lot:</p> <ol style="list-style-type: none"><li>1. must show exactly where the event will be held in the parking lot</li><li>2. show how many parking spots will be used for the event</li><li>3. show how many parking spots will be left for parking</li><li>4. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.</li><li>5. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.</li><li>6. 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.</li></ol>
5	Identify location & type of cooking equipment (if used)
6	Identify location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
7	Identify height & type of fencing to be used. (Fencing Requirements: 6 ft., plastic, wood snow fence materials (or equal) or chain link.)

# 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 <i>(as it appears on License)</i> OR APPLICANT'S NAME & ADDRESS IF NOT A LIQUOR LICENSE HOLDER			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>Liquor License # (CK 10070):</b>			

4.

LOCATION OF EVENT			
<b>BUILDING NAME:</b>			
<b>ADDRESS:</b>		<b>ZIP:</b>	

- 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 days on one application)						
Date:						
From:						
To:						

- 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 \_\_\_\_\_  
(For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_  
\*If you are licensing two or more areas that do not form one large area, you need to give the dimensions of each area. If necessary, use a separate sheet.

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

9. How many attendees do you expect at event? \_\_\_\_\_  
If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ (Includes  
Both \_\_\_\_\_ BYO \_\_\_\_\_ wineries)

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

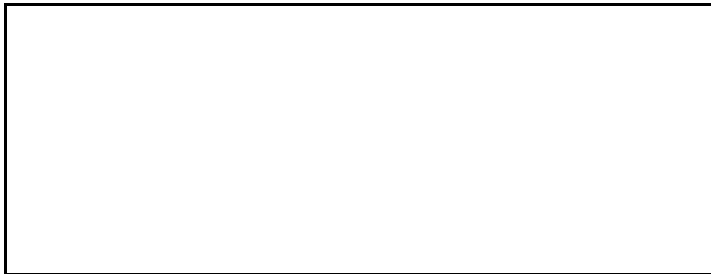
\_\_\_\_\_  
email (be sure to check email for Rec. Sheet)

\_\_\_\_\_  
Phone



**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
Non-Profit Applicants ONLY**

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)



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

*(Including Non Profit Organizations)*

Name of Event:			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will non-alcoholic beverages be served:    Yes     No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

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

1. 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.
2. 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.
3. Size of area being used (\_\_\_\_\_ Length x \_\_\_\_\_ Width)
4. If in a parking lot:
  - a. must show exactly where the event will be held in the parking lot
  - b. show how many parking spots will be used for the event
  - c. show how many parking spots will be left for parking
  - d. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.
  - e. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
  - f. 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.
5. Location & type of cooking equipment (if used)  None
6. 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



### Special Designated License

### Local Recommendation Form (Form 200)

Applications must be entered on the portal after local approval - no exceptions

Late applications are non-refundable and will be rejected

**Retail Liquor License Name or Name of Non-Profit Organization**

**Retail Liquor License Address or Non-Profit Business Address**

**Retail Liquor License Number or Non-Profit Federal ID#**

**Event Date(s):** \_\_\_\_\_

**Event Start Time(s):** \_\_\_\_\_

**Event End Time(s):** \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_

**Alternate Location Building & Address:** \_\_\_\_\_

**Event Building Name:** \_\_\_\_\_

**Event Street Address/City:** \_\_\_\_\_

**Indoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_

**Outdoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_ (Diagram must be attached)

**Type of Event:** \_\_\_\_\_ **Estimate # of attendees:** \_\_\_\_\_

**Type of alcohol to be served:** Beer \_\_\_\_\_ Wine \_\_\_\_\_ Distilled Spirits \_\_\_\_\_  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** \_\_\_\_\_ **Event Contact Phone Number:** \_\_\_\_\_

**Event Contact Email:** \_\_\_\_\_

**\*Signature Authorized Representative:** \_\_\_\_\_

**\*Retail Licensees - Must be signed by a member listed on permanent license.**

**\*Non-Profit Organization - Must be signed by a Corporate Officer**

**Local Governing Body completes below:**

The local governing body for the City/County of Lincoln approves the issuance of a Special Designated License as requested above.

\_\_\_\_\_  
Local Governing Body Authorized Signature

\_\_\_\_\_  
Date

# Alcohol Server/Seller Permits Available Online

1. Go to [www.fbstnebraska.education](http://www.fbstnebraska.education)
2. Create your profile. (This is the same profile for food handlers.). You must have an email address to receive your Login ID and password confirmation.
3. **First** - click on the Responsible Beverage Service Training (RBST) **State Alcohol** training. Take the training and test, OR exam only if you have taken another Nebraska Liquor Control Commission approved training Course.
4. **Second** - click on the Responsible Beverage Service Training (RBST) **City Alcohol** training. Read through the Lincoln laws and then take the exam for the Lincoln Alcohol Server/Seller Permit.

The Lincoln Server/Seller Permit costs \$15 and is valid for three years.

Help is available Monday through Friday (except holidays)  
8:00 AM to 4:30 PM.

Call the Food Safety Program at 402-441-6280  
or the UNL Helpdesk at 402-472-4340.

\*\*\*\*\*

## Alcohol Manager Training

The alcohol management training class is available through the Responsible Hospitality Council (RHC). The RHC alcohol management training courses are scheduled on the second Thursday of the month and are held at the Lincoln Police Department Main Station, 575 South 10<sup>th</sup> Street, from 2:00 p.m. to 6:00 p.m.

The class costs \$75.00 per person and pre-registration is highly recommended. Class size is limited to 25 and classes fill up quickly, so please register as soon as possible.

Reservations for the management class can be made by phone at 402-441-7638, or by completing the registration form here: <https://www.lincoln.ne.gov/city/police/pdf/RHCregistration18.pdf>

Send the registration form and fee to:  
Responsible Hospitality Council  
c/o City Council  
555 S 10th Street  
Lincoln, NE 68508

# SPECIAL DESIGNATED LICENSE APPLICATION

(Revised: 8/3/18)

**PER CITY ORDINANCE - SDL APPLICATIONS MUST BE SUBMITTED TO CITY CLERK A MINIMUM OF 21 CALENDAR DAYS PRIOR TO THE EVENT - NO EXCEPTIONS!**

RESTRICTIONS	
1	Only Retail Liquor License Holders <b>or</b> 501c Non-Profit Corporations can apply for special designated licenses.
2	Husker Home Football Game Days - Outdoor events must be held on property <u>immediately adjacent</u> to the applicant's liquor licensed premises - <b>NO EXCEPTIONS!</b>
3.	Non-caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
4	Per Nebraska Liquor Control Act Section R013.06 - Only twelve (12) SDLs can be issued at any specific location that could otherwise hold an annual liquor license.

STEP	INSTRUCTIONS
1	Complete SDL Application
2	If an outdoor event, must complete the Supplemental Form & Site Plan Pages. See Site Plan requirements below.
3	Complete Server/Seller Permit Information Page, this <b>MUST</b> be submitted <b>WITH</b> your application. This applies to Non-Profit Organizations as well.
4	If applicant is a non-profit organization, the page titled " <b>APPLICATION FOR SPECIAL DESIGNATED LICENSE AFFIDAVIT OF <b>NON-PROFIT</b> STATUS</b> " must be completed.
5	Complete the " <b>Special Designated License Local Recommendation Form (Form 200)</b> " Note: Although the City allows you to apply for 6 <b>non-consecutive</b> dates on our application, the State does <b>NOT</b>
6	Proofread your application - make sure the date(s) and time(s) are correct.
7	Scan & email your application in <b>pdf format</b> to <a href="mailto:SDLS@lincoln.ne.gov">SDLS@lincoln.ne.gov</a>
8	<b>Note your calendar</b> to contact our office <b>at least</b> 12 days prior to the event date if you have <b>not</b> received the Local Recommendation Form via email. Contact: Teresa Meier, City Clerk, at (402) 441-7438 or by email at <a href="mailto:tmeier@lincoln.ne.gov">tmeier@lincoln.ne.gov</a> . If you receive an Out of Office message, contact Sony Phan, Deputy City Clerk at (402) 441-7437 or by email at <a href="mailto:sphan@lincoln.ne.gov">sphan@lincoln.ne.gov</a> .
9	<b>Fee:</b> If you do not have a Class K (Catering) Liquor License or are a Non-Profit Organization - \$80 per day. The check should be made payable to City of Lincoln & mailed to: City Clerk, Attn: Teresa, 555 S. 10 <sup>th</sup> St., Lincoln NE 68508. The \$80 fee is <b>nonrefundable</b> should you withdraw your application for <b>any</b> reason.
10	Once your SDL is approved by the City, you will receive the Local Recommendation Form back via email.
11	Now you are ready to submit your application to the State.

## SUBMITTING YOUR APPLICATION TO THE STATE

STEP	INSTRUCTIONS
1	You <b>MUST</b> submit your application a <b>minimum</b> of 10 <b>working</b> days prior to the event
2	<p><b>LIQUOR LICENSE HOLDERS</b> - If you have not already done so, before submitting your application, you must first register following the steps below:</p> <p>Step 1: Use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>                      **Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</p> <p>Step 2: Please email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name, License Number, and a contact name &amp; phone number after you have registered. NLCC will update your profile with this information and have it ready for your first application.</p>
3	<p><b>NON-PROFIT APPLICANTS</b> - If you have not already done so, go to the link below and register your Non-Profit Organization using the instructions below:</p> <p>Step 1: Register your organization. Please use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>                      ***Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</p> <p>Step 2: Email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name.</p> <p>Step 3: Please go to the link below and complete this form. Please fax or email it to our office. We will need this information to create your profile as a first time applicant.  <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf</a></p>
4	<p>After this information is received in their office, they will contact you with the remaining steps after we receive this information. The steps are also found at this link:  <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf</a></p>
5	The NLCC's website is: <a href="https://ecmp.nebraska.gov/LCC-SDL/Account/Login">https://ecmp.nebraska.gov/LCC-SDL/Account/Login</a>
6	If you are a Non-Profit Organization, you will need to complete & submit Form 201 which can be found on the NLCC's website.
7	If you do not have a Class K (Catering) Liquor License or are a Non-Profit, there is a fee of \$40 per day, paid online, <b>nonrefundable</b> .
8	Please make sure you are clicking the "continue button" when you get to the payment receipt page. The order will not process if this button is not selected. You should receive a message "Success" when the order has completed.
9	Questions regarding applying online? Contact Michelle Porter at (402) 471-2821.



**OUTDOOR EVENTS - SITE PLAN MUST BE DETAILED & SHOW THE FOLLOWING:**

1	Number of Entry & Exit Points & Dimensions: ( _____ ' x _____ ' )
2	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.
3	Size of area being used ( _____ Length x _____ Width)
4	<p>If in a parking lot:</p> <ol style="list-style-type: none"><li>1. must show exactly where the event will be held in the parking lot</li><li>2. show how many parking spots will be used for the event</li><li>3. show how many parking spots will be left for parking</li><li>4. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.</li><li>5. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.</li><li>6. 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.</li></ol>
5	Identify location & type of cooking equipment (if used)
6	Identify location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
7	Identify height & type of fencing to be used. (Fencing Requirements: 6 ft., plastic, wood snow fence materials (or equal) or chain link.)

# 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			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>Liquor License # (CK 10070):</b>			

4.

LOCATION OF EVENT			
<b>BUILDING NAME:</b>			
<b>ADDRESS:</b>		<b>ZIP:</b>	

- 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 days on one application)						
Date:						
From:						
To:						

- 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 \_\_\_\_\_  
(For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_  
\*If you are licensing two or more areas that do not form one large area, you need to give the dimensions of each area. If necessary, use a separate sheet.

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

9. How many attendees do you expect at event? \_\_\_\_\_  
If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ (Includes  
Both \_\_\_\_\_ BYO \_\_\_\_\_ wineries)

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

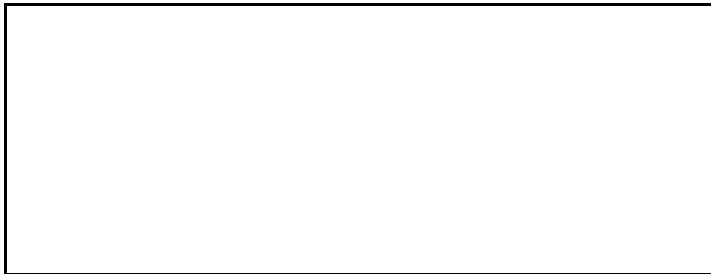
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
email (be sure to check email for Rec. Sheet)

\_\_\_\_\_  
Phone

**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
Non-Profit Applicants ONLY**

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)



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

*(Including Non Profit Organizations)*

Name of Event:			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will non-alcoholic beverages be served:    Yes     No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

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

1. 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.
2. 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.
3. Size of area being used (\_\_\_\_\_ Length x \_\_\_\_\_ Width)
4. If in a parking lot:
  - a. must show exactly where the event will be held in the parking lot
  - b. show how many parking spots will be used for the event
  - c. show how many parking spots will be left for parking
  - d. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.
  - e. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
  - f. 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.
5. Location & type of cooking equipment (if used)  None
6. 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



### Special Designated License

### Local Recommendation Form (Form 200)

Applications must be entered on the portal after local approval - no exceptions

Late applications are non-refundable and will be rejected

**Retail Liquor License Name or Name of Non-Profit Organization**

**Retail Liquor License Address or Non-Profit Business Address**

**Retail Liquor License Number or Non-Profit Federal ID#**

**Event Date(s):** \_\_\_\_\_

**Event Start Time(s):** \_\_\_\_\_

**Event End Time(s):** \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_

**Alternate Location Building & Address:** \_\_\_\_\_

**Event Building Name:** \_\_\_\_\_

**Event Street Address/City:** \_\_\_\_\_

**Indoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_

**Outdoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_ (Diagram must be attached)

**Type of Event:** \_\_\_\_\_ **Estimate # of attendees:** \_\_\_\_\_

**Type of alcohol to be served:** Beer \_\_\_\_\_ Wine \_\_\_\_\_ Distilled Spirits \_\_\_\_\_  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** \_\_\_\_\_ **Event Contact Phone Number:** \_\_\_\_\_

**Event Contact Email:** \_\_\_\_\_

**\*Signature Authorized Representative:** \_\_\_\_\_

**\*Retail Licensees - Must be signed by a member listed on permanent license.**

**\*Non-Profit Organization - Must be signed by a Corporate Officer**

**Local Governing Body completes below:**

The local governing body for the City/County of Lincoln approves the issuance of a Special Designated License as requested above.

\_\_\_\_\_  
Local Governing Body Authorized Signature

\_\_\_\_\_  
Date



# Alcohol Server/Seller Permits Available Online

1. Go to [www.fbstnebraska.education](http://www.fbstnebraska.education)
2. Create your profile. (This is the same profile for food handlers.). You must have an email address to receive your Login ID and password confirmation.
3. **First** - click on the Responsible Beverage Service Training (RBST) **State Alcohol** training. Take the training and test, OR exam only if you have taken another Nebraska Liquor Control Commission approved training Course.
4. **Second** - click on the Responsible Beverage Service Training (RBST) **City Alcohol** training. Read through the Lincoln laws and then take the exam for the Lincoln Alcohol Server/Seller Permit.

The Lincoln Server/Seller Permit costs \$15 and is valid for three years.

Help is available Monday through Friday (except holidays)  
8:00 AM to 4:30 PM.

Call the Food Safety Program at 402-441-6280  
or the UNL Helpdesk at 402-472-4340.

\*\*\*\*\*

## Alcohol Manager Training

The alcohol management training class is available through the Responsible Hospitality Council (RHC). The RHC alcohol management training courses are scheduled on the second Thursday of the month and are held at the Lincoln Police Department Main Station, 575 South 10<sup>th</sup> Street, from 2:00 p.m. to 6:00 p.m.

The class costs \$75.00 per person and pre-registration is highly recommended. Class size is limited to 25 and classes fill up quickly, so please register as soon as possible.

Reservations for the management class can be made by phone at 402-441-7638, or by completing the registration form here: <https://www.lincoln.ne.gov/city/police/pdf/RHCregistration18.pdf>

Send the registration form and fee to:  
Responsible Hospitality Council  
c/o City Council  
555 S 10th Street  
Lincoln, NE 68508

# SPECIAL DESIGNATED LICENSE APPLICATION

(Revised: 8/3/18)

**PER CITY ORDINANCE - SDL APPLICATIONS MUST BE SUBMITTED TO CITY CLERK A MINIMUM OF 21 CALENDAR DAYS PRIOR TO THE EVENT - NO EXCEPTIONS!**

RESTRICTIONS	
1	Only Retail Liquor License Holders <b>or</b> 501c Non-Profit Corporations can apply for special designated licenses.
2	Husker Home Football Game Days - Outdoor events must be held on property <u>immediately adjacent</u> to the applicant's liquor licensed premises - <b>NO EXCEPTIONS!</b>
3.	Non-caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
4	Per Nebraska Liquor Control Act Section R013.06 - Only twelve (12) SDLs can be issued at any specific location that could otherwise hold an annual liquor license.

STEP	INSTRUCTIONS
1	Complete SDL Application
2	If an outdoor event, must complete the Supplemental Form & Site Plan Pages. See Site Plan requirements below.
3	Complete Server/Seller Permit Information Page, this <b>MUST</b> be submitted <b>WITH</b> your application. This applies to Non-Profit Organizations as well.
4	If applicant is a non-profit organization, the page titled " <b>APPLICATION FOR SPECIAL DESIGNATED LICENSE AFFIDAVIT OF <b>NON-PROFIT</b> STATUS</b> " must be completed.
5	Complete the " <b>Special Designated License Local Recommendation Form (Form 200)</b> " Note: Although the City allows you to apply for 6 <b>non-consecutive</b> dates on our application, the State does <b>NOT</b>
6	Proofread your application - make sure the date(s) and time(s) are correct.
7	Scan & email your application in <b>pdf format</b> to <a href="mailto:SDLS@lincoln.ne.gov">SDLS@lincoln.ne.gov</a>
8	<b>Note your calendar</b> to contact our office <b>at least</b> 12 days prior to the event date if you have <b>not</b> received the Local Recommendation Form via email. Contact: Teresa Meier, City Clerk, at (402) 441-7438 or by email at <a href="mailto:tmeier@lincoln.ne.gov">tmeier@lincoln.ne.gov</a> . If you receive an Out of Office message, contact Sony Phan, Deputy City Clerk at (402) 441-7437 or by email at <a href="mailto:sphan@lincoln.ne.gov">sphan@lincoln.ne.gov</a> .
9	<b>Fee:</b> If you do not have a Class K (Catering) Liquor License or are a Non-Profit Organization - \$80 per day. The check should be made payable to City of Lincoln & mailed to: City Clerk, Attn: Teresa, 555 S. 10 <sup>th</sup> St., Lincoln NE 68508. The \$80 fee is <b>nonrefundable</b> should you withdraw your application for <b>any</b> reason.
10	Once your SDL is approved by the City, you will receive the Local Recommendation Form back via email.
11	Now you are ready to submit your application to the State.

## SUBMITTING YOUR APPLICATION TO THE STATE

STEP	INSTRUCTIONS
1	You <b>MUST</b> submit your application a <b>minimum</b> of 10 <b>working</b> days prior to the event
2	<p><b>LIQUOR LICENSE HOLDERS</b> - If you have not already done so, before submitting your application, you must first register following the steps below:</p> <p>Step 1: Use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>  <b>**Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</b></p> <p>Step 2: Please email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name, License Number, and a contact name &amp; phone number after you have registered. NLCC will update your profile with this information and have it ready for your first application.</p>
3	<p><b>NON-PROFIT APPLICANTS</b> - If you have not already done so, go to the link below and register your Non-Profit Organization using the instructions below:</p> <p>Step 1: Register your organization. Please use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>  <b>***Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</b></p> <p>Step 2: Email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name.</p> <p>Step 3: Please go to the link below and complete this form. Please fax or email it to our office. We will need this information to create your profile as a first time applicant.  <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf</a></p>
4	After this information is received in their office, they will contact you with the remaining steps after we receive this information. The steps are also found at this link: <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf</a>
5	The NLCC's website is: <a href="https://ecmp.nebraska.gov/LCC-SDL/Account/Login">https://ecmp.nebraska.gov/LCC-SDL/Account/Login</a>
6	If you are a Non-Profit Organization, you will need to complete & submit Form 201 which can be found on the NLCC's website.
7	If you do not have a Class K (Catering) Liquor License or are a Non-Profit, there is a fee of \$40 per day, paid online, <b>nonrefundable</b> .
8	Please make sure you are clicking the "continue button" when you get to the payment receipt page. The order will not process if this button is not selected. You should receive a message "Success" when the order has completed.
9	Questions regarding applying online? Contact Michelle Porter at (402) 471-2821.

**OUTDOOR EVENTS - SITE PLAN MUST BE DETAILED & SHOW THE FOLLOWING:**

1	Number of Entry & Exit Points & Dimensions: ( _____ ' x _____ ' )
2	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.
3	Size of area being used ( _____ Length x _____ Width)
4	<p>If in a parking lot:</p> <ol style="list-style-type: none"><li>1. must show exactly where the event will be held in the parking lot</li><li>2. show how many parking spots will be used for the event</li><li>3. show how many parking spots will be left for parking</li><li>4. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.</li><li>5. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.</li><li>6. 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.</li></ol>
5	Identify location & type of cooking equipment (if used)
6	Identify location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
7	Identify height & type of fencing to be used. (Fencing Requirements: 6 ft., plastic, wood snow fence materials (or equal) or chain link.)

# 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 <i>(as it appears on License)</i> OR APPLICANT'S NAME & ADDRESS IF NOT A LIQUOR LICENSE HOLDER			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>Liquor License # (CK 10070):</b>			

4.

LOCATION OF EVENT			
<b>BUILDING NAME:</b>			
<b>ADDRESS:</b>		<b>ZIP:</b>	

- 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 days on one application)						
Date:						
From:						
To:						

- 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 \_\_\_\_\_  
(For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_  
\*If you are licensing two or more areas that do not form one large area, you need to give the dimensions of each area. If necessary, use a separate sheet.

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

9. How many attendees do you expect at event? \_\_\_\_\_  
If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ (Includes  
Both \_\_\_\_\_ BYO \_\_\_\_\_ wineries)

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

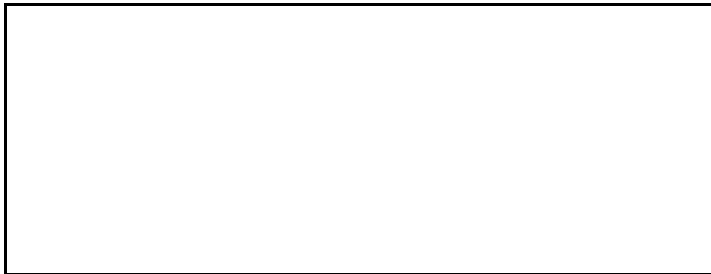
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
email (be sure to check email for  
Rec. Sheet)

\_\_\_\_\_  
Phone

**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
Non-Profit Applicants ONLY**

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)



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

*(Including Non Profit Organizations)*

Name of Event:			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will non-alcoholic beverages be served:     Yes     No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

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

1. 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.
2. 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.
3. Size of area being used (\_\_\_\_\_ Length x \_\_\_\_\_ Width)
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5. Location & type of cooking equipment (if used)  None
6. 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



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**Retail Liquor License Name or Name of Non-Profit Organization**

**Retail Liquor License Address or Non-Profit Business Address**

**Retail Liquor License Number or Non-Profit Federal ID#**

**Event Date(s):** \_\_\_\_\_

**Event Start Time(s):** \_\_\_\_\_

**Event End Time(s):** \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_

**Alternate Location Building & Address:** \_\_\_\_\_

**Event Building Name:** \_\_\_\_\_

**Event Street Address/City:** \_\_\_\_\_

**Indoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_

**Outdoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_ (Diagram must be attached)

**Type of Event:** \_\_\_\_\_ **Estimate # of attendees:** \_\_\_\_\_

**Type of alcohol to be served:** Beer \_\_\_\_\_ Wine \_\_\_\_\_ Distilled Spirits \_\_\_\_\_  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** \_\_\_\_\_ **Event Contact Phone Number:** \_\_\_\_\_

**Event Contact Email:** \_\_\_\_\_

**\*Signature Authorized Representative:** \_\_\_\_\_

**\*Retail Licensees - Must be signed by a member listed on permanent license.**

**\*Non-Profit Organization - Must be signed by a Corporate Officer**

**Local Governing Body completes below:**

The local governing body for the City/County of Lincoln approves the issuance of a Special Designated License as requested above.

\_\_\_\_\_  
Local Governing Body Authorized Signature

\_\_\_\_\_  
Date

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Reservations for the management class can be made by phone at 402-441-7638, or by completing the registration form here: <https://www.lincoln.ne.gov/city/police/pdf/RHCregistration18.pdf>

Send the registration form and fee to:  
Responsible Hospitality Council  
c/o City Council  
555 S 10th Street  
Lincoln, NE 68508

# SPECIAL DESIGNATED LICENSE APPLICATION

(Revised: 8/3/18)

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1	Only Retail Liquor License Holders <b>or</b> 501c Non-Profit Corporations can apply for special designated licenses.
2	Husker Home Football Game Days - Outdoor events must be held on property <u>immediately adjacent</u> to the applicant's liquor licensed premises - <b>NO EXCEPTIONS!</b>
3.	Non-caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
4	Per Nebraska Liquor Control Act Section R013.06 - Only twelve (12) SDLs can be issued at any specific location that could otherwise hold an annual liquor license.

STEP	INSTRUCTIONS
1	Complete SDL Application
2	If an outdoor event, must complete the Supplemental Form & Site Plan Pages. See Site Plan requirements below.
3	Complete Server/Seller Permit Information Page, this <b>MUST</b> be submitted <b>WITH</b> your application. This applies to Non-Profit Organizations as well.
4	If applicant is a non-profit organization, the page titled " <b>APPLICATION FOR SPECIAL DESIGNATED LICENSE AFFIDAVIT OF <b>NON-PROFIT</b> STATUS</b> " must be completed.
5	Complete the " <b>Special Designated License Local Recommendation Form (Form 200)</b> " Note: Although the City allows you to apply for 6 <b>non-consecutive</b> dates on our application, the State does <b>NOT</b>
6	Proofread your application - make sure the date(s) and time(s) are correct.
7	Scan & email your application in <b>pdf format</b> to <a href="mailto:SDLS@lincoln.ne.gov">SDLS@lincoln.ne.gov</a>
8	<b>Note your calendar</b> to contact our office <b>at least</b> 12 days prior to the event date if you have <b>not</b> received the Local Recommendation Form via email. Contact: Teresa Meier, City Clerk, at (402) 441-7438 or by email at <a href="mailto:tmeier@lincoln.ne.gov">tmeier@lincoln.ne.gov</a> . If you receive an Out of Office message, contact Sony Phan, Deputy City Clerk at (402) 441-7437 or by email at <a href="mailto:sphan@lincoln.ne.gov">sphan@lincoln.ne.gov</a> .
9	<b>Fee:</b> If you do not have a Class K (Catering) Liquor License or are a Non-Profit Organization - \$80 per day. The check should be made payable to City of Lincoln & mailed to: City Clerk, Attn: Teresa, 555 S. 10 <sup>th</sup> St., Lincoln NE 68508. The \$80 fee is <b>nonrefundable</b> should you withdraw your application for <b>any</b> reason.
10	Once your SDL is approved by the City, you will receive the Local Recommendation Form back via email.
11	Now you are ready to submit your application to the State.

## SUBMITTING YOUR APPLICATION TO THE STATE

STEP	INSTRUCTIONS
1	You <b>MUST</b> submit your application a <b>minimum</b> of 10 <b>working</b> days prior to the event
2	<p><b>LIQUOR LICENSE HOLDERS</b> - If you have not already done so, before submitting your application, you must first register following the steps below:</p> <p>Step 1: Use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>  <b>**Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</b></p> <p>Step 2: Please email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name, License Number, and a contact name &amp; phone number after you have registered. NLCC will update your profile with this information and have it ready for your first application.</p>
3	<p><b>NON-PROFIT APPLICANTS</b> - If you have not already done so, go to the link below and register your Non-Profit Organization using the instructions below:</p> <p>Step 1: Register your organization. Please use the link below:  <a href="https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL">https://enterpriseregistration.nebraska.gov/SelfRegistration.aspx?Return=LCC-SDL</a>  <b>***Please be sure to print the completed registration page before you hit "Register Account". It is <u>very important</u> to print a copy of the information entered as passwords are not easily reset.</b></p> <p>Step 2: Email <a href="mailto:lcc.sdl.licensing@nebraska.gov">lcc.sdl.licensing@nebraska.gov</a> with your <u>USER</u> name.</p> <p>Step 3: Please go to the link below and complete this form. Please fax or email it to our office. We will need this information to create your profile as a first time applicant.  <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/NEW%20NONPROFITS%20LICENSEES%20PORTAL%20INFORMATION.pdf</a></p>
4	After this information is received in their office, they will contact you with the remaining steps after we receive this information. The steps are also found at this link: <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf</a>
5	The NLCC's website is: <a href="https://ecmp.nebraska.gov/LCC-SDL/Account/Login">https://ecmp.nebraska.gov/LCC-SDL/Account/Login</a>
6	If you are a Non-Profit Organization, you will need to complete & submit Form 201 which can be found on the NLCC's website.
7	If you do not have a Class K (Catering) Liquor License or are a Non-Profit, there is a fee of \$40 per day, paid online, <b>nonrefundable</b> .
8	Please make sure you are clicking the "continue button" when you get to the payment receipt page. The order will not process if this button is not selected. You should receive a message "Success" when the order has completed.
9	Questions regarding applying online? Contact Michelle Porter at (402) 471-2821.

**OUTDOOR EVENTS - SITE PLAN MUST BE DETAILED & SHOW THE FOLLOWING:**

1	Number of Entry & Exit Points & Dimensions: ( _____ ' x _____ ' )
2	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.
3	Size of area being used ( _____ Length x _____ Width)
4	<p>If in a parking lot:</p> <ol style="list-style-type: none"><li>1. must show exactly where the event will be held in the parking lot</li><li>2. show how many parking spots will be used for the event</li><li>3. show how many parking spots will be left for parking</li><li>4. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.</li><li>5. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.</li><li>6. 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.</li></ol>
5	Identify location & type of cooking equipment (if used)
6	Identify location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
7	Identify height & type of fencing to be used. (Fencing Requirements: 6 ft., plastic, wood snow fence materials (or equal) or chain link.)

# 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 <i>(as it appears on License)</i> OR APPLICANT'S NAME & ADDRESS IF NOT A LIQUOR LICENSE HOLDER			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>Liquor License # (CK 10070):</b>			

4.

LOCATION OF EVENT			
<b>BUILDING NAME:</b>			
<b>ADDRESS:</b>		<b>ZIP:</b>	

- 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 days on one application)						
Date:						
From:						
To:						

- 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 \_\_\_\_\_  
(For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_  
\*If you are licensing two or more areas that do not form one large area, you need to give the dimensions of each area. If necessary, use a separate sheet.

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

9. How many attendees do you expect at event? \_\_\_\_\_  
If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ (Includes  
Both \_\_\_\_\_ BYO \_\_\_\_\_ wineries)

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

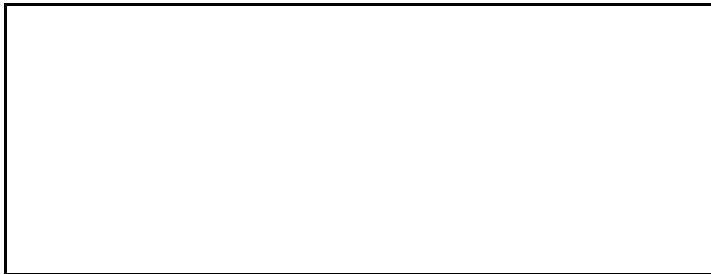
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
email (be sure to check email for  
Rec. Sheet)

\_\_\_\_\_  
Phone

**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
Non-Profit Applicants ONLY**

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)



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

*(Including Non Profit Organizations)*

Name of Event:			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will non-alcoholic beverages be served:     Yes     No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

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

1. 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.
2. 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.
3. Size of area being used (\_\_\_\_\_ Length x \_\_\_\_\_ Width)
4. If in a parking lot:
  - a. must show exactly where the event will be held in the parking lot
  - b. show how many parking spots will be used for the event
  - c. show how many parking spots will be left for parking
  - d. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.
  - e. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
  - f. 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.
5. Location & type of cooking equipment (if used)  None
6. 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



### Special Designated License

### Local Recommendation Form (Form 200)

Applications must be entered on the portal after local approval - no exceptions

Late applications are non-refundable and will be rejected

**Retail Liquor License Name or Name of Non-Profit Organization**

**Retail Liquor License Address or Non-Profit Business Address**

**Retail Liquor License Number or Non-Profit Federal ID#**

**Event Date(s):** \_\_\_\_\_

**Event Start Time(s):** \_\_\_\_\_

**Event End Time(s):** \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_

**Alternate Location Building & Address:** \_\_\_\_\_

**Event Building Name:** \_\_\_\_\_

**Event Street Address/City:** \_\_\_\_\_

**Indoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_

**Outdoor area to be licensed in length & width:** \_\_\_\_\_ X \_\_\_\_\_ (Diagram must be attached)

**Type of Event:** \_\_\_\_\_ **Estimate # of attendees:** \_\_\_\_\_

**Type of alcohol to be served:** Beer \_\_\_\_\_ Wine \_\_\_\_\_ Distilled Spirits \_\_\_\_\_  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** \_\_\_\_\_ **Event Contact Phone Number:** \_\_\_\_\_

**Event Contact Email:** \_\_\_\_\_

**\*Signature Authorized Representative:** \_\_\_\_\_

**\*Retail Licensees - Must be signed by a member listed on permanent license.**

**\*Non-Profit Organization - Must be signed by a Corporate Officer**

**Local Governing Body completes below:**

The local governing body for the City/County of Lincoln approves the issuance of a Special Designated License as requested above.

\_\_\_\_\_  
Local Governing Body Authorized Signature

\_\_\_\_\_  
Date

# Alcohol Server/Seller Permits Available Online

1. Go to [www.fbstnebraska.education](http://www.fbstnebraska.education)
2. Create your profile. (This is the same profile for food handlers.). You must have an email address to receive your Login ID and password confirmation.
3. **First** - click on the Responsible Beverage Service Training (RBST) **State Alcohol** training. Take the training and test, OR exam only if you have taken another Nebraska Liquor Control Commission approved training Course.
4. **Second** - click on the Responsible Beverage Service Training (RBST) **City Alcohol** training. Read through the Lincoln laws and then take the exam for the Lincoln Alcohol Server/Seller Permit.

The Lincoln Server/Seller Permit costs \$15 and is valid for three years.

Help is available Monday through Friday (except holidays)  
8:00 AM to 4:30 PM.

Call the Food Safety Program at 402-441-6280  
or the UNL Helpdesk at 402-472-4340.

\*\*\*\*\*

## Alcohol Manager Training

The alcohol management training class is available through the Responsible Hospitality Council (RHC). The RHC alcohol management training courses are scheduled on the second Thursday of the month and are held at the Lincoln Police Department Main Station, 575 South 10<sup>th</sup> Street, from 2:00 p.m. to 6:00 p.m.

The class costs \$75.00 per person and pre-registration is highly recommended. Class size is limited to 25 and classes fill up quickly, so please register as soon as possible.

Reservations for the management class can be made by phone at 402-441-7638, or by completing the registration form here: <https://www.lincoln.ne.gov/city/police/pdf/RHCregistration18.pdf>

Send the registration form and fee to:  
Responsible Hospitality Council  
c/o City Council  
555 S 10th Street  
Lincoln, NE 68508

# SPECIAL DESIGNATED LICENSE APPLICATION

(Revised: 8/3/18)

**PER CITY ORDINANCE - SDL APPLICATIONS MUST BE SUBMITTED TO CITY CLERK A  
MINIMUM OF 21 CALENDAR DAYS PRIOR TO THE EVENT - NO EXCEPTIONS!**

RESTRICTIONS	
1	Only Retail Liquor License Holders <b>or</b> 501c Non-Profit Corporations can apply for special designated licenses.
2	Husker Home Football Game Days - Outdoor events must be held on property <u>immediately adjacent</u> to the applicant's liquor licensed premises - <b>NO EXCEPTIONS!</b>
3.	Non-caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
4	Per Nebraska Liquor Control Act Section R013.06 - Only twelve (12) SDLs can be issued at any specific location that could otherwise hold an annual liquor license.

STEP	INSTRUCTIONS
1	Complete SDL Application
2	If an outdoor event, must complete the Supplemental Form & Site Plan Pages. See Site Plan requirements below.
3	Complete Server/Seller Permit Information Page, this <b>MUST</b> be submitted <b>WITH</b> your application. This applies to Non-Profit Organizations as well.
4	If applicant is a non-profit organization, the page titled " <b>APPLICATION FOR SPECIAL DESIGNATED LICENSE AFFIDAVIT OF <span style="background-color: yellow;">NON-PROFIT</span> STATUS</b> " must be completed.
5	Complete the " <b>Special Designated License Local Recommendation Form (Form 200)</b> " Note: Although the City allows you to apply for 6 <b>non-consecutive</b> dates on our application, the State does <b>NOT</b>
6	Proofread your application - make sure the date(s) and time(s) are correct.
7	Scan & email your application in <b>pdf format</b> to <a href="mailto:SDLS@lincoln.ne.gov">SDLS@lincoln.ne.gov</a>
8	<b>Note your calendar</b> to contact our office <b>at least</b> 12 days prior to the event date if you have <b>not</b> received the Local Recommendation Form via email. Contact: Teresa Meier, City Clerk, at (402) 441-7438 or by email at <a href="mailto:tmeier@lincoln.ne.gov">tmeier@lincoln.ne.gov</a> . If you receive an Out of Office message, contact Sony Phan, Deputy City Clerk at (402) 441-7437 or by email at <a href="mailto:sphan@lincoln.ne.gov">sphan@lincoln.ne.gov</a> .
9	<b>Fee:</b> If you do not have a Class K (Catering) Liquor License or are a Non-Profit Organization - \$80 per day. The check should be made payable to City of Lincoln & mailed to: City Clerk, Attn: Teresa, 555 S. 10 <sup>th</sup> St., Lincoln NE 68508. The \$80 fee is <b>nonrefundable</b> should you withdraw your application for <b>any</b> reason.
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4	After this information is received in their office, they will contact you with the remaining steps after we receive this information. The steps are also found at this link: <a href="https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf">https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/doc/SDL%20ONLINE%20INSTRUCTIONS.pdf</a>
5	The NLCC's website is: <a href="https://ecmp.nebraska.gov/LCC-SDL/Account/Login">https://ecmp.nebraska.gov/LCC-SDL/Account/Login</a>
6	If you are a Non-Profit Organization, you will need to complete & submit Form 201 which can be found on the NLCC's website.
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5	Identify location & type of cooking equipment (if used)
6	Identify location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
7	Identify height & type of fencing to be used. (Fencing Requirements: 6 ft., plastic, wood snow fence materials (or equal) or chain link.)

# 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			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
<b>Liquor License # (CK 10070):</b>			

4.

LOCATION OF EVENT			
<b>BUILDING NAME:</b>			
<b>ADDRESS:</b>		<b>ZIP:</b>	

- 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 days on one application)						
Date:						
From:						
To:						

- 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 \_\_\_\_\_  
(For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: \_\_\_\_\_ x width: \_\_\_\_\_  
\*If you are licensing two or more areas that do not form one large area, you need to give the dimensions of each area. If necessary, use a separate sheet.

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

9. How many attendees do you expect at event? \_\_\_\_\_  
If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where will you be purchasing your alcohol? Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ (Includes  
Both \_\_\_\_\_ BYO \_\_\_\_\_ wineries)

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

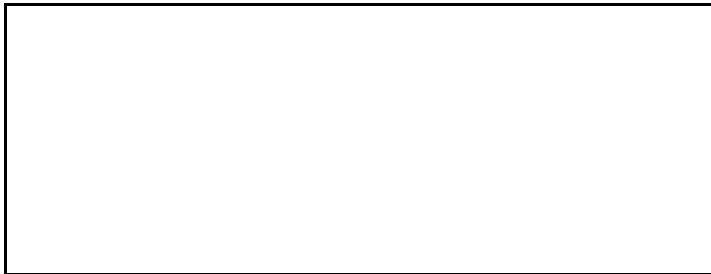
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
email (be sure to check email for  
Rec. Sheet)

\_\_\_\_\_  
Phone

**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
Non-Profit Applicants ONLY**

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)



**This page is required to be completed by Non-Profit applicants only.**

**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

*(Including Non Profit Organizations)*

Name of Event:			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:		Hours:	
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will non-alcoholic beverages be served:     Yes     No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

\_\_\_\_\_

Who will serve the beverages containing alcohol? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

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

1. 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.
2. 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.
3. Size of area being used (\_\_\_\_\_ Length x \_\_\_\_\_ Width)
4. If in a parking lot:
  - a. must show exactly where the event will be held in the parking lot
  - b. show how many parking spots will be used for the event
  - c. show how many parking spots will be left for parking
  - d. Any businesses that use that parking lot must still have the minimum required parking stalls for their business.
  - e. If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
  - f. 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.
5. Location & type of cooking equipment (if used)  None
6. 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





### Special Designated License

### Local Recommendation Form (Form 200)

Applications must be entered on the portal after local approval - no exceptions

Late applications are non-refundable and will be rejected

Retail Liquor License Name or Name of Non-Profit Organization

Retail Liquor License Address or Non-Profit Business Address

Retail Liquor License Number or Non-Profit Federal ID#

Event Date(s): \_\_\_\_\_

Event Start Time(s): \_\_\_\_\_

Event End Time(s): \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Alternate Location Building & Address: \_\_\_\_\_

Event Building Name: \_\_\_\_\_

Event Street Address/City: \_\_\_\_\_

Indoor area to be licensed in length & width: \_\_\_\_\_ X \_\_\_\_\_

Outdoor area to be licensed in length & width: \_\_\_\_\_ X \_\_\_\_\_ (Diagram must be attached)

Type of Event: \_\_\_\_\_ Estimate # of attendees: \_\_\_\_\_

Type of alcohol to be served: Beer \_\_\_\_\_ Wine \_\_\_\_\_ Distilled Spirits \_\_\_\_\_  
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: \_\_\_\_\_ Event Contact Phone Number: \_\_\_\_\_

Event Contact Email: \_\_\_\_\_

\*Signature Authorized Representative: \_\_\_\_\_

\*Retail Licensees - Must be signed by a member listed on permanent license.

\*Non-Profit Organization - Must be signed by a Corporate Officer

**Local Governing Body completes below:**

The local governing body for the City/County of Lincoln approves the issuance of a Special Designated License as requested above.

\_\_\_\_\_  
Local Governing Body Authorized Signature

\_\_\_\_\_  
Date

# Alcohol Server/Seller Permits Available Online

1. Go to [www.fbstnebraska.education](http://www.fbstnebraska.education)
2. Create your profile. (This is the same profile for food handlers.). You must have an email address to receive your Login ID and password confirmation.
3. **First** - click on the Responsible Beverage Service Training (RBST) **State Alcohol** training. Take the training and test, OR exam only if you have taken another Nebraska Liquor Control Commission approved training Course.
4. **Second** - click on the Responsible Beverage Service Training (RBST) **City Alcohol** training. Read through the Lincoln laws and then take the exam for the Lincoln Alcohol Server/Seller Permit.

The Lincoln Server/Seller Permit costs \$15 and is valid for three years.

Help is available Monday through Friday (except holidays)  
8:00 AM to 4:30 PM.

Call the Food Safety Program at 402-441-6280  
or the UNL Helpdesk at 402-472-4340.

\*\*\*\*\*

## Alcohol Manager Training

The alcohol management training class is available through the Responsible Hospitality Council (RHC). The RHC alcohol management training courses are scheduled on the second Thursday of the month and are held at the Lincoln Police Department Main Station, 575 South 10<sup>th</sup> Street, from 2:00 p.m. to 6:00 p.m.

The class costs \$75.00 per person and pre-registration is highly recommended. Class size is limited to 25 and classes fill up quickly, so please register as soon as possible.

Reservations for the management class can be made by phone at 402-441-7638, or by completing the registration form here: <https://www.lincoln.ne.gov/city/police/pdf/RHCregistration18.pdf>

Send the registration form and fee to:  
Responsible Hospitality Council  
c/o City Council  
555 S 10th Street  
Lincoln, NE 68508