

INSTRUCTIONS – SPECIAL DESIGNATED LICENSE APPLICATION

ORIGINAL APPLICATION AND 2 COPIES MUST BE FILED WITH CITY CLERK.

WARNING!! THE REQUIRED SERVER TRAINING (RHC) IS BEING ENFORCED. FAILURE TO COMPLY WILL CAUSE DENIAL OF YOUR APPLICATION FOR THE SPECIAL DESIGNATED LICENSE. YOU MAY REGISTER ONLINE AT THE CITY OF LINCOLN'S WEBSITE WWW.LINCOLN.NE.GOV. CLICK ON CITY DEPARTMENTS\CITY COUNCIL\RESPONSIBLE HOSPITALITY COUNCIL.

INDOOR EVENTS

- A. Approved by City Clerk
- B. **If applicant is the holder of a liquor caterer's license, the application MUST BE FILED IN THE CITY CLERK'S OFFICE 21 DAYS PRIOR TO THE EVENT.**

FEE SCHEDULE Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately, and your check will not be returned. **If applicant does not have a liquor caterer's license, the fees are: \$40.00 per day payable to Nebraska Liquor Control Commission; \$80.00 per day payable to City of Lincoln. Two (2) separate checks required. MUST BE FILED 21 DAYS PRIOR TO THE EVENT.**

Applicant must provide day time phone number on application form.

OUTDOOR EVENTS/FOOTBALL SATURDAY EVENTS

- A. May require review by City Council - Applicant required to attend public hearing.
- B. **Application MUST BE FILED 21 DAYS PRIOR TO EVENT. - Supplemental Form (provided by City Clerk) required.**

FEE SCHEDULE: Same as Indoor Events

Note: Section 5.04.062 of the LMC requires the 21 day time line. THIS IS THE LAW, NO EXCEPTIONS! The Nebraska Liquor Control Commission requires that all applications be filed in their office along with appropriate fees 10 working days prior to the event. The day of the event is not counted. In addition, weekends and holidays are not counted.

CONSECUTIVE DAYS UP TO 6 MAY BE REQUESTED ON ONE (1) APPLICATION FORM. IF NOT CONSECUTIVE DAYS, ADDITIONAL FORMS REQUIRED.

12. **Description of the Premises:** Inside Building Outdoor Area → Attach City Supplemental Form

Dimensions of the area (in feet) to be covered by license: _____ x _____. Please draw in the space provided below, the area where liquors will be sold and consumed. (Length) (Width)

If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other
If marked Fence, please describe the type:
If marked Other, please explain:

Outdoor Events require the City Supplemental Form to be attached.

13. Is the premises to be covered by the license located within the city limits? Yes No

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? Yes No

15. Is the premises to be covered by the license within 300 feet of any university or college campus? Yes No

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

17. Will the premises to be covered by the license comply with all Nebraska sanitation laws? Yes No

18. Are there separate toilets for both men and women? Yes No

19. Will there be any games of chance operating during the event? Yes No
Notice: 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. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

20. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

Signature _____ _____ _____ _____
(Authorized Representative/Applicant) (Title) (Date) (Phone)

Signature _____ _____ _____ _____
(Supervisor) (Title) (Date) (Phone)

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the City Clerk of Lincoln, Nebraska.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format. <http://www.nol.org/home/NLCC/>

**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 §53-154.11(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 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 BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC SIGNATURE & SEAL

**SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM**

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

Name of Event: _____

Applicant and Sponsoring Organization or Person (if applicable): _____

Date of Event: _____ Time of Event: _____

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

Number of persons expected to attend: _____ Number of persons under 21 expected: _____

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: _____

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: _____

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

Will this be a cash or complimentary bar? Cash Complimentary

Who will serve the beverages containing alcohol? _____

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

Will there be a charge for admission? Yes No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No

If so, explain: _____

Applicant's Signature

Date

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

- 1. Number of Entry & Exit Points & Dimensions: _____
(height & width) (_____ x _____)

- 2. Size & location of tent(s): _____
(heights, width, depth) (_____ x _____ x _____)

- 3. Size of area being used: _____
(height & width) (_____ x _____)

- 4. Location & type of cooking equipment (if used) _____

- 5. Location of tables & chairs: _____
(If stage for band provided & dance area, show dimensions & site on drawing.)

- 6. Height & type of fencing to be used: _____
(height) (_____)

Saved as: SDL Non Profit Online Application

